MONASH University

FINDING (A) PLACE IN LATER LIFE: EXPLORING THE ROLE OF PLACE AND SPACE IN SHAPING OLDER PEOPLE'S EXPERIENCE OF SOCIAL EXCLUSION

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Declaration

This thesis is an original work of my research and contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

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Abstract

Meaningful relationships with place in later life are known to support the maintenance of identity and provide a sense of belonging and continuity. The accessibility and safety of living spaces and neighbourhoods are also critical to enable older people's independence, support their continued engagement in preferred activities, and facilitate meaningful social interactions. Conversely, poor place relationships and a lack of attachment to place can occur in circumstances where features of a home or neighbourhood impede an older adult's daily functioning. Also, some places may stimulate difficult or painful emotions. Within the context of an ageing population, an understanding of how meaningful relationships with place are built and maintained in later life is critical to enable older adult's wellbeing and to facilitate their ongoing contribution to Australian society.

Using a social exclusion framework, this research explored the place relationships of 10 older adults living independently in the community, and a further 16 older adults living in two different supported accommodation settings. Through in-depth interviews held within each participant's living environment, this research sought to understand how relationships with place could contribute to, or protect against, experiences of disadvantage across the life course, and into later life. The findings illuminate the significance of place relationships for older adults, and highlight the many and varied meanings and functions of different living environments in later life.

For older people living independently in the community, the home and neighbourhood could be both a critical source of identity and meaning, as well as the context for practical realities demands requiring constant attention and daily negotiation within the context of ageing related change. Findings also revealed the complex interaction of relationships between home and neighbourhood settings, highlighting the fluidity of exclusion at different scales of place. While length of residence was a key predictor of attachment to home and neighbourhood environments, disadvantage significantly shaped more practical considerations, such as the capacity to maintain the home's functionality and safely navigate the neighbourhood, within the context of ageing related changes. In supported accommodation environments, life course disadvantage and past place experiences significantly shaped both the circumstances of relocation, and perceptions of everyday life post-transition. While aspects of supported accommodation could contribute to experiences of disadvantage for some older adults, others

experienced a newfound sense of belonging. The implications of this study's findings for practice, policy and research are outlined, and include a closer examination of immediate living environments in shaping and maintaining processes of disadvantage, and policies which recognise older adults' varied needs and capacities with respect to care and accommodation.

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Chapter 1. Introduction

1.1 Background

Today, Australia's population is older than it has been at any time in history, with 15% of Australians aged 65 and over in 2017, compared to 8% in 1964 (Australian Institute of Health and Welfare [AIHW] 2018). While these demographic shifts are a testament to advancements in living standards and improved access to high-quality healthcare, they also pose social and economic challenges for policy makers, service providers and human service practitioners (Australian Government 2010, 2015; Churchill, Denny & Jackson 2014).

Economically, concerns have been raised that Australia's ageing population will see an increased demand for publicly funded services, alongside a simultaneous decline in the working-age population (Churchill, Denny & Jackson 2014; McLachlan, Gilfillan & Gordon 2013). This scenario has led to what Healy (2004, p. 7) refers to as a 'fog of pessimism' among many demographers and policy-makers warning of a social and fiscal crisis should the 'problem' of an ageing population not be addressed (Australian Government 2007, 2010; King & Doughney 2006). However, the rhetoric accompanying these predictions often ignores the many and varied contributions that older adults make to Australian society as employees, consumers, informal carers, volunteers, advocates, and community leaders (Australian Human Rights Commission [AHRC] 2013; de Vaus, Gray & Stanton 2003; Healy 2004; Hodgkin 2012; Warburton & McLaughlin 2007). Despite the pessimism of an ageing 'crisis', the transition to an ageing population has the potential to create new opportunities for older adults to play an increasingly active and significant role in Australian society (AHRC 2013; Healy 2004). The challenge is to adjust societal practices and create institutional structures which are open to the contribution of older adults, and which provide meaningful opportunities for older people with diverse needs and capacities to remain active and visible members of their communities (de Vaus, Gray & Stanton 2003; Hodgkin 2012; Warburton & McLaughlin 2007). The concept of social exclusion focuses on understanding and responding to the processes by which individuals and groups are denied the resources and opportunities to participate in the social, economic, political and cultural activities available to a majority of people in a particular society (Levitas et al., 2007; Mandanipour et al., 1998; Miranti & Yu 2015). While much social exclusion policy and research has focused on the needs of jobless families and young people, a smaller body of research has adopted a social exclusion

framework to understand disadvantage experienced by older people (Barnes et al., 2006; Burholt et al., 2019; Hrast, Hlebec & Kavcic 2012; Jehoel-Gijsbers & Vrooman 2008; Kneale 2012; MacLeod et al., 2019; Walsh, Scharf & Keating 2017).

One form of exclusion identified as particularly significant among older people is the experience of place-based exclusion, whereby marginalisation occurs as a consequence of inaccessible, poorly resourced or otherwise unwelcoming built environments (Buffel, Phillipson & Scharf 2013; Scharf, Phillipson & Smith 2003, 2005a; Thomése, Buffel & Phillpson 2018). Research in the area of environmental gerontology has identified a range of spatial characteristics associated with social exclusion among older people, with a particular focus on features of the built environment which may influence the ability and willingness of older people to engage with their neighbourhoods (Plouffe & Kalache 2010; Scharlach & Lehning 2013; Walsh 2017). In contrast, having a meaningful connection to place and a sense of 'belonging' to the physical and social environment of one's living environment is associated with increased social connectedness, civic engagement, and general wellbeing among older adults (Buffel, Phillipson & Scharf 2013; Walsh 2017). To date, however, the interrelationship between place and old age exclusion has been primarily examined at a neighbourhood level, with limited attention given to more immediate living environments such as the home or supported accommodation. While a significant body of research across a range of disciplines has explored the home's meaning and importance for older people, understanding of its potential role in shaping old age exclusion remains limited. Similarly, while a range of factors have been identified as shaping the experience of older people living in supported accommodation environments, the potential for such environments to exacerbate, or moderate, exclusionary processes has not been explored.

Against this background, the current research aims to explore the role of space and place in shaping the experience of old age exclusion across three distinct living environments: the home, the neighbourhood, and supported accommodation environments. This introductory chapter establishes the broad context for this study by defining the construct of social exclusion and exploring the policy construct of ageing in place. This study's research question is then presented, and a description of this thesis' structure provided.

1.1.1 Social exclusion

Social exclusion is a polysemic concept that has developed from diverse philosophical, political and sociological origins, and continues to be understood and applied in a variety of contexts. Thus, despite widespread usage of social exclusion terminology within social policy, and the proliferation of various measurement and assessment frameworks from various academic disciplines, social exclusion remains an indistinct and contested concept (Phillipson & Scharf 2004; Saunders 2015). The modern usage of the term 'social exclusion' emerged in the social policy of France in the 1970s when Rene Lenoir, then the Secretary of State for Social Action, coined the term 'les exclus' (the excluded) to identify groups who were systematically excluded from the French social insurance system:

> … mentally and physically handicapped, suicidal people, aged invalids, abused children, substance abusers, delinquents, single parents, multi-problem households, marginal, asocial persons, and other social 'misfits'. (Lenoir 1974, cited by Silver 1994, p. 541)

The term 'social exclusion' gained further popularity in France during the 1980s as a means of capturing the new types of social disadvantage that were beginning to emerge as a consequence of economic restructuring, and which seemed beyond the capacity of the existing welfare state (Cannan 1997; Silver 1994). In later work by Paugam (1996), the concept began to place a more specific emphasis on the exclusionary impact of labour market disengagement for French youth, particularly those living in sprawling estates on the outskirts of major cities. In Britain, where much policy and research on the issue of social exclusion has emanated, the concept of social exclusion is often linked with the pioneering work of Townsend (1979) who argued for a new approach to poverty focused on the notion of relative deprivation. In his early articulation of a deprivation approach to property, the roots of social exclusion can be seen in a departure from income poverty and a focus on the multi-dimensionality of disadvantage:

> Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or at least are widely encouraged or approved, in the societies to which they belong. Their resources are so

seriously below those commanded by the average individual or family that they are,
in effect, excluded from ordinary living patterns, customs and activities.

(Townsend 1979, p. 4)

While Townsend's (1979) approach certainly expanded the conventional income-based
approach of poverty, the definition remained focused on a static state of resource deprivation
and its impact on domains of consumption and participation. Although highly influential in
re-shaping the study of poverty in the UK, there remained ongoing concern in the UK with
the persistent rates of homelessness, unemployment, child poverty, and truancy; the
concentration of these issues in poor neighbourhoods; and their seemingly cyclical
transmission across generations and within communities (Isaacs et al., 2014). It was against
this backdrop that Tony Blair, then the Labour leader vying for the Prime Ministership after
almost two decades of successive Conservative Governments, heralded the concept of social
exclusion as being the defining difference between his approach and that of his predecessors
(Isaacs et al., 2014, p. 65). A commitment to establishing social exclusion as a central
concept of the New Labour government was made clear when, within only three months of
election, the Social Exclusion Unit (SEU) was established and charged with the task of
combating the "scourge and waste of social exclusion", which was argued to be "the greatest
social crisis of our times" (Mandelson 1997, p. 6). The establishment of the SEU saw the
proliferation of a range of definitions and understandings of social exclusion, beginning with
the SEU's own definition outlined at its inception:

A short-hand term for what can happen when people or areas suffer from a
combination of linked problems such as unemployment, poor skills, low incomes,
poor housing, high crime environment, bad health and family breakdown (SEU 1997,
p. 4)

In taking this definition as a starting point for understanding some of the key conceptual
contours of social exclusion, it is possible to identify at least three components which
frequently recur across various definitions of the concept. First, in contrast to uni-
dimensional measures, such as poverty, social exclusion emphasises the way in which
individuals and communities can be excluded across a variety of both material (income,
housing, clothing, transport) and relational (cultural and political rights, social interaction and
relationship quality, discrimination and citizenship) domains. Second, social exclusion

focuses on the dynamic nature of disadvantage, seeking to articulate the interaction between various dimensions of exclusion and emphasising the need for similarly multifaceted and integrated responses. Included within this dynamic approach is a focus on how exclusion is maintained over time, and an acknowledgement that domains of participation or exclusion vary over time and place and intersect across the life course in complex ways. Third, rather than focusing solely on the individual, the concept of social exclusion stresses the ways in which disadvantage can be caused, experienced and reified at the level of the individual, household, neighbourhood and institution. A social exclusion approach focuses attention on understanding the ways in which exclusion is produced and maintained in particular geographic areas, and/or among particular social groups. In doing so, the intersectionality of issues such as discrimination, citizenship, family dynamics, and prevailing social norms or expectations, are often considered within broad explanatory models of social exclusion.

1.1.2 Place and ageing

While relationships with place are recognised as a key determinant of wellbeing for people of all ages, there is a general consensus that place is of unique significance to many older adults. In a practical sense, older adults are likely to spend greater periods of time within their immediate living environments following retirement, particularly where health or functional changes limit their mobility (Buffel, Phillipson & Scharf 2013; Phillipson 2007; Walsh 2017). Older people are also more likely to have long-term emotional attachments to home and neighbourhood environments, developed over many years of residence and participation (Buffel, Phillipson & Scharf 2013; Wiles et al., 2012). However, ageing can also challenge older people's relationship and attachment to place, such as when health and mobility issues make it difficult to live independently at home or to access the neighbourhood. While the vast majority of Australians over the age of 65 live in the community (95.3%), a smaller percentage (4.6%) in need of greater care or support live in supported accommodation environments (ABS 2019a). An understanding of older people's place preferences, and the factors shaping the extent to which those preferences are met, provide critical context for the current study.

In a recent longitudinal analysis of data collected from one thousand older people living in Melbourne, Australia, over a 16-year period (1994-2010), approximately 75% indicated that 'staying at home with outside help' was their preferred outcome in the event that they could

no longer live at home independently (Kendig et al., 2017). In contrast, 16 percent identified 'moving to a home for the aged', and 4% 'moving in with children' as preferable to remaining in the home with support, in the event that they could no long live safely at home (Kendig et al., 2017). These findings accord with an extensive body of findings from Australia (AIHW 2013; Han & Kim 2017; Olsberg et al., 2005) and internationally (Costa-Font, Elvira & Mascarilla-Miró 2009) highlighting an overwhelming preference for older people to 'age in place', defined as 'the desire and tendency of older persons to stay in their current dwelling units for as long as possible' (Pynoos, Nishita & Kendig 2007, p. 711). Ageing in place has also been endorsed and promoted widely by policy makers as a cost-effective and politically palatable alternative to institutional care (Kendig et al., 2013; Han & Kim 2017), and is frequently recognised as an extension of the World Health Organisation's [WHO] Age Friendly Communities initiative (Iecovich 2014; WHO 2002a).

Despite its ubiquity, there are significant differences in how ageing in place is defined and operationalised within the literature and among older people themselves (Ahn, Kang & Kwon 2019; Cutchin 2003; Han & Kim 2017; Stones & Gullifer 2016). From a functional perspective, reflecting the ecological theory of ageing (Lawton & Nahemow 1973), early constructions of ageing in place principally emphasised the provision of in-home care and modifications to improve the home's accessibility and safety, and to maintain independence despite changes in health and mobility (Han & Kim 2017; Iecovich 2014; Kendig et al., 2013). Recognising the more experiential aspects of place and place attachment among older people, Tanner and colleagues (2008, p. 197) note that the desire of older people to age in place 'is not solely related to task and function. It has much more to do with subjective feelings about what home means to them'. This is supported by research exploring older persons understandings and motivations to age in place, with the privacy, security, autonomy, and sense of belonging felt within the home environment commonly highlighted alongside functional concerns (Hillcoat-Nallétamby & Ogg 2014; Löfqvist et al., 2013; Wiles et al., 2012). Further critique of ageing in place has focused on the privileging of home as the primary 'place' of ageing, at the expense of considering the influence of, and attachment to, the broader neighbourhood environment (Han & Kim 2017; Hillcoat-Nallétamby & Ogg 2014; Olsberg & Winters 2005; Wiles et al., 2012). Through interviews with older Australians concerning their future housing intentions, Olsberg and Winters (2005) found that while a majority expressed a desire to age in place, some understood this to mean

remaining in one's home, while others expressed a desire to remain within their current neighbourhood, even if this meant downsizing or transitioning to aged care.

There is also evidence to suggest that several normative assumptions underpinning the dominant ageing in place paradigm belie the complexity of older people's relationships with place and their reasoning in relation to relocation and home modification (Costa-Font, Elvira & Mascarilla-Miró 2009; Löfqvist et al., 2013; Severinsen, Breheny & Stephens 2016). For example, research has found that some older people living in housing which they recognise as unsuitable or impractical for their needs do not wish to relocate or modify their properties (Severinsen, Breheny & Stephens 2016). In interviews with 143 older adults in New Zealand, it emerged that a home's unsuitability for accommodating the ageing body was incorporated by some older people within broader narratives of their attachment and commitment to home as a source of meaning and identity (Severinsen, Breheny & Stephens 2016). While some older adults shared narratives of being proactive in making the decision to relocate or downsize to accommodate their needs, reflecting the dominant ageing in place paradigm, others 'proudly described their homes as unsuitable' (Severinsen, Breheny & Stephens 2016 p. 721). Rather than viewing their unsuitable housing as a deficiency or lack, these older people presented alternative identity narratives that embraced their persistence in 'making themselves against and in terms of a hostile environment', and prioritised their emotional attachment and connectedness to home above the practical challenges it presented (Severinsen, Breheny & Stephens 2016 p. 721). Further challenging the dominant ageing in place narrative, other studies have identified a willingness of some older people to remain living in unsuitable housing in order to maintain a connection with sources of meaning and inclusion in local communities, such as churches, community groups, and health services (Hansen & Gottschalk 2006; Matthews & Stephens 2016).

Conversely, several studies have highlighted that some older people do not wish to age in place and would welcome an opportunity to relocate to a dwelling or neighbourhood more suitable for their needs (Hillcoat-Nallétamby & Ogg 2014; Smith, Lehning & Kim 2018; Torres-Gil & Hifland 2012). The term 'stuck in place' has been used to describe older people lacking the material resources to modify their homes or relocate to a more desirable neighborhood, who have no alternative but to remain living in homes or neighbourhoods which do not meet their needs (Smith, Lehning & Kim 2018; Torres-Gil & Hifland 2012). Particular attention has been given to older people living in gentrifying neighbourhoods

which may no longer offer a sense of familiarity and belonging (Buffel & Phillipson 2019; Smith, Lehning & Kim 2018), and deprived neighbourhoods which may pose safety issues or lack necessary amenities (Buffel, Phillipson & Scharf 2013; Hillcoat-Nallétamby & Ogg 2014). However, the positioning of older adults as passive victims of neighbourhood change and deprivation risks the same simplistic generalization underpinning the dominant ageing in place narrative (Phillipson and Buffel 2018; Smith, Lehning & Kim 2018).

This is supported by a significant body of research demonstrating that personal characteristics and structural factors influence the desire to age in place, but not necessarily the likelihood of doing so (AIHW 2013; Kendig et al., 2017; Olsberg & Winters 2005; Leibing, Guberman & Wiles 2016). For example, in the previously discussed longitudinal study (Kendig et al., 2017), renting, older age, female gender, sole occupancy, and chronic mental or physical disabilities, were correlated with a reduced preference for ageing in place, but were not predictive of actual living situation at follow up. This is broadly consistent with the push and pull factors highlighted in the existing research (Bäumker et al., 2012; Smetcoren et al., 2017), suggesting a complex relationship between housing intentions and outcomes in later life.

1.2 The current study

Against the background provided in this introductory chapter, the current research sought to understand the role of place and space in shaping the lived experience of old age exclusion, and to explore the processes by which older adults develop, adapt and maintain meaningful relationships to place.

1.2.1 Research question

How do place and space shape the experience of social exclusion for older adults living in community and supported accommodation settings?

1.2.2 Thesis structure

This thesis comprises eight chapters. This introductory chapter has situated the current study within the context of Australia's ageing population, provided an overview of the concept of social exclusion, outlined key aspects of the relationship between ageing and place. and presented the research question guiding the current research.

Chapters 2 and 3 present a review of literature pertaining to old age exclusion and place, drawing on gerontological literature from a range of disciplines to establish the state of current knowledge concerning the interrelationship between ageing, place and social exclusion. The relevance and rationale for this research is established on the basis of the gaps in knowledge identified and discussed in this chapter.

The methodological approach guiding this research is outlined in Chapter 4. A qualitative approach, underpinned by a constructionist perspective, is justified as the most appropriate for engaging with older people's lived experience of place and social exclusion. Decisions made in relation to sampling, recruitment, data collection and analysis are described and justified within the context of this study's research question.

Chapters 5 and 6 present the research findings. Chapter 5 focuses on the place experiences of 10 older adults living in an inner suburban neighbourhood of Melbourne, Australia. Presented thematically, this chapter begins with an exploration of the varied meanings and experiences of home as both a physical structure and emotional construct. The findings in relation to neighbourhood experiences are then presented, encompassing the felt sense of belonging found in the neighbourhood, and issues of accessibility, mobility and safety. Chapter 6 explores old age exclusion in supported accommodation environments, drawing on the lived experiences of 16 older adults living in two different facilities. Presented in the form of eight narrative case studies, this chapter explores each participants' intersection between place and exclusion across the life course, and the influence of this intersection in shaping participants' current experience of life in supported accommodation.

Chapter 7 discusses the findings presented in Chapters 5 and 6 with reference to the existing theoretical and empirical literature. Several of this study's key contributions are identified and discussed, offering new insights into the role of place in shaping old age exclusion in both community and institutional contexts. Concluding this thesis, Chapter 8 returns to this study's research question, outlines the practical and scholarly implications of this study's key findings, and highlights areas identified for further research.

Chapter 2. Literature review – Old age exclusion

2.1 Introduction

This chapter presents an overview of research pertaining to social exclusion among older people. Overall, older people have been given little explicit attention in social exclusion policy frameworks, and research examining old age exclusion is under-developed in comparison to that of other groups (Dahlberg & McKee 2018; Walsh, Scharf & Keating 2017). This chapter begins with an introduction to old age exclusion as a distinct form of disadvantage, characterised by an interaction between the cumulative impact of life course dis/advantages and the capacity to avoid or address age-related vulnerabilities. An overview and synthesis of various conceptual frameworks of old age exclusion follows. Six key dimensions of exclusion are identified: material and financial resources; services, amenities and mobility; social relations; civic participation; socio-cultural; and neighbourhood and community. These domains are then used to structure a comprehensive and critical review of relevant theoretical and empirical literature, from which several gaps in knowledge are identified and discussed. Finally, it is argued that a more meaningful engagement with the relationship between place and social exclusion presents a promising avenue for deepening our understanding of the lived experience of old age-exclusion and its trajectory across the life course.

2.2 Distinguishing features of old age exclusion

The conceptual ambiguity of social inclusion/exclusion identified in the introductory chapter has been noted as a significant feature of the old age exclusion literature (Howarth et al., 1999; Kneale 2012; Scharf & Keating 2012). In their synthesis of the literature, Walsh, Scharf and Keating (2017) link this ambiguity with issues of both depth and breadth, with a limited body of old-age exclusion literature spread across a range of disciplines contributing to a 'disjointed evidence base' (Walsh, Scharf & Keating 2017, p. 82). The engagement of disparate disciplines with the issue of old age exclusion reflects the complex intersection between age and dis/advantage (MacLeod et al., 2019; Walsh, Scharf & Keating 2017; Warburton, Ng & Shardlow 2013; Lui et al., 2011). In short, old age exclusion is unique in that the likelihood of becoming socially excluded increases, while the probability of reducing

or exiting exclusion decreases (Barnes et al., 2006; Kneale 2012; MacLeod et al., 2019; Miranti & Yu 2015).

2.2.1   Accumulated and persistent dis/advantage

Later life is significantly shaped by the cumulative impact of experiences and opportunities across the life course, meaning that early age exclusion can be carried through into old age (Dannefer 2003; Grenier & Guberman 2009; Scharf & Keating 2012). Thus, for older people, social exclusion is often a result of 'combined and accumulated disadvantages' (Theobald 2005, p. 7) which increase their susceptibility to continued exclusion and reduce their capacity to protect against additional age-related exclusion (Dannefer 2003; Scharf & Keating 2012). While people certainly move in and out of dis/advantage, several longitudinal studies have demonstrated that the likelihood of becoming more excluded over time is greater than the probability of becoming less excluded (Abe 2010; Barnes et al., 2006; Becker & Boreham 2009; Heap & Fors 2015; Kneale 2012).

Using data from the English Longitudinal Study of Ageing (ELSA), Kneale (2012) investigated the persistence of social exclusion among 4095 adults aged 50 years and above over a period of six years (2002 – 2008). Adopting Barnes and colleagues' (2006) domain-based exclusion framework, Kneale found that while overall exclusion decreased for 18.9% of survey respondents over the six-year period, 23.9% became more excluded over the same period. Moreover, in looking at the persistence of exclusion on an individual level, Kneale (2012) found that 64.3% of all respondents experiencing exclusion in at least one domain in 2002 remained excluded in 2008, with this proportion rising to 69.2% among those aged 65 and above. The rate and persistence of exclusion was highest among the oldest-old (80+). This was consistent with more recent longitudinal studies (Key & Culliney 2018; MacLeod et al., 2019), using data from the United Kingdom Understanding Society survey, which identified the oldest-old as most at risk of social exclusion, thereby demonstrating the cumulative and persistent nature of exclusion even within the category of 'old age'. In an Australian context, Miranti and Yu (2015) investigated the incidence and persistence of social exclusion among 2162 older adults (55+) using data from eight rounds (2001 – 2008) of the Household, Income and Labour Dynamics in Australia (HILDA) survey. While only 9.8% of respondents were determined to be socially excluded in the first wave (2001), exclusion within this group was persistent, with almost half (45%) of this group still excluded one year later.

While these longitudinal studies indicate that old age social exclusion is often cumulative and persistent, two significant limitations arise from the reliance on population level household surveys. First, in order to manage and reduce the impact of panel attrition, these studies have focused on the persistence of exclusion from middle to late adulthood, precluding an understanding of the dynamics or variability of exclusion across the broader life course. While a limited body of longitudinal studies have linked childhood social exclusion with an increased risk of exclusion in early and middle-adulthood (Abe 2010; Bäckman & Nilsson 2010; Hobcraft 2002), integrated life course accounts of old age exclusion are a noted gap in current understanding (Scharf et al., 2017). This is a significant limitation, given that from the perspective of life course theory (Elder & George 2016), childhood is a critical and formative period which establishes psychosocial, physiological and socioeconomic pathways which can significantly shape long term physical and mental health (Hatch 2005; Maschi et al., 2013), relationship quality (Doyle & Cicchetti 2017), and socioeconomic status (Alwin & Wray 2005; Pavalko & Caputo 2005).

Second, in the pursuit of representative samples, many of those most at risk of social exclusion are omitted from survey sampling frames, while others are unlikely to participate due to issues of capacity (for example, people with disabilities, and people with dementia) and accessibility (for example, experiencing homelessness or living in an institution) (Levitas et al., 2007; McLachlan, Gilfillan & Gordon 2013). Research taking a broader perspective has examined the trajectories of old age exclusion for specific social groups, showing how structural, social and historical factors intersect to produce cumulative dis/advantages which shape later life (Hatch 2005; Riley 1971). For example, the divergent experiences of older Aboriginal Australians and their non-Aboriginal peers provide a stark example of how structural discrimination and marginalisation across the life course can increase the risk of experiencing exclusion in later life (Clapham & Duncan 2017; Ranzijn 2010). The rupturing of Aboriginal culture and society wrought by colonisation, subsequently sustained and amplified by two centuries of institutionalised racism and discrimination, means that the 'average' Aboriginal Australian arrives at later life with resources and experiences very different to an Anglo-Australian of the same age (Australian Bureau of Statistics [ABS] 2017a; Clapham & Duncan 2017). Through discussion based 'yarning' sessions with 20 Aboriginal Elders in South Australia, Ranzijn (2010) identified how early experiences of exclusion from education and employment, justified and maintained through institutional and

societal racism, contributed to experiences of exploitation and disadvantage which often continued into later life. Despite the ongoing legacy of colonisation and discrimination, it is important to acknowledge the diversity and resilience of Aboriginal Australians, and the vital role that older Aboriginal Australians have had in maintaining and sustaining their communities in the face of such structural disadvantage (Warburton & Chambers 2007; Waugh & Mackenzie 2011). While only one of many possible examples, the experiences of Aboriginal Australians highlights the need to recognise the distribution of life course dis/advantages as culturally, socially and historically situated.

2.2.2   Age related vulnerabilities

Alongside cumulative dis/advantage, later life is shaped by age-related events and processes which may function as 'tipping points into precarity' (Walsh, Scharf & Keating 2017, p. 92) for some older people. Schröder-Butterfill and Marianti's (2006) model of vulnerability provides a framework for understanding the ways in which exposure to, and the impact of, age-related vulnerabilities is mediated by available supports and resources. Within this model, an 'outcome' of vulnerability, whether general (such as, social exclusion and/or low quality of life) or specific (such as, financial deprivation and/or homelessness), is the result of 'being exposed to a threat, a threat materialising, and of lacking the defences or resources to deal with a threat' (Schröder-Butterfill & Marianti 2006, p. 9). As such, while most older people are likely to be exposed to similar life-stage related 'threats' such as declines in health or a loss of a spouse, the impact of these for the individual older person will depend on their access to mitigatory resources and supports, termed 'coping capacities' (Schröder-Butterfill & Marianti 2006, p. 7). These coping capacities may be in the form of individual resources or capabilities built over the life course (for example, material resources, education, and health), social and community networks (such as family, friends, voluntary organisations, and religious groups), and formal social protection measures (such as the aged pension, and health and social care systems) which interact to protect against or support recovery from crises or shocks (Schröder-Butterfill & Marianti 2006).

While compatible with understanding the cumulative and life course dimensions of old age inclusive/exclusion discussed previously, this framework also allows an understanding of how an event or experience for one older adult may involve the marshalling of existing resources to cope, while constituting a 'tipping point into precarity' (Walsh, Scharf &

Keating 2017, p. 92) for another. Widowhood, for example, involves the loss of an important source of support and can result in the diminishment of relationships which had been initiated or maintained through the deceased partner, and has been identified as 'one of the most markedly stressful events of an individual's life' (Sullivan & Infurna 2019, p. 1; Donnelly & Hinterlong 2010; Utz et al., 2002). In responding to the loss of a spouse, the continuity of social participation with other family members, friends, and social or religious groups can provide emotional and practical support through the bereavement process and promote positive re-adjustment to life without a spouse (Brown et al., 2008; Donnelly & Hinterlong 2010; Sullivan & Infurna 2019). For some, widowhood brings an increased level of social participation and deepening relationships with friends, family, and community groups (Utz et al., 2002; Donnelly & Hinterlong 2010), however, for those without these supports to draw on, the same event can lead to social withdrawal and isolation (Burton, Haley & Small 2006; Fried et al., 2015), and an increased risk of morbidity and mortality (Shor et al., 2012), and homelessness (Crane et al., 2005). Within the vulnerability framework discussed above (Schröder-Butterfill & Marianti 2006), it can be seen that the 'outcome' of the age-related 'threat' of widowhood for an individual older person is dependent on 'coping capacities' in the form of available compensatory supports and resources.

Similarly, while a gradual reduction and eventual withdrawal from paid employment is generally considered a signifier of the transition from adulthood to older adulthood, it is also an age-related vulnerability for experiencing social exclusion (Barnes et al., 2006; Dewilde 2012; Levitas et al., 2007; Myck et al., 2017; Scharf, Phillipson & Smith 2005a, 2005b). As with other aged-related vulnerabilities, the relationship between retirement and social exclusion is a complex outcome of interactions between life course accumulation of dis/advantages, individual factors, and the structural context in which an individual is ageing. First, older adults who have experienced economic disadvantage across the life course are prone to experience a continuation of material disadvantage in old age, which is likely to be compounded by the loss of further earning opportunities through paid employment (Dewilde 2012; Myck et al., 2017). Given that lifetime earning capacity is largely determined by access to education and employment opportunities, disparities in older adults' financial resources upon retirement often reflect cumulative and generational inequities (Olsberg 2005; Lui et al., 2011).

For example, the current generation of older Australian women had significantly lower rates of workforce participation across the life course compared with their male peers, reflecting both the gendered distribution of caregiving responsibilities, and gender discrimination which restricted their access to education and employment opportunities, such as policies which forced women to retire from public service positions upon marriage (Olsberg 2005; Sharam 2017). As a result, older women typically reach retirement age with significantly lower levels of savings than men, with an average disparity of 34% between the superannuation balances of men and women aged 55-64 years old (ABS 2019a). The consequences of this disparity for single and divorced older women who arrive at retirement without owning a home are particularly pronounced, with these groups increasingly recognised as being at risk of homelessness and housing insecurity (Darab, Hartman & Holdsworth 2018; Darab & Hartman 2013; Sharam 2017).

Second, and relatedly, older adults with fewer material resources are more vulnerable to the effects of financial 'shocks' near or post-retirement, such as health crises leading to unplanned retirement, economic events such as financial crises which deplete limited savings, or property market declines which reduce anticipated post-retirement income (Myck et al., 2017; Walsh, Scharf & Keating 2017). In response to the most recent global financial crises, for example, many Australian baby boomers reported reduced financial stability and satisfaction, with some planning to postpone retirement or re-enter the workforce to compensate (Kendig et al., 2013; O'Loughlin, Humpel & Kendig 2010). Further demonstrating the importance of a cumulative and intersectional approach to understanding later life dis/advantage, women and those with poorer pre-crisis financial positions were the most likely to report the global financial crises as having a significant impact on their retirement plans and expectations (Kendig et al., 2013; O'Loughlin, Humpel & Kendig 2010).

Involuntary retirement, defined as a permanent departure from employment for any reason other than planned retirement (Barrett & Brzozowski 2010, p. 10) is another age-related vulnerability shaped by, and predictive of, several linked dimensions of social exclusion. While injury and illness are the main reasons for involuntary retirement in Australia, identified by 30% of non-employed adults aged 50 - 69 years as the primary reason for departing their last job (Adair & Lourey 2014), this relationship is typically strongest for

those already experiencing labour market disadvantage (García-Gómez 2011; Van Rijn et al., 2014). While a majority of employed older Australians describe their work as positive and purposeful, those most at risk of labour market disadvantage – women, people with caring responsibilities, and those with limited workplace flexibility – are most likely to report low workplace satisfaction and a preference for retirement (Carr et al., 2016; Pit et al., 2010; Welsh et al., 2018). These same workers are most likely to be employed within lower skilled and physically demanding jobs in which the risks of physical injury and chronic illness, and the impact of ill-health on the sustainability of employment, are highest (Carr et al., 2018; Welsh et al., 2018).

In their recent longitudinal study of 1,168 HILDA survey respondents aged 50 - 59, Welsh and colleagues (2018) provided further insight into the relationship between poor health, labour market disadvantage, and involuntary retirement. While replicating the well-established link between poor health and involuntary retirement, the study identified that caregiving responsibilities and job quality significantly compound the risk of exiting the labour market. Women with a chronic health condition were two and a half times more likely to involuntarily retire compared with men with a chronic health condition, while those with a chronic health condition and caregiving responsibilities were five times more likely to involuntarily retire compared to those without either of these attributes (Welsh et al., 2018). Job quality further mediated these relationships, with chronically ill white-collar workers at no greater risk for premature retirement than their healthy peers, but blue-collar workers with a chronic health condition three more times likely to retire prematurely than their healthy peers (Welsh et al., 2018). Highlighting the interlinked and cumulative nature of old age exclusion, the existing literature suggests that retirement is a vulnerability for old-age exclusion among 'those most in need of boosting their retirement savings…least able to remain employed…most vulnerable to poor health and more likely to experience health-related work exit' (Welsh et al., 2018, p. 264).

2.3   Domains of old age exclusion

The overview of social exclusion provided in the introductory chapter of this thesis highlighted conceptual elements which distinguish it from earlier understandings of poverty and deprivation but noted that its deployment in research and policy has been narrowly focused on working age and "problem" populations. Thus far, this chapter has highlighted

two dynamics of ageing, accumulated dis/advantage and age-related vulnerabilities, which distinguish old age exclusion from social exclusion experienced by younger or working age populations.

Several conceptual frameworks of old-age exclusion have been developed in recognition of the unique processes and dynamics of exclusion in later life, with each operationalisation constructed on the basis of various indicators and dimensions of old age exclusion (Barnes et al., 2006; Burholt et al., 2019; Hrast, Hlebec & Kavcic 2012; Jehoel-Gijsbers & Vrooman 2008; Kneale 2012; MacLeod et al., 2019; Miranti & Yu 2015; Myck, Najsztub & Oczkowska 2015; Ogg 2005; Scharf & Bartlam 2008; Scharf et al., 2005; Walsh et al., 2012; Walsh, Scharf & Keating 2017).

While a majority of these frameworks are original, some have developed iteratively. For example, Scharf and Bartlam (2008) adapted Scharf and colleagues' (2005) framework to rural populations, and Van Regenmortel and colleagues (2018) used survey data from the Belgian Ageing Studies to extend and refine a theoretical framework derived from an earlier systematic literature review (Van Regenmortel et al., 2016). The basis used for the development of these frameworks differs, with a minority emerging from literature reviews or syntheses (Burholt et al., 2019; Walsh, Scharf & Keating 2017), and others developed on the basis of applied research findings from quantitative surveys (Barnes et al., 2006; Jehoel-Gijsbers & Vrooman 2008; Kneale 2012; MacLeod et al 2019; Miranti & Yu 2015; Myck, Najsztub & Oczkowska 2015; Ogg 2005; Scharf et al., 2005; Van Regenmortel et al., 2018), or mixed methods approaches (Hrast, Hlebec & Kavcic 2012). In their recent scoping review of old age exclusion, Walsh, Scharf and Keating (2017) identified six overarching domains of exclusion emerging from key conceptual frameworks: material and financial resources; social relations; services, amenities and mobility; civic participation; neighbourhood and community; and socio-cultural aspects of society. Adopting these summary domains, Table 1 provides an overview of conceptual frameworks of old age exclusion.

Table 1: Conceptual frameworks of old age exclusion

Walsh, Scarf & Keating (2017)	Barnes et al., (2006)	Miranti and Yu (2015)	Van Regenmortel et al., (2018)	Dahlberg & McKee (2018)	Hrast, Hlebec & Kavcic (2012)	Guberman & Lavoie (2004)	Kneale (2012)	Walsh et al., (2012)
Material and financial resources	Exclusion from financial products; exclusion from material goods	Material resources	Exclusion from financial resources	Material resources	Material deprivation; housing exclusion	Economic exclusion	Financial products; common consumer goods	Income and financial resources
Services, amenities and mobility	Exclusion from access to basic services	Participation	Exclusion from services	Services	Access to health services	Institutional exclusion	Local amenities; Public transport	Access to services; transport and mobility
Social relations	Exclusion from social relationships	Social support	Exclusion from social relations	Social relations	Interpersonal exclusion	Exclusion from meaningful relations	Social relationships	Social connection and social resources
Civic participation	Exclusion from cultural activities; exclusion from civic activities	Community engagement	Exclusion from civic participation	Civic activity	Interpersonal exclusion	Socio-political exclusion	Civic activities and access to information; cultural activities	
Neighbourhood and community	Neighbourhood exclusion		Neighbourhood exclusion; exclusion from decent housing	Neighbourhood exclusion	Spatial exclusion	Territorial exclusion	Decent housing	Safety, security and crime
Socio-cultural aspects of society			Ageism; Digital exclusion			Symbolic exclusion; identity exclusion		

Adopting Walsh, Scarf and Keating's (2017) framework, the following section provides a critical review and synthesis of literature pertaining to each domain, beginning with material and financial resources.

2.3.1 Material and financial resources

The domain of material and financial resources refers to the relationship between social exclusion and 'subjective and objective financial circumstances, income, housing, and assets in the form of material possessions' (MacLeod et al., 2019, p. 82). While financial and material disadvantage is a central focus of social exclusion frameworks developed for young people and working age adults, the indicators of this domain within old-age exclusion frameworks differ. Whereas engagement in paid employment, education or training are typically used as indicators of material and financial wellbeing for younger and working age populations, indicators for older adults include savings, current financial resources, home ownership, and the ability to pay bills, rent and care costs (MacLeod et al., 2019; Miranti & Yu 2015; Walsh, Scharf & Keating 2017). For example, in a comparative study of social exclusion risk among older adults living in rural areas of Australia, Ireland and Northern Ireland, financial concerns were primarily linked with the management of household expenses rather than income, particularly in Australia where home ownership among older people is relatively high (Warburton, Scharf & Walsh 2017). Reflecting ongoing debate as to the conceptual distinction between social exclusion and poverty, inadequate material and financial resources have been conceptualised variously as a determinant or indicator of social exclusion among older people (Burchardt et al., 2002; MacLeod et al., 2019; Walsh, Scharf & Keating 2017). In their recent old age exclusion measurement framework, for example, MacLeod and colleagues (2019) include material resources as a determinant but explicitly reject it as an indicator on the basis that social exclusion is related, but conceptually distinct, from poverty. Irrespective of its specific operationalisation, there is broad recognition within the literature that socio-economic status and material resources can shape the likelihood of experiencing social exclusion, as well as its persistence and depth (Barnes et al., 2006; Burholt et al., 2019; Kneale et al., 2012; MacLeod et al., 2019).

As discussed in Section 1 of this chapter, material and financial deprivation in later life is often the outcome of accumulated disadvantage resulting in labour market exclusion or

disadvantage, and can be compounded by age related vulnerabilities, such as involuntary retirement, illness, and being a carer. As for the impact of material and financial disadvantage, the existing literature suggests that financial and material disadvantage interacts with several other domains of social exclusion, potentially impacting on older adults' participation in the community and their ability to maintain and build social relationships beyond the home, as well as their capacity to access health and care services, and maintain safe and adequate housing (Barnes et al., 2006; Burholt et al., 2019; Kneale et al., 2012; MacLeod et al., 2019). Quantitative studies indicate that financial and material disadvantage co-occurs with several other domains of social exclusion, with the strongest associations found with exclusion from social relations (Barnes et al., 2006; Kneale 2012; Scharf, Phillipson & Smith 2005a, 2005b), services and amenities (Kneale 2012), and self-reported health (Dahlberg & McKee 2018). The limited qualitative literature also highlights the cross-cutting nature of financial and material disadvantage for older people, with a reduction in the exercise of choice across a range of areas including health and care provision (Warburton, Scharf & Walsh 2017; Walsh, O'Shea & Scharf 2013). In their qualitative exploration of older adults' understanding of social inclusion, Nycyk and Redsell (2015) identified cost of living concerns as linked with concerns about housing and health, including the fear of having to relocate owing to the rising cost of utilities and home maintenance, and health difficulties arising from the cost of medications and in-home care. Financial and material resources also shape levels of social engagement, with limited resources constraining engagement in available social opportunities and material and financial comfort enabling greater opportunities to pursue personally meaningful opportunities (Ajrouch, Blandon & Antonucci 2005; Rozanova, Keating & Eales 2012; Stephens, Alpass & Towers 2010).

2.3.2   Services, amenities and mobility

The domain of services, amenities and mobility relates to both the availability and accessibility of health, leisure and basic services, whether delivered in the home or community (MacLeod et al., 2019; Walsh, Scharf & Keating 2017). Relative to younger people, older people are more vulnerable to exclusion from services and amenities owing to declines in health and mobility which may impact on their capacity to physically access necessary services, and cumulative disadvantage which may restrict their capacity to purchase necessary services or necessary transport to access these services (Barnes et al.,2006; Kneale 2012). The ability of an individual older person to access services and

amenities is shaped by the interaction of several factors, with Penchansky and Thomas (1981) identifying five dimensions: availability (the existence and number of services relative to population), accessibility (the location of services and the individual's transport resources); accommodation (the capacity of services to meet client preferences); affordability (cost of access relative to individual financial capacity); and acceptability (extent to which services and amenities meet the individual needs of older people).

In terms of availability, rural areas typically have fewer available services and amenities relative to those in urban areas, with older people living in rural areas more reliant on informal services and community supports (Bacsu et al., 2014; Dahlberg & McKee 2018; Warburton, Scharf & Walsh 2017; Winterton & Warburton 2011; Winterton et al., 2016). However, evidence is mixed in relation to the impact of this for rural-dwelling older adults, with the benefit of greater opportunities for volunteering and building a sense of community coming at the risk of a sense of 'compulsory altruism' (Winterton et al., 2016, p. 325) which can negatively affect older adults' wellbeing (Davies, Lockstone-Binney & Holmes 2018; Warburton & Winterton 2017; Winterton et al., 2016; Walsh & O'Shea 2008). Neighbourhood and demographic change have also been linked with the availability of services and amenities, with research highlighting that while gentrification often improves neighbourhood services and amenities, these improvements typically cater for the 'gentrifiers', and can displace longer term residents, including older people (Burns, Lavoie & Rose 2012; Lupton & Power 2004; Scharf, Phillipson & Smith 2005a).

Research concerning the acceptability of services and amenities has also focused on specific groups of older people with distinct or additional needs, such as LGBT older people (Hughes 2007, 2009; Sharek et al., 2015) Aboriginal Australians (Davy et al., 2016; Gibson et al., 2018; Lindeman et al., 2017), and those from culturally or linguistically diverse backgrounds (Al Abed et al., 2014; Hurley et al., 2013). In relation to LGBT older people, acceptability of services is shaped by historical and anticipated experiences of discrimination, a lack of recognition of non-heterosexual relationships, and concerns about staff awareness of sexuality and gender identity issues (Hughes 2007, 2009; Sharek et al., 2015). For Aboriginal and culturally and linguistically diverse (CALD) older people, the acceptability of services and amenities is shaped by awareness of culturally appropriate practices and frameworks, recognition and acknowledgement of the impact of trauma and past racial or cultural

discrimination, and the accessibility of information in one's own language (Davy et al., 2016; Gibson et al., 2018; Hurley et al., 2013).

Conceptualisations of transport and mobility for older people encompass practical, social, and psychological aspects, with several authors distinguishing between the fulfilment of practical or essential needs, such as attending medical appointments and grocery shopping, and discretionary or social needs, such as visiting friends and attending recreational activities (Ahern & Hine 2012; Shergold 2019; Luiu, Tight & Burrow 2017; Siren, Hjorthol & Levin 2015). Beyond the fulfilment of practical needs, transport and mobility are viewed as central to older peoples' quality of life and wellbeing (Nordbakke & Schwanen 2014; Shergold 2019; Ziegler & Schwanen 2011).

Transport and mobility within a given community are shaped by environmental aspects, including the availability and quality of infrastructure for cycling, walking, driving, and public transportation, and individual factors which impact on transport options and utilisation, including health and mobility, socio-economic status, and perceived safety and security (Luiu, Tight & Burrow 2017; Shergold 2019; Walsh et al., 2017). Driving is frequently identified as the most preferred mode of travel for older adults, providing a sense of independence and autonomy, and compensating for the impact of declining health and mobility (Davey 2007; Luiu, Tight & Burrow 2017). Unsurprisingly then, driving cessation among older adults has been linked with poorer quality of life and a reduced sense of independence and flexibility (Musselwhite & Shergold 2013; Musselwhite, Holland & Walker 2015; Siren & Haustein 2015). In a recent study of factors affecting discretionary travel among older people in the UK, those with access to a private vehicle were three times more likely to be engaged in 'formal activities' (attendance at groups or organisations) than those without car access (Shergold 2019). Interestingly, however, older adults without a car were more likely to be in regular physical contact with family or friends, perhaps resulting from their direct assistance with travel, or an increased opportunity for incidental contact with others when walking or using public transport (Shergold 2019). Overall, however, driving cessation or the loss of access to a private vehicle has been found to decrease travel beyond the home and increase older persons' risk of exclusion from social relations and civic participation (Davey 2007; Kneale 2012; Luiu, Tight & Burrow 2017), particularly in rural communities and areas with poor public transport infrastructure (Ahern & Hine 2012; Dahlberg & McKee 2018; Warburton, Scharf & Walsh 2017).

Where public transportation is available, it is often older adults' least-preferred and utilised mode of transport, with Truong and Somenahalli (2015) finding that amongst seniors in Adelaide, public transport was never used by 21.4% of respondents, and accounted for only 7.4% of all trips. Barriers to older adults' use of public transport include unreliable or unsafe services, poor links between transport and pedestrian infrastructure, and unreasonable walking distance between home and transport modes (Cui, Loo & Lin 2017; Engels & Liu 2011; Truong & Somenahalli 2015).

2.3.3 Social relations

The quantity and quality of older adults' relationships with family, friends and community groups are recognised as a key determinant of social exclusion (Barnes et al., 2006; Burholt et al., 2019; Kneale 2012; Walsh, Scharf & Keating 2017; Miranti & Yu 2015). Defined by Burholt and colleagues (2019, p. 2) as 'comprising social resources, social connections and social networks', the domain of social relations encompasses both the availability of opportunities for social interaction, and the capacity to access these opportunities and maintain social relationships. Although informed by the voluminous body of literature attending to social isolation and loneliness among older people (for recent reviews see Courtin & Knapp 2017; Dahlberg, Agahi & Lennartsson 2018; Gardiner, Geldenhuys & Gott 2018), attention is given here to social relations within the context of social exclusion. While the terms 'social isolation' and 'loneliness' are often used interchangeably within the literature, they are distinct concepts which need to be conceptualised and examined independently (Gardiner, Geldenhuys & Gott 2018; Victor, Grenade & Boldy 2005; Victor et al., 2000). An important aspect of loneliness is that it does not refer simply to the experience of "being alone" or "living alone", but rather the degree to which these experiences cause an individual to experience a "subjective, unwelcome feeling of lack or loss of companionship" (Hole 2011, p. 5). In contrast to the subjective experience of loneliness, the term 'social isolation' relates to the overall level of integration of individuals into the wider social environment in which they live, and is often seen as an objective state in which a person has minimal contact with others and low involvement in local community life (Grenade and Boldy 2008). Measurement of social isolation often involves objective measurements of the number, type and duration of contacts between individuals and their broader community (Victor, Grenade & Boldy 2005).

From these definitions it can be seen that while social isolation relates to a lack of functional social support, loneliness refers more specifically to one's negative perception and experience of the situation. Moreover, while social isolation may be considered to be either a voluntary or involuntary (or positive or negative) situation, the state of loneliness is almost always involuntary and unwelcome (Victor, Scambler and Bond 2009).

Within the quantitative literature, exclusion from social relations is operationalised in terms of self- reported loneliness or isolation, with common indicators including: having someone to contact for support when needed, cohabitation status, number and quality of social relationships, and frequency of social contact (Barnes et al., 2006; Kneale 2012; Miranti & Yu 2015; Scharf, Phillipson & Smith 2005b; Van Regenmortel et al., 2018). Across these studies, some have identified social relations as the most common form of exclusion that older adults experience (Scharf, Phillipson & Smith 2005b; Van Regenmortel et al., 2018)., often co-occurring with other domains including inadequate material and financial resources (Kneale 2012; Scharf, Phillipson & Smith 2005b) limited or no cultural and civic participation (Barnes et al., 2006; Kneale 2012) and limited or no interaction with neighbourhood and community (Barnes et al., 2006; Scharf, Phillipson & Smith 2005b).

Existing research highlights a multitude of risk and protective factors for experiencing exclusion from social relations in later life, with Burholt and colleagues' recent synthesis (2019) distinguishing between individual, sociocultural, socio-structural, and environmental factors. Relationship status has been consistently linked with exclusion from social relations, with single, never married or separated/divorced older people more at risk than those who are married (Barnes et al., 2006; Kneale 2012; MacLeod et al., 2019; Scharf, Phillipson & Smith 2005a). The evidence in relation to widowhood is mixed, with some identifying a renewed level of social engagement following the death of a spouse (Brown et al., 2008; Sullivan & Infurna 2019), and others an increased risk of social withdrawal and loneliness (Utz et al., 2014; MacLeod et al., 2019). A mediating factor appears to be the strength of the widowed partner's social network, with the extent to which these relationships are tied to the deceased spouse positively impacting on the type and quality of social support provided (Donnelly & Hinterlong 2010; Utz et al., 2002; Utz et al., 2014). Social isolation and loneliness have also been linked with older adults' internalised beliefs that social withdrawal is 'natural' or expected in later life, and concerns about being perceived as a burden on family and friends (Cahill et al., 2009; Dahlberg, Agahi & Lennartsson 2018; Morgan et al., 2019).

Specific groups of older adults are also at an increased risk of exclusion from social relations, including later life migrants from CALD backgrounds (Burholt, Dobbs & Victor 2016; Gierveld, Van der Pas & Keating 2015; Park et al., 2018), LGBT people (Hughes 2016; Grossman, D'Augelli & Hershberger 2000), carers (Greenwood et al., 2017; Wagner & Brandt 2015), and those living with disabilities (Goll et al., 2015; Shankar et al., 2017). Older migrants are at risk of what Park and colleagues (2018, p. 4) term 'double isolation', involving the loss of established social networks in one's country of origin, and isolation from meaningful relationships in their new environments as a result of cultural differences and language barriers (Park et al., 2018; Rao, Warburton & Bartlett 2006; Syed et al., 2017).

Several factors have been identified as shaping the likelihood of social isolation and loneliness among older migrants, reflecting this population's significant diversity. Especially significant among these are the timing and circumstances of migration, with planned migration (as opposed to displacement or other emergency situation) and a longer period of residence in one's host country predictive of stronger and wider social networks, and lower levels of isolation and loneliness (Gierveld, Van der Pas & Keating 2015; Park et al., 2018). However, in their qualitative study with older Asian migrants in New Zealand, Park and colleagues (2018) did not identify length of residence as having any effect on the likelihood of experiencing loneliness and isolation, finding that, for many, cultural and language barriers to social interaction had persisted for several years post-migration. Thus, while a longer period of residence provides greater opportunities for building new social networks, this relationship is moderated by individuals' experiences of adapting to a new environment, such as navigating cultural differences and language barriers (Ip, Lui & Chui 2007; Park et al., 2018; Rao, Warburton & Bartlett 2006; Victor, Burholt & Martin 2012).

Adaptation to a new country is also significantly impacted by pre-migration circumstances, such as the reason for migration, level of education and language proficiency, and the post-migration context, such as the availability of formal and informal supports (Ciobanu, Fokkema & Nedelcu 2017; Thomas 2014). In an Australian context, a majority of older people from CALD backgrounds migrated from Europe following World War Two, with 1.6 million immigrants settling between 1945 and 1960 (Phillips & Klapdor 2010). Typically, migration for these groups was preceded by significant economic and social upheaval, and

motivated by a desire for safety, employment and stability in Australia (Dellios 2016; Thomas 2003, 2014). Despite common experiences of displacement and hopes of a 'better life' in Australia, post-migration outcomes differ significantly depending on the country of origin, owing to pre-migration characteristics and changing immigration policies (Castles 1992; Dellios 2016; Thomas 2014). Priority was initially given to migrants from Northern Europe on the basis of assumed cultural similarity but was subsequently expanded to those from Southern and Eastern Europe, primarily to meet labour demands (Castles 1992; Thomas 2014). Unlike those from Southern and Eastern Europe, post WWII migrants from Northern Europe were offered Government assistance packages to support their transition and were more likely to obtain skilled or professional work (Burnett 1998; Thomas 2014). In contrast, migrants from other European areas faced difficulties in having earlier qualifications recognised and were often employed in manual or unskilled roles where there were fewer opportunities to learn and use English (Thomas 2014). While language proficiency is only one aspect of the adaptation process, it is of obvious significance in terms of one's capacity to build new social networks in a host country. There is evidence to suggest that these disparities extend across the life course, with lack of English proficiency identified as a contributing factor to social isolation among older Greek (Tsianikas et al., 2011) and Italian (Stanaway et al., 2011) Australians, but not those from Germany or the Netherlands (Khoo 2012; Polacsek & Angus 2016).

While it is important to recognise diversity within the LGBT community and the strength and resiliency that many older people find within LGBT social networks, research has consistently found higher rates of isolation and loneliness within this community relative to the general population (Fokkema & Kuyper 2009; Guasp 2011; Hughes 2009, 2016). Among a sample of 312 LGBTI seniors aged 50 or over in NSW, Hughes (2016) found higher rates of loneliness compared to the general population, with the highest prevalence among gay men. Consistent with existing literature (Grossman, D'Augelli & Hershberger 2000; Hughes 2009) the impact of historic discrimination and attitudes towards non-heterosexuality appeared to shape patterns of loneliness and social support, with 12.1% of LGBTI older people reporting family estrangement and no support, and a further 12.5% disclosing mixed levels of family support (Hughes 2016). Owing to family estrangement and experiences of discrimination, LGBT older adults are more likely to draw support from close friends, often within the LGBT community, who constitute what have been termed 'families of choice' (Allen & Roberto 2016; Orel 2017). As such, building and maintaining connections with

other LGBT people has been identified as important for many LGBT older people, while the absence of friendships with other LGBT people contributes to the risk of loneliness and isolation. In Hughes' (2016) sample, 18.6% of participants reported having no LGBTI friends, with this group experiencing significantly greater levels of loneliness than those with at least one LGBTI friend. Loneliness and isolation are further exacerbated at the intersection of age, LGBT identity, and other social divisions. For example, older LGBT people in poverty, with caring responsibilities (Willis, Ward & Fish 2011), chronic illness (Genke 2004; Jowett & Peel 2009) and those living in rural communities (Harley 2016; Lee & Quam 2013) and aged care environments (Duffy & Healy 2014; Jacobson 2017), at an increased risk of loneliness and isolation.

2.3.4   Civic participation

Participation in cultural, educational and political institutions shape the extent to which older people are able to 'connect with and contribute to their society and be involved in its decision making' (MacLeod et al., 2019, p. 82). While a recent scoping review identified civic participation as the domain attracting the least explicit research attention (Walsh, Scharf & Keating 2017), Kneale (2012, p. 26) suggests that exclusion from civic activities 'may be most emblematic of social exclusion…in that exclusion on this domain signifies an inability to participate in the structures that can allow individuals to influence choices that could improve their lives'. Within the gerontological literature, civic participation is closely linked with notions of active and productive ageing, defined as a 'process of optimising opportunities for health, participation and security in order to enhance quality of life as people age' (WHO 2002a, p. 12; Serrat, Villar & Celdrán 2015). Despite its widespread adoption in research and policy, active ageing has been criticised for being idealistic, ignoring the diversity of older people, and establishing normative expectations that older people have the capacity and desire to age "actively" (Mendes 2013; Ranzijn 2010; van Dyk 2014). There have been similar critiques of civic participation, with Hirshorn and Settersten (2013) arguing that narratives of civic participation among older people frequently position such engagement as both a responsibility and an expectation, with the assumption that 'older people as a group have the capacity, choice and desire for civic activity' (Hirshorn & Settersten 2013, p. 201). Thus, while there is a broad recognition that civic participation can be an important source of meaning, purpose and contribution for older people, many have highlighted the need to recognise how patterns of civic engagement are shaped by personal

circumstances and life course dis/advantage (Hirshorn & Settersten 2013; Petriwskyj et al., 2012, 2017).

The types of activities which constitute 'civic participation' is also a matter of contention, with some criticising the term as too broad and subject to 'conceptual stretching' (Ekman & Amnå 2012, p. 285) that has rendered it meaningless (Berger 2009; Ekman & Amnå 2012; Hustinx & Denk 2009). In response, some have proposed a distinction between social (activities which connect two or more people) and political (activities directed towards political change) forms of civic participation (Adler & Goggin 2005; Berger 2009). Varied conceptualisations of 'civic engagement' are also evident within the old age exclusion literature, with indicators of civic participation used within the quantitative literature including participation in cultural, religious, sports, and leisure activities (Barnes et al., 2006; Kneale 2012; MacLeod et al., 2019; Scharf, Phillipson & Smith 2005b), volunteering (Dahlberg & McKee 2018; Kneale 2012; MacLeod et al., 2019), and political engagement including voting (Barnes et al., 2016; Dahlberg & McKee 2018; Scharf, Phillipson & Smith 2005b), and membership of political or activist groups (Dahlberg & McKee 2018; Kneale et al., 2012). While the variability of indicators makes comparison across studies difficult, strong associations have been found between civic participation and other domains of exclusion including social relations (Barnes et al., 2006; Kneale 2012), services, amenities and mobility (Barnes et al., 2006; Kneale 2012; Scharf, Phillipson & Smith 2005b), and material resources (Barnes et al., 2006; Scharf, Phillipson & Smith 2005b). While these studies indicate civic participation is implicated in exclusionary processes through interaction with other domains, they offer limited insight as to the nature of these relationships or the factors associated which promote or constrain civic participation among older people.

Outside of an explicit social exclusion context, research has explored the factors and benefits associated with older adults' civic participation, with significant attention given to volunteering (Dury et al., 2016; Parkinson et al., 2010; Petriwskyj & Warburton 2007; Warburton & Stirling 2007), and a smaller body of literature addressing political engagement (Goerres 2009; Petriwskyj et al., 2017; Serrat et al., 2016; Serrat et al., 2018). The literature suggests several benefits conferred by civic engagement in later life, including improved physical and mental health (Anderson et al., 2014), and self-rated wellbeing (Serrat et al., 2017; Tabassum, Mohan & Smith 2016), social connectedness (Creaven, Healy & Howard 2018), and a sense of community (Miranti & Evans 2019; Warburton & Winterton 2017).

However, a range of barriers to civic participation have also been identified, including socio-demographic factors and personal circumstances which influence older adults' capacity or motivation to be civically engaged, and organisational or environmental factors which shape the availability and accessibility of civic engagement opportunities and their perceived suitability or acceptability for older people. Individual level barriers to civic engagement include health and mobility issues, a lack of time due to family or caring responsibilities, transport issues, and low confidence linked with limited education or language difficulties (Dury et al., 2015; Petriwskyj & Warburton 2007; Petriwskyj et al., 2017). Specific groups of older adults have also been identified as at greater risk of exclusion from civic participation on account of their vulnerability to the barriers noted above, and additional barriers linked with their situation or circumstances. For example, while civic participation can support the adjustment and inclusion of CALD older adults (Handy & Greenspan 2009; Warburton & Winterton 2010), research has highlighted that civic and political organisations are often not accommodating to linguistic and cultural needs (Gele & Harsløf 2012; Petriwskyj et al., 2012). Beyond barriers associated with socio-demographic and personal characteristics, geographic location and neighbourhood factors can also promote or impede civic engagement. Physical aspects of the environment, such as transport options, infrastructure and traffic congestion may present a practical barrier to participation beyond the home (Dury et al., 2016), while subjective perceptions of the neighbourhood, such as safety, belongingness and having a 'sense of community' can shape older adults' willingness or attitude towards civic participation (Dury et al., 2016; Okun & Michel 2006; Wilson & Son 2018).

While it has been suggested that older adults living in aged care environments are at particular risk of civic exclusion on account of their physical and symbolic separation from society, the vast majority of literature has focused on community-dwelling settings, with a small number of studies exploring civic engagement for older people living in aged care environments (Anderson & Dabelko-Schoeny 2010; Leedahl, Sellon & Gallopyn 2017; Sellon, Chapin & Leedahl 2017). Within care environments, resident committees or councils can provide an opportunity for older adults to raise issues and share concerns with staff and other residents, which some studies have identified as effective forums for driving cultural change and practice improvements (Shura, Siders & Dannefer 2010). However, others have reported that resident committees often lack the organisational support needed to support

effective resident participation or drive meaningful change (Anderson & Dabelko-Schoeny 2010; Baur & Abma 2011; Gagnon, Clément & Bordeleau 2017; Wilson & Kirby 2005, 2006). Providing some insight as to the variation in these findings, Wilson and Kirby (2005) reported significant variation in the structure, function and effectiveness of resident committees in their observational study of 18 aged care facilities in South Australia, while noting that overall, there was significant scope for improvement. This was further highlighted in a later study which surveyed 107 resident committee members, 71% of whom reported that the forum did not meet their expectations of participating in facility decision making (Wilson & Kirby 2006).

2.3.5   Socio-cultural exclusion

Whereas the preceding four domains of exclusion focus on intersections between structural factors and individual biography or circumstances, socio-cultural exclusion is concerned with the discourses which construct the 'older person' as a social category, and the negative impact of ageist attitudes and stereotypes (Jehoel-Gijsbers & Vrooman 2008; Walsh, Scharf & Keating 2017). While each of the conceptual frameworks of old age exclusion in Table 1 refer to aspects of socio-cultural exclusion, a minority consider it to be a distinct dimension of social exclusion (Burholt et al., 2019; Guberman & Lavoie 2004; Van Regenmortel et al., 2018; Walsh, Scharf & Keating 2017). The majority of conceptual frameworks consider socio-cultural exclusion as an overarching feature of exclusionary processes, operating across multiple domains 'in a similar way to demographic trends, labour market status, and social policy factors' (MacLeod et al., 2019, p. 87; Barnes et al., 2006; Dahlberg & McKee 2018; Kneale 2012; Walsh et al., 2012).

There are also some differences in how socio-cultural exclusion is defined and operationalised across these conceptual frameworks. Informed by social comparison theory, some have focused on how the internalisation of age-related norms, values and expectations shape older persons' self-perceptions, and their interactions with others (Burholt et al., 2019; Vitman, Lecovich & Alfasi 2013). While recognising that ageist stereotypes, norms and values can also contribute to the structural and institutional discrimination of older people, these authors position socio-cultural exclusion at an individual level, with Winter and Burholt (2018, p.1) defining cultural exclusion as 'the extent to which people are able or willing to conform to cultural norms and values'. Within this conceptualisation it is an older persons'

response to cultural expectations, rather than the dominant discourses themselves, which indicate socio-cultural exclusion (Burholt et al., 2019; Winter & Burholt 2018). More commonly, socio-cultural exclusion is conceived to be an expression of older people living in societies which dismiss or devalue their identity, whether explicitly through age discrimination, or implicitly through ageist stereotypes and negative or simplistic representations of ageing and older people (Grenier & Guberman 2009; Guberman & Lavoie 2004; Van Regenmortel et al., 2018; Walsh, Scharf & Keating 2017).

The existing literature has focused on the impact of three distinct, but interlinked forms of socio-cultural exclusion impacting older people: ageism and age discrimination, symbolic exclusion, and identity exclusion. Ageism refers to the 'institutionalised and endemic use of social norms and conventions which systematically disadvantage people on the basis of chronological age' (Carney & Grey 2015, p. 124), the behavioural expression of which is age discrimination (Iversen, Larsen & Solem 2009). Symbolic exclusion refers to how negative representations of older people, such as in media and advertising (Higgs & Milner 2006; Simcock & Sudbury 2006; Ylänne 2015), marginalise or devalue older people as a group, while identity exclusion refers to the diminishment and invisibility of difference within this 'group' on account of an emphasis on age as the defining characteristic (Grenier & Guberman 2009). While conceptually distinct, age discrimination, and symbolic and identity exclusion are interlinked and reinforcing, with dominant representations of older people (identity and symbolic exclusion) giving rise to the stereotypes upon which discrimination is based (Lev, Wurm & Ayalon 2018). As such, recent conceptual frameworks of social exclusion have considered these under the broader umbrella of ageism or discrimination, and these concepts are discussed similarly below (MacLeod et al., 2019; Van Regenmortel et al., 2018).

While stereotypes of ageing and older people may be positive (for example, the wise matriarch) or negative (such as, frail and vulnerable), the outcome of all forms of ageism is negative insofar as it ignores older people's diversity and diminishes the value of the individual older person (Iversen, Larsen & Solem 2009; Levy & Macdonald 2016). While similar to other forms of discrimination such as sexism and racism in that it involves prejudice directed by one group towards another on the basis of an immutable characteristic, ageism has two distinguishing features. First, unlike fixed characteristics such as sex and ethnicity, identifying ageism is complicated by the fluidity of 'old age' as a social construct, which can vary across time and context (Bytheway 2005; Calasanti 2003). Second, while the

impact of ageism may be moderated by an older person's resources and coping strategies, it is a pervasive and indiscriminate form of prejudice, affecting all people perceived as 'old' in some way (Ayalon & Tesch-Romer 2017; Wyman, Shiovitz-Ezra & Bengel 2018). Ageism has been identified as one of the most common and socially acceptable forms of discrimination in Australia, with 35% of those aged 55-64 years, and 44% aged 65 and over, reporting at least one experience of age-based discrimination (AHRC 2013). This same survey, using a nationally representative sample of 2,020 adults, found that while 71% of respondents believed age discrimination to be common, those aged 18-24 were the most likely to hold negative views of older people, and the least likely to view age discrimination as a serious issue (AHRC 2013).

In terms of the practical implications of ageism, attention has been given to ageism and age discrimination in the areas of employment (AHRC 2015; McGann et al., 2016; Taylor, McLoughlin & Earl 2018), health care (Wyman, Shiovitz-Ezra & Bengel 2018), and aged care (de Sao Jose & Amado 2017; Petersen & Warburton 2012). Employment related age discrimination is associated with stereotypes of older people as forgetful, slow to learn, and resistant to change, which can impact recruitment and retention strategies to the detriment of older people (AHRC 2015; Adair et al., 2013). Perceived age discrimination has been identified by older people as a significant barrier to gaining employment, and a contributing factor to early departure from the workforce (AHRC 2015; Adair et al., 2013; McGann et al., 2016), As noted earlier in this review, involuntary retirement is an age-related vulnerability for social exclusion most likely to impact those already experiencing labour market disadvantage.

Ageism can also impact the perceived accessibility and acceptability of health and aged care services for older people. At a micro-level, ageist attitudes held by health and care professionals can shape their communication with, and treatment of, older people (Ben-Harush et al., 2017; Wyman, Shiovitz-Ezra & Bengel 2018). A significant body of literature has measured ageist beliefs and attitudes among health and care professionals', including nurses (Ben-Harush et al., 2017; Higgins et al., 2007; Liu, Norman & While 2013), medical practitioners (Ben-Harush et al., 2017; Meisner 2012), social workers (Allen, Cherry & Palmore 2009), and mental health professionals (Helmes & Gee 2003; Ray, Raciti & Ford 1985). However, recent reviews have noted a mixed evidence base regarding the prevalence of ageism across and within these professions, with conclusions limited by the variety of

measurement instruments employed and the lack of qualitative or mixed-methods approaches (Rush et al., 2017; Wilson et al., 2017; Wyman, Shiovitz-Ezra & Bengel 2018). In a recent qualitative exploration of attitudes and behaviours among health professionals in Israel, Ben-Harush and colleagues (2017) identified ageist communication, including the exclusion of older people from discussions about their own medical care, and patronising language, as prevalent across the sample of medical practitioners, social workers and nurses. Further, the 'bypassing' of older adults by communicating with family members was linked with perceptions of older people as demanding and difficult to communicate with (Ben-Harush et al., 2017).

It has been suggested that those living in residential aged care settings, that is, physically separate environments built exclusively for older adults, are most vulnerable to the effects of ageism (Dobbs et al., 2008; Lagacé et al., 2012). In addition to being exposed to the potentially ageist attitudes and practices of care staff, older adults living in these environments may experience and internalise the stigma attached to, and reinforced by, the aged care setting itself (Dobbs et al., 2008; Hrybyk et al., 2012; Lagacé et al., 2012). Similar to findings in hospital settings, in their ethnographic study of six long term care facilities, Dobbs and colleagues (2008) observed staff using infantilising elder speak in their interactions with residents and excluding residents from discussions about their own care. Additionally, the authors found that these behaviours were partially enabled by facility rules and routines, such as residents not being allowed to keep medications or alcohol within their rooms, which dehumanised and disempowered them (Dobbs et al., 2008). While the literature points to ageism as a potentially significant factor shaping older adults' experiences of aged care, no attention has been given to socio-cultural exclusion with this setting in the old age exclusion literature, reflecting an emphasis on community dwelling older adults noted in several other areas of this review.

2.3.6   Neighbourhood and community

Literature in the domain of neighbourhood and community exclusion focuses on how space and place can either 'assist older people in their lives or serve to produce challenges to overcome' (Walsh 2017, p. 253). As this is the primary focus of the current research, the overview provided here focuses primarily on exploring and critiquing existing conceptualisations of the relationship between place and old age exclusion. The limitations

identified from this conceptual review form the basis of the final chapter of this literature review.

While place is recognised as a feature of social exclusion for people of all ages, it is considered a particularly salient feature of old age exclusion given that older people are likely to spend more time in their home and immediate neighbourhood environment following retirement, particularly following changes in health and mobility (Buffel, Phillipson & Scharf 2013; Phillipson 2007; Walsh 2017). As a result, older people may become more reliant on the relationships and services available within their immediate environment, and more susceptible to environmental forces and changes (Burns, Lavoie & Rose 2012; Scharf, Phillipson & Smith 2005b; Smith, Lehning & Kim 2018).

While the intersection of space/place and age has been a longstanding focus of both gerontologists and geographers (Harper & Laws 1995; Lawton 1983; Rowles 1986), integration across these fields was historically limited by the disparate theories and methods employed within these disciplines (Andrews et al., 2009; Skinner, Andrews & Cutchin 2017). More recently, the emergence of geographical gerontology as a distinct area of inquiry has seen an increase in interdisciplinary approaches which engage with the enmeshment of age and place (for example, Andrews, Evans & Wiles 2013; Hopkins & Pain 2007; Schwanen, Hardill & Lucas 2012), as opposed to 'gerontology done geographically' or addressing 'geographical questions in gerontology' (Andrews et al., 2009, p. 1643). The geographies of old age exclusion have evolved as a sub-discipline within the field of geographical gerontology, connecting social gerontology's longstanding interest in old age disadvantage with social and cultural geography's understanding of space as having inclusionary and exclusionary potential (Andrews et al., 2009; Cameron 2006; Skinner, Cloutier & Andrews 2015). This is reflected in the various conceptual frameworks of old age exclusion, all of which recognise the role of place in shaping the old age exclusion, despite differences in how this role is understood and theorised in relation to other domains and dimensions of exclusion.

A majority of conceptual frameworks (Barnes et al., 2006; Hrast, Hlebec & Kavcic 2012; Kneale 2012; Scharf, Phillipson & Smith 2005b) conceptualise place as a domain of old age exclusion, reflecting a focus on how 'characteristics of place, and the factors that influence those characteristics, shape exclusionary experiences of place' (Walsh 2017, p. 255). This is

reflected in the indicators used to operationalise place-based exclusion, which encompass physical and environmental dimensions, such as neighbourhood upkeep, and transport and pedestrian infrastructure; localised services and amenities, such as health and recreational facilities; and social or relational aspects, such as fear of crime, community cohesion, and place attachment. Definitions of neighbourhood exclusion capture these key elements and highlight its intersection with other domains of exclusion, particularly services and amenities and social relations. Focusing specifically on exclusion and emphasising mainly spatial dimensions of disadvantage, Buffel, Phillipson and Scharf (2013, p. 92) define neighbourhood exclusion as 'negative views about the neighbourhood relating to physical decay, loss of amenities, and certain types of social change linked with population turnover and rising crime rates'. In contrast, giving some consideration to the social and emotional dimensions of place, MacLeod and colleagues (2019, p. 82) define their domain of 'neighbourhood and environment' as involving 'residential environments including geographic properties, neighbourhood conditions and facilities, sense of community, crime and perceived safety, and place identity'. Despite more recent definitions moving beyond static understandings of space to consider the role of place attachment and identity, Walsh's (2017, p. 254) conclusion that 'the degree of conceptual elaboration on place is still relatively limited', remains accurate, with two clear limitations evident.

Firstly, despite attention and recognition to the intersection of ageing and place at the micro-scale (for example, home, aged care, hospitals) within the gerontological literature, old age exclusion frameworks remain dominated by macro, neighbourhood-level conceptualisations. While a minority of frameworks consider housing issues as a domain of exclusion (Hrast, Hlebec & Kavcic 2012; Kneale 2012; Van Regenmortel et al., 2018), the accompanying indicators are focused on the safety, security and capacity to maintain housing, and do not consider the emotional and social dimensions of home emphasised within the broader literature. In a recent review of geographical engagement with old-age exclusion, Walsh (2017, p. 259) notes that while the 'literature on ageing in place and "home" is typically regarded outside of the scholarly discourse on old-age exclusion', there are several potential insights that an extension to the micro-scale of place might contribute to our understanding of old age exclusion. Importantly, as has been noted elsewhere in this review, there is a dearth of literature examining the nature of relationships between dimensions of dis/advantage in later life, and how these interact across the individual life course to shape the risk or intensity of old age exclusion (Walsh, Scharf & Keating 2017). Similarly, while a significant body of

theoretical and empirical research recognises that relationship between person and place is 'constructed across time and across multiple residential locations' (Walsh 2017, p. 259; Rubinstein & Parmelee 1992), this is not represented within the social exclusion literature. Instead, the neighbourhood level focus of existing research precludes an understanding of how an older person's relationship with their immediate living environment may interact with, contribute to, or protect against, neighbourhood exclusion or social exclusion more broadly.

Secondly, our understanding of how place interacts with other domains of exclusion, and its role in broader exclusionary processes, is limited by its dominant conceptualisation as a distinct domain of old age exclusion. In a recent review of geographical engagement with old-age exclusion, Walsh (2017, p. 255) noted the limited attention given to how 'place functions as a fundamental determinant of exclusionary experiences in old age, not just in relation to place but across multiple areas of life'. Working within what Carpiano (2009, p. 263) terms the 'contextual effects' paradigm, conceptual frameworks of old age exclusion draw on the person-environment approach of pioneering environmental gerontologists (for example, Golant 1986; Lawton 1983) who emphasise the functional and behavioural interaction between older people and their environment. While these approaches have led to a greater understanding of the consequences of specific neighbourhood characteristics for older people (for example, Marquet & Miralles-Guasch 2015) and highlighted the spatial concentration of disadvantage among older people (Miranti & Yu 2015; Vinson 2015), they provide little insight as to how older adults' relationships with place, whether positive or negative, might shape their experience of social exclusion.

2.4   Summary

This chapter has drawn on a range of conceptual and empirical literature to provide an an overview of contemporary understandings of social exclusion in relation to older people. Older people have been given limited attention within mainstream social exclusion research and policy, which has tended to focus on 'problem' populations and working age populations through a narrow lens of employment and economic participation. While economic issues, and to a lesser extent employment, are relevant to understanding old age exclusion, there are unique features of older adulthood which mainstream frameworks of social exclusion fail to capture. In particular, this chapter has highlighted disadvantage and age-related

vulnerabilities as distinguishing features of social exclusion experienced by older people as compared with younger, and working age, populations. Many age-related vulnerabilities will be encountered by a majority of older people, such as retirement and changes in health and mobility. However, an individual's capacity to cope with or recover from these events is significantly shaped by earlier life experiences and accumulated dis/advantages. This is demonstrated by longitudinal studies which have highlighted the persistence of social exclusion from middle adulthood through to old age. Notably, the lack of integrated life course perspectives incorporating the whole life course appears to be a significant gap in current understanding.

In recognition of the unique nature of social exclusion among older people, several conceptual frameworks of old age exclusion have been developed which identify distinct areas in which older people may experience exclusion. While there are variations in how dimensions of old age exclusion are configured across these frameworks, reflecting disciplinary and methodological differences, several overarching domains of exclusion have been consistently identified. Using the summary domains identified in a landmark scoping review of old age exclusion (Walsh, Scharf & Keating 2017), this chapter has critically reviewed conceptual and empirical literature across six interrelated domains of exclusion: material and financial resources; services, amenities and mobility; social relations; civic participation; socio-cultural; and neighbourhood and community. Overall, the range of literature informing the discussion of each domain of exclusion is extensive and cross-disciplinary. Significantly, our understanding of old age exclusion, as a whole, remains limited in several ways.

At a broad level, there is a dearth of literature which engages with the multidimensionality of social exclusion to examine how interactions between domains, and across the life course, shape the trajectory and experience of old age exclusion. While several notable quantitative studies have identified correlations between various domains and their contribution to the likelihood of experiencing old age exclusion, further exploratory research is needed to understand the nature of these relationships and their impact on the lived experience of old age exclusion. Methodologically, older adults living in the community are the dominant focus of literature across all domains of exclusion, with very limited attention given to older adults living in other settings such as hostels, retirement villages, or care facilities. In part, this

reflects the narrow neighbourhood-level conceptualisation of place within theoretical frameworks of old age exclusion and the lack of engagement with place at the micro-level.

This chapter's concluding section identifies the intersection between place and old age exclusion as the current study's central focus and articulates the need to engage more meaningfully with the temporal and multi-level dimensions of place.

Chapter 3. Literature review – Space and place

3.2   Conceptualising space and place

In order to understand the relationship between place, space, and older people it is first necessary to define the linked but distinct constructs of "place" and "space". While we all have some intuitive sense of the existence of space, anthropologist Edward Hall likens its discussion to that of sex: 'It is there but we don't talk about it. And if we do, we certainly are not expected to get technical or serious about it' (cited in Barcan & Buchanan, 1999, p.7). Similarly, in relation to place, Cresswell (2009, p. 169) suggests that the 'common-sense uses of the word belie its conceptual complexity', noting that self-conscious reflection on the concept within the field of geography itself did not emerge until the advent of humanistic geography in the late 1960s and early 1970s. At this time, geographers such as Relph (1976) and Tuan (1974, 1977) and Seamon (1979) began to challenge the dominance of the positivistic spatial science paradigm which perceived 'the world and the people in it as objects rather than subjects' (Cresswell 2009, p. 171). Approaching the relationship between people, place and space phenomenologically, humanistic geographers began to explore places as sites of affective and experiential connection and integral to personal identity, rather than simply functional sites of human activity or action.

Focus on the relationship between ageing and place emerged in the geographical and gerontological literature in the 1970s, with research developing along two interconnected threads (Andrews et al., 2009; Skinner, Cloutier & Andrews 2015). The first, epitomised by Lawton and Nahemow's (1973) Ecological Theory of Ageing (ETA), views the relationship between older people and place through a functional lens and is primarily concerned with the extent to which an older person's environment facilitates or inhibits their everyday lives (Lawton & Nahemow 1973; Lawton 1983). The ETA holds that behaviour is determined by the congruence between an older person's personal competencies (for example, mobility, physical and mental health) and the demands of their environment (referred to as 'environmental press'), which together comprise the person-environment fit (P-E fit) (Lawton 1983, p. 351; Lawton & Nahemow 1973). The ETA posits that without modification or adaptation, a mismatch between an older person's capacity and their living environment leads to a poor person-environment fit, resulting in functional constraints and negative health

outcomes (Lawton & Nahemow 1973; Wahl & Oswald 2010). In its original formulation, the ETA was criticised as deterministic, in that it gave little attention to the agency of older people to resist or modify environmental pressures and maintain their independence (Oswald & Rowles 2007; Wahl & Oswald 2010). A later extension of this model, the environmental proactivity hypothesis, was developed in response to these critiques and emphasised a reciprocity between the older person and their environment, acknowledging that 'older people, like all others, choose, alter, and create environments' (Lawton 1999, p. 94). As such, older people may be proactive in modifying their current environments, or seeking out alternative environments, in order to maintain their independence in response to changing capacities or needs (Heywood 2005; Wahl & Oswald 2010). The ecological theory of ageing remains an influential perspective, with Soilemezi and colleagues' recent study (2017) identifying how the functional 'fit' of home for caregivers of people with dementia declined as care recipients' conditions progressed, such that the environment became incongruent with their daily needs.

The second area of research emerging in the late 1970's, beginning most significantly with the work of Rowles (1978, 1986, 1991), focused upon the emotional and experiential dimensions of the relationship between older people and place. In contrast to functionally oriented accounts focused on the interaction between person and environment, Rowles (1978) explored the enmeshment of place and identity across the life course. Through his ethnographic research in rural Appalachia, Rowles (1978, 1983, 1984, 1993) found that older adults' psychological and physical connection to their environment was largely implicit, bound up with their own identity and everyday lived experience such that they 'wore the setting like a glove' (Rowles 1983, p. 114). Drawing on Edward Relph's (1976) concept of 'insideness', Rowles (1983) proposed that bonds with place are created and sustained in later life through three distinct but complementary elements of insideness: physical, social and autobiographical. Broadly similar dimensions recur across subsequent conceptualisations of place attachment, reflecting a general consensus that physical, personal and social factors contribute to the relationship between older people and place (Felix et al., 2015 Oswald & Wahl 2005; Rowles 1991; Mallett 2004). In distilling the literature on the construct of home, which Dovey (2005, p. 362) describes as 'an endless philosophical quagmire where no simple answers can be found', Felix and colleagues' (2015) framework is adopted, consisting of the physical and occupational, personal, social, and temporal. While this structure is useful for distilling and critiquing the voluminous body of literature focused on understanding home,

attention is given to the links and intersections between each dimension insofar as they contribute to people's everyday lived experience of place.

3.2.1   Physical and occupational

The home's physical element relates to its defining physical features, including its architectural or design features, available utilities such as lighting, air-conditioning, heating, and telecommunications, and the material possessions contained within it (Felix et al., 2015; Mackenzie, Curryer & Byles 2014; Rowles & Chaudhury 2005). Relatedly, the occupational function relates to 'home as a place of doing, where activities performed in the home contribute to 'being' in the home' (Aplin, de Jonge & Gustafsson 2013, p. 102). This includes self-care, cooking, cleaning and recreational activities which may be either hindered or facilitated by the home's physical features and structures, particularly in the face of changes in health and mobility (Gitlin 2003). Research has highlighted that home's capacity to support hobbies and recreational activities is particularly important for older people post-retirement (Iwarsson et al., 2016; Kylén et al., 2019; Rowles & Bernard 2013). For example, Kylén and colleagues (2019) found that, following retirement, the meaning of home changed from a place of rest and recuperation from work, to one that could, ideally, support more creative and personal pursuits that had been neglected due to work.

In thinking about the home's physical and occupational dimensions, the previously discussed ecological theory of ageing highlights the importance of 'fit' between an older person's capabilities and their home environment (Gitlin 2003; Lawton 1983, 1989; Lawton & Nahemow 1973). While noting people's agency within the home space and rejecting outright physical or environmental determinism, Mallett (2004, p. 68) argues that 'physical aspects of the home, including the location, design, and size of the home, both enable and constrain different relationships and patterns of action'. In order to understand the issues and tensions that arise at the intersection of old age and the physical and occupational home, it is important to consider the functions and behaviours that houses are generally designed to facilitate. Drawing on Lefebvre's (1991) and Merleau-Ponty's (2013) work on spatial embodiment, Imrie (2004, p. 748) imagines the physical home as a series of 'body zones' corresponding with physical and mental functions, such as the kitchen for nourishment, the bathroom for washing the body, and the bedroom for rest, recuperation and intimacy. The design of these 'zones' reflect what Mallet (2004) and others (Bowlby, Gregory & McKie

1997; Chapman & Hockey 2002, p. 4) describe as the culturally constructed 'ideal house', premised on the functional and performative needs of white, heterosexual, able-bodied, nuclear families. In a practical sense, Hockey (2002) argues that this ideal translates into house designs that exclude people with functional limitation or additional needs. In particular, Hockey (2002, p. 108) argues that 'some manifestations of the ageing process … are irreconcilable with contemporary notions of home', highlighting how private houses are rarely designed to meet the realities of human deterioration. Thus, while supported accommodation environments are purpose built to meet older people's capacities, finding environmental congruence can be particularly challenging for older people wishing to age in place, insofar as the environment is unlikely to have been designed with their needs in mind (McLaughlin & Mills 2008; Percival 2002).

Research has demonstrated that congruence between capabilities and environment allows an older person to exercise autonomy and control over their use of space, enabling continued independence and fostering a sense of choice and dignity (Byles et al., 2014; Fausset et al., 2011; Oswald & Wahl 2013). Conversely, poorly designed housing may hasten older people's functional decline and loss of independence, with bathroom and kitchen accessibility often highlighted as particularly problematic (Byles et al., 2014; Danziger & Chaudhury 2009). In addition to practical difficulties arising in everyday life at home, losing mastery over the physical environment can also impact the meaning and emotional experience of home. For example, Imrie (2004) found that older people who felt a loss of independence in, and loss of control over, their living environment experienced the home as a place of confinement, with unusable spaces or environmental features becoming a painful 'signifier of a life that had been lost' (p. 754). Similarly, Van Steenwinkel and colleagues (2012, p. 203) highlight how an older person's lifeworld can become 'restricted to the house, a room, or even a bed' as the capacity for the home environment to support functional change declines. In a practical sense, physical and occupational aspects of the home environment can also have significant implications for older people's health and wellbeing. For example, inadequate insulation, heating, or cooling can exacerbate older people's vulnerability to heatstroke and chest infections, while falls are more likely in homes with uneven surfaces, stairs, or poor lighting (Adams 2017; Fox et al., 2017).

3.2.2 Personal

The personal dimension of the home encompasses the experiential qualities of home as a lived space and the memories enmeshed with the material elements of this environment (Blunt & Dowling 2006; Hatcher et al., 2019; Malmedal 2014; Sixsmith 1986). The personal component of home is evident in the myriad of descriptions which depict the home as the outcome of a relationship between person and place, with the term's privacy, autonomy, security, intimacy, comfort and family frequently appearing as recurring themes within the literature. While each dimension of home discussed within this section can be said to contribute to the home as a "personal" and embodied space, attention is now given to the relationship between home and self-identity, and the function of material possessions as an extension and representation of identity in, and through, the home.

While the home's physical features are undoubtedly important in providing older people with a sense of familiarity and comfort and, ideally, facilitating independence and autonomy, 'they are insufficient, on their own, to provide a true sense of home' (Higgins 1989, p. 171). The function of the home as a source of self-identity, defined broadly as a process of 'making distinctions between oneself and significant others' (Stones & Gullifer 2016, p. 454), extends beyond a building's physical structure to encompass 'objects and things and the spaces and places in which they are found' (Stones & Gullifer 2016, p. 455). The literature suggests that home can provide a sense of continuity and stability, connecting older people with their earlier selves and providing a source of hope and support in the presence of age-related change and loss (Gullifer & Thompson 2006; Rubinstein & De Medeiros 2004; Stones & Gullifer 2016).

Adopting a phenomenological perspective, home is a site and source of identity insofar as it is the primary base from which a person experiences, defines, and understands the world around them and their place within it (Case 1996; Moore 2000; Relph 1976). Symbolically and materially, the idealised home is considered a site of 'identity building and identity preserving, a place where you can be yourself' (Malmedal 2014, p. 339). In terms of identity building, the process of creating a home "place") from house ("space") is an emotional one, involving a gradual and sustained investment of self in place, such that the home becomes a part of one's identity (Blunt & Dowling 2006; Gurney 1997; Hatcher et al., 2019; Malmedal 2014). As a site of identity preservation, Vasara (2015, p. 59) describes how the home

'mirrors the qualities of its inhabitants…as a representation of self and chosen lifestyle', while Young (2005, p. 144) posits the home as a site of both identity preservation and performance where 'one sees the stories of one's self embodied, and performs rituals of remembrance that reiterate these stories'. In this sense, the relationship between home and identity is a symbiotic one, with the home being 'both a product of the occupier's self-identity, and the place in which the occupier has the freedom to express that identity' (Fox 2002, p. 15). Put another way, Stones and Gullifer (2016, p. 462) describe the home as becoming like an 'old friend' for older people over time, 'nourishing the individual's self-concept by enabling and embodying the authentic self'.

In their recent grounded theory study of the meaning of home for 21 older adults in New South Wales, Hatcher and colleagues (2019, p. 4) found that the home gave an 'anchorage for the self', echoing the concept of 'rootedness' to home pioneered by earlier humanistic geographers (Relph 1976; Tuan 1977; Seamon 1979). Four factors were identified which built and sustained the home as an anchor for self-identity among older people, reflecting a combination of both preservation and performative aspects (Hatcher et al., 2019). The sense of identity that older people associated with home provided a feeling of 'having a place in the world' (Hatcher et al., 2019, p.4), which was linked with the length of their residence in their home, and the level of personal and financial investment involved in constructing the environment both materially and symbolically. Performatively, the home was spoken of as 'facilitating self-expression', with valuable possessions functioning 'as a reflection and expression of self' (Hatcher et al., 2019, p. 4) and conveying messages about occupiers to themselves and others. The home can be a particularly important site of self-expression and identity for older people of minority identity status who may experience marginalisation, or a lack of representation, outside of the home (Gorman-Murray 2013; Lewin 2001; Liu 2014; Matthews, Poyner & Kjellgren 2019; Pilkey 2014). As a site of agency and control, the making and inhabiting of home can provide opportunities 'to subvert … larger discourses of oppression' (Pilkey 2014, p. 1154) that older people of sexual, ethnic, and cultural minority identity status may experience. For example, Pilkey (2014) and Gorman-Murray (2013) demonstrated how older gay men constructed and enacted their subjective identities and challenged heteronormativity through material possessions and homemaking practices. Similarly, through the use of native language, cooking and consumption of particular cuisines, and the presentation or maintenance of religious practices, the home can be an

important site of identity preservation and performance for older CALD people (Lewin 2001; Liu 2014; Longhurst, Johnston & Ho 2009).

However, it is important to recognise that the capacity for the home to be a conduit for the maintenance or reinforcement of important aspects of one's identity is reliant upon resources, and a degree of freedom, that may not be available to older people experiencing significant disadvantage or exclusion (Nicholls 2010; Matthews, Poyner & Kjellgren 2019). Highlighting the bidirectional relationship between home and identity, Nicholls (2010, p. 38) notes that 'those who are marginalized…can rarely have both the security of housing and the freedom to "be" and enjoy it as a private space'. In a study exploring the experiences of older LGBT people with a history of homelessness, the absence of a home was associated with a sense of discomfort about their sexual identity, whereas for those leaving homelessness, 'the comfort of home – wherever that happened to be – was a broader comfort of the self' (Matthews, Poyner & Kjellgren 2019, p. 245). It follows that for older adults experiencing social exclusion, the capacity of the home to function as a site of identity building or preservation may be limited by a lack of material resources, experiences of discrimination or, in the case of homelessness and housing insecurity, the lack of a stable and continuous dwelling in which to develop a sense of identity. While existing research has highlighted specific populations of older adults, such as those experiencing material disadvantage, homelessness and housing insecurity, and discrimination, there is a dearth of literature examining the impact of intersecting forms of disadvantage on the capacity to develop or preserve a sense of identity within the home.

3.2.3   Social

The social dimension of home relates to the 'presence of and relationships with other people which contribute towards the feeling of home' (Sixsmith 1986, p. 121). Within Rowles' (1983) model, social insideness refers to the ways in which the meaning of space is shaped by interactions and relationships between people, such that there may be a shared sense of the space's meaning or identity, or commonly held social norms and rules which govern its use. Social insideness encompasses the knowing of others in place, such as family members in the home or congregants in a church and being known by others as belonging and having a role in that place (Hawke 2010; Rowles 1983). As with physical insideness, social insideness develops over time through repeated interactions with others in space, and may occur at the

scale of home, institution, or neighbourhood (Rowles 1983). The 'sense of group identification with place' (Rowles 1993, p. 66) fostered by social insideness has been found to provide older people with some protection against the negative effects of neighbourhood change (Burns, Lavoie & Rose 2012). In a study of the impact of neighbourhood change on the social exclusion of older people living in Montreal, Canada, Burns and colleagues (2012) found that groups with a strong sense of social insideness and a longstanding connection to the neighbourhood were able to maintain a sense of belonging to place despite significant changes brought by gentrification.

This function of home is considered a critical distinguishing factor between house and home, with Mallett (2004, p. 68) conceptualising the home as a socio-spatial system representing the 'fusion of the physical unit or house and the social unit or household'. Historically, the social dimension of home has been most strongly associated with the cultural construct of the 'family home', with some even suggesting that the concepts of 'family' and 'home' are interchangeable (Laurie et al., 1997; Mallett 2004). Given that older people, and particularly older women, are more likely to live alone, the social dimension of home has often been considered in terms of the capacity for the home to facilitate visits from family and friends (Gattuso 1996; Sakellariou 2015; Sixsmith 1986). Among older women living in rural Australia, Gattuso (1996, p. 19) found the home to be a treasured site 'where relationships are made and maintained' through hosting visits from family and friends, particularly within the context of functional declines, or safety concerns, that may limit social engagement outside of the home. With age, the social dimension of home can be shaped by changing relationship dynamics, home modifications, and the receipt of in-home care (Aplin, de Jonge & Gustafsson 2015; Hodson, Aplin & Gustafsson 2016; Sakellariou 2015). For example, feelings of dependency and ageist stereotypes may negatively impact how friends or family members interact with older people within the home, while home modifications and the presence of professional carers can disrupt the sense of home as an informal, social space (Hodson, Aplin & Gustaffsson 2016; Sakellariou 2015).

The transition to aged care involves the departure from a home or neighbourhood where a person may have experienced social insideness, to living in a new environment with others with whom they may have little in common (James, Blomberg & Kihlgren 2014; Marshall & Mackenzie 2008; Sullivan & Williams 2017). Perhaps unsurprisingly, social insideness is often difficult to establish within these settings and feelings of isolation and social

disconnection are commonly reported (Grenade & Boldy 2008; James, Blomberg & Kihlgren 2014; Jilek 2006). However, some strategies have been shown to promote the development of social insideness in aged care, such as the provision of separate social spaces within the residential environment (Andrew & Wilson 2014; Andrew & Ritchie 2017), involving residents in activities which give them a sense of having a role and purpose (Thomas, O'Connell & Gaskin 2014), and providing opportunities for social engagement outside of the facility (Annear et al., 2017). For example, a café operated within a New Zealand aged care facility was found to provide opportunities for planned and incidental social interaction for residents and visitors, with residents describing the importance of having 'a place to go' (Andrew & Wilson 2014, p. 222) separate from the clinical environment. Residents described the café as a space of belonging and community in which they were able to make choices, such as when to go, what to buy, and where to sit, which provided a sense of control and ownership over the space (Andrew & Wilson 2014). Reflecting Rowles' (1983) concept of social insideness, the authors noted that in addition to supporting residents' maintenance of external social networks, the café 'assisted the resident to identify with being a member of her/his new community' (Andrew & Wilson 2014, p. 54).

This is consistent with a significant body of literature indicating that opportunities for residents to interact and connect with one another, particularly outside of formal, planned activities, can foster a sense of belonging and community within supported accommodation settings (Cooney 2012; Cooney et al., 2014; Cloutier-Fisher & Harvey 2009; Marshall & Mackenzie 2008; Rijnaard et al., 2016). Among recently transitioned hostel residents, opportunities for socialising and relationship building with other residents were critical for facilitating a sense of 'fitting in' (Marshall & Mackenzie 2008, p. 129) and overcoming feelings of isolation and alienation (Marshall & Mackenzie 2008). Similarly, meaningful relationships between staff and residents which move beyond solely medical, transactional interactions are critical for promoting and sustaining residents' sense of home and belonging (Falk et al., 2013; van Hoof et al., 2016b). While the dual status of care environments as both "residence" and "workplace" is a recognised challenge to fostering meaningful staff-resident relationships, some literature highlights the importance of organisational culture and the philosophy of care adopted by the care provider (Brownie & Nancarrow 2013; Canham et al., 2017; Theurer et al., 2015). For example, a person-centered philosophy of care which emphasises dignity and autonomy, and affirms the uniqueness of each resident's experience,

has been found to promote interpersonal relationships between staff and residents (Canham et al., 2017; Koren 2010; Sullivan & Williams 2017).

3.2.4 Temporal

Home is considered a temporal construct, 'located on the thresholds between memory and nostalgia for the past, everyday life in the present and future dreams and fears (Blunt & Varley 2004, p. 5). Within Rowles' (1983) model, this dimension is referred to as 'autobiographical insideness', which is said to 'stem from the temporal legacy of having lived one's life in the environment' such that 'place becomes a landscape of memories, providing a sense of identity' (Rowles 1983, p. 114). The memories and artefacts of being and doing in a space give rise to the emotional construct of a place that may then serve as both a reference point to the events and experiences of one's life, and a source of continuity to their current lives (Rowles 1983; Rubinstein & Parmalee 1992). While 'autobiographical insideness' may be particularly strong for older adults who have lived in the same neighbourhood or home for a long period of time, the life course may also present as a 'mosaic of incident places' (Rowles 1983, p. 302), with memories of key events, emotions or experiences emplaced in a series of settings (Proshansky, Fabian & Kaminoff 1983; Rowles 1983; Rubinstein & Parmalee 1982). In this sense, 'autobiographical insideness' reflects a temporal and bidirectional relationship between place and identity across the life course, such that:

> … place not only captures a person's sense of self in the present, as the self is projected onto the place, but a remembered place may also express a sense of who the person was before, or who the person believes she [sic] was. (Oliver 2007, p. 63).

Personal artefacts and home's physical aspects, or a neighbourhood's familiar features, can prompt reminiscence and promote a sense of autobiographical insideness in place (Coleman & Wiles 2018; Percival 2002; Rowles 1978). Thus, one physical place, such as the personal home or neighbourhood, may offer a vicarious window into a lifetime of experiences and places 'displaced in time and space to which we may return at will through reminiscence' (Rowles & Watkins 2003, p. 79). In a recent study involving photo-elicitation interviews with older people in New Zealand, Coleman and Wiles (2018, p.7) concluded that personal possessions 'signify and anchor an individual's identity and experience' within the home and

can support a sense of continuity between past, present and future identity. For example, the insideness prompted by familiar 'things' within the home have been demonstrated to afford opportunities for older people to reflect and reconcile past achievements, relationships, joys and losses with the changes and losses accompanying later life (Burholt 2012; Coleman & Wiles 2018; Sherman & Dacher 2005).

'Autobiographical insideness' can also develop with places beyond the immediate home environment, with memories of everyday life and life events embodied and emplaced within neighbourhood sites and amenities (Buffel & Phillipson 2019; Lager, Van Hoven & Huigen 2013; Ward et al., 2018). Whereas 'autobiographical insideness' within the home environment is likely to centre upon one's personal identity and engagement with close friends or family, 'neighbourhood level insideness' is an 'active, dynamic, animated and profoundly social practice' (Degnen 2016, p. 1662) through which a collective neighbourhood identity develops (Degnen 2016; Lager, Van Hoven & Huigen 2013; Wiesel 2012). The exchange of neighbourhood memories and stories is a practice which binds individuals and groups to place, having the potential to provide a sense of both individual and collective belonging for older people (Degnen 2016; Lager, Van Hoven & Huigen 2013). While this collective place identity can be a powerful source of belonging and inclusion for older people, it is important to recognise that opportunities to participate in the meaning making process, or to experience the sense of community it can provide, are not available to all older people (Burns, Lavoie, Rose 2012; Dahlberg 2019; Hand et al., 2018). For example, those who relocate to a new neighbourhood in later life, including migrants, will take time to build a relationship with the neighbourhood environment and the social network necessary to share their experiences or to develop a sense of collective neighbourhood identity (Buffel, Phillipson & Scharf 2013; Park et al., 2018). As was highlighted in the previous chapter, older people with fewer material resources or transport issues face challenges accessing the neighbourhood environment and are at an increased risk of social isolation, thereby limiting their opportunities to build or maintain a sense of collective neighbourhood identity with others (Buffel & Phillipson 2019; Dahlberg 2019; Engels & Liu 2011).

3.3 Scales of place

3.3.1   House and home

Reflecting the distinction between the constructs of space and place discussed in this chapter, "house" and "home" are clearly distinguished within the existing theoretical and conceptual literature (Mallett 2004). Whereas a "house" refers to a physical dwelling and its functionality, a "home" reflects the experiential aspects of place and the home as a site of identity 'invested with the meanings emotions, experiences and relationships that lie at the heart of human life' (Blunt & Varley 2004, p. 3). As with Tuan's (1977, p. 16) notion that space is transformed into place 'as we get to know it better and endow it with meaning', a house is seen as a site which, ideally, becomes a home through practices of inhabitation and dwelling in place that allow a person to 'be who they are [and] feel "in place"' (Felix et al., 2015, p. 332).

An important implication of such a conceptualisation is that one may have a house, as a physical dwelling providing shelter, warmth, and a place to live, without associating this space with the comfort, familiarity or meaning of a home (Blunt & Dowling 2006; Felix et al., 2015). Indeed, those taking a critical approach to the construct of home have interrogated the idealised nature of much of the discourse surrounding home, highlighting how the home-space can be a contested space of alienation, exclusion and emotional entrapment (Mallett 2004; Sibley 2002). Further complicating the distinction between house and home, however, is the possibility of experiencing a sense of home beyond the spatially and temporally bound structure of a house (Felix et al., 2015; Mallett 2004; Wardhaugh 1999).

While home may be associated with a particular domestic space, whether apartment, house, or institution, Mallett (2004, p. 80) argues that 'it is always more than this', echoing a significant body of literature highlighting home as a construct stretching across space and time (Ahmed 1999; Felix et al., 2015; Lager, van Hoven & Huigen 2013; Massey 1992). Unsettling the notion of home as a private and bounded space of demarcation separating one from the "outside" world, research has consistently demonstrated how home can also be felt and experienced in other spaces, such as neighbourhoods (Burns, Lavoie & Rose 2012; Felix et al., 2015), religious institutions (Finlayson 2012; Sharma & Guest 2013), and nature (Bengtsson & Carlsson 2013; Orr et al., 2016).

3.3.2 Aged care

During 2016-17, 232,000 Australians were living permanently in residential aged care facilities, representing 9% of the total population aged over 70 (AIHW 2018). With the total

population of Australians aged over 65 projected to double over the next 40 years, the aged care industry is in a phase of sustained growth, with estimates that an additional 82, 000 residential aged care places will be needed by 2024 to meet demand (Australian Government 2015).

As noted throughout this chapter, home is an important source of identity for many people, linked with feelings of belonging, familiarity, independence, and comfort, and holding a more-than-physical meaning. The ability to control the home and include/exclude outsiders from this space is an important aspect of the person-place relationship that develops with home, and one which lies at the heart of the challenges experienced with transition into residential aged care (Brownie, Horstmanshof & Garbutt 2014; Fraher & Coffey 2011; Hatcher et al., 2019; Reed et al., 2003). The residential aged care environment is 'at once a workplace, a home, a health centre, and an institution' (Petersen et al., 2016, p. 83) where tensions can arise between the provision of health care and older people's desire to maintain their privacy and personal identity (Brownie, Horstmanshof & Garbutt 2014; Sussman & Dupuis 2014; Sullivan & Williams 2017).

Given the home's centrality as a source of identity and belonging, it is unsurprising that the transition to aged care has been frequently identified as a stressful and difficult experience for older people and their families. Broadly, the literature suggests that this transition process involves two parallel psychological processes. First, departing one's home in the community, a place they may have called home for many years, imbued with memories, relationships, and a lifetime of meaningful possessions; and second, adapting to life in a new environment with other older people, new routines, and unfamiliar surroundings. Feelings of loss, grief, isolation and helplessness are common following admission to an aged care facility, particularly in the early stages of transition and adaptation. Three themes emerged from a recent meta-synthesis of research focused on the transition experience of older adults which together represent the stages of psychological and emotional transition, (1) painful loss that requires a mourning process, (2) seeking stability through gaining autonomy to sustain a new sense of self, and (3) acceptance when a unique inner balance is reached (Sullivan & Williams 2017). The sense of loss that Sullivan and Williams (2017) identify has been expressed by residents as involving a loss of home and a sense of homelessness, accompanied by a loss of identity and personhood attached to life in the home. A number of factors have been found to impact on this transition process, including the older person's degree of

involvement in the initial decision making process, aspects of the aged care facility, such as the availability of private areas, and the opportunity to personalise private rooms with personal possessions from home to provide a sense of continuity. Facility staff can acknowledge and validate residents' feelings of loss and grief at leaving their home in the community, through giving residents time and space to integrate their past and present circumstances, rather than focusing only on their 'new beginning' in aged care.

In a review of literature concerning factors associated with psychological transition to aged care environments, Brownie, Horstmanshof and Garbutt (2014) concluded that failing to acknowledge the process of loss and mourning associated with moving to aged care could 'trap the person in emotional limbo' (p. 1664), and recommended that staff provide opportunities for residents to talk about their feelings and life experiences through a reminiscence type of therapy. Studies examining older people's perceptions and expectations of residential care prior to moving from their home have highlighted the importance of providing accurate information on the residential facility as part of the pre-admission discussion with older people and/or their families, both to enable an informed decision and to ensure that people could prepare themselves on the basis of realistic expectations of what life will probably be like in the aged care facility (Cheek & Ballantyne 2001; Reed et al., 2003).

3.4 Summary

This chapter concludes the literature review undertaken for this study, aimed towards establishing the state of existing knowledge regarding the interrelationship between old age exclusion and place. Whereas the first chapter provided an overview of the types of exclusion experienced by older people, this chapter has focused more specifically on understanding older people's place relationships. While focus on relationship between place and old age exclusion has grown in recent years, there has been a lack of attention given to the role of immediate living environments, such as home and aged care. This represents a significant gap in our understanding of old age exclusion, given, as this chapter has discussed, the significance of home for older people.

Chapter 4. Methodology

4.1 Introduction

This chapter begins with an outline of the ontological and epistemological positions guiding the research design and execution, and justifies their suitability for addressing the research question. A description of the research design and methods follow, including the sampling and recruitment process, data collection methods, and analytic approach. This chapter concludes with a reflection on my own position in this research as both an insider and outsider, and discusses key ethical issues raised by this, and the research, more broadly.

4.2 Epistemological and ontological position

Despite successfully completing an undergraduate unit in social work research and an Honours research project, my engagement with epistemology and ontology at the outset of this research accords with Grix's (2002, pp. 175-176) observation that these concepts 'are often shrouded in mystery, partly created by the language with which they are explained, leaving the reader more confused than they were before they began reading'. While a degree of confusion and trepidation in approaching these ideas is not uncommon among students, and even experienced researchers, their articulation is critical for shaping the design and conduct of the research process and to giving a logical and cohesive structure to the research as a whole (Grix 2002; Kivunja & Kuyini 2017).

Epistemology refers to beliefs about 'the nature of knowledge, its possibility, scope and general basis' (Honderich 2005, p. 260), which shape what a researcher views as adequate and legitimate avenues of inquiry (Given 2008; Neuman 2011). Epistemological positions generally fall on a continuum between the objectivist notion of there being an observable and accessible world independent of the "knower", and the constructionist position that knowledge and meaning is constructed in and by interactions between humans and their social context (Crotty 1998; Neuman 2011). Whereas epistemology concerns what we can validly know, ontology relates to beliefs about 'the nature of being and existence' (Hammond & Wellington 2012, p. 58) which shape the selection of methods used to collect and analyse data. The current research adopts a constructionist epistemology, and a relativist ontology, the tenets and implications of which are now explored.

4.2.1 Social constructionism

Social constructionism emerged from postmodernist critiques of scientific objectivity and ideological neutrality following World War II (Witkin 2012). Owing to the diversity of philosophical and disciplinary approaches to social constructionism, coupled with the scepticism with which social constructionism approaches the value of declarative and authoritative definitions, it has been suggested that 'social constructionism is best considered in the plural' (Witkin 2012, p. 17). So, rather than presenting a series of definitions of social constructionism, I first present one definition which has informed the approach taken in this research, and from which key tenets of this perspective are briefly explored –

> The leading idea has always been that the world we live in and our place in it are not simply and evidently "there" for participants. Rather, participants actively construct the world of everyday life and its constituent elements. (Holstein & Gubrium 2011, p.3)

As evident from this definition, a constructionist perspective rejects the positivist notion of a pre-existing world that is waiting to be discovered and observed and problematises our taken-for-granted assumptions about the world (Burr 2015; Gergen 1985). From a constructionist standpoint, lived reality and meaning is created through a person's interaction and exchange with other people, things, and places, making possible the existence of multiple and possibly contradictory, but equally valid, accounts of a single phenomenon that different people hold (Johnson & Onwuegbuzie 2004, p. 16). Beyond individual meaning making, a constructionist perspective also questions the basis of many of the categories used to describe and structure society, viewing these as an outcome of human efforts to make sense of difference, rather than as naturally occurring classifications (Burr 2015; Gergen 1985). As such, our understanding of the world and the concepts, categories, and language which we use, are both culturally and historically situated from a constructionist perspective. Taking old age as an example, gerontologists adopting a constructionist perspective have highlighted the influence of the biomedical perspective in shaping societal understandings of ageing and documented the ways in which ideas of old age and ageing have shifted across time and place (Talarsky 1998; Bonanno & Calasanti 1986; Vincent 2006; Featherstone & Wernick 1995).

Within the context of geographical gerontology, a constructionist approach is focused on understanding how older people are active in making places, and how places make and shape older people (Wiles 2005). Challenging the positivistic conceptualisation of place as 'objective functions and locations on maps' (Andrews, Cutchin & Skinner 2017, p. 16), the constructionist perspective understands the relationship between 'age' and 'place' as active and entangled in two key ways. First, there is a recognition that through people's behaviours and agency, places are representative of, and constructed to, 'do' (Andrews 2016, p. 16).

Secondly, and relatedly, a constructionist view understands that places 'become" about" certain things' (Andrews 2016, p. 16) through human presence and interaction, such that humans are active in both constructing the function and agency ascribed to place and assigning meaning or emotion to place. In this way, a constructionist approach recognises that representations of place are both built upon, and the site of, negotiation between constructs of identity and meaning. It is in the constant making and re-making of identity in and through place that the constructionist approach finds its purpose in this research, offering the possibility that the experiences of place and representations of identity can be changed (Andrews, Cutchin & Skinner 2017; Wiles et al., 2012). Through illuminating the processes and embodied experience underpinning dominant constructions of identity in and of place, the goal is to contribute to a better understanding of practices which shape the place experiences of older people, in hope that places of marginalisation and exclusion can be reconstructed as places of meaning and recognition for older people (Phillipson 1998; Wiles et al., 2012).

4.2.2   Qualitative inquiry

The qualitative approach adopted in this research is consistent with the constructionist paradigm outlined above, and the research objective of exploring the place experiences of older people. Qualitative inquiry is directed towards exploring the meaning and significance of lived experiences, with the aim of uncovering rich and in-depth insight on a topic (Babbie 2013; Creswell and Creswell 2018). Whereas quantitative approaches offer breadth of knowledge and are best suited to providing explanatory or descriptive accounts of the relationship between specific domains or variables, qualitative inquiry offers depth and a diversity of perspectives on a given topic, without tightly structured or pre-set response categories (Babbie 2013). The focus of this research on understanding the role of place and

space across the individual life course and the impact of this on late-life experience required the depth and diversity of perspective which a qualitative approach prioritises.

4.3 Sampling

The research question should guide the sampling procedure employed in qualitative research, with participants selected according to their proximity, knowledge, and experience of the phenomenon under investigation (Bryman 2012). As statistical generalisability is not the aim of qualitative research, non-probability sampling strategies are most common (Merriam & Tisdell 2015). The current study adopted a purposive sampling strategy. Patton (2015, p. 264) describes this as the selection of information-rich cases 'from which one can learn a great deal about issues of central importance to the purpose of the inquiry'. Given this study's explicit focus on issues of geography and place experience, the selection of places, rather than people, was the initial step in the sampling process, a common approach in geographic research (Curtis et al., 2000).

In aiming for a sample representative of different place perspectives, this process began with determining where older Australians live. In 2018, 95.3% of adults over the age of 65 lived in households in the community, while approximately 4.6% lived in supported accommodation, predominantly nursing homes and aged care hostels (ABS 2019b). On this basis, a sample inclusive of older adults living in the community and supported accommodation was determined as the most suitable for responding to this study's research question.

4.3.1   Inclusion and exclusion criteria

To be eligible for participation in this research, respondents were required to be proficient in the English language, and capable of providing informed consent, principally owing to ethical and practical considerations in relation to informed consent. While the exclusion of non-English speaking people and those with dementia are limitations when considering the transferability of any qualitative research, they are of particular significance in the current study given the specific focus on experiences of social exclusion. As noted in Chapter 2, older people with dementia and from non-English speaking backgrounds are known to be at risk of distinct and significant forms of social exclusion and are also frequently absent from gerontological research, due to the same practical and ethical challenges faced in the current study (Cubit 2010; Lam et al., 2018; Taylor et al., 2012). While various strategies for broadening the

inclusion criteria were considered, such as the use of interpreters, translators, and proxy consent procedures (Hubbard, Downs & Tester 2003, these were not deemed viable within the time and resource constraints of the project. This represents an important limitation of this study and is highlighted in the concluding chapter as an important area for future research.

An additional inclusion criterion for the supported accommodation group was the requirement that participants be permanent residents (not respite care recipients), in recognition of the difference between these care types. While no quota in relation to participant gender or length of residence was formally established for either group, an effort was made to provide recruitment material to a diverse range of prospective participants to ensure a range of perspectives.

The minimum age threshold established for participation in this study was 50 years, lower than the age of 65 years used by key government bodies (AIHW 2018). This lower threshold was selected in recognition that life expectancy, a metric upon which definitions of old age are frequently anchored, is significantly shaped by the interaction between characteristics such as social class, gender, race, and a society's social structures (Baars et al., 2016). As such, 'old age' can be considered a socially constructed category shaped by the life circumstances and opportunities afforded to people in a given society, and the ways in which a dominant society interacts with, and gives meaning to, its older members (Baars et al., 2016). While some forces shape the experience of old age on an individual level, group level distinctions are also made to reflect broad structural disadvantage, evidenced by the threshold of 50 years established for Aboriginal and Torres Strait Islander Australians (ABS 2012), the same as that adopted by the World Health Organisation for people from the African continent (WHO 2002b). Within the context of social exclusion, research has consistently highlighted the relationship between dimensions of social disadvantage and poor health outcomes, including premature biological ageing, higher rates of chronic illness, and early mortality (Dahlberg & McKee 2018; Marmot 2005; van Bergen et al., 2019). Reflecting this, age thresholds between 50 and 60 years of age are common within the existing old age exclusion literature (Buffel, Phillipson and Scharf 2013; Burns, Lavoie, & Rose 2012; Dwyer & Hardill 2011; Lager, Van Hoven & Huigen 2013; Macleod et al., 2017; Russell 2005). The flexible threshold adopted in the current study was intended to ensure that the perspective of those identifying, or identified, as 'older' socially, but not statistically or chronologically, could be included. For example, several participants living in one of the supported accommodation

settings were below the age of 65, however, their complex health challenges and residence in an environment for older people, were taken into account.

4.4 Recruitment

4.4.1   Recruitment of community-dwelling older adults

Recruitment of older adults living in the community was initially planned in multiple geographic areas around Victoria, encompassing regional and rural areas, through a combination of mailed out invitations, email invitations to personal contacts, and snowball sampling. The intention of this strategy was to explore differences in place experiences and social exclusion among older adults living in metropolitan, regional and rural communities, differences which existing literature has highlighted as significant (Burholt & Naylor 2005; Phillipson & Scharf 2005; Scharf, Phillipson & Smith 2005a, 2005b; Wahl 2005; Winterton & Warburton 2012).

However, prior to commencing participant recruitment, a decision was made to restrict recruitment to a single Local Government Area (LGA) located in the inner suburbs of Melbourne, Victoria. This LGA was selected on the basis of a significant and culturally diverse population of older adults and its familiarity and accessibility to the researcher. While the absence of voices from older Australians living in rural and regional areas is a recognised limitation of this study, two factors justified this change in focus, reflecting the emergent nature of qualitative research (Creswell & Creswell 2018). First, considering the resource intensive nature of the data collection methods employed, involving at least two separate in-depth interviews in participants' homes, a geographically dispersed sample would have posed practical challenges given this study's time constraints. Second, the decision to restrict recruitment to a single LGA was considered to enable a more detailed understanding of how older people may differently experience the same neighbourhood, while also giving the researcher an opportunity to gain an in-depth understanding of how practices of exclusion and belonging operate at a local level.

Contact was initially made via email to the LGA's General Manager of Community Services, and approval was gained to present the proposed research to several ageing specific community groups operating in the local area. These included two Planned Activity Groups, a Serbian Older Persons Group, and a Greek and Italian Older Persons Group. Accompanied

by a representative of the LGA, I attended each of these groups and provided a short presentation detailing the project and inviting participation. Following the dissemination of Explanatory Statements (see Appendix 1), several participants expressed interest in participating directly following this presentation and provided their contact details to arrange interviews. Others expressed interest in participating via group coordinators, who then provided these contact details to me via email. Snowball sampling, in which a recruited participant provides the contact details for another member of the same population known to them (Rubin & Babbie 2016, p. 149) resulted in the recruitment of three participants who were not engaged with any of the activity groups attended. Recruitment via planned activity groups was a practical and effective method for reaching a large group of older people from a diversity of backgrounds. However, a recognised limitation of this approach is that older people experiencing the most significant levels of social isolation and exclusion are unlikely to be engaged in such groups, and thus are likely to be under-represented among this study's participants. While this is a recognised limitation of the current study, it is important to note that many activity group members had been referred by service providers owing to isolation or loneliness, rather than self-referring.

4.4.2   Recruitment of older adults living in supported accommodation

Recruitment of participants living in supported accommodation began with a convenience sample of residents living in a supported accommodation environment operated by an organisation with whom the researcher had an existing relationship. This was a convenience sample, based on existing professional connections, and the availability of an organisation willing to participate (Krysik & Finn 2013, p. 160).

Recruitment was subsequently expanded to a second organisation specialising in the provision of accommodation to older people experiencing, or at risk of, homelessness. The expansion of recruitment to a second organisation was a form of extreme case sampling, in which unusual or extreme manifestations of the phenomenon of interest are recruited to provide insight into the range of an issue or the diversity of perspectives on a topic (Krysik & Finn 2013, p. 162). In this case, the recruitment of older adults with a history of housing insecurity and homelessness provided an opportunity to explore the intersection of place/space and social /exclusion from a distinct perspective. Moreover, recruitment from a

second provider, with a very different structure, practice philosophy, and staffing model, provided an opportunity to investigate the impact of these organisational factors on older adults' experiences.

Following approval from the two participating organisations, the managers of individual facilities were contacted to discuss the proposed research and approval was sought to provide residents with recruitment material. A staff member at each facility was then designated a liaison person, responsible for assisting with recruitment and the scheduling of interviews, for the study's duration. These representatives were provided with Explanatory Statements (see Appendix 2) and were asked to approach residents meeting the eligibility criteria, to provide them with a copy of the study's documentation and to briefly explain the study. Residents provided with recruitment material then informed staff if they were interested in participating, at which point the liaison person contacted the researcher and an initial meeting was scheduled.

4.5 Final sample

The final sample consisted of 26 older adults, 16 living in supported accommodation environments and 10 within the community. Participant characteristics for both groups are described below.

4.5.1   Group 1: Older adults living in the community

Table 2 (overleaf) details the 10 participants in Group 1. There were more female (N = 8) than male (N= 2) participants. The average age of participants was 79 years, with the youngest being 60 years and the oldest 89 years of age at time of interview. Average length of residence in current neighbourhood, frequently identified as predictive of place attachment (Lewicka 2010; Shamai & Ilatov 2005), was 20.5 years, and ranged from 1 to 40 years. Most participants in this group lived alone (N = 7), with privately owned home the most common accommodation type (N = 6), followed by public housing (N = 3) and private rental (N = 1).

Table 2: Group 1 participant details

Participant	Gender	Age	Time in current environment (years)	Accommodation Type
Merle	Female	86	33	Privately owned, lives alone
Anne	Female	82	15	Department of Housing, lives alone
Angus	Male	83	29	Privately owned, lives alone
Karen	Female	75	40	Lives with family
Kate	Female	60	1	Department of Housing, lives alone
Levia	Male	73	26	Privately owned, lives with wife
Simone	Female	76	1	Private rental, lives alone.
Julieta	Female	75	1.5	Department of Housing, lives alone
Patricia	Female	88	31	Privately owned, lives with family
Natasha	Female	89	28	Department of Housing, lives alone.

4.5.2 Group 2: Older adults living in supported accommodation

Table 3 details the 16 participants in Group 2. There were more male (N = 11) than female (N= 5) participants overall, although there were equal numbers of male and female participants recruited from Provider 1. A significant majority of residents living within study sites operated by Provider 2 were male, which is reflected in the gender composition of the final sample. The average age of participants was 74 years, with the youngest being 54 years and the oldest 98 years of age at time of interview. Reflecting the comparatively more complex health and social histories of the Tanoaks' (pseudonym) residents, the average age (69 years) was significantly lower than that of the Acorns' (pseudonym) participants (79.5 years). In line with the goal of exploring the experience of transitioning into supported accommodation, and the process of adjustment between "homes" over time, an effort was made to recruit participants who had been residing in the facility for various periods of time. Participants' average length of stay in supported accommodation at time of interview was 57 months (4.8 years), notably higher than the Australian average of 35 months (AIHW 2018). The average length of stay by participants living in the Tanoak facility (6 years) was almost double that of Acorns (3.5 years), likely reflecting the younger average age of admission.

Table 3: Group 2 participant details

Provider	Participant	Gender	Age	Time in current environment	Living arrangement prior to transition
Acorns (mainstream aged care provider)	Kaye	Female	73	14 years	Small-group supported living
	Mark	Male	87	1 year	Private home in the community
	Harry	Male	77	1.5 years	Private home in the community
	Mick	Male	79	6 months	Private home in the community
	Kelly	Female	55	2 years	Long term respite
	Dorothy	Female	98	2 years	Private home in the community
	Hannah *	Female	82	4 months	Caravan park
	Elijah*	Male	85	7 years	Private home in the community
Tanoak (Specialist provider)	James	Male	69	6 years	Other accommodation provider
	Liam	Male	69	6 years	Other accommodation provider
	Nathan	Male	73	6.5 years	Living rough
	Caleb	Male	54	14 months	Living rough
	Ruth^	Female	70	12 years	Public housing
	Luke^	Male	76	12 years	Crisis accommodation
	Henry	Male	70	4 years	Supported accommodation
	Reece	Male	70	1 year	Public housing

*1 interview only
^Joint, couple interview

4.6 Data collection methods

This study's data collection strategy was motivated by a recognition of place as a construct which traverses time and place, encompassing a person's immediate surroundings and experiences of their living environment and broader neighbourhood, and shaped by memories of past place across the life course. Similarly, experiences of social exclusion in later life are

an outcome of experiences and (dis)advantages across the life course, but also produced and experienced through everyday interactions in the home and neighbourhood. Data collection was thus guided by a life course perspective which recognises the interaction between individual and structural contexts as cumulative and interconnected (Rubinstein & Parmelee 1992). Each of the methods employed are now described.

4.6.1   In-depth semi-structured interviews

In-depth semi-structured interviews held 'in-place' were the primary data collection method employed in this research, with an average of two interviews conducted with all participants. The semi-structured interview is the most common data collection method that doctoral students in the social sciences use, leading some to caution against an 'unreflexive rush' (Mann 2016, p. 91) to this format without considering more or less structured interview types (Kvale & Brinkmann 2009; Mann 2016). The semi-structured format was adopted in this research because of its flexibility to elicit a diverse range of perspectives on a particular issue or phenomena of focus, giving primacy to the participants' insights and allowing the interviewer to adapt questions accordingly (Neuman 2011; Rubin & Babbie 2016). A structured interview format using a standardised script may have allowed for more direct comparative analysis of participants' responses and improved generalisability. However, it would have been too narrow to access the diversity of perspectives and contextualised narratives required to respond to this study's research question (Berg 1998; Rubin & Babbie 2016).

Beyond structure, Elwood and Martin (2000) emphasise the need to carefully consider the interview setting when undertaking place-based research, describing the interview itself as a 'micro-geography of spatial relations and meaning, where multiple scales of social relations intersect' (p. 649). Interviews with participants living in the community were conducted in the home, a setting considered to offer a private, comfortable and familiar environment for participants to share personal experiences (Bashir 2018). The home-based interview also allowed for the living environment to be directly experienced, with a researcher diary used to record observations which enriched and added context to the interview data (Bashir 2018; Elwood & Martin 2000). Interviews with participants living in supported living environments were conducted in a variety of locations within the facility as selected by participants, including private rooms, indoor communal areas, and outdoor garden areas. As with the

home-based interview, each of these sites allowed for 'in-situ' discussion and direct observation, although it was often difficult to achieve the same level of privacy within these shared living environments, an issue discussed further in this chapter's ethical issues section.

4.6.2   Visual data

While recognising the value of the interview for eliciting narratives of place embedded within personal biographies, Trell and Van Hoven (2010, p. 94) note that it is 'challenging to capture small nuances, multi-sensual dimensions and embodied practices of people's place experiences using only the interview method'. In recognition of the limitations of textual data for representing the embodied experience of place, photographs were used in this research to extend and contextualise interview data. Researcher-generated photographs were produced to represent key themes or issues arising from participants' interviews, including meaningful artefacts or personal possessions, meaningful living spaces, and features of the built environment which impacted mobility or accessibility. With the advance of affordable technologies for capturing visual data, photography and videography has become increasingly common in social science research, with several methodological texts dedicated to its various forms and uses (Banks 2018; Banks & Zeitlyn 2015; Rose 2016). In their synthesis of methods and techniques used in visual social research, Margolis and Pauwels (2011, p. 18) caution that 'visuals should only be used in the end product if they fulfil a definite and unique role'.

Shaw (2011, p. 79) identifies three such roles of visual and arts- based method in social work: advocacy (disseminating visuals to raise awareness or affect change), direct practice (the production of visual data as a means of empowerment), and epistemology (the use of visuals to provide a different way of seeing or understanding). In the current study, photographs fulfil a documentary and epistemological role, intended to complement and enliven interview data rather than being analysed directly as a form of data. In line with other uses of researcher-generated visual data in social work research, photographs are featured to humanise findings and 'provide a deeper and more subtle exploration of social contexts and relationships' (Spencer 2010, p. 1; Russell & Diaz 2013).

4.6.3   Home tour

In addition to seated interviews, all participants were asked to provide the researcher with a tour of their home environment. Pioneered by ethnographer Sarah Pink (2006, 2007, 2009), the home tour involves the researcher walking with participants while they 'experience, tell and show' (Pink 2007, p. 240) areas and possessions of significance within the home, and 'acting out' routines associated with everyday life within the home (Pink 2007, p. 240). Whereas the seated interview was focused on eliciting detailed place narratives embedded within the participants' life course, the home tour focused on the more immediate 'textures, sounds, and the visual dimensions of home, [and] how participants create atmosphere in their homes' (Pink & Mackley 2012, p. 2). With the intention of eliciting insight into the 'home', as each participant understood and experienced it, minimal direction was provided beyond describing the purpose as being to understand the home environment's meaning and function. As such, the length and scope of home tours varied, with each discussion driven by the unique aspects of the home environment that participants identified as notable or meaningful. Examples of data collected during this process included participants describing how their use of certain rooms or amenities within the house had changed over time, identifying and discussing photographs and other possessions of significance, and sharing memories and relationships emplaced within the different spaces of the home.

4.6.4   Participatory mapping

Alongside participant-led tours of the home space, walking interviews were initially planned as a method for exploring Group 1 participants' experiences of the neighbourhood environment. However, owing to physical disabilities and other mobility issues, it became apparent that walking interviews would not be possible with the majority of participants. As an alternative, a participatory mapping exercise was adopted to prompt discussion and to provide a visual representation of participants' perceptions and relationships with different aspects of the neighbourhood environment. While many participatory mapping approaches involve participants creating maps to graphically represent assets, landmarks or areas of significance within a local community, maps were used in the current research as an elicitation method (Emmel 2008; Lightfoot, McCleary & Lum 2014; Moore-Cherry, Crossa & O'Donnell 2015).

Each participant was provided with a map at a scale of 1:50000 (1cm = 500m) which marked their home within the broader neighbourhood and included key landmarks such as train and

tram stops, shopping centres, and parks. Once participants were oriented to the map they were asked to identify and mark the location of the following:

- the nearest family member or friend,

- the grocery store where they undertake their weekly shopping or purchase everyday essentials,

- recreation facilities or community groups that they attend on a regular basis,

- areas in which they would feel unsafe as a pedestrian, driver, or public transport user,

- areas that they are unable to access (as a result of safety concerns or accessibility issues),

- areas that they feel require revitalisation, repair or change, and

- their favourite and least-favourite part of the neighbourhood.

An example map using artificial location data, to protect participants' confidentiality, is provided in Figure 1.
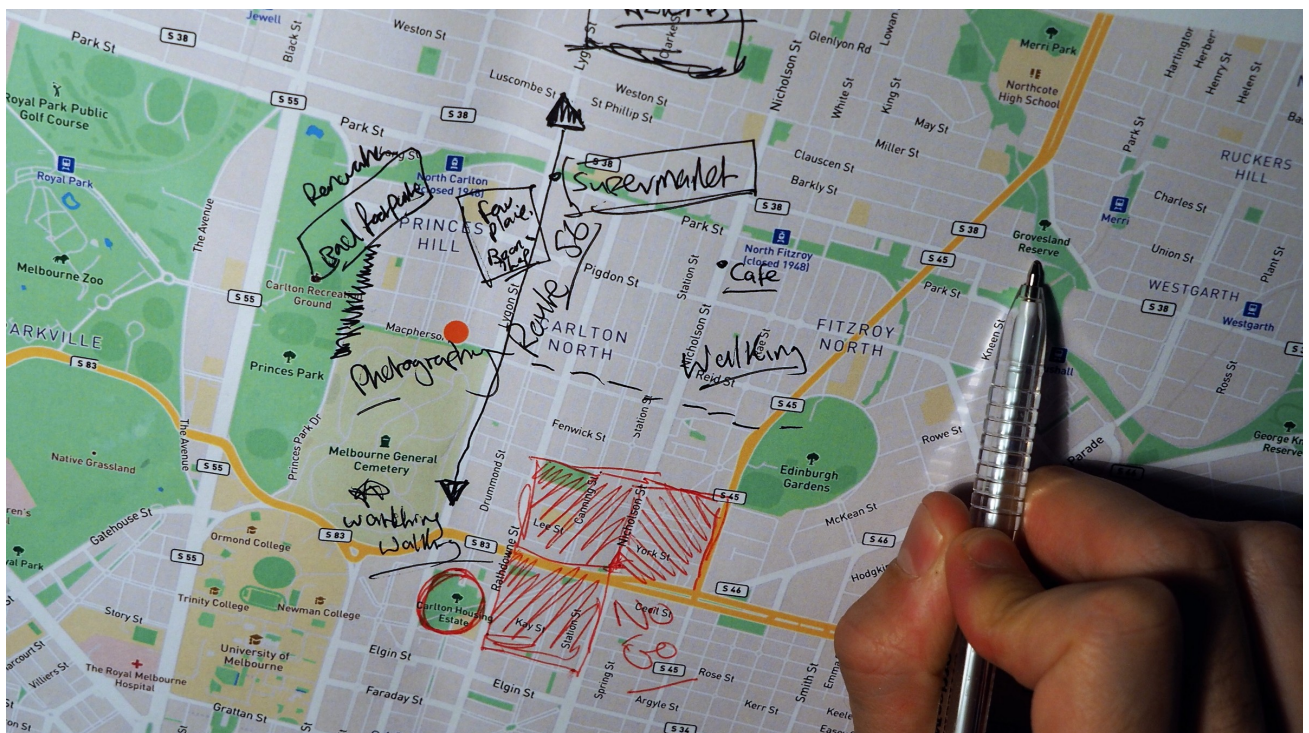
Figure 1: Sample map using artificial data, similar to that provided to participants.

Open-ended questions posed throughout this process encouraged participants to explain and elaborate on each of these areas, eliciting valuable insights that had not emerged from the

seated interview. Examples of these questions included, 'Why do you shop there and not at this closer store?', 'What is it about that area that makes you feel unsafe?', and 'What is it that makes that place your favourite/least favourite?'. The interactive nature of the 'mapping' process provided an opportunity to discuss the physical, social and emotional features of place, capturing both the practical everyday experience of navigating space and the memories and emotions bound up in place.

4.7 Data collection in practice

Having outlined the data collection methods employed in this study and justified their appropriateness for responding to the key research question, the practical implementation of the data collection methods for each of the two groups is now described.

4.7.1 Group 1: Community-dwelling older adults

Data collection with community-dwelling older adults involved two in-depth and semi-structured interviews, a home tour, and a participatory mapping exercise, each conducted over two visits to the participant's home. The two interviews ranged in length from 45 – 90 minutes and were audio-recorded for transcription and analysis. In line with the life course approach, this first interview was focused on how place and space was embedded in each participant's personal biography, and how experiences of home, belonging, and social exclusion, featured across participants' life course. With each interview beginning with the question, "What can you tell me about the first place you called home?", interviews often started with a discussion of childhood and proceeded through a timeline of key events in the person's life that they deemed important or formative. The use of open-ended questions, often emanating spontaneously throughout the interview, allowed each participant to tell their story and represent themselves in their own way. Reflecting key themes emerging from the old age exclusion literature review, common topics discussed in each interview related to health status, social connection, personal values and belief systems, and financial status (see Appendix 3).

A second meeting with each participant was scheduled three to four weeks following the initial interview. The time between these interactions gave the researcher an important opportunity to reflect on the interview process, develop some initial understanding of participants' experiences, and identify specific issues of interest for further discussion or clarification during the second interview. In addition to a further seated interview, the

participatory mapping exercise and home-tour were undertaken during this second home visit. As with the seated interview, each home tour was audio-recorded for transcription and analysis, and it was during this process that most visual data was produced.

4.7.2   Group 2: Older adults living in supported living environments

Data collection with community-dwelling older adults involved two in-depth and semi-structured interviews and a modified home tour, each conducted over two visits to the participants' living environment. First interviews were identical in structure and format to those described for Group 1, while second interviews were focused on the experience of transitioning into supported accommodation, memories and current perceptions of 'home', and strategies or factors associated with maintaining a sense of place and belonging within the supported accommodation environment. Reflecting key themes emerging from the literature review, participants were prompted to discuss the process of adjusting to life in the supported accommodation environment, everyday routines within the facility, relationships with staff and other residents, engagement and/or maintenance of connections with the broader community, and the experience and functionality of the private room. Home tours with Group 2 participants undertaken during this second visit were contained to their private room, owing to privacy issues raised by discussing sensitive issues in close proximity to others. Visual data was produced during second visits with each participant and included photographs of meaningful objects or spaces within their private rooms, and of shared spaces including recreation rooms, dining rooms, and outdoor areas.

4.8 Data analysis

In line with an interpretivist approach, the data analysis approach adopted in this research was directed towards building an understanding of the relationship between place and space and social exclusion as it emerged from the data, rather than proving any predetermined hypotheses (Neuman 2011). Whereas quantitative analysis typically involves the use of replicable statistical instruments and techniques, the researcher is the primary instrument of analysis in qualitative research (Nowell et al., 2017). As such, the rigour and trustworthiness of qualitative findings is heavily dependent on decisions that the researcher makes in relation to how data is organised, analysed and presented, and the clarity and transparency with which they are able to communicate this to the reader (Miles, Huberman & Saldaäna 2019; Nowell et al., 2017). This section outlines the analytical techniques employed in this research and

their alignment with the research objectives, and details strategies employed to enhance the finding's trustworthiness and rigour.

4.8.1 Narrative case studies

Interviews with older adults living in supported accommodation were analysed using a narrative case study approach. The aim of narrative analysis is to 'unfold the ways individuals make sense of their lived experience and how its telling enables them to interpret the social world and their agency within it' (Gill & Goodson 2011, p. 60). Underpinning narrative analysis is the belief that stories and story-telling are the key vehicles through which humans construct their identity, understand their experience, and relate to those around them (Clandinin 2006; De Fina & Georgakopoulou 2019). While the narrated experiences of individual participants are the starting point of narrative inquiry, the process of analysis and reproduction aims to situate these experiences within the social, cultural, and historical contexts through which they are 'constituted, shaped, expressed and enacted' (Clandinin & Rosiek 2007, p. 42). Through attending to the intersection of individual biography and social context, narrative analysis is aligned with the relational conceptualisation of social exclusion and space/place adopted in this study.

Understandings of what constitutes a 'narrative' and approaches to narrative analysis differ widely, with Lieblich et al. (1998) identifying the unit and focus of analysis as differentiating elements. First, the unit of narrative analysis may be categorical, focused on a specific phenomenon or experience within a broader narrative, or holistic, focusing on the narrative as a whole and each experience as embedded in this narrative (Lieblich et al., 1998). The second dimension relates to whether the analysis is focused primarily on the content of the narrative, being the experience or event and its context, or the structure of the narrative in terms of language and metaphor, sequencing or structure (Lieblich et al., 1998). A holistic-content approach was adopted in this research, which 'takes into consideration the entire story and focuses on its content' (Lieblich et al., 1998, p. 15), as this was deemed the most suitable for understanding how participants' experiences of life in supported accommodation were shaped by, and situated within, their broader life histories.

Gibbs (2018) suggests that case-by-case comparisons of individual narratives can reveal rich insights into how and why individuals experience or respond to the same event in different

ways. In contrast to cross-case analysis in which two or more cases are analysed together and presented as a synthesised narrative, case-by-case comparison involves the presentation and analysis of each individual narrative, followed by a thematic or narrative comparison across one or more cases (Ayres, Kavanaugh & Knafl 2003; Shukla, Wilson & Boddy 2014). Eisenhardt (1989, p. 541) describes how juxtaposing seemingly similar cases can 'break simplistic frames' of interpretation and reveal subtleties of each case, leading to a deeper and more nuanced understanding of a topic. On this basis, paired case studies were used to illuminate themes shared across two cases and to explore the similarities and subtle differences in how these shaped each participant's narrative and experience of life in supported accommodation. Each paired case study involved a case-by-case comparison of two participants living in the same supported accommodation environment, with the shared setting an important focus of comparison and interpretation.

4.8.2   Narrative analysis

Clandinin and Connelly's (2000) three dimensional 'inquiry space' provided a framework for engaging in and understanding participants' narratives. This framework focuses attention on three intersecting dimensions: interaction between the personal and the social, temporality, and place. The personal and social dimension concerns the interaction between 'internal conditions, such as feelings, hopes, aesthetic reactions, and moral dispositions' (the personal), and 'existential conditions' (the social) (Clandinin & Connelly 2000, p 50). This domain focused attention on how participants experienced and responded to key life events and circumstances (personal), and the social and structural context within which the event occurred (the social). The temporal dimension of Clandinin and Connelly's (2000) framework involves movement between the 'past, present, and future' of the participant narrative to appreciate continuities and threads which constitute the story. This domain focused attention on how the experience and response of participants to key life events or circumstances featured temporally across their life course and, in particular, how each may have been linked in shaping their experiences of supported accommodation.

The final dimension of Clandinin and Connelly's framework, place, situates narratives as occurring 'in specific places or sequences of places' (p.50). As a central focus of this study and a key anchoring point for participants' interviews, this dimension gave attention to place

and space as both a site of personal/social interactions, and a linking thread across the life course.

While Clandinin and Connelly's (2000) framework of personal/social, temporality, and place informed how engagement with each narrative was approached, Gibbs' (2018, p. 4) 'analytic activities' and Polkinghorne's (1995) framework guided the practical process of undertaking the analysis. I began by reading and re-reading interview transcripts, immersing myself in each individual narrative with the aim of identifying the key events, experiences, accounts or explanations, characters, and places, which held the narrative together as a whole. Listening to audio recordings while reading through transcripts enhanced this process, with the significance of key events or experiences often more evident when heard in the participant's own voice. The 'memo' function of NVIVO was used to record notes, ideas and questions as each transcript was read, documenting and facilitating my emerging understanding of each narrative (Gibbs 2018; Polkinghorne 1995).

Key episodes or events within the narrative, termed sub-narratives, were then extracted from the transcript and organised chronologically in a separate document, including the participant's verbatim description of the episode or event and any other context necessary to understand its significance or meaning to the participant (Gibbs 2018). The chronological organisation of key events and their context in the form of sub-narratives provided the framework for configuring the 'thematic thread' of each participant's story (Gibbs 2018; Polkinghorne 1995). According to Polkinghorne (1995), the thematic thread functions to 'lay out happenings as parts of an unfolding movement that culminates in an outcome' (p. 5), which he terms the 'plot' of the narrative. In turn, this plot functions to create the temporal parameters of the narrative by establishing the beginning and end of story, between which 'events are linked together as contributors to a particular outcome' (Polkinghorne 1995, p. 7).

The purpose of the analysis was understanding the meaning and significance that narratives of events across the life course had in shaping participants' experiences of life in supported accommodation. As such, the temporal parameters of each narrative encompassed each participant's life up to, and including, their arrival in supported accommodation, with narratives of experience within this boundary 'understood from the perspective of their contribution and influence' (Polkinghorne 1995, p.5) on their experiences of life when living in supported accommodation.

The final stage of analysis involved 're-storying' the narrative by arranging each of the sub-plots within a chronological framework, and producing 'explanatory stories' (Polkinghorne 1995, p. 18) which captured each story's key themes and elements (Creswell & Poth 2016; Gibbs 2018; Polkinghorne 1995). To facilitate this, a visual plotline for each participant was produced using NovaMind, a mind mapping software. Three temporal codes, 'life before [supported accommodation]', 'transition', and 'life now', provided each narrative's chronological structure and defined the boundary of each sub-plot. To capture key elements of each sub-plot and to facilitate case-by-case comparison, a common coding framework was developed and mapped onto each participant's plotline. This coding framework (see Table 4) was developed through a thematic analysis of sub-plots within and across participants' narratives, from which common elements of stories within each temporal stage emerged (Creswell & Poth 2016; Gibbs 2018). These plotlines were used as the basis for interpreting and re-constructing each narrative in the form of 'explanatory stories' (Polkinghorne 1995, p.18) which linked, thematically and chronologically, each stage of participants' lives to their arrival in, and experiences of, supported accommodation. To preserve the participants' voice and integrity in their own story, a representative quotation was selected as the sub-heading for each narrative episode, examples of which are also provided in Table 4 (Beal 2013; Hunter 2010).

Table 4: Common coding framework for narrative analysis

Temporal code	Sub-codes	Example In Vivo themes
Life before	Early life	• 'I'm still coming to terms with growing up without visible parents'. • 'My home was my home…a place of nurture'.
	Working life	• 'I hated formal education…I always worked with my hands'. • 'I was on the deserted wives' pension, which was enough to live'.
	Family life and social networks	• 'It was a violent home…I don't know what came over me, I can't explain it'. • 'We adopted three children, who are one of the joys of our life'.
Transition	Transition story	• 'It's just another move…a roof over your head'. • 'I didn't have any choice. I had to go to a nursing home'.
	Supports	• 'I was rescued…they [accommodation provider] saved my life'. • 'My children were the ones who organized it. They knew the sort of thing that I'd like'.
	Expectations at arrival	• 'It's very much as I expected…a cross between a motel and a boarding house'. • 'I could see that they cared for you when I arrived [and] felt comfortable right away'.
Life now	Relationships and engagement inside	• 'I'm a loner…that's what makes it hard on me in here'. • 'I don't mix much. I mostly stay here [in room], I'm very introverted'. • 'I'm just really happy that I'm here…the people are really, really good to me'.
	Relationships and engagement outside	• 'I'm not so much comfortable in here, but outside I am'. • 'When my wife was still alive my family used to come, since she died nobody came'. • 'I can't get out and do what I want to do'.
	Everyday experience	• 'This is more home than anything I've had in a long time'. • 'My only worry now is how long can I enjoy it for'. • 'I'm just passing the time breathing'.

To select the narrative pairs for each case study, plotlines of participants living within the same supported accommodation environment were compared and contrasted. Eisenhardt (1989, p. 541) proposes two strategies for selecting suitable case study pairs, both of which were employed in the current study. First, narratives with a similar 'end', that is, a similar experience or perception of life in supported accommodation, were examined for difference, such as divergent stories of 'life before' or 'transition'. Second, the narratives of participants with a different perception or experience of supported accommodation were examined to identify similarities across other stages of life. The two narratives comprising each case study were selected through repeated cycles of comparison using these two methods, with each pairing made on the basis of complementary elements of each narrative which, when read together, represented a distinct perspective on the relationship between place/space and social exclusion across the life course.

4.8.3   Thematic analysis

Whereas shared experiences of the transition to, and life in, supported accommodation provided the structure and comparative context for paired narrative case studies, a more flexible and systematic approach was needed to analyse the broader scope of data collected with older adults living in the community. While data emerging from interviews with both groups was of equivalent depth and complexity, the focus of interviews with older adults living in the community extended beyond the physical dwelling of home to include the broader neighbourhood environment. Moreover, by virtue of the relative (although variable) independence of participants living in the community, there were several issues of significance such as mobility and transport, housing security, financial capacity, informal care, and home maintenance, which were less significant or divergent among participants living in supported accommodation. As a result, understanding the current experience of older adults living in the community required attention to a broader range of topics, interacting across a wider and more diverse geographical scale. While a narrative approach was considered, a thematic analysis using Braun and Clarke's (2006) framework was determined as the most appropriate method for capturing this depth and diversity within the word limit constraints of this thesis.

Given (2008, p. 867) defines thematic analysis as a 'data reduction and analysis strategy by which qualitative data are segmented, categorised, summarised, and reconstructed in a way

that captures the important concepts within the data set'. A 'theme' within the context of thematic analysis is 'a specific pattern of meaning found in the data' (Joffe 2012, p. 209), derived through a process of identifying meaningful segments or sub-units of a text, known as codes, which are then linked and grouped into broader categories of meaning. Rather than proceeding linearly, the thematic analysis process is circular and iterative, with the reduction, organisation, and interpretation of data undertaken concurrently (Ezzy 2002). As a result, thematic analysis involves a 'constant moving back and forward between the entire data set', as new ideas, insights and links emerge which either challenge or clarify the researcher's understanding and interpretation (Braun & Clarke 2006, p. 86; Ezzy 2002; Given 2008).

As a method rather than methodology, thematic analysis is a common approach to qualitative data analysis across a range of epistemological, theoretical, and disciplinary domains (Guest, MacQueen, & Namey 2011; Maguire & Delahunt 2017). However, the flexibility and popularity of thematic analysis also raised concerns about its rigour and trustworthiness, with Braun and Clarke (2006, p. 78) warning that its use without clear justification and explanation gives credence to the 'anything goes critique of qualitative research' (Nowell et al., 2017). Responding to the critique of thematic analysis as lacking rigour, Swain (2018, p. 5 of 19) suggests that, as with any analytic method, the process needs to be made 'as visible, or transparent, as possible so that the reader can follow and appraise how it was carried out'. As such, each stage of Braun and Clarke's (2006) framework is now described with examples to illustrate how themes were identified and developed.

I began the analysis by repeatedly reading each interview transcript in order to familiarise myself with the data, using photographs, participatory maps, and field notes for additional context and depth (Braun & Clarke 2006). The reading process became progressively more active, with initial ideas and possible patterns recorded for later exploration and refinement. While time consuming, this phase provided an initial understanding of the data and established the foundation for the formal coding process. Using NVIVO, meaningful segments of data within each transcript were then categorised using descriptive codes which evolved through comparison within and across interview transcripts. The literature review and interview schedule (see Chapter 2 and Appendix 3) guided the initial categorisation process. For example, codes were assigned to known 'characteristics' of social exclusion emerging from the existing literature (Braun & Clarke 2006). This deductive or theory-driven coding established a direct link between the data and the relevant research question,

providing a framework for the inductive categorisation of new or emergent codes which did not appear to fit with the existing literature or theoretical framework (Braun & Clarke 2006; Neale 2016).

The next stage of analysis involved the search for relationships between codes and the development of overarching themes into which similar or connected codes could be subsumed (Braun & Clarke 2006). Tables and diagrams were used to facilitate this process, allowing me to 'play around' (Braun & Clarke 2006, p. 89) with the organisation of codes and themes until an accurate representation of the data emerged (Maguire & Delahunt 2017; Neale 2016). As an example of this process, there were several codes related to practical activities within the home such as cooking, cleaning, home maintenance, and others related to the emotional experience of home, such as memories and relationships. These codes were subsequently collated into two separate themes, 'the functional home' and the 'emotional and relational home'. The initial thematic map was further refined during the next stage of analysis, with each theme reviewed to ensure it represented a distinct and coherent concept or idea. This involved a comparison across themes to ensure each was logically connected and relevant to the research question(s), and within themes to ensure that individual codes were accurately assigned. Several codes and themes were removed or combined during this stage, with the process concluding when a thematic map emerged which 'told a story' about the data set as a whole (Braun & Clarke 2006; Maguire & Delahunt 2017).

4.9 Ethical considerations

Monash University Human Research Ethics Committee provided ethics approval for this research (see Appendix 4). This section outlines key ethical considerations and describes the management procedures and strategies employed.

4.9.1 Informed consent and voluntary participation

Physical and psychological changes, such as increased pain, fatigue, sensory impairment, and cognitive decline, frequently accompany advanced age, and can impact the research process, from recruitment through to data collection (Hall, Longhurst & Higginson 2009). However, it is important to recognise that the historical exclusion of older peoples' voices in research, often as a consequence of ageist stereotypes and the perceived inconvenience of taking practical steps to include them, is itself a significant ethical concern in relation to providing

fair and equitable opportunities for research participation (Iphofen 2011). As such, the design and conduct of this research recognised the significant diversity of older people's physical and mental capacity, and efforts were made to avoid infantilising or dismissing their capacity to engage in research and to advocate in their own voice (Brocklehurst & Laurenson 2008).

Consent from all participants was obtained through the use of a consent form (Appendix 5) which was provided for participants to read and sign prior to commencing the first interview. The consent form was read aloud, and verbal consent was audio recorded for three participants living in supported accommodation who had physical health issues which prevented them from reading and/or signing the consent document. To ensure that participants possessed the capacity to provide informed consent, facility staff were advised to provide explanatory material only to those with registered decision-making capacity. For participants living in the community, the researcher made an assessment based on the participants' responses to questions about their understanding of the research project.

The motivation for participation is an additional consideration when conducting research with vulnerable or isolated populations, with a key question being "'If people are lonely, do they consent to be interviewed because of the social interaction it provides them?" (Kayser-Jones & Koenig 1994, p. 19). Given the high rates of loneliness that older adults experience whether living in supported accommodation or in the community (Grenade & Boldy 2008; Jansson et al., 2017), ensuring that decisions to participate were voluntary and based on an informed assessment of the benefits and risks of their participation, rather than as an avenue for social interaction, was important. While difficult in practice to determine participants' true motivations, I began each interview by asking the reasons for their participation in the project as a means of determining their level of understanding and consideration given to their decision. While there were several participants for whom the opportunity for social interaction was evidently part of their motivation, all participants were able to provide a reasonable explanation of the research and to articulate their interest in the issues to be discussed.

4.9.2   Privacy and confidentiality

Audio recordings, interview transcripts and visual data were stored on a password protected storage device accessible only to the primary investigator (the primary doctoral supervisor)

and myself, the doctoral student researcher. Once transcribed, interview scripts were de-identified, and participants were assigned pseudonyms. These pseudonyms are used in the presentation of results in the chapters of this thesis to follow, and some selected other identifiable details have been removed or altered to maintain confidentiality. The use of visual data raises distinct issues of privacy, confidentiality and anonymity, with the key risk being that photographs may reveal a participant's identity or identifiable details (Banks 2018; Wiles et al., 2008). The images selected for inclusion in the findings chapter have been carefully chosen to avoid this and digital alterations were made to remove identifying features, when necessary. The use of visual data is clearly described in the Explanatory Statement provided to all participants and a separate consent form (Appendix 6) was provided to ensure that participants understood their right to choose if, and how, visual data was to be produced and disseminated. Additional verbal consent was also obtained during the production of visual data, with permission sought prior to photographs being taken. For example, participants were asked, 'Would you mind if I take a photo of that?'.

In addition to data security measures, maintaining privacy and confidentiality is recognised as a particular challenge in supported care environments where the distinction between public and private space is often unclear (Bland 2005; Hall, Longhurst & Higginson 2009). There were several instances where staff members who were aware of the research asked questions about interviews or offered unsolicited opinions or information about participants. Maintaining privacy and confidentiality within this context was complicated by the need to maintain rapport with staff, who played an important gate-keeping role through facilitating recruitment and interview scheduling. The challenges of managing these gatekeeper relationships are well reported, where they have been described as being 'messy, unpredictable, uncontrollable and everchanging' (Crowhurst & Kennedy-macfoy 2013, p. 457; Campbell et al., 2006; Reeves 2010; Sanghera & Thapar-Björkert 2008). My approach to managing these incidents with staff was to gently rebuff questions by explaining the need to transcribe and analyse interviews before sharing any findings, and making it clear that a final report would be available in the future. Keeping a research diary throughout my fieldwork, describing and later reflecting on these incidents, also allowed me to separate the information that staff provided from my direct conversations with residents (Lamb 2013; Ortlipp 2008).

4.9.3   Role conflict

4.9.3.1   As an employee and a researcher

As an employee of one of the participating supported accommodation providers, negotiating my role as a researcher alongside my role within the organisation, required careful planning and ongoing management throughout the research process. While insider research is typically defined as a situation where the researcher shares an identity, characteristics, or specific experiences with his or her participants (Costley, Elliott & Gibbs 2010; Kanuha 2000), my position in relation to this study was somewhat different. Firstly, while I shared the status of 'employee' with staff at the participating facility, my role had been as a member of the research team in the organisation's head office, rather than in direct service provision. As such, I had no prior relationships with staff or residents at the participating facility, which allowed me to approach my fieldwork without pre-existing knowledge or experience.

Nonetheless, several steps were taken in order to maintain a distinction between my roles of employee and researcher. First, I used my university email address for all correspondence with facility staff and avoided discussing my organisational role with staff. Second, I was diligent in ensuring that all research activities were conducted in my own private time, outside of paid work hours. Third, when attending the facility, I signed in as a "Visitor" rather than "Employee", and wore a badge designating this status when on-site. Together, these strategies established clear boundaries, for staff, residents, and myself, between my roles of researcher and organisational employee. The other level at which the insider status of a researcher can pose ethical issues is during data analysis or the publication of findings, where an organisation may attempt to guide the process of analysis or restrict the publication of findings in a way which they see as most advantageous (Costley, Elliott & Gibbs 2010). A research agreement, signed by the researcher and organisation prior to the commencement of research activities, clearly established that the organisation would have no access to primary data or editorial control over the analysis or of findings or the thesis content.

4.9.3.2   As a social worker and a researcher

Locher and colleagues (2006) identify researcher role conflict and therapeutic misconception as two key ethical challenges posed by research conducted with older adults in the home setting. Researcher role conflict refers to the dual status of researcher and professional, in this case, researcher and social worker, and the challenges which can arise when the expectations

or professional values of these roles conflict (Locher et al., 2006). This issue is of particular relevance to social work given the profession's commitment to prioritising the interests of clients 'above the social worker's personal interests or the interests of the research project' (Australian Association of Social Workers 2010, 5.5.2.2 (a)). Indeed, it has been suggested that social work researchers have an ethical obligation to 'bring about good' (Bogolub 2010) to their participants, rather than simply the commitment to avoiding harm and doing public good typically expressed in ethical research guidelines.

This is particularly the case when conducting research in the home environment where the researcher is given direct access to a private space which other health or social care professionals have often not seen, and which may reveal circumstances, unknown to others, posing harm to the person (Locher et al., 2006). While clear guidelines were developed for responding to foreseeable risks encountered during home interviews, such as elder abuse or self-neglect, such circumstances were thankfully not apparent among the study sample. However, social isolation and loneliness were common issues that study participants experienced. Participants often self-reported this but it was also readily discernible through information that participants provided and from my own observations. While social isolation and loneliness do not pose an immediate threat of physical harm, they are known risk factors for a range of mental and physical health issues (Courtin & Knapp 2017; Holt-Lunstad, Smith & Layton 2010) and, crucially, are issues for which there are interventions with some established effectiveness (Gardiner, Geldenhuys & Gott 2018). In several interviews, I experienced a conflict between my roles of researcher and social worker in that issues emerged which I felt, as a social worker, were readily addressable but which, as a researcher, would constitute an overreach of my role and interfere with the validity of the data collected (Locher et al., 2006).

Given the intimacy and privacy of the home environment, ensuring participants felt comfortable and safe being alone with a young male researcher in this environment was also important, particularly considering that a majority of community participants were older women living alone. The opportunity to introduce myself to potential participants in a public, group environment during the recruitment process enabled me to build some initial rapport and familiarity with each participant. Furthermore, when contacting each participant to arrange an initial interview, I explained clearly what the research would involve (visiting and

touring the home environment), to avoid any misunderstandings and provide an opportunity for participants to decline the invitation.

Field notes and a research journal kept throughout my fieldwork were an important means of managing the dual roles of researcher and social worker, providing an avenue for critical self-reflection and ensuring that boundaries were maintained. Through this process I came to perceive my research as 'bringing about good' to my participants in a broader sense, by giving public voice to their experiences, including those of social isolation and loneliness, and more practically, through identifying gaps in services and potential avenues for addressing these issues.

4.10   Summary

This chapter has described the research design, data collection methods, and analysis strategies employed to address this study's research question. Taking a constructionist approach, this study engaged with 26 older adults living in both community and supported accommodation environments to better understand the relationship between space, place and old age exclusion. In-depth interviews conducted in participants' homes have been described as the key data collection method employed, aimed at exploring older people's relationship with their current living environment, and the significance of places across the individual's life course. Recognising the temporal and multi-sensorial nature of place and place relationships, visual methods and a home tour activity have been described as supplemental data collection methods, complementing and enlivening the insights drawn from in-depth interviews.

Chapter 5. Findings – Older adults living in the community

5.1 Introduction

This section presents the key themes emerging from data collection with 10 community-dwelling older adults living in a single local government area in Melbourne's inner-eastern suburbs. As described in Chapter 4, data collection involved seated interviews, a home tour, and a participatory mapping exercise, aimed at exploring the meaning and experience of the personal home and the broader neighbourhood environment. The findings are presented in four distinct but interrelated thematic areas which capture both the form, function and materiality of space, and the subjective meaning and experience of place. The structure and presentation of these chapters reflects the relationship between these two dimensions of the home and neighbourhood environment which emerged from participants' accounts.

5.2 The emotional home

All participants described the home as being a place of memory and emotion and expressed some level of attachment to the home environment. While many participants identified their current residence as their "home" in an emotional sense, several also expressed a sense of loss and longing for some past home or place. For all participants, personal items such as photographs, artwork, and artefacts contributed to the sense of home as a place of identity and meaning, linked with both positive and difficult memories and providing continuity by connecting past and present.

5.2.1 Remembering and missing past home

Discussions of "home" provoked narratives of loss and longing for past home among several participants, particularly those who had been born, or lived, outside of Australia earlier in life. Julieta and Karen, born in Uruguay and Malta respectively, expressed a sense of being different or "out of place" in Australian society, and felt some regret about having relocated. Karen moved to Australia from Malta in 1965, aged 23, to meet her husband who had left several years earlier in search of employment following WWII. Despite only returning home

once since this time, Karen maintained a strong sense of connection to Maltese life and culture:

> Karen: I always miss Malta…even if I listen to the name of
> it, I cry.
>
> Aaron: What do you miss about Malta?
>
> Karen: Everything, everything. It's my home. It's more happy, more active.
> Every day is something. You never sleep if you go to Malta. Because night
> and day there are festivities. I miss the family too.

Similarly, Julieta arrived in Australia from Uruguay in 1970, accompanying her husband who had secured employment in Melbourne. Describing her husband as a 'very bad man' who 'treated us [her and children] not very well…hitting', Julieta described how life changed after her arrival in Australia:

> For me, the life changed so much, so much…because I don't need to come here…I
> had a job, house and money at home. It was very hard here.

Becoming a single mother after separating from her husband a few years after her arrival in Australia, Julieta described life as 'very hard' financially and socially, compared with her life in Uruguay. While she was well connected with Melbourne's South American community, particularly through her local church, she continued to miss life in Uruguay:

> It's a different life in Uruguay. Never like this. This is unreal. [in Uruguay] We have
> conversations on the bus, everybody walking because nobody in a rush...

Karen and Julieta maintained a tangible sense of connection to these past places within their current homes, through photographs and personal artefacts, and through practices within the home, such as 'eat[ing] Maltese, always' (Karen), and 'praying the rosary in Spanish' (Julieta). For both women, the experience of their current home environment was shaped by this sense of loss and longing for another home in which they would feel more comfortable.

5.2.2 Personal possessions: Connecting past and present

Figure 2: Personal possessions

For all participants, personal items such as photographs, paintings, and artefacts, contributed to the sense of home as a place of identity and meaning. Participants were not asked directly about particular possessions or their significance, a decision intended to allow participants themselves to identify and share this organically. The home tour provided an opportunity for participants to discuss artefacts that they had decided to display. However, several participants also shared meaningful possessions that they had stored out of sight. This was prompted by an event or period of life discussed during the interview with which the item was linked. As an example, Figure 2 illustrates Natasha's cabinet of photo albums from which she retrieved several photographs throughout our interviews. In this way, personal possessions were found to contribute to both the aesthetic of the home environment which they were willing to share with visitors, and a more private and intimate sense of home which was held privately and shared at their discretion. Photographs and artefacts shared and discussed by participants were categorised according to both content and life course period (childhood, middle-late adulthood, late adulthood), mirroring the typical progression of participants' interviews, and the sense of continuity and cohesiveness which these material possessions provided to many participants.

5.2.2.1 Childhood and early life: Continuity and change

Photographs from childhood were shared by seven participants and included photographs with parents and/or siblings (five participants), a childhood family home or neighbourhood (four participants), and with friends or extended relatives (three participants). These photographs provided a sense of continuity for participants, prompting reflections on childhood relationships, family life, and the passage of time.

Natasha shared a family photograph taken with the local priest of the Yugoslavian village where she had grown up (Figure 3), recalling memories of her family and situating this moment within the unforeseen events of WWII that followed soon after:

> This my family with the priest…this would be '39, '40, my ma, pa and uncle up the back, and me, little one in the middle. Long time ago! So happy…then war happened soon [after this photograph] … all change then.

Figure 3: Natasha's family

Julieta shared a photograph of herself and her parents at the front of their giftshop in Uruguay, where she spent much of her time as a child. Her description of this photograph and its significance highlighted the complex memories and emotions bound up in the moment of Julieta's life that it captured, and its ongoing importance to her:

I had a photo because I love it. When I come to Australia, I cry for this business. My father's name was Rio, everybody remember Casa Rio because 'casa' mean house. And this was ours. I have beautiful time in there, but my father died very young, when he was 60 only. It was a terrible time after, bad time because my oldest brother drink a lot and I had to look after the business. I was only 17 or 16...lots of memory.

Figure 4: Julieta's family shop

5.2.2.2 Early and middle adulthood: Migration, transitions and contributions

Photographs and artefacts from early and middle adulthood reflected major life events and transitions, including marriage and early family photos (six participants), meaningful places or migrations (four participants), and major occupational, educational or personal achievements (four participants).

Angus and Merle shared artefacts linked with periods of significant change and upheaval, reflecting on these as 'turning point[s]' (Angus) which had significantly shaped the direction of their lives. Prompted by the story of his arrival in Australia from Greece in 1956, Angus retrieved a wooden box from his cupboard and shared several items which he had kept from this journey, including his passport, ticket, and arrival documentation (Figure 5). The narrative accompanying these artefacts highlights the importance of this journey for Angus as both a practical relocation and his arrival as a 'free man' with independence and autonomy:

You know why I kept this? I was proud that I didn't come as a refugee. I came as a migrant, free. I buy it ... All of us they came by the government, but I was the only one who buy it to come… I was free. I was not under any obligation to no one when I came.

Figure 5: Angus' ticket and arrival documentation

Merle retrieved and shared her sociology honours manuscript from 1973 (Figure 6), a document which symbolised a significant period of transition following a divorce and the death of her son from leukaemia. Having left school at 15 to become a secretary ('nurse or secretary, they were the options for us girls'), Merle married at 22 and became a full-time mother soon after, noting 'that's just what you did back then'. Soon after her second child died of leukaemia, aged 12, Merle's husband left the family, leaving her a single mother of two school-aged children. Realising a part-time secretarial salary was 'unlikely to pay the bills for long', Merle enrolled in a local night-school to complete a secondary diploma, before enrolling in a Bachelor of Arts majoring in sociology. Graduating with honours at age 41, Merle secured a policy role in a Federal government department, the start of a productive and fulfilling 22-year career in public service.
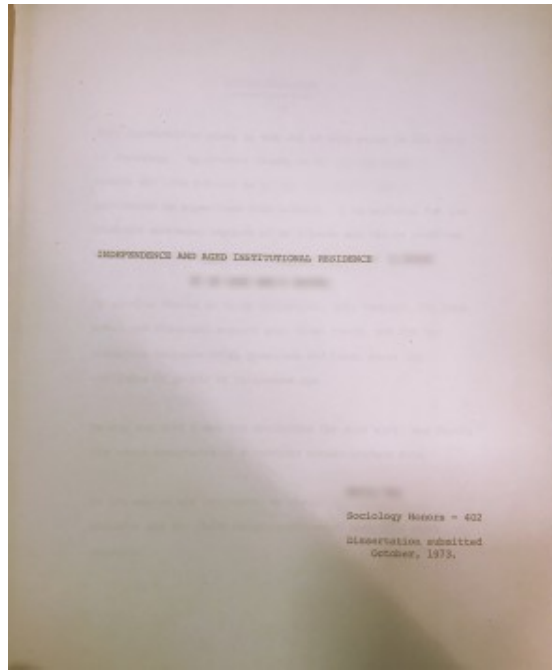
Figure 6: Merle's thesis

While the artefact that Merle shared was a substantial achievement in itself, a completed thesis, her accompanying description highlights its broader significance as representative of 'the beginning of the rest of [her] life' and a transition to a new stage of her life:

> As I say, that [pointing to thesis] was the beginning of the rest of my life. All the rest went before. That was the beginning. What I left, the people I met there, I still know some of them from that first class at night, and many from University.

Artefacts from early-middle adulthood also represented personal or occupational achievements, reflecting contributions made to families, community and society. Natasha, who had moved to Australia from Yugoslavia as a refugee following WWII, had been actively involved in ethnic community groups and political organisations for several decades, as both an employee and volunteer. Losing contact with her own family after leaving Yugoslavia, and not having a relationship or children of her own, Natasha described how 'the groups [of which she was a part] became family to me'. Natasha's house was filled with mementoes of these contributions, including certificates of appreciation (Figure 7), and photographs with politicians and community leaders, each of which prompted a memory of her involvement in community life.

Figure 7: Natasha's certificates

A newspaper clipping featuring Natasha at a protest following the dismissal of Prime Minister Gough Whitlam in 1975 was one of her most treasured memories (Figure 8). The description accompanying this photo captures the significance of this, and other mementoes, for giving Natasha a sense of connection and contribution:

> This is me in the middle, with the big sign. I was part of something…it is a big moment that I was part of.

Figure 8: Natasha at a protest

5.2.2.3   Later adulthood: finding meaning, reflecting on contribution and legacy

Photographs and artefacts from later adulthood reflected participants' interests and hobbies, and sources of meaning and comfort. These included photographs of adult children and grandchildren (seven participants), symbols of religion or spirituality (four participants), and personally created artwork (three participants).

Photographs of adult children, grandchildren and great grandchildren featured prominently, and were typically located alongside older photographs from participants' own childhoods (referred to earlier). Together, these photographs appeared to provide a sense of continuity, prompting participants to reflect on their lives within the context of where they had come from, what they had created or contributed, and what they would be leaving behind. Figure 9, in which Julieta is pointing to photos of her children and grandchildren while proudly describing their achievements, interests and relationships, was typical of the types of interactions prompted by family photographs.

Figure 9: Julieta's family photos

Symbols of religion and spirituality prompted participants' reflections on the role of faith and its importance as a source of comfort and meaning in later life. Natasha, Karen and Julieta

identified as Catholic, and religious iconography featured prominently throughout their homes. The conversations prompted by these artefacts highlighted the importance of religious faith and tradition for sustaining social and cultural connections and providing a source of meaning and comfort. For example, Karen recalled how 'there are always Christian festivals and celebrations in Malta…every week something', while Julieta identified attending services at the local Spanish-speaking church as her 'favourite part of the week…[because] everyone understands me [in Spanish]'. Karen, who had lost her husband and adult son in traumatic circumstances, found comfort in her belief in an afterlife where she 'will see everyone again…them [husband and son], family from Malta, all together again'. Similarly, Simone was a practising Jehovah's Witness who spent much of her week attending services and reading religious material. Simone shared a recent Jehovah's Witness publication, titled 'What happens after we die?' and reflected on her own view of death, highlighting the comfort and hope her faith provided:

I've been given the chance for this wonderful opportunity that we have of living forever. So, what should I be scared of from physical death?

Figure 10: Natasha's Christian artwork

Figure 11: Karen's Christian artwork
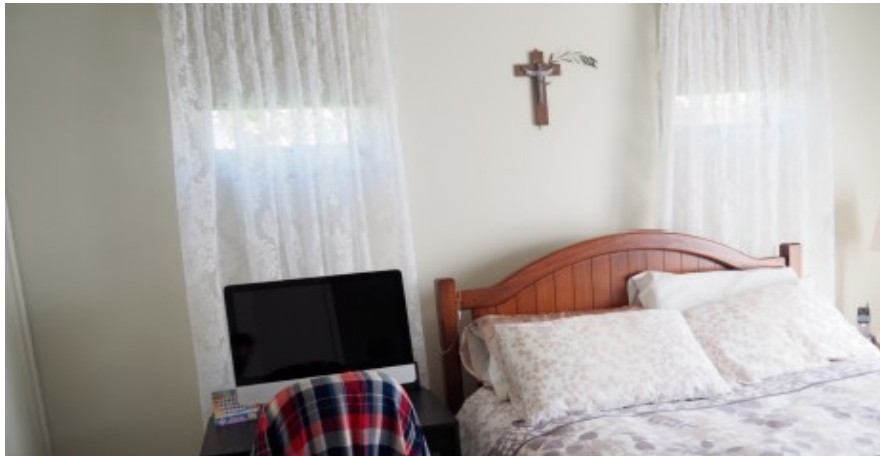
Figure 12: Julieta's crucifix

Artefacts from later life also reflected post-retirement interests and hobbies, with Levia and Simone both displaying personal artwork. Levia described how he 'has all the time in the world to pursue these kinds of things now', while Simone appreciated that despite issues with physical mobility, she could 'still do [her] art'. For both, these endeavours had also become a vehicle for social interaction and community involvement. Levia had recently completed a photography short-course, while Simone had contributed to an exhibition of artwork intended to 'give hope and encouragement' to patients entering a local psychiatric hospital (Figure 14).

Figure 13: Simone's exhibition

Figure 14: Simone's paintings

5.3 The relational home

5.3.1 Home as a place of togetherness or comfort

Levia, Merle, Patricia and Julieta spoke of the family home as a place that was enjoyed and shared with others, either through living with family (Levia and Patricia), or having family and friends regularly visiting (Merle). Patricia had lived with her adult children since the

death of her husband nine years prior to our interview and greatly appreciated their presence and support:

> I have been so blessed with good family. I've got nine great-grandchildren. I have four grandchildren, and they are all around now. Even before [at her son's place outside of Melbourne] was pretty good but there was times you might have spent a weekend on your own. Whereas here [current home] you never have a weekend on your own. I love being around all the grandkids…I love it and they spoil me rotten here.

Similarly, Levia lived with his wife and nearby to his two daughters, who had worked together to support his recovery from an aneurysm 'which nearly killed [him]' three years prior to the interview. Still living in the house he had designed for his new family 34-years earlier, Levia spoke of it as the 'family home' and enjoyed spending time on his own during the day, 'enjoying retirement', before his wife would 'return home from work of an evening'. Describing this as a 'good balance' of time spent on his own and in company, Levia' home was a place of both personal refuge and comfort, and a place he continued to share and enjoy with his wife and children.

Julieta and Merle lived alone, and did not describe experiences of loneliness and isolation, nor of 'togetherness' in the same way as Patricia and Levia. Instead, both spoke of a sense of belonging to institutions and activities outside of the home which gave them a sense of connection. Julieta, who described feeling at home 'wherever there is people', had previously lived in the outer-Eastern suburbs of Melbourne far from her children and without a Spanish-speaking Catholic Church. Describing herself as 'very lonely' in Ringwood, she applied for new public housing and has found a sense of connection with the area, including the local park, and a Spanish-speaking church, which seem to have relieved these feelings of loneliness:

> Ringwood [previous suburb] was very lonely. And I apply for transfer. And because takes three years. One day one lady calling and say, "We had a property for you." When I see this, I say, "Oh my God. Look the park." It's beautiful. You must see in the morning 100 bikes in that park, and the church around the corner, when I go in church, almost the entire church will say hello, it's lovely.

Similarly, Merle had lived alone for many years and, as previously described, was highly engaged in groups and activities outside of the home, and regularly hosted her family and friends from the local area.

5.3.2 Home as a place of loneliness and isolation

All participants could recall a 'home' throughout their lives which had been a place of togetherness, a site of meaningful relationships, and a place created and shared with others. However, this aspect of home did not reflect the experiences of all participants' in later life, with several participants instead identifying the home as a place of loneliness and isolation.

5.3.2.1 Feelings of purposelessness, loneliness and isolation

Loneliness and isolation within the home environment was an experience discussed by three participants who lived alone (Angus, Kate, and Simone) and Karen, who lived with her adult son who had learning disabilities.

For Angus and Kate, who had previously lived with their partners and children for many years, loneliness was linked with feelings of purposelessness and boredom which had emerged in later life. Kate had left school at age 15 and 'married young to get out of an abusive home', only to find herself 'married [to] a man who was exactly the same'. After enduring years of violence in the home, where Karen had 'no individual personality at all' and 'only stayed for the kids…'cos [she] had nowhere to go', she described how 'being a mother…protecting them, was all that mattered'. With her children now adults 'with their own lives', Kate felt she had lost her purpose as a mother and had struggled to adapt to living alone:

> It's very hard being on your own, alone. You are vulnerable, and that's something I never thought I'd feel it again. But I've gone from having a purpose ... I couldn't come to terms with not having a purpose. I was 17 when I had my first child. It's all I've known.

Angus had found meaning and purpose through his role as a business owner and wood carver, and described feelings of purposelessness and loneliness following retirement which were similar to Karen's:

> If you haven't got anything to get you occupied, you don't know what to do with yourself. When I used to work, every day I used to have people coming for a cup of coffee. Now nobody comes. I've still got the workshop, all my tools. I've got the machines, and still I'm not going to use them because I'm very scared and there's no point anyway.

While each identified role changes which had impacted their sense of purpose, both also reflected on purposelessness and loneliness as linked with the ageing process, and highlighted a tension between independence, and fears of being perceived as a burden on their children:

> Karen: You don't feel like you belong anywhere, you know what I mean? As much as the children try to help you. You're a burden, and that's how all of us feel. So we try to be as independent, even though we know that we can't.

> Angus: That's the trouble with the elderlies. Most of us, we live on our own. My daughters, they come, but they got their own lives. And I'm very self-conscious. I don't demand anything. I'll try to do whatever I can myself

5.3.2.2   Partial or episodic loneliness

Karen and Simone's sense of loneliness in the home was more partial, with both speaking of periods of loneliness during the week when they felt 'stuck' in their homes. Karen kept herself 'active' during the week, describing activities on different days of the week outside of the home, and other activities in the home, such as Monday's spent with her son at home and Friday's cleaning, which kept her busy. In the absence of this routine over the weekend, Karen described feeling lonely and 'stuck' within the home:

> I feel lonely in the weekend, a bit stuck. During the week, because I have, Tuesday I have a carer, and Wednesday I go to the day centre and Thursday I have a carer. By Friday I like to clean up a little bit the way I can. I'm active you can say. Monday I like, because my son is here, not at school. But In the weekend I feel lonely.

Similarly, Simone enjoyed being at home 'doing paintings, reading, sending emails and that sort of thing' but had periods of loneliness when she felt like she was at home 'because [she couldn't] get anywhere else'. Following a major fall at home in New Zealand which left her with significant mobility issues, Simone had moved to Australia to live near her adult son. Without a social network in Melbourne or any means of transporting herself, Simone found herself 'sitting in here [her new home] with the four walls, going spare just thinking and mulling'. Recognising that her son 'has his own life…I didn't want to intrude too much', Simone described getting a mobility scooter as 'a bit of a saviour', enabling her to 'get out and be amongst it all, see people' independently. However, her use of the scooter was dependent on the weather, meaning that she often had to cancel or reschedule plans due to rain:

> For the first six months [in Australia] I was going spare here just sitting here thinking and mulling over, which you shouldn't be doing, but I couldn't go anywhere. The scooter's been a bit of my saviour…going up there [neighbourhood] and being amongst people…but I'm not allowed to take the scooter out in the wet because of the battery, so I've had to cancel appointments and things sometimes.

5.4   The functional-emotional home

Alongside the home as a place of emotions, memories and relationships, it was also a functional space that needed to be navigated, adapted and maintained within the context of participants' current or anticipated future needs. The aspects of the home environment explored in this section each had social or emotional implications for participants, although they differ from those associated with the "emotional home" in that they were primarily linked with the functionality of the home space.

5.4.1   Hopes and fears for the future

The home featured centrally in participants' discussions of the future, holding fears about anticipated change and loss, and hopes of 'finding a way' (Kate) to adapt in order to maintain in-place 'till that day comes [death]' (Levia). While the anxieties, fears and hopes for the future were expressed and experienced emotionally, they were primarily shaped by participants' perceived capacity to maintain the functionality of the home space within the context of ageing related change.

5.4.1.1   A site of possible danger or helplessness

Two participants (Kate and Karen) spoke of home as a place which, at some point in the future, could become a site of danger. Kate, who lived alone and had a limited social network in the area, was fearful of being alone following some future health event and imagined a scenario in which her home became a site of helplessness:

> What scares me, not all the time, but my fear is always if something happens to me, I could be here for ages. It's not like my kids contact me every day. That's your fear…[having] no one around to help.

Kate linked the likelihood of this fearful scenario with the demands of maintaining her property and caring for herself within the home without adequate support, which she described as having an impact on her health:

> I push myself to the limit where the next day, I'm stuffed. But who's gonna do it? Who's gonna vacuum my house? Who's gonna do my washing? Who's gonna hang it up? Who's gonna do my gardening? It's not like I have people that will come out and do these things.

Similarly, Karen was fearful of her home becoming a site of stress or danger for her son (who had intellectual disabilities), in the event of a future health incident. An extension of Kate's fear of the home becoming a site of personal helplessness, Karen worried about the impact this would have on her son, in the absence of other family members or friends nearby:

> My mind is on my son. He's by himself, if something happened to me here [home] no one will know…[but] I also have my son and God help me, I don't want him to be suffering too.

5.4.1.2   A place that might be lost, and fears for what's next

All participants recognised that changes in their health or independence could affect their relationship with the home in future, although there were clear differences in how they

imagined the trajectory of this change, and their perceived level of control over the process. The possibility of having to leave home was discussed by all but one participant (Patricia, who lived with family members) and was linked with both an anticipated sense of loss, and a concern about the prospect of life in aged care. All participants negatively viewed the prospect of moving to aged care:

Levia: I'm always terrified of ending up in one of those places…awful.

Merle: Aged care would be the worst possible outcome.

Karen: You don't know what can happen [in aged care].

Angus: I don't want to go to a home because it's worse [than his own home].

There was a notable difference in the degree of inevitability attached to participants' narratives of loss and possible relocation. Merle and Levia, both of whom were financially independent and owned their own homes, planned to engage external services to support them to stay at home. Merle described several times how she was 'amassing an army' of service providers to ensure that she could remain at home, with the language indicative of a 'battle' against the prospect of leaving home:

Merle: My one goal to engage with an army of medical professionals and service providers so that I leave my current suitable house in a box. That's my one goal.

With the financial capacity to purchase support privately, Levia and Merle also engaged services pre-emptively, for tasks like gardening which they felt might put them at risk of a fall (Merle), and pro-actively, to support their continued engagement in meaningful activities. An example of the latter, Levia discussed how he had paid privately to continue receiving carer support following a stroke, despite there no longer being a clear medical need:

I can go into town by myself now. I've still got a carer on Thursday and Friday, that comes in ... there's really no need, it's not funded anymore, but it's good to have a bit of company. They come in two and a half hours. They're nice people.

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In contrast, three participants who were financially reliant on the pension - Angus, Kate, and Karen – described difficulties securing suitable services, and they appeared to view a move to aged care with a sense of inevitability:

> Angus: I'll try to do whatever I can myself because I know it's the end of the trip. You can't ever get enough hours [of care]. Sooner or later I have to go into a home. I don't want to go to a home because it's worse. It will happen. It'll happen because it happens to everybody. You reach a stage that you need attention and your own people, they cannot look after you, and so you have to accept the conditions.

> Karen: I would like to stay home as long as I can, but the help is not enough. I am in pain. I push myself to keep moving, to keep moving. I don't like to be locked inside. No matter how good they [aged care providers] are, in front of you, you know that they are good and they are caring but behind your back, you don't know what can happen there.

5.4.2   Home as a place to welcome others

The home as a private space to welcome and host others was discussed by four participants (Levia, Merle, Julieta, and Karen). Levia and Merle regularly welcomed family and friends into their home and spoke positively about the engagement this enabled, whereas Julieta and Karen wished to welcome others into their homes but faced challenges in doing so.

5.4.2.1   Karen and Julieta: 'I want to…but the problem is this house' (Julieta)

For Karen and Julieta, festivities and large gatherings held within the family home were an important aspect of their cultural heritage:

> Karen: In Malta there is always celebrations. It's every day. You never sleep if you go to Malta. Because night and day there are festivities with the family.

> Julieta: For me, my parties is life. In my [family] business in Uruguay, I was working there for many years. It was fantastico. It's much more party in Uruguay.

While both women described hosting others in the home as an important aspect of their social lives earlier in life, both felt that their environments no longer enabled this. Julieta, who had relocated to a 1-bedroom Department of Housing property 12-months prior to our interview, described how the small size of her property and its location nearby other properties made hosting parties difficult, and compared this with her previous home:

> The other house was more straight and [had a] different backyard. I have a party for my friends, sometimes 40, 50 coming. But because we put the music…we have fantastic music. Now everybody says, "Hey, Julieta, will you make another party?" I say, "Yeah, you must see the house. Now it's different." I used to make parties for my birthday over there [other house]. I want to make here, but the problem this house is like this.

For Karen, it was the interior of the home, rather than its size or location, which she perceived as preventing friends and family visiting her. Living with significant vision and mobility issues, Karen had struggled to maintain the property since the death of her husband and son some years prior and suggested that others 'think [she's] dirty or something' as a result. While others may have been unwilling to visit her as a result of 'how the house is', Karen's description of friends having 'new houses' and her house being 'not so nice', also suggest some degree of embarrassment or shame:

> My friends they say, "Oh you come and visit." I go and visit, they don't come and visit because I feel how my house is, the way my house is, they have new houses. They think I'm dirty or something. I don't get much visitors, because it's [house] not so nice. It needs a lot of things out of it. We clean. We're never sick of food poison or anything because I clean and my son he cleans too.

5.4.2.2   Merle and Levia: Capacity and functionality

In contrast, Merle and Levia spoke of hosting others in the home as a regular feature of their social lives. Merle, who lived alone in a three-bedroom property, hosted a monthly 'stock market group' with other older people in the local area to discuss investments and finance. Planning and preparing for these meetings provided Merle with a sense of purpose and

structure, while the events themselves provided an opportunity to interact with others who shared her interests:

> My hobby is watching the share market. I prefer to get my news out of the share market than out of the political reports…and I host a share interest group. They'll be at my house tomorrow afternoon. It was through U3A[1] [University of the Third Age] originally, with a retired broker, and then he stopped, so, there's once a month at someone else's and then the other month it's at my place, and we choose a group of shares in February, and see how they go through the year.

Levia and his wife hosted regular dinner parties with family and friends, which Ren noted had been particularly important during his recovery from an aneurysm when he was unable to easily attend events outside of the home: 'they could come to me, lucky because I couldn't get out easily'. Like Merle, Levia' home was functionally suited to hosting others, and support was available to ensure it was utilised in this way.

Two key differences between Levia and Merle, and Julieta and Karen, both related to financial and social resources, give some insight into their different experiences of the home as a functional space for welcoming others. First, while Levia and Merle were both financially independent and lived in large properties which they had modified and maintained over the years, Julieta was living in public housing and Karen had struggled to maintain her property in recent years. Secondly, Levia and Merle benefited from supports which facilitated their use of the home to host others, while Julieta and Karen both reported few such supports. Merle drew on 'an army of [privately purchased] services' to clean and maintain her house, while Levia' wife was instrumental in planning and co-hosting events with family and friends.

5.4.3   Balancing the 'emotional' and 'functional-emotional' home

While clear distinctions between the 'emotional' and 'functional-emotional' home emerged from participants' accounts, analysis revealed areas of conflict and negotiation between the

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[1] U3A is University of the Third Age, a movement which brings together people in their 'third age' to develop their interests and continue their learning in a friendly and informal environment (http://www.u3aaa.org/).

two. In some instances, participants were willing to compromise the practicality or suitability of the functional home in order to maintain the socio-emotional meaning and experience of home.

Angus, who was financially dependent on the pension and lived in the back of his old cabinetmaking shop, described how he 'always need[ed] to budget' and organised his weekly shopping trips around public transit fares. He also identified several areas of the property in need of repair during the home tour, including a sunken and leaking roof, and an entire room of the property he no longer accesses 'because [he] get[s] unsteady with the slope'. While he acknowledged that his property would 'be worth two million at least', he considered the privacy, solitude and familiarity that home offered to be more important than the practical comforts of a new property, locating his improved sense of self within the home:

> If I sell here, whatever money I get would be enough for me to get any unit [but] I'd be more crowded, more surrounded about people and alright, you got the extra heating. You've got air conditioning. It's nice, it's clean, but life is not only that. You have to consider about how you live too. So that's why I'm content here, it's [the] first time in my life I'm in a friendly condition with Angus.

For others, the practical benefits of home and neighbourhood outweighed the difficult emotions and experiences attached to the home. Karen, whose home held upsetting memories of her husband's and son's deaths, and which had become increasingly cluttered and difficult to maintain as her mobility had declined, spoke of the practical challenges involved in moving to a new property:

> If I was healthy I might sell and go and live in fresh area. With my disability I know where I am, and I know the places where they are, and it's too hard to move. When you are old, you want to live closer to the hospitals, to the doctors, to the supermarkets.

5.5   Belonging in the neighbourhood

5.5.1   Perceptions and experiences of a neighbourhood change

Seven participants (Merle, Natasha, Angus, Karen, Levia, Patricia and Anne) who had lived in the same area for an extended period of time had witnessed significant neighbourhood change which they had navigated over the course of their lives. For many participants, the neighbourhood they had known for much of their adulthood had been transformed to the point of 'almost [being] a completely different place' (Natasha). While the nature and scope of changes that participants identified were similar, perceptions of their desirability and significance, and participants' approaches to managing or negotiating the changing neighbourhood, differed significantly.

Shifts in the demographic makeup of the neighbourhood, particularly changes in the age, socio-economic status, and ethnicity of residents, were noted by all participants. A majority of participants perceived these changes as having a negative impact on the neighbourhood and its suitability for them, although there were differences in how participants had negotiated and responded to these changes.

5.5.1.1   Ethnic and cultural makeup

Shifts in the ethnic diversity of the neighbourhood were noted by four participants, each of whom viewed the change negatively. Karen and Anne's perceptions of this change appeared to reflect a personal discomfort towards specific ethnic groups, with whom they felt uncomfortable sharing the neighbourhood:

> Karen: When I came there were Italians, Greeks and Maltese. There were a lot but not these dark people. You never saw them.

> Anne: There's an elderly Chinese lady here [next door] there's a lot of them around there... And I don't want to get involved with her because she's got her Chinese family. I don't like Chinese. They're just money hungry.

While Kate and Natasha also expressed personal animosity towards specific ethnic groups, they also shared their views of how these groups were negatively affecting the broader neighbourhood in more specific ways:

> Kate: What's happening now is a lot of the Asians are coming in. Taking over the shops that have closed down. I'm not racist, but if you've got Koreans or Japanese,

they're wonderful. But they're mostly Vietnamese. And that's where the problem comes in, and you're gonna find that Richmond is losing its quality.

Natasha: There was people from Europe [in the past] but not these black ones…they get houses and lots from the government that we never got…you can't trust them…big mistake to have them, they'll ruin it.

Interestingly, despite the clear sense of unease and mistrust which these participants felt towards people of particular ethnic backgrounds, none could recall actual incidents of being made to feel unsafe or unwelcome in the neighbourhood.

5.5.1.2   Socio-economic

Four participants reflected on the changing socio-economic character of the neighbourhood, recalling its transition from a working-class area dominated by manufacturing and engineering industries, to an upper-middle class neighbourhood populated by city-working professionals:

Karen: When I came [in 1965] Richmond was for the working people, working class people. That's how they were.

Angus: Abbotsford 60 years ago was a typical Australian neighbourhood, was the working class. Now it's getting everything that it's near the city, and they're getting different nationalities and rich because a lot of people work in the city

Levia: Nobody wanted to live here, because they called them slums. And then, eventually, it turned around because people realised there was good living in the inner city.

While all three recognised they had benefited financially as a result of increasing property values, Karen and Angus felt that these changes had also taken away from the character and community feel of the area. This was linked most significantly with the changes in amenities and shops in the area, which they perceived had shifted towards the younger, professional demographic.

5.5.1.3   Age

Closely associated with the shifting socio-economic shift was participants' perceptions of a changing age profile in the neighbourhood. For Angus and Karen, this changing age demographic was linked with perceptions of the area having become less friendly and cohesive:

> Angus: There is more young people in the area than it was. Of course, in the past, everybody that I knew around here, I used to know them because you was drinking at the pub. Was a different culture.

> Karen: There used to be old Australian people. They were friendly, and I used to help them. They were nice people and we all talked but now young people, sometimes you don't even see next door. You don't know who they look like.

While Angus and Karen provided little detail about their experiences of this changing age demographic, it was clear that they felt a loss of familiarity with the neighbourhood and felt somewhat excluded by the changes that they had witnessed over time.

5.5.2   Impact of neighbourhood change

Each of the demographic shifts noted by participants was linked with associated changes in the appearance or character of the neighbourhood. Changes in the types of shops, restaurants and amenities in the local area were noted by Angus, Anne, and Karen, each of whom felt that they could no longer enjoy aspects of the neighbourhood that they once had:

> Anne: Very sad changes…Bridge Road used to be the maker of fashions. Oh, it was fantastic. You'd meet people coming out from the city on the tram and you'd meet people coming to shop. When I was over there recently, the shops were closed down. It's sad. It was sad to see. It really was.

Angus: It's up market and they feed them vegetarian because it's young people, I used to go to get a steak, but now to get a steak it's impossible, so I don't bother.

Karen also noted the change in the housing composition of the area, reflecting on the growth of apartment buildings which she felt detracted from the feel of the area:

Karen: It used to be very nice, and I remember Elizabeth Street before the flats where built. There were houses there, nice old fashioned, but now flats and buildings. They want to build a three-story house here and they want to build…they want to pull houses down and build two stories, it's so ugly.

5.5.3 Responding or adapting to neighbourhood change

The age, cultural and socioeconomic changes that Angus, Karen and Natasha observed shaped both their internal sense of belonging with others in the neighbourhood, and their sense of connection and engagement with the physical neighbourhood environment. Viewing these changes negatively, they had responded by reducing their engagement in the neighbourhood and they felt uncomfortable, or out of place, when they did venture out. In contrast, Levia, Anne and Merle had observed many of the same changes but had responded through expanding their own habits and lifestyles to remain engaged in the new neighbourhood, finding new social networks and avenues for belonging or maintaining existing ones. An example of adaptation to the new neighbourhood, Levia linked the neighbourhood's socio-economic and demographic changes with the growth of new cultural institutions, such as museums and art galleries, and appreciated the diversity of cuisine and shopping available in his area:

I go straight into the city, and the city's fantastic. All the shops, art galleries ... the photo place, where I get film developed…I've been doing an Asian cooking class.

Similarly, Anne described being 'always active, always finding something to do in the city' and she had begun using the tram to travel slightly outside of the neighbourhood in order to find new ways of engaging in activities, like market shopping, and to experience an 'atmosphere' she felt had been lost locally:

I take the tram, and I love going in there on Saturdays because they have a lot of artists there. They all have to do auditions, and there's a lot of European artists with most unusual instruments. And I just love the atmosphere of it.

Merle had not found new ways of engaging in the neighbourhood but had maintained connections with activities and social networks which had been unaffected by the neighbourhood change. Merle, who was the only participant still driving, was a long-term member of a local bridge group and a share trading network and had several long-term friends in the area. While she noted similar neighbourhood changes to other participants, these changes appeared to have little effect on her level of engagement or pattern of interaction with the neighbourhood.

5.6   Being in the neighbourhood

Whereas feeling a part of the neighbourhood in an emotional sense, and 'having somewhere to be' (Anne) were important for shaping the perceived desirability and opportunities for neighbourhood engagement, 'being in the neighbourhood' captures the practicalities involved in accessing and traversing the neighbourhood environment.

5.6.1   Mobility and transport options

Table 5 (overleaf) illustrates available, and main, modes of transport for each participant. Public transport was the most common means of navigating the neighbourhood and was the main form of transportation for half of all participants (n = 5). While most participants no longer owned or drove their own vehicle (n = 8), the loss of this transportation method was a common issue raised, and it is notable that the private vehicle was the main form of transportation for the two participants who had retained their licences. Access to suitable and safe transportation was shaped by both personal factors (financial resources, personal health and mobility, social networks and support), and aspects of the built environment (perceived safety, road and footpath quality, disabled accessibility), which either facilitated or constrained the transport options available to, and chosen by, participants.

Table 5: Participant transport options and use

Grey circles indicate a transport option available and used, filled circles indicate the main form of transportation the participant accessed.

	Walking	Public transport	Mobility device	Formal carers	Personal vehicle	Family	Private transport
Merle	○				●		
Levia		●	○	○		○	○
Julieta	○	○			●		
Karen			○	●			
Kate		●	○				○
Natasha	○	●		○			
Patricia			○			●	
Anne	○	●					
Simone			●	○			
Angus	○	●					

5.6.1.1   Personal vehicle

Merle and Julieta were the only participants still driving and this was their main form of transport. Merle had a wide circle of friends, and she belonged to groups which she attended on a regular basis. She noted that 'some of [her] community is not in walking distance…it's a little bit further afield'. Merle's car enabled her continued engagement in these activities, and maintained her independence by allowing her to continue doing everyday activities like grocery shopping without support:

> My respiratory physician gave me a cripple sticker for my car and this gives me the most incredible freedom because I drive, I can get about six bag loads of shopping and I drive to my front door. You see, I walk around all around the place down there, take the shopping back to the car, drive up to my front door into the kitchen.

Julieta used her car frequently to attend church, shop for groceries, and visit her children who lived in areas 'hard to get [to] from here on the transport'. Similar to Merle, Julieta's car provided her with a degree of flexibility and independence not shared by most other participants. Indeed, Anne and Angus, who had recently lost their licences, owing to adverse medical assessments undertaken by the licensing authority, felt a sense of lost independence:

> Anne: VicRoads are holding me up…even though I've got an excellent driving record with them.

> Angus: It gets a bit boring that I cannot drive anymore, unfortunately. They took it off me last year after they do the test.

5.6.1.2   Public transport

The neighbourhood study site is well serviced by public transport including an extensive tram, bus and rail network which connects most suburbs within the area, and links directly to Melbourne's Central Business District. This study's participants most frequently used trams as a method of public transportation. Trams were favoured because of the frequency of services and stops, allowing participants to avoid waiting, to arrive as near as possible to their destination without additional walking, and because of their predictability and simplicity – 'easy…it [tram] go this way [points right] or that way [points left] but always the same' (Natasha). For Levia, who had stopped driving following a stroke and found it difficult to walk long distances, the tram enabled his independence:

> I can't drive now, but I've got a tram right? … I go straight into the city, and the city's fantastic. All the shops, art galleries…

Similarly, Anne was disappointed at having lost her licence and she felt that the licensing authority (Vicroads) was 'holding [her] up'. Living only a 'few minutes walk from the [tram] stop', trams had enabled Anne to remain independent and engaged in meaningful activities:

> I go into the city every week and take the tram, I love going in there on Saturdays because they have a lot of artists there…and I just love the atmosphere.

For participants with mobility issues, trams were a more challenging transport option. Kate and Karen both used rollators (or walking frames/'walkers') outside of the home and they were restricted in the tram services and routes that they could take. With only some routes and trams accessible to them, Kate and Karen's ability to engage in the neighbourhood was restricted:

> Kate: I can't catch a tram to go to Victoria Gardens [shopping centre], because the trams they've got on this line, I can't get my walker up. I'd like to do my shopping there, but nobody helps, and drivers aren't allowed to help you. If you're lucky, maybe one of the passengers might.

> Karen: Not all trams have the low bit [for mobility devices] …so now I do taxi mainly. Sometimes you wait for too long for right tram and the legs get tired.

Similarly, Simone was 'not sure if the trams are that accessible but [knew] that there are only certain stops that [she] could get on and off'. Concerned about being 'stuck somewhere', Simone avoided using trams altogether and instead restricted herself to areas of the neighbourhood accessible by her mobility scooter. For Angus, it was the cost of public transport, rather than accessibility issues, which limited his capacity to engage in the neighbourhood. On weekdays, Angus limited himself to activities which would take less than two hours (the duration of the cheapest available ticket); leaving grocery shopping and more enjoyable activities like visiting a café for the weekend, when transportation was free:

> During the week I do all the shopping within two hours, so I go to pay only for two hours. On Saturday and Sunday, because public transport's free, I can afford to go to the other Coles or to Lygon Street to go to Brunetti [a café] or something, because it's a free pass.

5.6.1.3   Walking or assisted walking

A majority of participants walked, unaided or with a mobility device, to access neighbourhood areas nearby the home. While walking was the main transport method for one participant (Simone), it was typically the least preferred method of transport, due largely to concerns about physical safety, or health problems which made walking difficult or painful. In addition to concerns about neighbourhood crime and safety, which impacted participants' decision-making about whether, or when, to walk, there were also several aspects of the built

environment which inhibited or facilitated pedestrians' access to the neighbourhood. Simone and Karen, who both used mobility devices to self-transport, identified safety issues which impacted their ability to walk in the neighbourhood. Physical obstacles which obstructed the pavement were identified as the most common and frustrating issues, with Karen identifying bins and trolleys which blocked the pavement near her home and 'forced [her] on to the road' (Figure 15), and Simone pointing to roadworks which completely blocked the pavement near her home (Figure 16). Another mobility aid user, Kate, identified damp leaf matter at the entrance of her block of flats as 'making life difficult' and presenting a fall risk (Figure 17). While Karen and Kate were generally able to navigate their way around the obstacles, Simone was in a motorised scooter and was often forced to take unnecessarily long routes to 'work around' obstacles. Rubbish pickup day was particularly problematic for Simone, with bins obstructing her path and forcing her to adopt some unique strategies:

> Rubbish day is just rubbish. There's no way I can go that way [pointing on the map] …it all depends on the angle of the scooter but I can nudge the bins sometimes, and sometimes I can actually reach and just push them over. That's fine, for me, not for the drivers probably…I've felt like ringing the council to try and fix it up.

Safety while crossing roads was a source of anxiety for Angus and Natasha, who both found it difficult to cross nearby roads within the signalled crossing time. Angus described how he often found he was only half way across the crossing before the signal stopped, forcing him to watch for oncoming traffic:

> Angus: The light, the pedestrian it goes very quickly. The one from that footpath to the opposite street to the shop on the corner it's quickly…too quick. Unfortunately, I wait and I reach half and it finishes and then the traffic, I watch for the traffic coming.

Figure 15: Obstacle's near Karen's home

Figure 16: Roadworks near Simone's home

Figure 17: Leaves near Kate's home

Angus did not use a mobility device but found walking long distances difficult and appreciated having benches to sit for a while to rest along the way. As his description of his regular routine makes clear, the benches also provided him with an opportunity to feel a part of the community, 'watching people' and speaking with passers-by:

> Angus: I make sure that when I go shopping, I get a bit of rest. I sit on the bench to get relaxed and then I cross the road…also if I feel a bit low, I said, "Alright. You sit." There's a bench. I go and sit at the bench. And you'd be surprised how many people they come and talk to me because people, they're very lonely.

5.6.1.4 Formal and informal carers

Several participants were supported by formal or informal carers to access the neighbourhood, either through the direct provision of transport (for example, driving to medical appointments, grocery shopping) or accompanying the person on public transport to ensure their safety. Karen received five hours of funded carer support a week and used this time to attend medical appointments and do her weekly grocery shopping. Unable to purchase care privately, Karen's ability to engage in once meaningful activities, such as attending church services or visiting friends in surrounding areas, was dependent on the hours of care remaining in a given week. As an example, Karen spoke of the importance of regularly visiting the gravesites of her husband and son, but explained how she often lacked the remaining hours of care to do this:

Karen: I go to the cemetery, we go to my mother's grave, she's in the same cemetery where my husband and my son is. When I go and put some flowers.

Aaron: Ok. Quite often?

Karen: I wish, because when I have the carer, the most time I have is on Thursday but sometimes we don't have much time because I make the appointments to the doctors when I have the carer because sometimes I have other appointments to the hospital different days.

Natasha and Simone also received limited carer support throughout the week and prioritised this support for practical activities such as medical appointments and grocery shopping. However, unlike Karen, both had a secondary form of transport which provided them with the flexibility to use their funded hours to support functional activities without limiting their capacity to participate social or community activities. As an example, Natasha typically used her funded carer hours for 'a big [grocery] shop', describing how without this she would need to make several smaller trips each week on public transport, which would limit her engagement in other activities.

Participants with the financial capacity to purchase additional care, or strong informal supports, were supported to access the neighbourhood more meaningfully. Levia purchased care privately to support him to travel on public transport and to visit museums and art galleries, noting that 'it's not funded anymore, but it's good to have a bit of company'. Similarly, Patricia accessed the neighbourhood with the support of her adult son and daughter, describing how 'they do everything and spoil me rotten', and noting that she would struggle to leave the house at all without their support.

5.6.2   Perceptions of neighbourhood safety

Perceptions of the neighbourhood's safety and level of crime were significant in shaping the level and pattern of participants' neighbourhood engagement. As part of the participatory mapping exercise, participants were asked to identify 'areas of the neighbourhood [they felt] unsafe'. Four participants identified Victoria Street as the most unsafe, and least favourite,

part of the neighbourhood, citing issues of visible drug use and criminality. Each spoke of avoiding the area as much as possible, or taking precautions when they needed to be in the area such as taking a support person or walking quickly:

> Kate: My least favourite area is Victoria Street, the whole street. I think it's everybody's least favourite area. There you'll find people that are either drugged or drunk, you know? You have to be careful.

> Patricia: Victoria Street, that's a great thing for drugs, for druggies and it's pretty open, they stand there and swap money and drugs and all. I don't fancy you doing that. So, I don't do that.

> Karen: Victoria Street shocking. When I go from shop to another, I have to walk fast…there is drugs and stuff, many times you see the police. I don't go by myself if I have to go there, I will go with my son.

> Natasha: Victoria Street, terrible, terrible. All drugs and needles where you look and people looking like they [are] sleeping in the middle of the day. I don't go there, don't even like taking the tram through that street.

Unlike other perceptions of crime and safety in the neighbourhood, which were mostly linked to news coverage and anecdotal accounts from family or friends, Victoria Street is an area well known for relatively high rates of crime and drug use. While participants spoke of avoiding this area whenever possible, Karen and Kate both identified the area as a destination for cheap groceries and clothing, which they would visit far more often if they felt safe doing so. News media and discussions with other older people in the area emerged as the two key sources of participants' perceptions of the area becoming less safe, rather than direct experiences of crime:

> Angus: Every time you open the news, you see somebody punching somebody. Every night that I hear the news, I have to hear a murder. Somebody kill his wife. Somebody run into the people.

Kate: When I was watching the news, or the paper they're all talking about, "Yet another elderly person has been beaten up" or home invasions.

Julieta: You go out, someone walking next to you, knife. Because all the time the news talk about knifing.

Karen: I was talking to an old lady yesterday. My friend, she said to me, "You remember we used to leave the money in the front door and the bottles. The milkman will lay the milk". I said, "You won't leave the money now".

Natasha: My friend say to me the other day she was followed home…robbings you hear all the time about, never used to be like that but now all the time you hear these things happening.

Despite not having directly experienced crime in the neighbourhood, several participants took preventative measures to avoid potential victimisation. Kate, Natasha and Karen avoided being outside in the evening, with Kate's description capturing the motivations for, and impact of, this decision:

Kate: You tell me what oldies don't like going for an evening walk. I know for a fact that people do. But now, you say to them, "Do you go for a walk or whatever?" "No way". So the older you get, the more enclosed you are, because once upon a time there was respect for the aged. The youngsters never really went out of their way to cause a problem. But now the younger people are actually targeting the aged.

Similarly, Patricia rarely ventured out of her home without a family member, and Julieta 'preferred company' when walking around a park near her home. While concerns about safety were reasonable considering several participants particular vulnerabilities, it also seemed that the fear of crime, driven largely by media coverage and anecdotal discussions, and the self-imposed restrictions that some participants placed on their movement outside of the home, were mutually reinforcing. As an example, one of the reasons Kate cited for not walking in the evening was that the streets were 'deserted at night'. She also noted that most of her neighbours were older people who were 'scared to go out'.

5.6.3 Social networks, interests and connections

Unsurprisingly, social networks, personal interests, and connections with community institutions shaped participants engagement in the neighbourhood. Put simply, the greater number of activities or relationships in which participants were engaged outside of the home, perceived as 'having somewhere to be' (Anne), the higher the likelihood of regular neighbourhood engagement. Discussions about the activity or cultural groups, from where all but one participant (Merle) was recruited, emerged as this theme's focal point. The significance which participants attached to these weekly groups within the context of their broader interests or commitments illustrated significant differences in participants' social networks and level of neighbourhood engagement.

For Kate, Natasha and Angus, all of whom spoke of isolation and loneliness within the home, attending groups with other older people was a 'highlight of the week' (Natasha), and provided one of few regular opportunities for social interaction. Kate's description of the group as a place for 'people who have got nobody' powerfully captured its significance for her within the context of an otherwise lonely week:

> Willow View's a place where people go that have got nobody. And they go for the socialisation. They go for the meal. It's a day out. I have all the pictures from Willow View that we've done different things with, and I look at them and I go, "That's family to me". And when I see my kids, and if I see my grandkids, that's a bonus. I won't give up my Thursday and Wednesday group. No way. I feel it if I do. I sit here during the week and I look at all the photos.

With few other social connections and limited family contact, Kate's description of the relationships she has built as family-like and her admission that she 'feels it' when absent, point to the importance of the group for staving off a more complete sense of isolation and loneliness. The emotional and physical aspects of these relationships were significant for Kate, providing a feeling of purpose, love and comfort, clearly lacking outside of this environment:

> They [other group members] love me. It's important to them when I come in, and the whole group is there, just sitting there waiting for me to go and give them a kiss and a cuddle. And I go around to all of them. And some of them just hold on. It's like, "You

really need this, but so do I". Because for me, the biggest thing I miss is actually being held, in a motherly way. And I get that from them.

For Angus, who lived alone and was anxious about being a 'burden' on his adult children, the groups he attended were a place he could share his experiences with others and simply 'talk and … smile'. Like Kate, Angus noted how the group offered a reprieve from the isolation and loneliness he sometimes felt at home:

It's getting terrible sometimes [at home], but luckily, we share together on Thursdays in the group, and on Tuesdays we go to exercise. Most of them, including me, we got some similar interests…I talk, and I smile.

While less expansively than Kate or Angus, Natasha described the Serbian older persons group that she attended as 'something to look forward to', and the 'highlight of her week'. The group was also a valued aspect of the week for Anne, Julieta and Simone, but occurred alongside other meaningful neighbourhood activities. Anne spoke of the group as a 'club', and she explained how she was 'called for' (someone arrived to drive her to the 'club'). Emphasising 'all the activities' at the club, rather than social interaction, Anne seemed to view the group as primarily a form of entertainment. 'Always busy' during the week, she noted how she would miss the group 'sometimes when I have other plans', contrasting with the priority that others gave to regular engagement with the group.

Julieta and Simone were both new arrivals to the local area and had built some of their first relationships at the groups they attended. While they continued to engage with these groups, both had since established other networks in the local area, with Julieta becoming heavily involved in the local Spanish speaking Church, and Simone joining an art group and the local Jehova's Kingdom Hall, where she attended services three to four times a week. As Julieta and Simone became engaged in these other activities within the neighbourhood, the significance of the longer term groups as a source of support and interaction had changed, with both suggesting that they might stop attending these groups in the future if they felt they were 'getting out enough already' (Simone).

Patricia and Levia spoke very little about the groups that they attended when asked about their social networks and level of neighbourhood engagement. Instead, both spoke of

activities undertaken with family members inside or outside of the home as their main source of interaction and engagement. Patricia spoke of frequent visits from and to grandchildren and great grandchildren (Patricia), while Levia enjoyed attending galleries and taking photographs with his wife and two adult daughters. The sense of togetherness which characterised Patricia's and Levia's experience of the home, seemed to extend to, and support, their engagement in the neighbourhood. Not only did they engage in the neighbourhood with family members, they were also provided with the practical support required to enable this, such as transport and personal assistance.

5.7 Summary

This chapter has presented the key themes emerging from in-depth interviews with 10 community-dwelling older adults living in a single local government area in Melbourne, Australia. The findings highlight the complex intersections of ageing, place and social exclusion, encompassing both the practical and material reality of places as sites of everyday life, and their temporal and experiential nature as sources of memory and meaning. The "emotional and relational home" captured the affective and experiential construct of home which, for all participants, traversed time and place to encompass memories of the life they had lived, and which shaped their current everyday experiences of home. The "functional-emotional" home explored the experience of the home as a functional space to be physically negotiated, maintained and adapted within the context of an ageing body and mind, and the hopes and fears embedded within an imagined future when the capacity to maintain the functionality of the home could be lost. Experiences of, and engagement within, the neighbourhood environment were similarly shaped by the interaction of the physical environment and participants' emotional sense of the neighbourhood. "Belonging in the neighbourhood" explored the extent to which participants viewed themselves as "having a place" in what many recognised as a changed and changing neighbourhood, while "being in the neighbourhood" captures the practicalities of accessing and navigating the neighbourhood environment. Dimensions of social exclusion were found at the interstices of the physical and emotional dimensions of the home and neighbourhood, shaping both the felt sense of belonging in place and participants' capacity to attain or retain their place in the home or neighbourhood.

Chapter 6. Findings – Older adult's living in supported accommodation

6.1 Introduction

This section presents eight narrative case studies emerging from data collection with 16 older adults living in two supported accommodation environments in Melbourne, Australia. As described in Chapter 4, each case study presents a case-by-case comparison of two participants living in the same supported accommodation environment, with analysis focused on exploring similar and divergent experiences of this shared place.

Three temporal codes, 'life before', 'transition', and 'life now', provide the chronological structure for each paired case study, with analysis centred on exploring the role of past life experiences in shaping participant trajectories into, and experiences of, supported accommodation. While this structure reflects the common narrative structure emerging from the interviews with these participants, and is intended to provide a degree of coherence, a variety of sub-headings are used to highlight the idiosyncrasies specific to each paired case study.

6.2 Acorns aged care case studies

6.2.1   Elijah and Harry

Life before

Harry and Elijah both experienced difficult childhoods, punctuated by feelings of disconnection from family and formal education, and lingering questions of identity, which remained with them throughout their lives. Elijah's childhood and early adulthood were dominated by the events and aftermath of World War 2 (WWII), leading to his arrival in Australia with 'nothing and no one' as a post-WWII migrant. With an absent father and emotionally distant mother, Harry recalled the childhood home as a place of 'no warmth' or 'emotional attachment', which 'left [him] pretty bitter' as he entered early adulthood. Neither Harry nor Elijah recalled any significant social networks, interests or hobbies during adulthood. For Elijah, long hours spent working to support his large family occupied his daily

life. Harry felt discomfort being around people and referred to his 'misanthropic personality'.

'First home' and early life

Harry: 'A funny upbringing…left me pretty bitter'

Harry and his twin brother grew up in the inner-suburbs of Melbourne. He recalled a disrupted childhood with a distant mother who he felt had 'abrogated her responsibilities'. Cared for by his grandmother, with whom he shared a close relationship, Harry did not know his father's identity, and this stirred a sense of 'bitterness' towards his mother:

> It was a funny upbringing. My mother ... I never knew my father and my mother never told me about him and it left me pretty bitter…my mother used to work nights in a picture [movie] theatre. I always felt she was abrogating her responsibilities.

The confusion and emotional distance imbedded in Harry's description of his family dynamics were reflected in his memories of the family home, which he perceived to be an extension of his 'funny upbringing':

> I think that it comes from my upbringing...I didn't have a father, I never had an attachment to my mother, so I think that translates in the same as your environment. As well as the four walls and all that. There's no emotional attachment to home…no warmth.

While he 'always loved learning', Harry found formal education to be 'rigid [and] forced' and found it difficult to connect socially with his peers, describing how he had 'nothing much of a social life at all' during his early years.

Elijah: A 'terrible childhood…we survived the war'

Elijah endured what he described as a 'terrible childhood' in Greece, dominated by the Second World War (WWII). The outbreak of conflict in Greece in 1940, when Elijah was just seven years old, left him with few opportunities to build connections to people or place. In an effort to avoid direct conflict, Elijah and his two siblings 'moved out of the big city' and spent several years 'just trying to survive the Germans…[who] were after every Jew in everywhere'. The war also left Elijah with questions of familial and religious identity which

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have endured throughout his life. With a Jewish mother and a Catholic father, Elijah and his two siblings 'had to convert to Christianity' and conceal any indication of Jewish identity during the war and found it difficult to reconnect with this identity in its immediate aftermath. Several decades later, Elijah continues to grapple with these questions of identity, concluding that 'I guess I'm Jewish?'.

Family, work and home life

Harry: 'Always working with my hands' and 'the marriage just wasn't working'

After leaving school at 15, Harry worked as a mechanic for three years until retraining as a gatekeeper, a role in which he remained for 40 years. Harry met his wife, June, 'somewhere in [his] early 20s' after being introduced by his brother, who 'thought [Harry] would never meet anyone on his own'. After purchasing a 'three bedder' in Melbourne's eastern suburbs, the couple had two daughters and a son, 'each only a year or so apart'. While Harry described family life as 'very normal' and the neighbourhood as 'perfectly nice, very safe', he did not speak in any depth about his own experiences as a husband or father, beyond acknowledging his difficulty adopting these roles:

> The whole thing [marriage and family] wasn't really for me…I don't know why really... I just prefer being alone. We divorced in '88, my wife went to Adelaide and took my youngest daughter and my middle son.

While 'close to [his] children when they were young', Harry 'lost touch' with his two youngest children following his divorce, but has remained close with his oldest daughter, 'talking on the phone most weeks'. Reflective of his preference for solitude and his feelings of discomfort around others, Harry preferred 'working with [his] hands…outdoors' and described his career as a greenkeeper as 'almost entirely a solo endeavour'. While many participants spoke of their work as an important source of social connection outside the family home, Harry appreciated the isolation of his work and never 'felt the need for a lot of friends about'.

Elijah: Moving to Australia 'out of necessity' and having 'too many children to feed'

With Greece's economy struggling in the aftermath of WWII, Elijah struggled to find work and began searching for opportunities to leave Greece to support himself and his family.

'Necessity' and desperation dominated Elijah's recollection of the circumstances leading to his migration to Australia, describing how he 'couldn't help anyone, couldn't do anything' any longer in Greece:

> I don't think anybody was glad that they were doing it [moving to Australia]. It was necessity. We couldn't find work. We couldn't survive. We didn't have anything to look for the next day. Jobs were very scarce. Things were very, very hard.

Arriving in Australia in his early twenties 'with nothing and no one', Elijah lived briefly in the Bonegilla Migrant Reception Centre[2] in rural Victoria before contacting 'a friend from Greece that moved before' who supported him to find employment in Port Melbourne. Beginning work in a tyre factory, Elijah connected with a group of fellow Greek and Italian immigrants, with the group bonding over their shared experiences of migration and the challenges of leaving home:

> We made friends on the ship over here, a group of people, we used to see each other every day, every weekend, when we could. Everybody had his complaints and talking, staying or leaving. Anyway, we just stayed here.

The lack of emotional attachment which Elijah articulated towards either Greece or Australia appeared to reflect his view of his life being driven largely by 'necessity', and an accompanying sense of powerlessness towards external circumstances that he felt had shaped much of his life. For example, while many participants identified employment as a source of identity and purpose, Elijah spoke of working life as a 'factory hand then taxi driver', in terms of the material necessity of having 'too many children to feed'. Struggle and necessity also dominated Elijah's recollections of his family life with Elena, his wife of 60 years, and their six children. While reticent to discuss his home or family life in depth, Elijah recognised he had 'made a lot of mistakes', and he identified this as an outcome of his 'frustration…misery and need…it wasn't easy to grow six kids'. Elijah reported having 'no friends…really' for most of his adult life, which appeared to reflect the pressures of working in isolated roles, 'all the time, day and night', to provide for his wife and six children.

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[2] The Bonegilla Migrant Reception and Training Centre was a large camp built to process post-WWII immigrants to Australia (Pennay 2009).

Transition

While both Harry and Elijah felt that the move to aged care was not their choice, their trajectories into care and their experience of the transition from the community, differed significantly. Perceiving his entry into aged care as being 'for [his] wife's sake', Elijah had struggled to adapt to his status as a single resident following her death and he felt as though his own wishes and experiences had been ignored. In contrast, Harry was 'pragmatic about [his] need' for care and had taken ownership over the 'choice of where' he would move.

Elijah: 'We were forced to come here for my wife's sake…nobody asked me if I'm okay here'

Initially moving into care for '[his] wife's sake' seven years prior to our interview, without significant health issues of his own, Elijah had found it difficult to re-adjust to life in this environment following her death in 2014. In a process akin to a second transition, Elijah felt abandoned by his family and a sense of powerlessness over his living situation. Mirroring similar experiences earlier in his life, Elijah described his moved to aged care as 'forced' and spoke with a sense of resignation about his current circumstances:

> I came here because my wife needed medical attention every day. We were forced to come here for my wife's sake…I've been here seven years. I've been for a few years with my wife. When she died, then nobody asked me if I'm okay here, so that's it. I'll stay here.

While Elijah's children were 'very helpful, supporting' the identification of a suitable aged care facility and assisting with the move, Elijah did not perceive this support as being directed towards him, describing how it was 'for [his] wife…we all supported [her]'. In this sense, Elijah perceived himself as entering care as a caring and supportive husband, more so than a resident, with the couple living in a shared room, 'not talking to anyone else much', and receiving frequent family visits. Since his wife's death and a significant deterioration in his health, Elijah's experiences of aged care have mirrored many elements of his earlier experiences of migration and 'necessity', as explored in the final section of this case study.

Harry transitioned to care from hospital following a fall at his home in Glen Waverley, where he had been living alone for more than 25 years following his divorce. With 'no wife or kids' to care for him at home, Harry 'didn't have a choice to come [into care]' but 'did have a choice of where'. Supported by a placement agency, Harry visited several aged care facilities before deciding on Corowa Court, 'purely for the sea view' from his room. Whereas most participants discussed the process of leaving their home to enter aged care as primarily an emotional, rather than practical, experience, Harry identified the practicalities involved in cleaning, packing and selling his property without family support as the most challenging:

> The logistical part of it was the hardest; selling the house and getting it cleaned out. It cost me a fortune to do that, cos I had no one to help me.

For Harry, the move to aged care was 'just another move' which, as with moves throughout his life, had no 'sentimentality about it, or any regret about it'. Reflecting this lack of emotional attachment to places and the transition process, Harry 'didn't bring any photographs or personal stuff' into aged care and noted how he had 'never been materialistic' in the sense of attaching meaning or emotion to personal items. Indeed, a 'picture of Bob Dylan painted by [his] daughter when she was 10' was the only emotionally meaningful item Harry could recall bringing with him from home, with 'most stuff sold or thrown out' during the move.

Life now

Harry and Elijah have found life in aged care difficult, having both been relatively isolated adults preferring, or at least most comfortable, living alone. Living and interacting with others in an environment which neither felt they entered entirely voluntarily, both described a sense of being 'trapped' (Elijah) and 'stuck' (Harry), surrounded by people to whom they felt different, and struggling to find a meaningful identity or place within the facility. While sharing many of the same experiences of transition and everyday life in aged care, there were clear differences in how Elijah and Harry responded to their new living environments, seemingly shaped by differences in their expectations of care, and the personal resources and capacities each had been able to develop over the course of their lives.

Harry: 'It's very much as I expected it to be…a cross between a motel and a boarding house'

Harry, who had been living in aged care for 14 months at the time of our interview, described the environment as 'a cross between a motel and a boarding house', which was 'very much as [he] expected' prior to the transition. Whereas other participants spoke in detail about the process of selecting an aged care facility, Harry felt that 'aged care is much the same anywhere you go' and viewed the provision of medical care as 'the only reason you'd be here'. Despite this congruence between his expectations and experience, and an acceptance of his need for the medical care provided, Harry felt 'entrapped' in a place which did not feel like his own, in either a practical or emotional sense:

> You never have a sense of ownership…You put everything you want around the place, but the reality is it's never your place. …Like being in jail, an hour goes fast ....a year goes fast, like any sort of institutionalisation. …I didn't have that sense of entrapment at home that I have here.

Having spent over 25 years living alone in his own home, Harry had found communal living and the 'constant toing and froing of the staff' difficult to adjust to, reflecting, in his own view, a lifelong preference for being alone and feelings of discomfort around other people :

> I'm a lone wolf, I'm a loner ... That's what makes it hard on me in here. I always lived by myself, never hold up many friends and it suited me that way. I have never felt really comfortable around people.

Elijah: 'Passing the time breathing'

An overwhelming sense of loss and purposelessness dominated Elijah's experiences following his wife's death two years prior to our interview. He bleakly described his daily life in care as 'just passing the time breathing'. Having initially moved into care for '[his] wife's sake', Elijah seemed unprepared for the experience of living in the facility alone:

> When my wife died, I never thought, 'What is going to happen to me now?' Of course, I didn't have a house. I was depending on my kids… nobody asked me if I'm okay here. So that's it. I'll stay here.

Elijah's sense of isolation inside the facility was further compounded by the deterioration of his relationship with his children and grandchildren, who had ceased contact with him soon after their mother's death. While he provided little detail about the circumstances leading to the breakdown of his relationship with his family, he perceived the situation to be a result of his 'bad moral standards', concluding that 'the way I am, I don't have anyone'. Feeling abandoned by his family and 'trapped' within the facility, Elijah spent much of his time alone in his room, ruminating on his perceived failures as a father which he blamed for his current situation.

Engagement inside and outside the facility

Harry and Elijah both expressed a feeling of being 'different' from other residents in the aged care facility and found it difficult to build or sustain relationships with fellow residents or staff. Describing himself as a 'lone wolf', Harry found social interaction within the facility 'phoney…and facile', and was reluctant to engage in planned activities which he felt reflected a particular 'way of thinking' about old age:

> I've tried to do some of the activities, but I just couldn't cope. There's being old, and there's being old, if you know what I mean? And I can't bring myself to go to that way of thinking. I think if you do that you're giving up and giving into the place.

Leaving the facility alone and accessing the local neighbourhood was a way for Harry to 'offset…the feeling of being in here [aged care]' and to resist 'giving into the place'. In contrast to the alienation he experienced within the facility, Harry identified the local library, 'about a 10-minute walk' from the facility, as a place where he had an 'intellectual attachment' and felt 'instantly at home' without the pressure or expectation of social interaction.

Much like the 'necessity' which drove his migration from Greece to Australia, and a working life dominated by 'having too many children to feed', Elijah shared Harry's sense of being 'forced' into and 'stuck' in aged care. However, while Harry regularly left the facility to

'offset' his sense of 'entrapment', Elijah spent much of his time alone in his room, rarely venturing outside his room or the facility, and not participating in any facility activities. Finding 'only a couple of people [he] could have a conversation with' inside the facility, Elijah expressed a palpable sense of despondency and isolation:

> There are only a couple of people that you can have a conversation with... the rest of them, half dead. Sometimes they think I'm strange. I'm no good. I'm bad. I don't talk to people. I don't want to talk to people. They think I'm strange and bad. I don't care.

The private room

Since moving into care, Harry had gradually furnished his room with music and books from the library, and books and artwork from the local opportunity shop, bringing much of what he enjoyed about 'outside' to 'inside' the facility. The music of Bob Dylan, who Harry had admired throughout his life for 'remaining a mystery and an "up yours" sort of attitude', played in the background during our interview, while books of his favourite French philosophers, particularly Sartre and Nietzsche, sat on a large bookcase in the corner of his room. These seemed to provide Harry with some sense of the 'intellectual attachment' he experienced at the library, while also representing his own ongoing vitality and engagement with learning and his own interests, 'offsetting' his sense of being entrapped and surrounded by those he perceived as having 'given up and given in to the place'.

Whereas Harry had filled his room with artwork, books and music which reflected his ongoing intellectual interests and represented a continuity of his personality, Elijah's room was adorned with several family photographs which he had brought with him when he entered care several years earlier. While, for other participants, family photographs prompted fond memories, giving a sense of familiarity and continuity, for Elijah, they appeared to serve as reminders of what he had lost, and they were ever-present prompts for his own rumination and self-criticism.

6.2.2 Hannah and Kelly

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Life before

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'First home' and early life

Hannah and Kelly both had fond memories of childhood, Hannah in Thornbury in Melbourne's Northern Suburbs, and Kelly in Hong Kong, the Philippines and later, Melbourne. Family and a sense of community featured strongly in Hannah's and Kelly's memories of childhood, and later, the roles of wife and mother were primary sources of identity for both women. Kelly and Hannah both faced major and unexpected life events in mid-life which significantly shaped their trajectories into later life and, it seems, their experiences within aged care.

Kelly: 'It was a great existence…a great, great life'

Kelly's close-knit family provided a sense of security and comfort during a childhood spent living in the Philippines, Hong Kong, and Russia, owing to her father's work in the aluminium industry:

> Well we had to didn't we because mum was, mum and dad had to go there and we went as well. It was all right with everyone there…it was a great existence and it was a great, great life.

While clear that these frequent moves were outside of Kelly's control, she had fond memories of time spent with family, noting the value of having 'everyone [family] there'. Kelly returned to Melbourne with her family at the age of 13, moving to Mt. Martha, a seaside town 60km South East of Melbourne. Graduating from high school was a particularly proud moment for Kelly and her family, recalling vividly her 'dad just holding the certificate up…it was wonderful…dad was proud'. These early memories were particularly vivid for Kelly, noting how 'it was a lifetime ago…but little things keep coming back to me' and describing a 'wonderful life, really good life'.

Hannah: 'Everything was really close and there were plenty of other kids about'

Hannah offered few insights into her childhood relative to Kelly and other participants, seemingly a reflection of a comfortable and enjoyable, albeit uneventful, early life in the Melbourne suburb of Thornbury:

> It was great, because we were right near the main street, the shops, the theatres, everything was really close and there were plenty of other kids about… A very family area, good for kids and always very safe.

Family, work and home life

Kelly: 'before the MS': motherhood, the family home

Following high school, Kelly worked in a canning factory for several years until meeting her husband, Asil, and becoming, in her late 20s, a full-time mother to their son Omer. Recalling the family's 'small, normal kind of place' in Mt. Martha, Kelly spoke of a place where 'we [the family] were all together, and my stuff was there…it was all I needed'. Fond memories of the routines of daily family life, such as cooking favourite meals for her husband and son, had pertinence as activities Kelly enjoyed 'before the MS' that would radically alter her life's trajectory:

> My husband loved the lasagne that I made…The cookies I used to make, my husband loved them. That was a long time ago that I could do that, before the MS…but just bringing back the memory is wonderful.

A persistently numb and tingling feeling in her leg in her early 30's led Kelly to a diagnosis of primary progressive multiple sclerosis (MS), the most debilitating form of the demyelinating disease. 'Devastated' by the diagnosis, Kelly 'read everything about MS in the library…wanting to know what it was doing to [her] body' and struggled to accept the impact of the disease's progression on her daily life. In negotiating the continual progression of the disease, Kelly described a sense of acceptance borne out of necessity, and highlighted the importance of maintaining a positive outlook:

> Aaron: How have you managed or adapted to the MS?

Kelly: I don't know, I just get in my wheelchair and choof around and I'm happy with that. I have to deal with it and that's what I do. I deal with it within my mind…I have to because you're just a person with nothing then. So I'm happy with what I've got.

Hannah: 'They were good times', belonging to neighbourhood(s) and finding community

Hannah married her husband 'Robert, but always Bob' at the age of 23 and moved to the northern suburb of Reservoir, purchasing a house-and-land package which would become the family home for her husband and three children for the next 20 years. Whereas Kelly's sense of belonging in place was heavily anchored within the family home, Hannah's sense of belonging extended to the broader neighbourhood, which she recalled as a place for families and a good community to raise children. While acknowledging, 'it wasn't a very good street', Hannah spoke fondly of a street where the children 'played, and fought, and all sorts' and recalled these as 'good times, everybody was good'.

Hannah divorced at the age of 51 and 'sold the house to buy a mobile home and moved to a caravan park'. While obviously a challenging period of life, Hannah was able to adapt and come to view the transition positively, describing an active and engaged life in this new community:

> I loved the caravan. I love that type of life…I had lots of things going on there. We had line dancing and different clubs and things. I joined the Mount Martha seniors and the bus used to come and take us out there.

Hannah later relocated to Adelaide to be near her 'best girlfriend' and one of her daughters, demonstrating a similar adaptability and eagerness to engage in community groups and appreciating the 'slower pace' of the area:

> It was just a slower pace and I loved it over there. I settled in there … felt well connected to things … I just did everything; joined clubs, and went on bus tours, and had good neighbours around.

Hannah's positive disposition and her willingness to get involved in activities was perhaps a consequence of the close lifestyle of the caravan park, coupled with her newfound status as

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an unmarried woman. Far from being isolated or alone following her divorce, Hannah seemed able to readily integrate into each of the communities in which she found herself.

Transition

Kelly and Hannah found the initial few weeks in Corowa Court difficult, feeling some sense of lost control, missing loved ones, and struggling to adapt to aged care. In a relatively short period of time, however, both had been able to view the move positively and to find ways of connecting with others and adapting to their new environments. While the circumstances leading to their arrival in aged care differed, their shared experience of adapting to new life circumstances and situations appeared to provide them with the resources and skills to quickly negotiate and settle in to the life of the facility.

Kelly: MS progression and 'getting used to' care

As her MS progressed, Kelly was unable to transport herself outside of the home and, relied on her husband and in-home nursing for her daily care. Kelly described a gradual loss of autonomy and sense of identity within the home:

> I used to like doing the cleaning, but then I couldn't do it, so we had a girl come every Tuesday to do my vacuuming and I couldn't do it. I used to cook. My husband loved my lasagne... then I couldn't do that, so we used to get those frozen meals…yeah, it was different.

With Kelly and her family finding it increasingly difficult to manage in the home, her husband selected Corowa Court, initially for two weeks respite care to 'see how [she would] like it'. Perhaps recognising the need for a move and reflecting the value of Asil's support, Kelly described how she 'trusted him [husband] to look after me…and he did'.

Once the decision had been made to relocate to the facility full-time, Kelly described the importance of a pragmatic and accepting attitude, echoing her approach to managing the diagnosis and progression of MS. With the affirmation, 'every day I say, "okay, you're here". It's okay. You get used to it', Kelly's process of adapting to the aged care facility was an

ongoing negotiation, in that she accepted there are few alternatives, but was still familiarising herself with the new environment, or 'getting used to it':

> I'm in a better place here than anywhere else…. the first two nights I was crying, and crying, because I wanted to be home with my husband. I didn't know anyone. Now I know everyone. I'm getting used it. I will get used to it. You have to get used to it. Don't you?

Hannah: 'I'd rather be here', re-gaining independence

Hannah had been living in Adelaide for more than a decade until a few months before her move into Corowa Court. After experiencing some health difficulties, she returned, somewhat reluctantly, to Melbourne in order to be closer to a daughter who had been concerned about her health. Moving to her daughter's home in Frankston proved a difficult adjustment for Hannah as the hilly terrain made it difficult for her to 'get out and about' in the community:

> I lived with my daughter...I lived under the house and I had my own unit, but I couldn't get out because it was all hilly. I didn't like it there very much…it was tricky to get out and about.

While Hannah appreciated her daughter's support, cooking meals and assisting with cleaning, she worked during the day, meaning that Hannah often found herself 'bored, just sitting in the unit everyday'. Recognising the need for a change, Hannah described how she 'always wanted to make the decision herself' in relation to aged care and had a sense that 'it was the right time':

> I'd rather be here than there. When this came up, that's why, we talked about it and came in and we were both, she cried her eyes out and thought she'd done the wrong thing because I was a bit upset about it at the start. Now I'm quite happy.

While Hannah describes a difficult period of transition immediately after moving into aged care, she quickly came to view the move positively as an opportunity to re-gain some of the independence she had lost when living with her daughter.

There are clear similarities between Kelly's and Hannah's transition experiences. Prior to moving to aged care, both had been living in environments where they found it difficult to engage in the activities and roles which had given them meaning and identity throughout their lives. For other participants , the move to aged care typically represented a loss of independence and a difficult departure from a comfortable and familiar home. In contrast, despite some initial doubts and challenges, both Hannah and Kelly came to view aged care as a positive space which met their needs to a greater extent than their previous living environments.

Life now

Kelly and Hannah both arrived in care from living environments which were no longer meeting their needs and described aged care as a preferable alternative. The experience of adapting to significant change in middle adulthood appeared to prepare both women for the transition to aged care, with both highlighting the importance of maintaining a positive attitude and a degree of flexibility. Both women maintained strong connections to their loved ones and their own lives before care, adorning their rooms with photographs of family members and life memories which prompted positive reminiscence and a sense of continuity.

Hannah: 'I'm 81 and I've got my wish'

For Hannah, the facility's coastal location was a determining factor in her decision to relocate, with the beach holding a special importance as a place where she felt 'at-home' throughout difficult periods in her life:

> I've always felt at home at the beach…If I could see water. When my husband and I split up, I spent hours at the beach. We ended up good mates.

Having dreamt of retiring in a home near the beach for many years, but believing this to be well beyond her financial means, Hannah joyfully declared, 'I'm 81 and I've got my wish!'. Hannah's history of living in caravan parks seemed to prepare her well for life in aged care. Unlike many other participants who had moved into aged care from traditional family homes, Hannah was accustomed to living in small spaces with few possessions and seemed to feel comfortable living in more communal, less private, spaces.

Kelly: 'I like this place…where else would I go?'

Kelly was consistently positive in describing her life in aged care, although her transition and settling-in experiences appeared more complex and conflictual than Hannah's experience. For Kelly, the transition to aged care and, perhaps more relevant, her transition from home, appears to have been an ongoing process of negotiation and acceptance. This was most evident when Kelly was asked whether the facility felt like home:

> Well, I can't say I can go home. I want to go home. I can't go home anyway, I don't want too. So, I'm happy.

Kelly's sense of uncertainty about whether she misses home, or even wishes to return home, is evident in both the content and expression of this excerpt. As with her approach to her illness, Kelly described being flexible and not 'putting up a fuss' about changes or disruptions within the facility as important for managing the facility's 'routine'. Perhaps reflective of her level of dependence on the care that the facility staff provided, Kelly's acceptance of aged care appeared partially borne out of the lack of alternative options:

> I'm fine living here so why should I be upset? I'm fine here…I like this place…I couldn't be anywhere else. Where would I go I suppose?

Engagement inside the facility

Relationships with staff and residents inside the facility were critical to Hannah's and Kelly's sense of belonging within the facility, although each described the nature and depth of these relationships differently. Hannah described being 'very good friends with a lot of staff', and 'friends with almost all the residents'. Keeping engaged with others and the life of the community, through joining clubs and taking up opportunities for group activities, had been a consistent thread through Hannah's life and one which she described as important for giving her a sense of belonging in aged care:

> I try to go to everything [activities]. I think it's very important for feeling connected and that...having somewhere to be.

Perhaps reflecting her more complex physical needs and higher level of dependence, Kelly spoke of relationships with staff mainly in terms of their clinical competence and ability to meet her medical needs, noting that 'the people are really good to me' and she identified one

staff member, Kylie, who 'really cares for me, dressing me and everything'. Kelly preferred spending time in her room where she 'can do [her] own thing', and had mixed experiences with activities offered within the facility:

> They play bingo, I don't like bingo. I've done happy hour, I like that. I have a glass of red and they get a cheese and all that and then people give me crackers on cheese. I'd rather be here than I guess anywhere else.

Kelly did not describe close relationships with other residents and noted that it is 'difficult to get to things [activities]' owing to her reliance on staff assistance for any transport within and outside of her room.

Engagement outside the facility

Hannah rarely left the facility outside of group activities but spoke to her daughter on the phone 'most days' and received visits from friends and family on a regular basis. Having lived independently for many years prior to entering aged care, often interstate and away from friends and family, Hannah noted, 'I'm used to keeping in contact with the phone…it's not much different from before'.

With limited engagement inside the facility, Kelly looked forward to her husband's visit 'on most days', and she mentioned that her son 'doesn't come in every day… but if he comes in, I'm so glad'. While Kelly clearly values the continued support of her family, there is a clear sense of loss:

> I just hold onto him [son] and say, 'Don't go, don't go'. I hold him so hard and then when goes I say, 'No, you don't go, no, no' …but he always comes back.

While not directly articulated, Kelly's anticipation of these visits and the sense of loss evident in her description of their departure, seemed to reflect her vulnerability and level of dependence in care, her reliance on others visiting her, and her incapacity to independently navigate or exit the environment.

The private room

To maintain a connection to their loved ones and memories outside of the facility, photographs and sentimental objects were important for Hannah and Kelly. Hannah described 'photos of the kids and grandkids growing' as a constant set of 'treasures…[that] I've always had with me, no matter where I was living', and described their importance to her in aged care:

> I always have photos of the children and grandkids here…[they] make my room feel like home with them here.

For Kelly, who spent many hours alone in her room, photographs of her wedding day, and several of her husband and son, provided an important source of comfort and a prompt for positive reminiscence:

> I have big photos here, that I look at every day and it's wonderful. I can look at my son. I look at my husband. I look at our wedding photo and it's wonderful. I have to have the photos here because it's very important to me. They're very important.

6.2.3   Dorothy and Mark

Life before

Dorothy and Mark both described 'ordinary' childhoods, Dorothy 'in the main street of Mornington', only a few hundred meters from the aged care facility, and Mark in Glasgow, Scotland. Marriage and family life were a key source of identity and meaning for both Dorothy and Mark, with both reporting the family, rather than friends or work, as their main support and motivation throughout adulthood. Benefiting from family support throughout their lives and drawing strength and identity from their roles of mother/wife and husband/father, Mark and Dorothy described themselves as 'pretty blessed' (Mark) and having 'a normal kind of life' (Dorothy). Each had confronted life's joys and challenges with the support of their families and a strong sense of independence and resilience, attributes which appeared to shape their view and experience of aged care.

'First home', childhood and young adulthood

Dorothy: Making, moving and re-making home

Dorothy spoke little about her childhood, perhaps owing to the passage of time and Dorothy's age (97), or possibly because this stage of Dorothy's life was not particularly notable or memorable. After marrying and leaving the family home at age 20, Dorothy and her husband moved to St Kilda, a place she identified as the first she 'called home'. Dorothy described St Kilda as a positive place for raising her three children initially although, over time, she observed changes in the neighbourhood which she felt made it unsuitable for her family, and even 'embarrassing' for her:

> Well, the neighbourhood was quite nice…at that time, but they started ... The houses were on quite big blocks. They started to build flats, and things like that. It changed. The kids used to all know each other and go play with each other in the street sometimes, or in the houses, and you knew where they were. It changed…it became a bit embarrassing.

Dorothy and her family then moved to Aspendale, where they remained until their children left home 15 years later. It was Dorothy's decision to move to Aspendale, as she felt that St Kilda had become 'a bit much', and liked Aspendale because it was 'just all families'. Dorothy's sense of independence was clear in her description of this decision making, in contrast to many of the women interviewed, all of whom were younger than Dorothy, who spoke of marriage governed by more traditional gender roles in which the husband was the key decision maker.

Mark: Glasgow, school and finding 'something better over the hill'

Mark was born in Glasgow, Scotland, remaining there until his arrival in Australia in 1951 at age 21. Describing Glasgow as 'a tough place, a pretty tough place', Mark reported a positive home life with his parents and three siblings, but difficulties with school:

> I hated school…I'm not quite sure why, I couldn't analyse it then, I still can't analyse it but I think it was the regimentation of it that got to my free spirit.

Demonstrating a sense of independence and defiance evident throughout much of his life, Mark 'deliberately didn't do [his] best in some exams' because he 'just wanted to get out' of the constraints he felt at school. After beginning a motor body apprenticeship, Mark migrated to Australia in 1951, following his brother who had relocated a few years prior as a teacher.

Not unlike Dorothy's decision to move from Aspendale to St Kilda, this move demonstrated Mark's independence, describing how he 'always had a feeling' that he would live his life outside of Scotland:

> I always had a feeling as a younger fella that I wouldn't live my life in Scotland. I had no basis for thinking that apart from just a vague little feeling way down that there might be something better over the hill, and there was and is.

Contrasting with the feeling of being 'out of place' or disconnected from his birthplace, Mark had particularly vivid and detailed memories of his arrival in Melbourne and a sense that this is where he would stay:

> I had my 21st birthday crossing the equator… and arrived into Melbourne on a Tuesday. It was beautiful, beautiful. I walked down the middle of Elizabeth Street towards the station, my brother was with me. The sun was shining, it was a clear day, and it was warm but not sticky hot. It was so clean, it was just so clean. And I thought - this will do me. They won't get me out of this.

Marriage, family and home life

Dorothy: Motherhood, widowhood, and 'keeping busy'

Dorothy was a 'full time mother, with three at home' until her eldest daughter married and left home at the age of 22. Prompted by photographs of each of her children on the wall of her room, Dorothy described with pride how each child had grown and developed into adulthood, noting how 'they've all done very well'.

When Dorothy's husband was unexpectedly forced to retire from the police force in his early 50s due to a serious spinal condition, the couple entered early retirement and moved to country Victoria, supported by their saved income and what Dorothy described as a 'generous pension' from the police force. While her husband's injury was 'quite unexpected [and] a bit of a shock', the couple's relatively secure financial position enabled them to navigate this change without significant hardship, in contrast to other participants for whom such an event would have been difficult from which to recover. The move to Shoreham was a change in lifestyle for the couple, with Dorothy describing how it was 'country living', without many of the conveniences to which they had been accustomed. The couple integrated into the

community well, joining 'the bowling club, [meeting] lots of people there…we kept busy, best to keep busy'.

After the death of her husband at the age of 73, the bowling club became an important outlet for Dorothy, describing how she 'still belonged to the bowls club…it was a good out for me, yes, I still kept busy'. While perhaps not a deliberate plan, it is clear that Dorothy's insistence on 'keeping busy' insulated her against the loneliness and isolation which can result from the loss of a partner. Dorothy also recognised the importance of maintaining some sort of meaningful activity as she aged, describing how when she 'started breaking down [physically]' at 90 years old, she started bridge and painting as alternative activities to 'keep busy'.

Mark: Relocation, fatherhood and finding belonging in Geelong

Mark met his wife of 50 years, Lynn, after a work colleague introduced them, and he spoke proudly about their relationship:

> We went out that night, went to the drive-in in Burwood Road. We talked nonstop day after day, week after week after week and, all this time later, here we are.

After marrying Lynn, Mark moved to Hampton, a seaside suburb of Melbourne. He explained that they 'had to be near the water, had to be near the water'. Their time in Hampton was cut-short when Mark's employer, the Education Department, transferred him to Geelong, a move which despite their protests, '[they] had no say in at all'. Describing the move as a 'pity, because we had to leave our house', Mark's first impressions of Geelong were of a 'parochial, in-bred, backward kind of place'. Initially planning on staying for two years, Mark and Lynn remained in Geelong for over 20 years. Despite 'never feeling part of Geelong', Mark and his wife nevertheless identified sources of 'partial' connection with specific communities in the area:

> It was more a partial feeling. I felt part of the community when I was going to Rotary. I felt part of the community when I went to school, because you're tapping into a number of people with sort of similar interests, up here [points to head]. Only when I sat in the yacht club I felt part of it, because I knew most of the people there.

Feeling somewhat isolated and out-of-place in Geelong, Mark described his family as a constant source of belonging and support, noting with reference to Geelong that 'you can take just about anything' when surrounded by a supportive family where the 'support's build in'.

Transition

Despite very different experiences of transitioning into Corowa Court, Dorothy and Mark were similarly pragmatic about the reasons for their transition. Both recognised that while they would have preferred to be at home, aged care was a more practical option for them and their families at this stage. Both benefited from strong family support throughout the transition, and were either directly involved in the decision-making process (Dorothy), or confident and approving of the decision that had been made on their behalf (Mark).

Dorothy: 'It was time I left', a pragmatic decision to move into aged care

After several minor falls at home in Balnarring, where she had lived alone since her husband's death, Dorothy moved in with her daughter and son-in-law in Mornington. After a few months there, and several further falls, she made the decision to move into care. While not worried about her own safety, or in need of additional care or support, Dorothy was concerned that her family would worry about her falling at home and described knowing 'it was time I left'.

The process of selecting the aged care facility was of little interest to Dorothy, explaining below how she was not fussed and was happy to leave much of the decision making to her daughter. Interestingly, Dorothy's feeling about entering care seemed to be one of pragmatic resignation, realising the time was right, while also acknowledging that she really did not want to leave home:

> It was very pretty and that, nice and roomy at the front and everything, but it didn't really matter to me, one way or another…I didn't really want to leave home. But I thought it's not fair, you know, they were 70 [Dorothy's daughter and son-in-law]. As I said, it was time I left.

Aged care was 'exactly what [Dorothy] was expecting', describing how she accepted at the point of the decision to move that it would not be like home, while also recognising its benefits in terms of ensuring her safety and reducing her family's anxiety.

Mark: Health crises and 'a natural progression' to aged care

Mark experienced a series of health events and recurrent hospital admissions in the year prior to his arrival in care, describing a 'progression of hospital, home for a bit, ambulance, hospital…on and on'. Mark's family arranged his placement in aged care following a serious fall which had left him in an induced coma, a decision which Mark noted he 'wouldn't have been against…if I'd been party to the decision making'. While Mark clearly articulated that he would rather be at home than in care, he described needing to 'be realistic about it', and viewed aged care as a 'natural progression at this age':

> I would like to be at home, but I know that being at home full-time is not an option because I'm too heavy. If I fell out of bed again, Lynn would have difficulty trying to lift me up. There's a fairness factor enters into it too.

Life now

Dorothy and Mark shared a pragmatic perspective towards aged care, recognising its practical purpose as a space of care and support, without any expectation or desire for it to be similar to their homes in the community. Dorothy and Mark were unique among participants in that while not actively engaged in the life of the facility, they expressed no desire to do so, and were comfortable spending time in their rooms and enjoying visits from family members. Both articulated aspects of their environment which allowed them to remain engaged with their memories and identities outside of the facility – Mark's ocean view and Dorothy's family photographs and knitting – and benefited from their family's ongoing support and presence.

'It's not home and never could be'

Despite recognising the practical reasons for their arrival in aged care, both Mark and Dorothy were clear that they would prefer to be living at home, noting several differences between the two environments and rejecting the notion that aged care could be like home. Dorothy was clear in her belief that aged care is 'not, and never would be home…no matter what you did', identifying how home is a place to 'see the kids grow up' whereas in aged care 'they visit now and again'. Mark shared this view, noting how he 'doesn't like being here…but of the places on offer, this is one of the finest according to my family':

I don't like being here…for what it stands for [I don't like], but of the places that are on offer, this is one of the finest according to my family.

For Mark, the feeling or atmosphere of home was more powerful than the space of home, describing home in terms of familiarity and normality:

It [home] is hard to describe, it's familiar and it's well laid out. It's bright and there's no one coughing in the background, shuffling along aimlessly. It's a normal sort of place that you'd expect in the suburbs.

Mark also reflected on the 'ambience' of aged care, noting how his thinking and attitude was 'adversely affected' when surrounded by people who are in 'wheelchairs, bed bound almost, being moved around'.

Room and facility layout

While the facility markets itself as a 'luxury' aged care provider and has invested significantly into new rooms with high specification furniture and amenities, Dorothy and Mark were sceptical as to whether this was worthwhile, or even desirable, from a resident's perspective. Dorothy commented that comfort outweighed anything more 'flashy', while Mark suggested that practical considerations, rather than luxuries, were more important once you arrive in care:

It [the room] does what I want it to do, I don't need anything more luxurious. Having another room wouldn't make any difference whatsoever. I've got a chair I can sit here and read in for a couple of hours. I've got a bed...I think once you're unwell, the size of the room doesn't matter a great deal.

Both Dorothy and Mark identified simple features of their individual rooms that contributed to their sense of place within the facility. For Dorothy, it was the north-facing balcony, where she would 'sit, with a hat and sunglasses on', each morning before breakfast while, for Mark, it was the ocean and pine trees he could see from his room:

I have always wanted to look out, always wanted to look out. If I can't look out or look down, I feel constrained. So that would be pretty important to me. There's something about looking out at a pine tree that's been here for longer than I've been around.

The influence of the outside view from his room was powerful to the extent that Mark felt it determined his experience inside the facility, noting how not having an outlook of the ocean or being located near the entrance, would make his experience feel more institutional:

[Without a view] I think it would become more institutional. I'd feel as if I'm 'in a place'. I don't feel 'in a place here', although I am. I sailed quite a bit. Being able to look out over the water, is good for the soul. I'd rather be on it than look at it but you can't have everything, can you?

Engagement inside and outside the facility

Neither Mark nor Dorothy were engaged in any regular activities within the facility and both indicated that they did not have, or wish for, close relationships with staff or other residents. However, both maintained strong connections to their families and lives outside of the facility and relied on this, more so than on staff and residents, for regular engagement and social connection.

Dorothy: 'I don't mix much, but still 'keeping busy'

Dorothy described how she does not 'mix much' with other residents, and only really 'checked-in' with staff, suggesting brief and incidental contact. She noted that this was in keeping with her introverted personality, rather than being a new development since living in care. Dorothy's preference for spending time alone was also a reflection of her desire to remain independent within an environment she described as far more regimented than home:

…you are so much more regimented. Whereas at home you just do what you feel like doing…[here] your meals and medication are at a certain time. It's just that whole sort of thing, you know.

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Dorothy kept herself occupied with painting and knitting, hobbies which had replaced bridge and bowling, as a means of 'keeping busy' inside the facility. Significant within the context of identifying 'seeing the kids grow up' as the difference between home and aged care, Dorothy knitted clothing and toys for her grandchildren and would gift her paintings to her children and friends.

Mark: 'You've got to have some feeling of cooperation for the place to function'

Despite not highlighting relationships or interactions with staff and residents as being important to him, Mark did view aged care in more communal terms than Dorothy, noting that:

> You've got to have some feeling of cooperation between the residents for the place to function; you need it between the staff and the residents, and residents and residents.

Mark's discussion here of the need for cooperation between residents and staff members highlights the delicate balance of relationships within the aged care facility. The notion of needing to work together in order for the 'place to function' highlights the aged care environment as a type of artificial "community". Mark appeared to perceive himself as having a protective role in maintaining this community and promoting 'cooperation', giving several examples of how he had intervened when he perceived residents to be mistreating staff or other residents. Despite suggesting that he 'didn't come in here [care] to do that, I came in here to get myself fit and well', Mark did speak with a sense of pride about these incidents. This seemed to reflect his endeavour to maintain his sense of identity and personality within the aged care environment, noting that he 'can't shut [his] mouth with an injustice going on'.

6.2.4   Kaye and Mick

Life before

Growing up in the inner-suburbs of Melbourne, both Kaye and Mick had positive recollections of childhood and the family home, in Balwyn and Aspendale respectively. With stable and supportive family homes, and a close social network during their early school years, both Kaye and Mick reflected positively on their experience of higher education, and

its importance in shaping their professional careers. Home and family life were a strong source of identity for Kaye and Mick throughout their lives and shaped, in very different ways, their transitions to care and their everyday experiences within this environment.

'First home' and early life

Kaye: 'A new area in a new era', belonging at school and university

Growing up in the suburb of Balwyn as the only child of Chinese immigrants, who were 'focused on education but always supportive and loving', Kaye shared fond memories of her time in primary and secondary school. Reflecting a strong sense of belonging, Kaye noted the diversity of Balwyn and the absence, through her school years, of any racism directed towards her as a Chinese Australian:

> Balwyn was really lovely and I think, at the time, in the 50's, there was quite a few Chinese children that were in the school at the time…like I was. I don't think I ever suffered any racist comments …I think it must have been because it was a new era.

Kaye had particularly fond memories of her time at university, noting how 'it was quite a lot for a girl to actually go to uni. and finish a degree'. The social aspects of university, having a close group of friends, seemed as significant for Kaye as the academic experience; perhaps more significant:

> Oh, I loved it. I loved it. I loved every moment of my Melbourne Uni. days. I had a great time...we had our own little group of friends.

Perhaps owing to the importance of visual memories for Kaye, as a blind person, her recollections of these years at university were particularly vivid, describing the tram route she would take to and from university and the 'lovely incidents that happened along that route' with her group of friends.

Mick: Home as 'a place of nurture' and belonging in the neighbourhood

Mick was born in Alphington in Melbourne's North-East and lived there with his parents until the age of 21, when he had graduated from Teacher's College. Mick had strong

memories of home and the local neighbourhood as places of refuge, familiarity and friendship:

> I suppose my home was my home. We were born and bred and that sort of thing. We grew up in the same area. I went to school in the city for a while in my secondary years. Then I went away to boarding school. Home was always there, sort of thing. That was the place. It was where my friends were. It was a place of nurture … You just felt at home there.

Mick attended Teacher's College in Melbourne for three years and was frequently moved around to country Victoria and outer-Melbourne during his training. While he 'missed home a bit' during this period, time spent at his family home on weekends and holidays appeared to provide a sense of stability during this period, with 'home always there' to return to.

Family, work and home life

Kaye: The 'atmosphere' of the family home, and a strong 'community life'

Kaye married at the age of 23 and had positive memories of her early married years in Hawthorn and South Yarra, describing an active social life and a strong sense of connection to the broader neighbourhood:

> There was a lot of things happening when we were in South Yarra, we could walk…we went to all the things that went on, Christmas in the Botanic Gardens…we did a lot of things and I loved that part of it.

Similar to her reflections on experiencing a sense of inclusion and connectedness at a neighbourhood level, Kaye had positive memories of her experience of 'home' during her early to mid-adulthood. Several aspects of the 'home-space' and its function as a site of inclusion, belonging, and familiarity were evident in Kaye's recollections:

> I think a house and a home is two different things…I think a house is where you live, a home is, I would say, atmosphere…I would say it would be where you create, all that.

> Aaron: What kind of atmosphere?

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> Kaye: I think laughter, I think conversation, I think, easy. All those things and being outside together…I think doing things as togetherness…that is what I would call a home…

Work was an important source of identity for Kaye throughout her life and remained a source of pride since moving into aged care. Kaye spent her entire career at the TAB (a large sports bookmaking company), working across multiple roles beginning with a part-time role while at university. Kaye described this job as her 'baby at the time', giving her a sense of contribution and describing several times how managers and the organisation had recognised her hard work and contribution. The description of a community race day she organised and led as 'one of the most successful things [she] ever did' juxtaposed starkly with her description of being at the 'bottom of the barrel' in aged care, subjected to 'orders from head office'.

Mick: 'Starting this life together', marriage, family and relocation

Mick's narration of his life was frequently anchored by memories or key events with his wife of 52 years, Helen, and his three adopted sons. Mick described meeting Helen, also a teacher, as an intervening event in his young life:

> While I was in South Gippsland I happened to finish up at the Leongatha Primary School Christmas concert…then I met Miss Brown, the grade six teacher, and Miss Brown became Mrs. Brown… We were married for 52 years and she died in February of this year.

Asked to describe what home was like with Helen and his sons, Mick reflected on the process of making home alongside making a life together, describing a familiar routine of family life in the home:

> I used to wave them all [wife and children] off each morning, and then I'd be pleased to welcome her home every night. That was sort of the adventure of it all. We were young and we were starting this together.

Mick and Helen discovered they were unable to have children and subsequently decided to adopt three children, the first in 1966 and two others before 1975. Mick described his sons as

'one of the joys of our life' who have remained a key source of support and social connection since transitioning to aged care.

Mick had vivid memories of his different teaching roles over his career. His success during his working years, as a leader and administrator, remained an important source of identity and pride as his physical mobility and independence had declined. Despite a relatively transient career, relocating following promotions and changing roles, Mick did not feel disconnected. He frequently described how he was able to take home with him, in the sense of having Helen and the children by his side for the 'adventure'.

Transition

Despite transitioning to care under very different circumstances, Kaye and Mick both arrived in care unexpectedly, and shared the view of a mismatch between their expectations of care and the reality of their daily lives. While Mick had been disappointed in some aspects of the transition process and felt somewhat disconnected from the decision-making process, he generally accepted aged care as an appropriate living environment given his circumstances. In contrast, Kaye's early age of admission and extended length of residence in aged care was highly unusual and appeared to represent, literally and symbolically, a closure of the active, engaged and meaningful life she described prior to the series of events leading to her transition.

Kaye: 'You're not meant to stay in aged care for 18 years'

Kaye was the longest-term resident interviewed at Corowa Court, moving in at the age of 55 and remaining there for the following 18 years. Kaye clearly recognised this unusually long length of residence[3], noting that 'you're not meant to stay in aged care for 18 years'. The breadth and buoyancy with which Kaye described her childhood, university years, and working life, characterised by a sense of connection and pride, gave way to a sense of despondency and frustration when speaking of the series of events which led to her relocating to Acorns:

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[3] The average length of stay in aged care, as of 2015, was 3.2 years, a figure which is expected to continue reducing as aged care transitions to a more acute/palliative care option (AIHW 2018).

What happened, unfortunately, I had a bit of a mishap that was a family thing that I loaned some money to my first cousin and he never paid it back. I had to sell the big house and I went into a unit and then my son was sick. He went over to America for some treatment and I sold my unit. I went home and lived with my mother…My son died unfortunately, and then I had the stroke, which is what took my sight.

Mick: Downsizing, widowhood and 'the accident'

After a few years of enjoying retirement, Mick's wife Helen developed issues with movement and coordination and was diagnosed with a form of Parkinson's disease. Owing to Helen's deteriorating mobility, the couple moved out of their home of 37 years into a retirement unit, which was 'a big move, but the right one for Helen'. Mick cared for Helen for four years until her needs exceeded his capacity and the decision was made for Helen to transfer to an aged care facility, which had a significant impact on Mick's life in the retirement unit:

> We went from being a couple, to me as a single bloke, perhaps lived your life as you may have lived it 50 years ago.

Mick's own transition to aged care resulted from a fall ('the accident') in April 2016 while at his son's home, just a few months after his wife's death, which resulted in quadriplegia. Transitioning into aged care from a rehabilitation centre, Mick described having 'no choice in the matter…they [doctors] told me they wouldn't let me go until I had a place in a nursing home'. Drawing on the support of his three sons, who 'helped in finding suitable places nearby', Mick toured the facility before moving, but described a sense of being misled and somewhat forgotten since this time:

> They had the sales lady…I thought she was the CEO, but she wasn't. She was just the chief sales lady. She disappeared from in here a few weeks ago…you could see them all saying, 'Whew, that's another one sold'.

Life now

Kaye and Mick had strong attachments to home and neighbourhood throughout their lives. Both noted significant differences in their experiences of the aged care environment, which

they felt had not met their expectations. While both identified changes which they felt could improve their experience of the environment, Mick's access to a social network outside of the facility seemed to insulate him against the intensity of Kaye's negative experiences in care. Whereas Kaye was heavily reliant on the people and activities within the facility for her social and emotional needs, Mick was able to draw on the support of a 'very loyal…circle of friends' and his sons who lived near the facility, which appeared to insulate him against the intensity of loneliness and isolation.

Differences between aged care and home

Kaye, who had previously described the 'atmosphere' of her home life in Hawthorn and South Yarra as one of 'laughter, conversation and togetherness', identified several factors which contributed to a more 'controlled' atmosphere in aged care:

> The atmosphere comes from within [the facility] and I don't think very many people laugh here. I don't think we have the atmosphere that people really can be outspoken. I think they're very much controlled. I think the residents feel a bit controlled because the staff members are controlled.

Kaye and Mick were both critical of the way the facilitated promoted itself as 'homely' and 'home-like', with Kaye stating that 'you can't just put out these ideas…that are not going to happen', and Mick highlighting how 'home' would mean a level of individual attention not achievable in care. Describing the shift towards this language as 'just a marketing tool…not for the residents', Kaye believed it to be a 'deception' which appealed to families rather than potential residents, while Mick felt that 'once they get you in here, they sort of forget about you'.

Kaye had clear ideas of what aged care could or should be, but felt that the activities offered in the facility, intended to engage residents and promote social interaction, were 'boring' and did not 'go far enough into utilising people's talents and coming together'. Using an example of her being without sight, but having good hands, and other residents who might have sight but unable to use their hands, Kaye described how activities could be created which 'bring us together to create a whole'.

Kaye's vision of aged care was an inclusive community in which residents are encouraged to make meaningful contributions to activities and create a sense of community within the facility:

> We're part of the community; we're part of being…belonging to society...so why shouldn't that happen in here?

While Mick viewed the medical care provided as 'the only benefit…in living in these places [aged care]', he identified several areas where the facility had not fully met his expectations of this care. One example, linked with a sense of being 'sold' his place in aged care, was Mick anticipating physiotherapy 'to be part of the service…because that's what they said…they could provide it'.

Engagement inside facility

While Kaye and Mick did not report strong engagement with staff or other residents inside the facility, both expressed a desire for more meaningful interactions. Unlike other residents, such as Dorothy and Mark, who were content with only incidental relationships, Kaye and Mick both wished for greater interaction but felt that the staff did not adequately respond to their needs in order to facilitate these opportunities.

Kaye: 'Feeling inferior' and wanting staff to hear and understand

While Kaye had few relationships with other residents, she had intense and variable relationships with staff. A frequent issue that Kaye raised was the staff training and skills, which she felt had contributed negatively to her experience, and prevented her from feeling comfortable and becoming more engaged in the life of the facility. Kaye had positive relationships with staff who she perceived as 'really trying to understand, the people who listen to her [needs and experiences] as a blind person'. In contrast, she described acrimonious relationships with staff who 'think they know, but they don't know', giving several examples of staff behaviour that she found 'offensive and humiliating' and left her 'feel[ing] very inferior'.

Mick: 'You should be off helping someone else', aged care as a healthcare environment

Mick framed his relationships with staff inside the facility only in terms of the care they provided, clearly viewing aged care as a healthcare environment in which staff should be

focused solely on the provision of medical care. Mick was unique among participants in his view that staff should not engage socially with residents:

> Some of them [staff] are fantastic. Some of them can just talk a lot. They're just trying to be friends with you, that sort of thing. I try not to be judgemental, but…I do think sometimes 'You should be off helping someone else'.

While Mick was open to relationships with other residents, and had been expecting this to be possible, he has struggled to find people with whom to talk within the facility, noting how due to cognitive issues 'a lot of them can't chat', while 'the ones that can [talk] are as deaf as a doorpost'. As a male resident, Mick also spoke of being 'isolated' given the mainly female staff and resident population and noting that 'If you can talk, who have I got to talk to?'.

The private room and engagement with the world outside

While Kaye did not speak directly of an emotional connection to her room within the facility, several times she described how the sense of familiarity in her room, including the location of areas within the room, and her private possessions, was particularly important for her as a blind person. This was a 'felt' sense of place which, while expressed by other participants, obviously had added importance and value for Kaye's everyday life in the facility. Kaye's room also had a large north-facing balcony which was a particularly important element, providing her with the sounds and embodied feeling of being somewhere else:

> I love a balcony for my pots and everything. It's getting out in the fresh air and even though I haven't been out Aaron, it's like I've been out. Because I feel the fresh air. I can feel the sun. If it's cool... I can hear the birds and sometimes hear the bay and what is around. Then I like my pots. I've a little dig, and Mark [staff member] helps me water them.

Perhaps reflecting his view of aged care as a healthcare environment, Mick offered very little description of his room, and was the only participant at this facility who elected to have his interview in a common area. While Mick valued the privacy of his room, describing the need to close his door due to there being 'a couple of wanderers around', he had not brought personal possessions into his room and did not describe any emotional connection to the space. In contrast to Kaye, Mick frequently left the facility for family events and church services, and was visited multiple times a week by friends, family and his local priest.

6.3 Tanoak aged care case studies

6.3.1 Nathan and Reece

Life before

Both Nathan and Reece reported disruptive and insecure childhoods characterised by frequent moves, dislocation from familiar environments, and alienation from mainstream institutions. Entering adulthood with questions related to their identity, both men struggled to find their place in the world, each seeking a sense of belonging and security in ways that they would later identify as irrational and destructive.

'First home' and early life

Nathan: 'Never found our roots' and 'always fighting' at school

Nathan's childhood was characterised by disruption and instability which continued throughout much of his adulthood. Born in 1945, in a 'French refugee camp, just after the war', Nathan's earliest memories depict a chaotic start to life:

> Aaron: What are your memories of the refugee centre?

> Nathan: One of my earliest memories …just a lot of people there...and difficulties with the mental stability of some of them.

Nathan and his family arrived in Melbourne as refugees in 1950 and spent much of the next decade in 'migrant hostels…with other refugee families'. Nathan described his family as 'never finding [their] roots' in Melbourne and 'moving around quite a lot', suggesting difficulties in building and maintaining secure attachments to place. On account of these frequent moves, Nathan attended several schools and described 'struggling with school',

'always fighting' and 'never really fit[ing] in', pointing to a sense of alienation which would continue into adulthood.

Reece: 'I'm still coming to terms with growing up without visible parents' and 'wagging'

Reece had a difficult childhood, growing up 'without visible parents' and frequently cared for by other family members or sent to local churches for 'babysitting':

> Reece: I'm still trying to come to terms with being brought up without visible parents…they were in the home, but they weren't there. Each church around the area was used as babysittin' … All those years we [children] didn't know what was going on.

Reece attended school close to his home in Essendon, but struggled and 'wagged a lot', before leaving at age 15 to begin an apprenticeship. Reece described how his absenteeism resulted from 'anxiety coming into [his] life' and a feeling of not 'wanting to be near or around people', two issues with which Reece would continue to struggle throughout his life. Similar to Nathan, Reece's early years suggest an atmosphere of instability in the family home, coupled with a sense of isolation and abandonment with which he is 'still trying to come to terms'.

Family, work and home life

Nathan: 'Roaming', 'chasing rainbows' and New York

Despite difficulties in school, Nathan completed a law degree and founded his own firm in Melbourne. A pivotal shift came when 'financial problems forced the closure' of Reece's practice, prompting him to 're-examine [his] lifestyle'. Around this time, Nathan also discovered that he was adopted, signalling the start of an 'urge to roam' which would characterise much of his adult life. Nathan spent the next two decades as a 'travelling cook…opal prospector…and stock hand' in rural and remote Australia, before travelling to New York:

> I went looking for traces of my relatives. And it led me to New York. And here I came to a dead end. There were no traces at all so I was left stranded.

Having exhausted the limited funds with which he arrived in New York, Nathan 'slipped into' homelessness and spent the next two years with 'a single chair [his] only possession', and reliant on the 'good graces of strangers' for his material needs. Describing this period of his life as 'total lunacy', Nathan's unstable living situation in New York reflected his uncertain and restless state of mind during this period, compounded by a palpable sense of isolation:

> My life was chaotic. I wasn't sure of anything at all. I just lived from day to day. There were no plans, just drifting from day to day; hour to hour...there was no connection at all with anything.

Reece: Alcoholism, unemployment and family breakdown

After leaving school, Reece began an apprenticeship as a hand setting technician for newspapers, a trade that 'computers took out soon enough', but which he initially enjoyed. Feeling threatened by the advance of technology, Reece began drinking to cope with his anxiety, and 'quickly ended up being an alcoholic':

> …because the computers were coming in…it was all right at the start but then me hand would get shaky, and then people lookin' over your shoulder and checkin' up.

Reece's drinking escalated from 'one can [to] six cans before work', initially providing the relief he had sought, but ultimately proving an illusory comfort:

> It [drinking] appeared to help. It was tremendous relief from just the one can, but that only lasts for so long…

Despite several attempts to control his drinking, Reece's 'total dependence on grog' eventually resulted in the loss of his job, followed soon after by divorce and the departure of his family from the family home. In turn, Reece abandoned his attempts at sobriety, describing how 'it [divorce] just meant I was home drinkin' more', reflecting a sense of despondency and isolation that permeated his recollections of this period.

Transition

Reece and Nathan reached points of crisis in their early 60s. Through a combination of both personal and situational circumstances, both found themselves 'not only stuck, but desperately so' (Nathan). While prompted by a very practical crisis of accommodation, both men recalled the transition process primarily in terms of their emotional needs and experiences.

Nathan: 'I was rescued…they saved my life'

After two years in New York, and without any travel documents or money, the hostel where he had been living was slated for closure due to funding cuts, leaving Nathan in 'dire straits':

> I was fed up with the whole thing by then. I was in dire straits. I was stuck. I was not only stuck, but desperately so.

With hostel staff support, Nathan contacted the Australian consulate, who arranged an emergency passport and facilitated his return to Melbourne. Nathan described this intervention as a 'rescue' which allowed him to return home in both a literal and felt sense:

> Aaron: And how did it feel coming back to Melbourne?
>
> Nathan: It felt like coming home when I came back …that's for sure…I was very happy to be back.

Briefly, Nathan lived in emergency accommodation while an aged care place was arranged. Compared with his time in New York, Nathan described emergency accommodation as less crowded, and he relished the simple comfort of having a bed on which to sleep. From here, in what Nathan described as a 'stroke of luck', 'everything just fell into place' and he was offered a room at Tanoak, moving in on his 60th birthday.

Reece: 'I was running out of oxygen', COPD and housing insecurity

Reece continued to struggle with alcoholism and mental ill-health following his divorce, eventually prompting his cousin Greg's intervention. Greg, offered him accommodation and encouraged him to seek support. Reece ceased drinking during this period, appreciating the 'solitude' of his environment, and his cousin's 'company [and] friendship'. A diagnosis of emphysema ended this period, prompting Reece's return to Melbourne to be close to medical

services. After a brief period living in a 'granny flat out of the back of mum's place', Reece's mother sold her property to fund her own move to aged care, leaving him without suitable care or accommodation:

> The settlement on mum's house was coming up. I think I had about a week to go and I was running out of oxygen…not knowing where I was going to go next.

Reece's sense of desperation during this period was clear in his recollection, with 'running out of oxygen' being both a literal description of his advancing chronic pulmonary obstructive disease, and symbolic of the pressure he experienced trying to secure accommodation. With a Tanoak case worker's support, Reece secured a room 'just in time', reporting his first thoughts on arrival as 'this is where I wanted to be'.

Life now

While aged care met Reece and Nathan's material needs for accommodation, food and medical care, these did not feature prominently in their narratives of life since arrival. Instead, both men reported finding a sense of comfort and belonging in place which they had rarely, if ever, experienced previously.

Built environment

Reece and Nathan both spoke positively of the facility's design and layout, and its impact on their experiences in care. The facility's vegetation and landscaping gave Reece a feeling that he 'could be anywhere in the world', providing him with a sense of 'calmness' and a relief from anxiety that he 'hadn't had in a long while'. Similarly, Nathan found the facility's small size and single-level design 'relaxing' and expressed his appreciation of 'simple things' like having his own room and bed which provided the privacy and security he had lacked when living in New York. For both men, it was the environment's simplicity and quietness that they most appreciated as it instilled a sense of 'serenity' (Reece) and 'solitude' (Nathan) which juxtaposed sharply with the instability and 'chaos' (Nathan) which had characterised much of their adult lives:

> Reece: Some of the one's [facilities] I'd seen, they were like a dirty big old house with corridors and rooms going off it. I couldn't live like that. I just fell in love with the openness and the layout... it's just ordinary…but it's tremendous, the serenity.

Relationships with staff and residents

Having both experienced long periods of significant isolation and loneliness throughout their lives, Reece and Nathan cherished new relationships that they had developed with staff at Gilgunya, and found comfort living among others with whom they had 'shared life experiences' (Nathan). Reece said that staff 'give 101% effort to the care' they provide, and he had developed personal relationships with many staff members, appreciating being able to share a joke with them, and highlighting the importance of reciprocity:

> The staff all have their own little idiosyncrasies and of course you've got to feel them out first before you can start poking fun. But, most of them, it started with them and then you reciprocated. It's a great thing.

Reece had also developed more personal relationships, describing how he could 'spend hours talking' with one staff member whose family had been affected by mental health because 'we share that history between us'. While Nathan did not describe such relationships with specific staff, he spoke in general terms about an atmosphere of genuine care which made him feel comfortable, and contrasted with his previous experiences:

> They're [staff] looking after you. I could see that they cared for you when I arrived [and] felt comfortable right away. I'm thankful…because I've gone through no care.

While Nathan and Reece did not have close relationships with other residents, both appreciated the presence of others and took an interest in the life of the facility, with Reece describing 'an interest in the people around [him], but not involvement'.

Nathan: 'This is more home than anything I've had in a long time'

Nathan had spent much of his life 'searching for something'. From his birth in a French refugee camp, Nathan had been constantly on the move, attending multiple schools, living itinerantly around Australia, and ultimately finding himself in New York, 'stranded', 'totally alone' and 'not connected to anything'. The feeling of 'not fitting in', at school, within his family, and in society more broadly, had driven what Nathan would later recognise as an 'insane quest' for identity, belonging; in effect, a home, both practically and emotionally. At

Tanoak, Nathan had found a place that was 'more home than anything [he'd] had in a long time', and perhaps most tellingly, a place which had relieved his 'urge to roam':

> I feel quite comfortable. I don't feel like moving out at all. I don't have any urges to travel any more…I'm just relaxed.

Reece: 'My only worry now is how long can I enjoy it for'

Like Nathan, Reece had spent much of his life searching for answers to long held questions of belonging and identity which had their genesis in childhood, experiencing many of the same feelings of alienation and disruption in his family, school and the workplace. While Nathan's search had manifested in an 'urge to roam', Reece had endured a lifelong battle with anxiety and alcoholism which had left him isolated from family, friends and society. Finding Tanoak 'just in time', at a point of physical and psychological crisis, Reece had found a sense of 'peace, serenity' and 'contentment' which had given him some relief from this anxiety. With his emphysema rapidly advancing, at the time of our interview Reece had been given 'somewhere between six weeks and six months' to live. Committed to spending his remaining time 'listening to the ducks chatting amongst themselves' and 'soaking in the serenity of the place', Reece seemed to have finally found some sense of peace, 'just in time':

> Since I've got here, I've enjoyed being alive, just enjoyed being alive. So now I am gonna lose that, but it happens to everyone. My only worry now is how long I can enjoy it for.

6.3.2 Ruth and Luke

Ruth and Luke were long term Tanoak residents who developed a relationship and became engaged while living in the facility. They had moved from two individual rooms into a couple's apartment, where the interviews took place. This was the only joint interview, and presented both challenges and opportunities. The presence of a second interviewee meant that possibly some details about the individual lives of each were less in-depth than they might have been in a one-to-one interaction.

Life before

Both Ruth and Luke experienced difficult childhoods characterised by a sense of disconnection from their families and isolation in the family home, which extended into adulthood. While Luke's early experiences of violence and trauma resulted in lifelong psychological issues which he self-medicated with alcohol, Ruth was institutionalised and lost contact with her children after her husband's mistreatment of her. These experiences significantly shaped the direction of their lives, each finding it difficult to maintain employment and to build functional relationships.

'First home' and early life

Luke: They call it war shock. I lived right amongst it. It was terrible.

Born in London in 1935, Luke's earliest memories are of 'the Blitz', a series of air raid bombings of London between 1940 and 1941. Luke vividly recalls his escapes to air raid shelters and the 'devastation' the war had on his neighbourhood. The trauma of the war left Luke with 'war shock', manifested in lifelong 'problems with [his] nerves', anxiety, and a stutter. As a result of these challenges, Luke 'couldn't learn' and was bullied at school. Life in the home also changed following the war, with Luke's father beginning to drink heavily and 'take his temper out' by 'roughing [him] up' and telling him that that he was 'useless…stupid, because of the stutter'. Highlighting the impact of this physical and emotional abuse on his self-esteem, Luke suggested that his siblings' intelligence might have protected them from what he had experienced:

> War shock affected my nerves and I couldn't learn at school. It was only me that got it...my siblings weren't touched, they were fairly intelligent I suppose

Moving to Adelaide with his family in the aftermath of the war, Luke could recall little of his teenage years beyond continued difficulties with school, violence in the home, and difficulties making friends.

Ruth: I'm adopted, but I didn't live with mum and dad, I didn't like them

Ruth was uncertain about many aspects of her childhood, and some childhood experiences she was uncomfortable discussing, leaving gaps representative of a disrupted childhood. Born in Melbourne in 1947, Ruth understood she was adopted from a young age, but she has never known the identity of her birth parents or the reasons for her adoption. Sharing few memories of these early years, Ruth described how she 'didn't like' her adoptive parents and she rarely

attended school. The difficult relationship Ruth had with her adoptive parents culminated in her being 'put in a home' in 1963, at the age of 16, where she lived with 'about fifteen other girls'. This appears to be the first place which Ruth felt a sense of stability and some connection with others:

> Ruth: [My parents] put me in a home when I was 16. I was supposed to stay a year but I liked it so much I ended up staying there three years…I liked the girls company…I didn't have that before.

Family, work and home life

Luke: I wanted to put him into nursing home…I couldn't handle it. I never had an hour's peace

After leaving school at 15, Luke worked as a semi-trailer truck driver for 17 years, appreciating that it allowed him to leave home, but describing it as 'another disappointment to [his] father', who had wanted him to work in 'something corporate'. Luke was married briefly, but 'had big trouble with that'; a result of heavy drinking to cope with ongoing issues 'from the war shock'. Providing little detail about these early adult years, it was his parents' illnesses, beginning when Luke was in his early thirties, which would dominate this period of his life. Feeling pressure from his father and sister, Luke quit his job and became a full-time carer for his mother, who 'slowly, slowly passed away' over a period of nearly a decade. Moving next door to his parents, Luke found himself in a situation similar to his early childhood experiences, seemingly lacking independence and returning to the control of his father who would 'play with [his] emotions'. When his father became ill, Luke found it increasingly difficult to manage, describing how he 'never had an hour's peace to [him]self'. Unable to claim a carer's allowance because he 'lived next door, not with them', Luke was also financially dependent on his father during this period, compounding his stress and lack of independence, and 'trapping [him]' in a seemingly abusive cycle.

Ruth: I got sick…and then I went to the asylum

After leaving the group home when aged 19, Ruth worked briefly in customer service, before marrying at '20, just before [her] 21st birthday'. As with her early childhood, Ruth's married life held memories that she found difficult to recall in any depth, pointing to trauma which she was unable or unwilling to revisit. Living in Newport, an area which she 'didn't like very much' and 'hasn't been back to since', Ruth and her husband had two daughters and a son.

The couple separated when Ruth was 29, and soon after, Ruth was 'sent to Larundel, the mental asylum'. The events surrounding Ruth's marriage, divorce and subsequent institutionalisation were largely unspoken, with a single sentence – 'I got sick, mentally, from the way I was treated by him' – the only link between her marriage and her arrival at 'the asylum'. While Ruth did not provide describe her experiences in 'the asylum', she noted the lasting impact of losing custody of her children while there, something which she 'try[s] not to think about'.

Transition

Luke and Ruth transitioned to care under very different circumstances, but both made the decision after visits to the facility convinced them it offered a better alternative to their existing environments. For Luke, the facility offered more freedom and size than his existing aged care facility, while Ruth had known she would be 'better off' in care for some time, but only made the decision when she discovered she could keep her beloved pets.

Luke: I was on a lam. I didn't know what to do. On the booze, taking pills and smoking my head off.

The demands of caring for his father full-time began taking a significant toll on Luke's mental and physical health, prompting his sister's intervention. She arranged for both of them to relocate with her in Castlemaine. Luke's health, however, continued to decline as he resumed drinking heavily to cope with stress. After a few months living in Castlemaine with his sister and father, he was looking forward to making a 'fresh go of it', but soon found himself living almost 100 kilometres away in Buninyong:

> I knew nothing of it, but they'd been talking apparently. They said, "You need a rest", and sent me to a hostel up at Buninyong.

While Luke did not articulate this, his reaction to the move to Buninyong suggests that, despite the difficult relationship he had with his father and the toll that caring had taken on him, he experienced a loss of purpose and identity:

> I was just on a lam [slang for running away, having a desire to escape] I didn't know what to do. On the booze, taking pills and smoking my head off. He had just run me racked.

After a brief time at the hostel in Buninyong, Luke was "kicked out of the place 'cause of the booze' and 'sent to Maryborough' where he lived in an aged care home. While Luke could recall little from this time, his description of being 'sent to' both the hostel and the aged care facility reflects his sense of powerlessness and his lack of agency. Struggling to adapt to the aged care home in Maryborough and feeling 'very different' from the other residents who 'were in their 80's and 90's and wetting all over', a case manager 'introduced [him] to Tanoak'. After touring the facility, Luke 'took a liking to the place', impressed by the room size and private bathroom, and he moved in a few months later.

Ruth: I knew, but I didn't want to leave the animals

Ruth moved to Tanoak after a steady decline in her physical and mental health, beginning with a stroke in 2002 which limited her mobility and made 'everyday things a lot harder'. While living in a 'commo' flat in Williamstown", Ruth was receiving regular in-home care but was finding it difficult to manage and she felt increasingly isolated, 'never really leaving the flat'. When in-home carers suggested aged care, Ruth recognised that she would be 'better off there [in care]', but was 'terrified' of leaving her dog and many birds which had 'kept [her] company' at home for many years, and clearly provided a sense of comfort. After arranging for the temporary care of her animals, Ruth spent an initial two-weeks respite at Tanoak, which she 'liked straight away', and after learning that she would be able to move with her pet dog and two birds, initiated the transition process:

> I came here for two weeks respite and the moment I left I said, "I love it here. I could live here". And they said, "Rightio". And put my name down, and six months later I moved in.

Life now

Moving into aged care three weeks apart and beginning a relationship soon after, Luke and Ruth have experienced aged care in partnership. Their relationship has given each a sense of connection which was not evident throughout much of their life, a connection clearly represented within their shared room. Both felt as though the facility had changed since their arrival and wished to move out on their own. At the same time, both recognised changes in their own lives since arrival, including the support they have found in their relationship, and

health improvements. In some ways, it appeared as though they had outgrown the facility and moved beyond the needs which had led to their initial admission. The episodes below are presented together to reflect their joint narration of these experiences.

> Ruth: I was expecting to spend my life with the old ladies, little did I know I'd meet Luke.

> Luke: I got my bird; she had her bird…that was that

Meeting one another was a pleasant surprise for Ruth and Luke, with both describing how they 'definitely [weren't] on the lookout' (Luke) for a partner in aged care. Their relationship began after they were moved to the same dining table, and over several weeks of lunch and dinner together, learned of their shared interest in animals. The exchange below describes these initial stages and captures something of the dynamic of their relationship, with Ruth refuting Luke's self-deprecation and Luke confirming Ruth's account:

> Aaron: And how did your relationship start?

> Ruth: Well we were moved onto the same table, and it took him two weeks to learn my name [laughing].

> Luke: Yeah, I'm a bit slow at learning

> Ruth: Oh, you are not! Don't lie. And we got to talking and we both found we both loved animals and…

> Luke: I got my bird, she had her bird…that was that really wasn't it, love?

After 'some old fashion[ed] courting' (Ruth), the couple were engaged and moved from their individual rooms into a double room in March 2007, about a year after they had first met. While not asked, Ruth and Luke were both clear in stating that 'there's no sex involved' (Ruth), describing how they 'just get on together' (Luke) and 'enjoy each other's company' (Luke).

This companionship juxtaposes sharply with the experiences of loneliness and isolation which each had experienced throughout their lives, including immediately prior to their entry into care. While neither commented directly on how this relationship compared to those they had throughout their lives, it was clear that they drew support and encouragement from each other. For example, with Ruth's help and within a few months of their engagement, Luke stopped drinking. In clear contrast to the personal insults to which Luke's father subjected him throughout his life, Ruth praised and public acknowledged his sobriety, describing how 'everyone should be so proud of him'.

The private room

Luke and Ruth's private room provided a unique opportunity to explore how relationships with, and in, place, shape the experience of aged care. Having moved from individual rooms, Ruth and Luke had both contributed to furnishing and decorating their shared flat, resulting in a space which represented both of their lives before aged care, and their life together since arrival. As an example, Ruth's tour of their room featured photos of personal significance to each of them, such as 'Luke and his sister when they were young' and '[Ruth's] old dog', alongside memories of their life together, such as 'photos from the engagement' and a chest of drawers given to the couple by the family of a deceased resident. The couple took great pride in the maintenance and presentation of their room, preferring to 'do [their] own cleaning' and highlighting how this enabled them to maintain a degree of independence:

> You feel a little bit more independent doing it [the cleaning] yourself, otherwise you just sit there and have people do this for me and do that for me.

Identifying home as 'somewhere you do your own thing [and]make your own meals and do your own housework' (Ruth), the way in which the couple organised the housework, each taking responsibility for a different area, reflected a joint ownership of the space and an expression of making home together.

'Everything's changed' or I've changed'

Ruth and Luke both spoke of 'many changes' at the facility since their arrival 11 years prior. For example, both felt that the 'food is dreadful' and 'used to be better, much better' and thought that, on the whole, 'the hostel had gone to the worse' (Luke). Nonetheless, both

found it difficult to identify specific aspects of the environment or their daily lives, beyond the food, which had 'changed' or deteriorated. Rather than the facility changing and no longer meeting their needs, it seemed that changes had occurred in each of them, including improved mental and physical health, and the development of their relationship led to a reduced appreciation of the facility. Ruth described how she had 'grown tired of [the hostel]' and after struggling to identify how the environment has changed, noted that 'I've changed I suppose…probably this place was here when I needed it'. Notably, Luke and Ruth had reached a point where they envisaged a life together outside of the facility, highlighting how their lives had changed since arrival and reflecting the hope for the future which they had found in their relationship:

> Ruth: I'd like to move into a house. I'd like it if me and Luke moved into a house.

> Luke: Yeah.

> Ruth: I'm sure we could cope with it 'cause I do all the cleaning here, Luke keeps things ticking.

6.3.3   Henry and Caleb

Life before

Henry and Caleb had very different childhoods, and recollections of the family home. Henry 'couldn't fault' his upbringing, while Caleb 'couldn't wait' to leave the violence of the family home. Despite these different experiences, both men experienced difficulties in adulthood which can be partially understood within the context of their early experiences. Henry struggled to make sense of his battles with alcoholism, violence and mental illness within the context of his 'good Christian background', seeming to impart a sense of guilt and shame which compounded these difficulties, or at least complicated his capacity to understand and respond to them. The impact of early home experiences for Caleb was far more literal, accelerating his transition from childhood to adulthood without providing him with the experiences or skills necessary to build his adult identity or sense of self.

'First home' and early life

Henry: Couldn't fault my upbringing…then I started having issues with mental illness

Henry grew up as the oldest child in a large family of 10 children in Melbourne's western suburbs. Seeming to reflect a sense of guilt and shame, Henry repeatedly made it clear that his 'difficulties in life' were in 'no way' connected with his childhood, noting that 'unlike most of the blokes in here (Tanoak)', he 'couldn't fault [his] upbringing'. Henry's focus on his family's Christian values and his father's work ethic seemed to reflect this need to pre-emptively counter any connection between his childhood and adulthood:

> Ten of us and Mum and Dad, I'm the oldest. We had a very good Christian background, good education, looked after, good meals, just a very good family life. Dad worked hard to feed us and pay the bills.

Henry enjoyed his early secondary school years, describing how he 'wanted to learn' and 'had a lot of friends' through his involvement in the football club. It was during his later secondary school years that Henry first experienced 'issues with mental illness'. While his parents 'bent over backwards to get help', Henry's continued mental health issues led to his departure from school, and his first psychiatric admission, at age 17.

Caleb: Home was not too bad…mum was good to me, the old man would belt the shit out of me

Growing up in Melbourne's West as the youngest of five children, Caleb endured frequent violence from his father who 'liked a drink' and would return home from the pub and 'belt that shit out of [him]'. While Caleb described the home as 'not too bad', his descriptions of this time point to an anxious environment dominated by his father's violent and unpredictable 'outbursts'. Caleb had very limited engagement with formal education owing to pressure from his father to enter full-time work and to begin providing for the family. He left High School 'after 6 months'. Caleb's recollections of his few school years suggest academic difficulties and social isolation:

> I couldn't read or write properly. I was getting things from the other kids. Not bullied. I can handle myself, but you know, yeah. They'd laugh at you because you couldn't spell right. I couldn't read, you know, even 'til today, really.

Beyond relationships with his siblings, Caleb could not recall having any friends during childhood and reported 'no real connection' to the neighbourhood, reflecting his limited schooling and early entry into the workforce.

Family, work and home life

Henry: It was a violent home…I don't know what came over me. I can't explain it.

Continuing to struggle with his mental health after leaving school, Henry 'couldn't settle' and worked intermittently 'between stays at the hospital'. While working in the city, Henry 'found [his] drinking might [over-indulgence]', to be a strategy for coping with anxiety and depression, one which 'just kept on going over the years'.

Despite these challenges, Henry met his wife, June, at a dance on his 22nd birthday. Indicative of experiencing previous isolation, Henry described June's willingness to visit him in hospital, noting how 'no girlfriend had ever done that…stuck by me'. Henry 'kept a lid on' his mental health and drinking for the first few years of his marriage but experienced an escalation of drinking and mental health problems around the time of his daughter's birth in 1979:

> Some things came into my life that I'd never seen in my own home…a bit of physical violence. I didn't hurt her, but smashing crockery on the wall…

Highlighting the relationship between place and memory, Henry's recollections of this period were situated within the family home and the broader neighbourhood:

> It was a violent home … it was. I don't know what came over me, I can't explain it, why I did it… I wasn't painting a good picture in the neighbourhood. Yelling out, raving and ranting.

Caleb: 'Horses were my passion', drug dependence and dislocation from place

After leaving school at 13, Caleb worked 'odd jobs' before starting work in the horse racing industry where he we would remain for 'the best part of 20 years', first as jockey and later a

trainer. While Caleb described horses as his 'passion' and clearly enjoyed his work, he was 'given speed' from age 14, 'to keep [him] at jockey weight'. This prompted a dependency on amphetamines which would continue 'for 20 years'. Reflecting on being exploited and carelessly treated in these years, Caleb 'wishes [he] knew then what [he] does now' about amphetamines and the impact they would have on his life.

Transitioning into a training role after an injury at age 16, Caleb spent the next few decades 'travelling with the horses, interstate, from Sydney to Brisbane, Tasmania, all over', relying on amphetamines to get him through up to '90 hours a week' of work. To fund his own drug use, Caleb had also begun 'dealing [drugs] a little here and there', resulting in 'two prison stints' of approximately six months each. Asked about his sense of 'home' during this period, Caleb explained that 'life was all on the road', suggesting a lack of attachment to any one place or community. Caleb was married in his 'mid 20's' but the work travel required strained his relationship, and Caleb later discovered 'she'd been cheating'. This resulted in their divorce in 2007 after 17 years of marriage. The marriage breakdown was the beginning of a difficult period in Caleb's life which 'launched [him] off the rails', setting in motion a series of events which led to his entry into aged care in 2016.

Transition

Like many other Tanoak participants, the period of transition to aged care began for both Henry and Caleb some time prior to their physical relocation to a facility. After overcoming issues of dependence and finding a degree of relative stability, a series of unexpected life events led each to a point of crisis. While the circumstances leading to this point were different, they shared feelings of 'chaos' (Henry) and being 'sent off the rails' (Caleb), which were reflected in sporadic place relationships over this period, moving frequently, and struggling to 'feel comfortable anywhere' (Henry).

Henry: '97 was a very tough year

Like many Tanoak participants, the events leading to Henry's transition to care began well before his physical relocation. Henry joined Alcoholics Anonymous (AA) in 1983 and ceased drinking soon after. Believing the decision to join AA 'probably saved [his] life', Henry valued the 'disclosure' and opportunity to 'help others' that the group offered as this seems to have provided him with the social support and sense of belonging which he needed.

Henry gave few details about his life in the years following sobriety, instead focusing on events in 1997, which he viewed as the most significant precursor to his arrival in care:

> '97 was a very tough year. The father-in-law died in mid-February, then Dad a few weeks later in March ... and then in May the marriage went. She packed her bags and took off.

These events led to a 'chaotic' period of Henry's life where he began drinking again and 'couldn't settle'. Spending eight months in prison, living 'on all sorts of couches', and 'bumm[ing] around the city' (living rough), this 'chaos' was reflected in Henry's unstable connections to place throughout this period, describing how he 'didn't feel comfortable anywhere'. With the support of his brother-in-law, Henry entered aged care for the first time in 2007 but was moved between facilities several times in the first few years due to closures and ownership changes. Since Tanoak took over his current facility in 2013, Henry described how he had 'eventually found somewhere', suggesting he felt a sense of security and stability missing in the years prior to his transition.

Caleb: I had two options, either go back on the streets or come here

Like Henry, Caleb's transition to care began well before his actual relocation into a facility. Soon after the breakdown of his marriage in 2007, Caleb had an industrial accident, for which he was prescribed medication to 'deal with the pain'. Initially, Caleb was 'feeling great', but as his use escalated 'from four, six, to eight pills' he began 'doctor shopping for scripts', soon 'taking about 40 [pills] a day to get by'. After 'kicking speed' a few years prior, Caleb found himself 'with a new habit'.

Witnessing his mother 'drop dead in front of [him]' in 2009 from a brain aneurysm sent Caleb 'right off the rails'. A period of deteriorating mental health and escalating drug use followed, culminating in Caleb 'trying to kill [himself] four times' and a decision to 'pull the pin' on work. Struggling financially, Caleb briefly lived with his sister, before becoming homeless for the first time at age 47, describing how he was 'stuck' after his sister moved out, and no one applied for the spare room.

Caleb spent the following 'two years on the streets', finding emergency accommodation where he could, but largely living in public spaces. Caleb's description of this time, both the

frequency of his moves and his clear level of powerlessness ('they gave me', 'they decided', 'they took me') highlight his dislocation from place and his lack of security:

> I was staying in Queen's Park. Then I stayed over at the old police station…They gave me a blanket, then another night they decided to take me to St. Kilda. Just anywhere I could find a place.

Describing how 'drugs were [his] only comfort', Caleb's health was 'deteriorating bad', eventually prompting the intervention of a community nurse who arranged for him to receive case management services. With few options for housing which would accommodate his medical needs, at the age of 50 Caleb entered aged care in North Melbourne, which he 'didn't like at all'. When this facility 'shut down', Caleb was left with 'two options, go back on the streets or come here [Tanoak]', selecting the latter and moving in a few months later at age 53.

Life now

Aged care offered a stable and secure living environment which both Henry and Caleb had been lacking in the years prior to their arrival. Both recognised this, but their experiences of aged care were starkly different. Whereas Henry found 'somewhere [he] could call home', Caleb found 'a roof…nothing crash hot' and felt he had 'nowhere else to go'. Two key themes emerged in their narratives of life within the facility which suggest the reasons behind these very different experiences. First, Henry seemed to view his arrival in aged care as the end of a search for home and stability ('eventually found somewhere'), facilitated by his brother-in-law, and a reflection of the care and support his family had provided. In contrast, Caleb viewed his arrival as a continuation of the difficulties he had faced in finding suitable accommodation, which he viewed as a failure of services to understand and meet his needs. Second, aged 70 at the time of our interview, Henry had found a small group of residents who he could 'share stories with from our era' and had found a sense of community inside the facility. Caleb, aged 54, was isolated inside the facility and explained that 'people aren't [his] type…they're too old'.

Henry: I've got somewhere I can call home now

Describing Tanoak as somewhere he 'can call home', Henry had found a sense of stability and comfort in aged care, enabling him to re-engage with activities and interests that he had

'enjoyed before the drink took over'. Henry's descriptions of the aged care environment were focused on fairly basic services and features of the facility, but it was the simplicity and stability of the environment which seemed to provide him with a feeling of 'home':

> There are a lot of facilities, beautiful buildings and a nice recreation room, nice rooms with ensuites, and good people and good staff. It's comfortable and I've got a place I can call home now. In a way, I do.

Henry's feeling of the facility being 'comfortable', and his comfort within it, contrasts directly with his previous experiences of 'not feeling comfortable anywhere', highlighting the feeling of security and attachment he has found since arrival.

Caleb: I've got nowhere else to go, it's either leave here and go back out on the streets or stay here

The sense of being 'stuck' and having 'nowhere else to go' dominated Caleb's experiences of life in the facility and his attitude towards aged care more generally. At 54, Caleb was, and felt, much younger than the majority of other residents, contributing to a sense of isolation:

> It's hard to get used to it here because they are all older than me. It's alright, it's a roof. It's nothing crash hot, but the people here I just can't get with, they're not my type…they're too old.

Caleb was also frustrated by the process which had brought him into aged care, viewing it as a continuation of difficulties he has faced in securing a housing commission property. This appeared to compound his sense of isolation inside the facility, in that he did not view the move as necessary or appropriate:

> I'm only here because they pushed for it. I'm not at the age to get it. I can't understand why I couldn't get a flat…it's just too hard…bloody government, it just makes me so angry.

Describing his situation and feelings succinctly and directly, Caleb stated 'I absolutely don't belong here, and I really don't like it', He felt 'stuck' in aged care, and he believed that the only alternative was to be 'back out on the streets'.

Engagement inside and outside the facility

Henry did not detail close relationships with specific residents, but the presence of other people clearly contributed to his sense of belonging in the facility, describing how he 'couldn't live in a unit or flat on [his] own…it'd be a mess'. The stability which Henry had found within the facility had also enabled him to reconnect with 'positive things' that he had enjoyed earlier in his life, linking these developments directly to having 'somewhere I can call home':

> ...things generally turned around, ever since I have somewhere I can call home…I'm getting into more positive things, reading and music, channelling my skills which of course I had ... when I was young at school ... into these positive things again.

In contrast, Caleb had very little engagement with residents or staff within the facility and described being 'bored…always'. Beyond 'a few who understand what [he'd] been through', Caleb described how 'the people here don't smile, they don't talk', revealing his sense of isolation and loneliness. Without identifying specific staff members, he described a feeling of being infantilised by staff in care, a view clearly linked with his sense of being different from the older residents:

> It's like your being mothered again in here, I already had a mum…all the other people here might like that sort of shit, but I don't. It's like they're dummies, you know, nuts.

The private room

Caleb and Henry's private rooms within the facility were reflective of their very different experiences of, and attachment to, the environment. For Henry, the private room was a source of belonging and meaningful re-engagement in interests which had been lost during more difficult periods in his life. Providing a tour of his space, Henry proudly pointed out items of personal significance to him, including several which he had created himself in the space:

> Would you like to come with me and I'll show you round. There's a TV there and I've just put that shelf up there with different sport things…that's the book I've been writing about the footy club…that's a Christmas card from my daughter.

In contrast, Caleb's room was sparsely decorated and dominated by functional items – a chair, bed, and a walking frame – which reflected a lack of emotional investment in a space in which he did not feel he belonged. Rather than his room being a refuge from the facility, as

it had been for some other participants, Caleb's use and experience of the room was also reflective of his sense of isolation in the facility:

> I can't get out and do what I want to do, to go somewhere…I just watch TV, if I didn't have a TV I'd go mental. You're just stuck here.

6.3.4 James and Liam

James and Liam are twin brothers who now live together in the same Tanoak facility. While interviewed separately, components of the 'life before' and 'transition' sections are presented as integrated episodes. This an approach intended to preserve their intertwined narratives and reduce repetition. Moreover, with each research participant recalling aspects of their shared experiences in varying depth and detail, integrating material from both interviews provided a fuller account. Despite the availability of two perspectives, significant gaps remain in both men's life-narratives, reflecting the lived reality of complex and disrupted lives. Direct quotations feature less prominently in contrast to other case studies, owing to both of the men's discontinuous communication style.

Life before

James' and Liam's shared childhood years are dominated by their father's 'mental breakdown' in 1961, an event which led both boys, then 13, to leave the family home. James began living independently with his younger brothers, while James had his own 'mental breakdown' and was 'sent to' a psychiatric facility. As with aspects of their later childhood years, there are whole periods of Liam's and James' early and middle adulthood which were difficult to decipher. The relative coherence and linearity which characterised the majority of participants' accounts, even those who had had difficult or unconventional lives, was largely absent from Liam's and James' narrations. In the absence of strong relationships, families, a long-term occupation, or stable accommodation, conventional 'life events' which structured the life course of most other participants, James' and Liam's adulthood appeared as a series of much briefer and less coherently linked events, driven by the immediacy of their circumstances at the time, or dictated by others.

'First home' and early life

James and Liam: 'Dad had a nervous breakdown'

Born 18 hours apart in 1948 – 'Liam's always been slower' (James) – James and Liam both had strong but scant memories of their childhood in Melbourne's eastern suburbs. Early memories of the family home evoked strong memories in both men, although this was expressed slightly differently:

> Aaron: What can you tell me about the first place you called home?

> James: 8 Terry Street Hishford, before dad had his nervous breakdown. Liam: [long pause followed by tears] Mum, mum's.

Whereas James struggled to recall details or entire segments of his adulthood, the family home was one of several places, at key moments of his life, where the precise detail that he provided indicated the strength of the memories attached. Later describing this first home as the only other place in his life, before Tanoak, that he 'felt at home', the significance was clear, although he provided little detail as to his experiences. For Liam, memories of the home were entwined with his relationship with their mother, Adelaide, and the challenges she had faced following what both men described as their father's 'nervous breakdown' in 1961. Neither could recall the nature of their father's illness, although its significance is clear from James' summation of its impact:

> James: My father had a tragic life. He had a serious nervous breakdown, when I was only 12, and never recovered from it. He was at hospital until he died.

As their mother was 'not coping' (James) with the absence of their father, the boys began working to 'pay [their] way…but it wasn't enough', with Liam describing how 'mum couldn't really look after [them]'. For reasons that were not clearly articulated, but which did not appear connected with any social service involvement, the boys, then aged 13, moved with their three younger brothers to separate houses. Liam spent the next four years living with two of his brothers, John and Ed, in privately rented accommodation which was organised by 12-year old John, with Liam explaining how 'landlords didn't mind…as long as you had the money to pay rent'. Liam had his own 'mental breakdown' soon after his father, terminology which both men used to describe what appeared to be a schizophrenia-like illness. Aged 14, Liam was 'sent to Larundel', a state-run psychiatric hospital where he

remained for nine years. Liam spoke little of his time at Larundel or his experience of mental illness, describing how 'Larundel was alright…used to go to the disco sometimes, worked making pegs'

Middle-adulthood

Liam: Institutionalisation and ECT

Leaving the 'Larundel asylum' after 9 years, Liam moved to the J-Ward facility in Ararat, another secure psychiatric facility. Liam could not recall the reasons for his move between facilities but noted that he 'didn't make the call', suggesting he was subject to a psychiatric order of some description. Beyond memories of receiving electroconvulsive therapy and some of the jobs he undertook, Liam provided little detail about his 11-years spent in J-Ward. Liam's description of the jobs he undertook during this period seem degrading given their setting, although his own view was that J-ward 'was alright, not too bad', arguably highlighting the extent of his own institutionalisation[4]:

> [After Larundel] I went up to the one up Ararat, J-Ward that had ECT. I would make pegs and other little things, used to sweep the floor, mop the floor, and polish the floor. It was alright, not too bad. I got real well, I got discharged.

James: Dislocation and 'lost years'

James' early adulthood was spent in a Salvation Army hostel, although his only memories of moving from the home he shared with his brothers at the Salvation Army property was that, 'they found us, so we went with the Salvos'. Although it is not clear who found them or why they were subsequently moved to separate properties, it seems likely that community or government services had become aware of young children living alone. James was very positive about his experiences at the Salvation Army hostel, appreciating the environment's

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[4] The work itself is not degrading; it is degrading by virtue of the power relationships which characterise a secure psychiatric facility and the history of abuse in psychiatric facilities. Liam had been living in institutions for 20 of his 34 years by the time he left J-Ward.

regimentation and structure, which seemed to provide a sense of stability and predictability that was absent in his early years:

> Aaron: And what was life like in the [Salvation Army] hostel?

> James: Very good. Of all the places that I've lived in my life, superb. I can't say anything bad about it. The way I presented myself, wearing a coat and tie, for starters, a uniform. There was someone taking charge, like they taught me to always make my bed.

James described how he lived in the 'same kinda places' for most of his life, but could not recall how long he had stayed at this first hostel, where he had gone next, or how many he had lived in, noting a few 'lost years'. Of those he could recall, one was 'violent', another was 'a bloody-shambles', and in one 'people stole [his] Centrelink for gambling', suggesting a series of unsafe living environments in which he was vulnerable to abuse.

Transition

Liam and James transitioned to Tanoak within weeks of each other in 2010, living together again for the first time since they had left their family home 49 years prior. Both men had been living in other aged care facilities prior to their moves to Tanoak, and these transition episodes encompass both their initial entry into the aged care system, and their relocation to Tanoak.

Beyond meeting the age, financial and housing criteria, there was no single or major precipitating event which led to their transition. This is in contrast to most other Tanoak participants who transitioned following a series of health, social and housing related issues which were attached to some significant life event(s) (for example, escalating drug or alcohol use, relationship breakdown, medical diagnosis, homelessness).

Liam's transition into aged care began following his discharge from the J-Ward 'on the 16th January 1981, [which] falls on a Saturday'. As with several other key moments in his life, all involving a relocation, the specific detail James provided seemed indicative of their significance, particularly considering the absence of detail he provided about most his adult

life. Following his discharge, Liam lived with two of his brothers in Carlton, for 'a little less than 10 years'. He enjoyed living with his brothers again but found the adjustment to living in the community difficult, describing how he 'wasn't used to' the lack of structure and noting that 'a lot of stuff [cooking, cleaning, and the like] had always been done for me'. For reasons that were not made clear, Liam's brothers moved out of this property and Liam relocated to a hostel in Collingwood, later transferring to a Supported Residential Service in Carlton[5] (SRS) where he remained until his relocation to Tanoak. Liam provided only one sentence of description of his experiences at the SRS – 'the man was taking all my money, and no one was kind to me', highlighting his sense of vulnerability and isolation during this time.

James had been renting a property and living independently in the community with two others. While he became upset speaking about this time and provided few details, he described how they 'stole [his] money for gambling' and were 'always tricking [him]', pointing to an experience very similar to Liam's. After being evicted due to rental arrears, Liam moved to a Salvation Army hostel catering mainly to older men with substance abuse issues, which he found 'scary' and unsuitable, given that he has never used alcohol or illicit drugs.

For reasons that were not made clear, Tanoak's Community Care team became involved with Liam and James separately in 2008, possibly via referral from the providers where they were living who had recognised the need for more suitable accommodation. Acknowledging their unique relationship, Tanoak found two available rooms at the same facility, with Liam moving 'on the 29th April 2011, which is a Friday' and James a few weeks later.

Life now

The fact that Liam and James had significant periods of their lives in institutional environments meant that they found comfort and familiarity in aspects of the environment which others found alien and difficult to adjust to (for example, routines, shared facilities, staff, living with strangers). Tanoak seemed to provide both of these men with the sense of

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[5] SRS's are 'privately operated businesses that provide accommodation and support for Victorians who need help with everyday activities. Each SRS determines the services it offers and its fee structure.' (https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services)

security and predictability which they had been accustomed to, without the harsh and punitive elements which each had previously experienced.

Liam and James: 'We've stuck together'

Having lived apart for nearly five decades, James and Liam recognised the unique situation which had led to them 'ending up in the same joint' (James). Their relationship within the facility reflected what might be considered a fairly normal sibling relationship – sometimes acrimonious and difficult, but fundamentally driven by their care and love for each another. James felt that 'Liam smokes too much' and was frustrated that his efforts to 'get him to quit haven't done anything', while Liam described how 'James has always been too emotional'. But both concluded that, 'We've stuck together' (James) and 'You don't choose your family' (Liam). While they lived in separate areas of the facility and spent time with other residents or on their own, I frequently found them sitting together outside, usually in silence, during my visits to the facility.

Engagement inside the facility

James and Liam both spoke very positively about their experiences at the facility, appreciating the care provided and the structure of the environment, as well as the freedom they felt to 'do [their] own thing' (James). While both men had various health issues and appreciated the medical care provided, it was the feeling of being cared about, rather than cared for, which they most valued. Asked to describe what he liked most about life at Tanoak, James spoke about staff who expressed love and kindness and compared this with his previous experiences:

> Liam: Just to sum up in one word, the love and kindness of everyone…love and kindness…the other man [at the SRS] was taking all my money, but Anna [facility manager] is one of the most marvellous people I've come across.

Liam also spoke positively about the care that staff extended, with his description of one staff member highlighting his personal investment in these relationships:

> James: I love the staff, they're terrific, oh yeah, they're just terrific. Cindy, she's really nice. She's married and has a 10-year old, catches the train here, she's real good to me.

Both men had also developed relationships with other residents in the facility. Contrasting with extended periods of their adulthood where they could not recall having any meaningful friendships, both men spoke warmly of the friendships that they had built since arrival, valuing reciprocity and shared interests:

> Aaron: And have you got to know some of the other residents here?

> Liam: Oh yeah, I have…Alex is kind to me…when he gets his money, sometimes he gives 40 dollars, and I do that for him, we share smokes– and Lenny is a lovely man, he is a Brisbane Lions [Australian football club] supporter. Alex has a cappuccino with two sugars, or at a party Lenny has a cascade light beer or lemonade. He doesn't talk much at all, but he is a really lovely man.

> James: Yes, we sit down for breakfast, lunch, and dinner. We talk about a subject together that we both like and that, that's what I like the most.

Engagement outside the facility

James and Liam both appreciated opportunities for engaging in the community outside the facility, regularly participating in planned trips with the support of Tanoak staff. James had travelled to Adelaide with a staff member in 2015, sharing fond memories of flying in an aeroplane, visiting a winery, and attending a horse racing event. Liam had little interest in interstate travel, but had enjoyed many local trips with other residents, including 'lunch at the pub most weeks' and regular trips to the football to see his beloved football team, Collingwood. These activities provided Liam and James with a sense of freedom, with both describing how 'they [staff/facility] help you do the things you want' (James). Staff support was critical in enabling their engagement and sense of independence, from 'helping with a budget' (James) to providing one-on-one support when catching public transport, which both found anxiety provoking.

The private room

Liam spoke little about his room, preferring to spend his time 'sit[ting] outside and smok[ing] with everyone'. This preference for being outdoors in open spaces, and a lack of interest in personalising his private space, may reflect his history of living in secure institutions where

opportunities for both would have been lacking. In contrast, James' room was a key source and expression of his identity, proudly stating that his room is often shown to prospective residents touring the facility, 'because the staff know that I always keep it nice'. Photographs of greyhounds and racehorses, both James' lifelong interests, featured prominently, and prompted memories and stories from earlier in his life. James had purchased many of these meaningful items since his arrival at the facility, with the support of Tanoak staff who have 'helped [him] with a budget'. This support, combined with having a secure and private space of his own, had allowed James to develop a strong sense of attachment to place which he lacked throughout most of his life.

6.4 Summary

This chapter has presented the key findings emerging from interviews with 16 residents living in two different supported accommodation environments, Acorns, a traditional aged care provider, and Tanoak, a specialist provider of aged care to people experiencing or at risk of homelessness. Presented in the form of paired narrative case studies, analysis revealed the complex intersection of place and belonging across the life-course, and the ways in which cumulative dis/advantages shaped varied trajectories into old age, and life in supported accommodation environments. Place emerged as a narrative anchor within the life stories of both Tanoak and Acorns residents, confirming the significance of place memories and relationships for older people. However, there were significant differences between Acorns and Tanoak residents in the emotional meaning of places and place memories, and the quality of place relationships,. Broadly, these differences reflected the divergent social and economic backgrounds of participants living within the two different environments, and demonstrated the role of cumulative dis/advantages in shaping the adult life course.

Chapter 7. Discussion

This study explored the role of place and space in shaping older adults' experiences of social exclusion, through interviews with 10 older adults living independently in the community, and a further 16 living in supported accommodation environments. Seeking to contribute to knowledge concerning the interrelationship between old age exclusion and place, a key focus of this study has been to extend attention beyond the neighbourhood environment to better understand the role of immediate living environments in shaping the experience of later life disadvantage. This chapter discusses the meaning and significance of the findings presented in Chapters 5 and 6 within the context of existing research concerning place and old age exclusion, with several key contributions identified and explored.

7.1   Community dwelling older adults

Reflecting recent scholarship, this study's findings suggest that the relationship between place and old age exclusion for community-dwelling older people is complex and shaped by the intersection of various individual, structural and environmental factors. To date, this relationship has been primarily examined at a neighbourhood level, with the potential role of the home's physical and emotional qualities in shaping the trajectory and experience of old age exclusion receiving scant attention. Recognising this as a significant gap in our understanding, this study explored the interrelationship between old age exclusion and place across both home and neighbourhood scales. Beginning with a discussion of the types and trajectories of exclusionary processes emerging from this study (Section 7.1.1), primary attention is then given to the ways in which domains of exclusion manifested in, and intersected with, participants' place experiences and relationships with the home and neighbourhood.

7.1.1   Experiences and trajectories of old age exclusion

Experiences of exclusion emerging from this study broadly align with the domains articulated in existing conceptual frameworks and confirm the distinct and multifaceted nature of disadvantage in later life. Reflecting the multidimensionality of old age exclusion, a majority of participants currently, or had previously, encountered exclusion in at least one domain. However, several experienced multiple and interlinked forms of disadvantage (Burchardt, Le Grand & Piachaud 2002; Levitas et al., 2007). In Walsh and colleagues' (2019, p. 21) recent

qualitative exploration of old age exclusion among rural dwelling older people, domains were said to represent 'a set of outcomes, and a set of process outcomes in other domains'. Such complexity was also evident in the current study, with an understanding of the lived experience of old age exclusion requiring an engagement with entanglements between exclusionary processes and their interaction across the individual life course. The domain-based frameworks of old age exclusion offered a structure for understanding the breadth of disadvantage that participants experienced but were limited in seeking to understand the significance of intersecting processes of exclusion in shaping older people's lives. Thus, while conceptual frameworks are critical for providing an overall 'analytical landscape' (Bramley & Bailey 2018, p. 358), this study echoes others in highlighting the need for continued refinement of explanatory models using qualitative approaches capable of attending more meaningfully to the lived complexity of old age exclusion (Hrast, Hlebec & Kavcic 2012; Walsh, Scharf & Keating 2017).

In support of accumulated disadvantage and age-related vulnerabilities as defining features of old age exclusion, the analysis of this study's data revealed trajectories into disadvantage that were consistent with existing research highlighting the relative persistence of disadvantage from middle to late adulthood (Abe 2010; Bäckman & Nilsson 2010; Hobcraft 2002). The adoption of a life course approach enabled the identification of critical life events, both individual and structural, that shaped or initiated trajectories into old age exclusion.

Supporting Walsh's (2017, p. 261) call for attention 'rupture points' underlying exclusionary processes, current experiences of exclusion could often be traced through a series of intersecting and compounding events which functioned as 'tipping points into precarity' (Walsh, Scharf & Keating 2017, p. 92). As an example, current exclusion from financial and material disadvantage for two women (Karen, Julieta) was linked with experiences of domestic violence, subsequent divorce, and single motherhood, which had limited their capacity to financially prepare for retirement. As a result, both women were reliant on the aged pension and had resided in public housing since their divorces decades prior. While the development of material and financial disadvantage was not directly linked with ageing, its entrenchment resulted from age related changes, namely reduced income following retirement, which limited their opportunities for recovery. Consequently, both women then faced additional vulnerabilities, as single older women who do not own a home are at risk of housing insecurity and homelessness (Darab, Hartman & Holdsworth 2018; Darab &

Hartman 2013; Sharam 2017). While this study primarily examined exclusionary processes within the context of individual life courses, cumulative disadvantage also emerged from the intersection of broader structural and historical factors which cut across several participants' narratives. For example, WWII was a shared source of dislocation for three participants (Angus, Natasha, Karen) whose experiences of relocation and adjustment to living in Australia featured prominently within the life course.

Turning to the areas in which participants experienced exclusion, five of the six domains included within Walsh, Scharf and Keating's (2017) conceptual framework (material and financial resources; services, amenities and mobility; social relations; and neighbourhood and community) emerged as most significant, and they are this discussion's principal focus. Socio-cultural exclusion, related to the impact of dominant cultural constructions of ageing, featured in several participants' accounts, but emerged as a mediator, rather than a distinct domain, of exclusion and is discussed throughout this chapter. The domain of civic participation, however, did not emerge as a salient feature of participants' accounts, whether as a domain or a mediator of exclusion. While several participants were engaged in various community groups and activities, none spoke of experiences reflecting Kneale's (2012, p. 26) definition of civic exclusion which is the 'inability to participate in the structures that can allow individuals to influence choices that could improve their lives'. The absence of this domain from participants' accounts may reflect this study's small sample size, and its attention to more direct and everyday experiences of old age exclusion which may not have captured the more symbolic and structural nature of civic exclusion. While this study's findings do not suggest that older adults do not experience exclusion from civic participation, it is notable that the domain was similarly absent in Walsh and colleagues' recent exploration of rural old age exclusion (Walsh, O'Shea & Scharf 2019). Considering the conceptual ambiguities of civic participation noted within the existing literature (Berger 2009; Ekma & Amnå 2012; Hustinx & Denk 2009), future research specifically focused on this domain may be warranted to better understand its role in shaping the experience of old age exclusion.

7.1.2   Home as a domain and mediator of old exclusion

This study's findings broadly reflect the existing literature with respect to home's temporal, personal, social, and physical dimensions. However, this study's attention to the intersections of these dimensions with social exclusion and the individual life course has provided several novel insights into the relationship between place and old age exclusion.

While a majority of conceptual frameworks of old age exclusion recognise housing quality and tenure security as dimensions of exclusion, the potential role of home's relational and emotional qualities in shaping the experience or trajectory of old age exclusion has been 'typically regarded outside of the scholarly discourse on old age exclusion' (Walsh 2017, p. 259). Recognising this as a significant gap in our understanding of the relationship between place and old age exclusion, this study provides some preliminary insights into home's role as both as a domain and mediator of old age exclusion.

7.1.1.1 The meaning and experience of home

Home emerged as an important source of meaning for all older adults in this study, reflecting Blunt and Varley's (2004, p.43) description of home as a place 'invested with the meanings, emotions, experiences and relationships that lie at the heart of human life'. While many participants identified their current place of residence as 'home', others also reflected on, and longed for, past homes that had been lost through forced migration (Angus, Julieta, Karen, Natasha) or unexpected relocation (Simone). As reported in other studies exploring the experience of older people from CALD backgrounds (Lewin 2001, Liu 2014; Zontini 2014), the home was a site in which connection to culture could be maintained through photographs and material possessions that prompted reminiscence (Angus, Julieta, Karen, Natasha), and everyday practices, such as cooking one's national cuisine (Karen, Julieta), and speaking a native language (Julieta, Karen). Reflecting home's temporal fluidity, these practices enabled participants to enact identities and preserve memories of longed for past "homes", that despite being 'displaced in time and space [could be] returned to at will through reminiscence' (Rowles & Watkins 2003, p. 79; Blunt & Varley 2004; Rowles 1983; Rubinstein & Parmalee 1982).

While all participants spoke of home as a valued and meaningful place, the degree of emotional attachment to one's current home was shaped most significantly by length of residence, and by extension, its material and symbolic significance as a site of a life's memories and experiences. As noted by others (Blunt & Dowling 2006; Felix et al., 2015; Hatcher et al., 2019; Malmedal 2014), developing a meaningful sense of home 'takes time and practice' (Van Steenwinkel, Baumers & Heylighen 2012, p. 203) through which feelings of familiarity and intimacy between 'self' and 'space' can be built. For participants who had lived in the same property for decades (Levia, Merle, Natasha, Karen, Angus), intimacy and familiarity were afforded by memories of meaningful experiences and relationships embodied

within the home itself. Reflecting Rowles' (1983, p. 114) concept of 'autobiographical insideness', this being 'the temporal legacy of having lived one's life in the environment', home served as a central reference point to a lifetime of memories and experiences. As an example, for three participants (Angus, Karen, Natasha) who had lived in the same property since their arrival in Australia as young adults in the aftermath of WWII, home held memories of migration, settling in, and building a new life. Echoing Hatcher and colleagues (2019), the home was an 'anchorage of the self' for these participants, providing a sense of continuity and coherence between past and present identity. and offering a sense of comfort and stability within the context of age-related change.

In contrast, emotional bonds to home were less apparent for two participants who had relocated from interstate (Kate) and overseas (Simone), within the past year. As noted within the existing literature, relocation in later life has been noted as a disruptive influence on older people's wellbeing and their relationships with place, particularly when the move is unplanned or unexpected, such as in response to a health crisis or other stressors (Löfqvist et al., 2013; Pope & Kang 2010; Sergeant & Ekerdt 2008; Smetcoren et al., 2017). Intersecting with exclusion from financial and material resources, and social relations, this study confirms the potentially disruptive impact of later life relocation. Simone had relocated, following a fall, to be nearer her son who was providing emotional support and financial assistance to support in-home care, while Kate lived in public housing and had relocated several times over the past decade, first to pursue employment, and later to be near her adult daughter who she identified as one of few social supports. Both women felt a sense of loss towards their past homes and found it difficult to build meaningful emotional connections to a new home and neighbourhood with which they had no prior connection.

Overall, home was a site of belonging and familiarity central to participants' sense of identity and an embodiment, materially and symbolically, of the lives they had lived, and their hopes for the future. However, the home was also a fluid and contested place in which the possibilities and limitations of ageing were negotiated and enacted, and where tension between the home's emotional significance and practical functionality could be both an everyday reality and an existential threat. Attention is now given to the key intersections of home and old age exclusion emerging from this study, through which home's multiple and, at times, contested functions and meanings are explored.

Material and financial disadvantage

In a minority of old age exclusion frameworks where housing has been included as a separate domain (Hrast, Hiebec & Kavcic 2012; Kneale 2012; Van Regenmortel et al., 2018), attention has been given to self-reported housing quality, safety, and tenure security. Poor quality or unsafe housing has been identified as a risk factor for social exclusion, linked most strongly with exclusion from material and financial resources, but there is limited understanding of the interaction between these domains and their role in shaping the experience of old age exclusion more broadly. Providing some preliminary insights on this relationship, this study's findings suggest that both the quality of housing, and the capacity to maintain its functionality in response to changes in health and mobility, are strongly linked with material and financial resources, and access to services and amenities.

Maintaining the home's physical features or making modifications to maintain its functionality in response to changing needs or capacities, is critical in shaping the extent to which the home facilitates or inhibits older adults' daily lives (Lawton & Nahemow 1973; Lawton 1983; Walton & Oswald 2010). Ideally, the structure and features of home should enable older adults to 'achieve comfort and optimal performance with daily necessary and desired activities' (Lien, Steggell & Iwarsson 2015, p. 11964) within the context of their individual needs and capacities. In contrast, incongruence between an older person's needs and their home environment can limit their functionality and independence and is linked with a range of negative health outcomes, including an increased risk of falls and premature admission to aged care (Fox et al., 2017; Goodman et al., 2011; Walton & Oswald 2010).

Several participants in this study had experienced health and mobility changes which altered their home's safety and functionality. However, the resources they were able to marshal in response to these changes significantly shaped the severity and persistence of their impact. Broadly concordant with the existing literature (Fausset et al., 2011; Mackenzie, Curryer & Byles 2014; Oswald & Wahl 2013; Stafford 2017), older adults in this study identified the accessibility of different areas within the home, fears of falling, and difficulties cleaning and maintaining the property as the key practical challenges of ageing at home. These challenges significantly, and negatively, impacted several participants' health and sense of independence. For example, one participant's difficulties maintaining the home environment had resulted in the accumulation of clutter throughout the home which impeded her access to

several areas of the property (Karen), while sloped floors had led another participant to cease using two rooms of his property (Angus). Echoing Imrie (2004), these participants' homes mirrored their own loss of function and capacity, becoming a 'signifier of a life that had been lost', rather than supporting their continued independence.

For those participants with greater access to financial and material resources, health and mobility changes which impacted on their home's functionality were managed through the purchase of support and modifications which enabled their continued autonomy and independence within the home. For example, one participant (Merle) who lived alone spoke of engaging 'an army of medical professionals and service providers' to support her to remain living at home, and she had made several modifications to her home to manage mobility issues, such as installing support bars in the bathroom.

Services, amenities and mobility

The availability and accessibility of services and amenities are known to significantly shape the experience of social exclusion for older people, particularly within the context of changes in health and mobility which may both increase the need for services and decrease their capacity to access these services in the community (Macleod et al., 2019; Walsh, Scharf & Keating 2017). As reflected by the 'ageing in place' paradigm, the provision of timely and appropriate in-home support can also enable older people to remain living independently in their own homes and prevent or delay admission to residential aged care (Barrett, Hale & Gauld 2012; Oswald & Wahl 1983).

In the current study, accessibility and use of in-home services, particularly for home maintenance (cleaning, repairs, gardening) and activities of daily living (shopping, cooking, bathing) were significant in shaping participants' independence and sense of control in the home environment. Intersecting with exclusion from financial resources and social relations, service exclusion was most significant among three older adults with mobility issues, who did not have access to informal support from family or friends, or the resources to purchase support privately (Karen, Natasha and Simone). While a significant body of existing literature has focused on exclusion from services with respect to issues of availability and accessibility (Dahlberg & McKee 2018; Warburton, Scharf & Walsh 2017), this study

highlights the need to consider issues of accommodation and acceptability. For example, the flexibility of care services to respond to changing schedules or unforeseen events throughout the week was noted as a challenge by two older women (Karen, Natasha), who talked about adapting their weekly plans and routines around schedules of care hours which were set on a monthly basis. While both women were appreciative of the support provided and recognised its importance for maintaining a level of independence, the rigidity of the services available to them had the effect of restricting their choice and control in other areas.

Social relations

The existing literature highlights that home's physical and functional dimensions can 'enable and constrain different relationships and patterns of action' (Mallett 2004, p. 68) in ways which shape its capacity to support social interaction. For example, Aplin, de Jonge and Gustaffsson (2015) found that modifications made to improve the home's functional capacity had an additional effect of restoring its social capacity by enabling older adults to host visits from family and friends. For older adults whose opportunities or social engagement are limited by safety or mobility issues, home's capacity to support visitors can be critical for building and maintaining social relationships (Chaudhury & Rowles 2005; de Jonge et al., 2011; Gattuso 1996; Mackenzie, Curryer & Byles 2015).

Reflecting the existing literature (Aplin, de Jonge & Gustaffsson 2015; Gatusso 1996; Lindley & Wallace 2015), several participants in the current study appreciated the home's capacity to support visits from family and friends, and they appeared to derive a sense of autonomy and independence from the role of host. For example, hosting a monthly stock market group provided one older woman who lived alone (Merle) a valued opportunity for regular social interaction, and continued engagement in a meaningful, life-long interest. While living alone has been consistently identified as one of the strongest predictors of exclusion from social relations (Barnes et al., 2006; Kneale 2012; MacLeod et al., 2019; Scharf, Phillipson & Smith 2005b), Merle's home appeared to insulate her against this risk by enabling her continued social engagement. Similarly, the home's capacity to support visitors mediated potential exclusion for another participant (Levia) who spoke of receiving visitors as critical to maintaining valued relationships during his recovery from a stroke, which had also prompted his early retirement. While health-related involuntary retirement is a well-established risk factor for old age exclusion, linked most significantly with financial disadvantage and social isolation, this relationship is known to be mediated by pre-retirement

job quality, financial resources, and social supports (MacLeod 2019; Sacker 2017; Welsh et al., 2018).

In contrast, the home's inability to support visits from others contributed to two participants' experiences of isolation and exclusion, as hosting others was an important source of their personal and cultural identity. Illustrative of Schröder-Butterfill and Marianti's (2006) vulnerability framework, physical and occupational features of the home which had once enabled social interaction and the enactment of valued social roles were lost (Julieta), or unable to be maintained (Karen), following life course ruptures which exceeded 'the defences or resources available to deal with the threat' (Schröder-Butterfill & Marianti 2006, p. 9). Reflecting the existing literature, the home had been an important site of cultural preservation for both women since their migration to Australia in early adulthood, such as through hosting cultural events and receiving visits from members of their respective communities (Liu 2014; Longhurst, Johnston & Ho 2009). For Julieta, relocation to smaller, semi-detached, public housing meant that she was no longer able to host parties that she had long valued as an expression of her Uruguayan cultural heritage. Similarly, Karen was uncomfortable receiving visits in a home she felt others perceived as 'dirty' and cluttered, following difficulties maintaining the property which coincided with her deteriorating health and the unexpected death of her husband and son.

The old age exclusion literature has demonstrated a relationship between environmental characteristics of neighbourhoods and exclusion from social relations, such as available transport, safety and amenities, that encourage or inhibit older adults' access and engagement (Buffel, Phillipson & Scharf 2013; Dahlberg 2019). However, the role of the home's environmental characteristics in exclusionary processes related to social relations has not been explicitly considered. This study found that the home's physical and occupational dimensions can contribute to, or protect against, exclusion from social relations in later life. Mediated by access to financial and material resources, this study suggests that the home's capacity to host visitors can protect against exclusion from social relations by enabling the continuation of meaningful relationships, particularly in circumstances where opportunities for social interaction outside of the home are limited by ill-health or mobility issues. Conversely, the home's physical and occupational dimensions, such as size, maintenance and appearance, can contribute to exclusion from social relations by reducing or eliminating an older person's capacity to receive visitors.

7.2 Older adults living in supported accommodation

While existing research has highlighted the importance of considering the history of older people entering aged care, including their personalities, interests and support needs (Koren 2010; Rijnaard et al., 2016; Sullivan & Williams 2017) no literature was identified which explicitly adopted a social inclusion/exclusion framework to understand the impact of life course dis/advantages on both the transition to, and experience of, supported living. Much of the existing research examining residents' experiences of supported accommodation has focused on the impact of various place-based dimensions, such as environmental features, and staff or organisational practices (Eijkelenboom et al., 2017; Rijnaard et al., 2016). In an effort to better understand the diverse meanings, and functions of, supported accommodation for older adults, this study focused on place relationships emerging from the interaction between these place-based dimensions, and the life experiences and circumstances, of individual residents.

Three distinct intersections between old age exclusion and the experience of supported accommodation emerged from this study, representing a novel conceptualisation of social exclusion within this environment. First, exclusion across the life course and past place experiences shaped both the trajectory into supported accommodation, and perceptions and expectations of this relocation. Second, the presence and severity of exclusion at the point of transition into supported accommodation determined the accommodation options available to older adults, and the extent of choice and control exerted, or perceived, in relation to the timing and setting of relocation. Third, a significant contribution of this study is the finding that, much like the home and neighbourhood, supported accommodation environments can function as both domains and mediators of exclusionary processes.

7.2.1 Life course disadvantage and past place experiences as 'templates of experience'

While existing research has highlighted the importance of considering the history of individuals entering aged care, including their personalities, interests and support needs (Brownie & Nancarrow 2013; Fraher & Coffey 2011; Komatsu, Hamahata & Magilvy 2007), no literature was identified which adopted a social exclusion framework to understand the impact of life course dis/advantages on both the transition to, and experience of, supported living. Through the use of narrative case studies, this research explored the interrelationships between place and disadvantage across the entire life course, with interviews commencing

with a discussion of participants' "first home" and concluding with a discussion of their current experiences of living in supported accommodation. While the types of exclusion emerging from participants' accounts were broadly similar to those reported by community dwelling older adults (See section 7.1.1), there were stark and consistent differences between Acorns and Tanoak residents in terms of the onset, complexity, and persistence of exclusionary processes. While all Tanoak residents had a shared their experience of later life exclusion in the form of housing insecurity and financial disadvantage, analysis revealed these to be outcomes of intersecting and compounding forms of exclusion, typically beginning in early childhood.

Reflecting the role of the childhood home as a temporal anchor to the life course, which 'remain[s] a primal point of reference, whether one loved it or hated it' (Cieraad 2010, p. 93), it was within narratives of the "first home" that the most consistent and divergent experiences differences emerged between residents of Tanoak and Acorns. Among Tanoak residents only one, Henry, spoke positively of a childhood home characterised by a sense of stability and support, and an upbringing which he 'couldn't fault at all'. Tellingly, Henry himself recognised the uniqueness of this relative to his co-residents. He noted that it was 'unlike most of the blokes in here'. Indeed, the early life experiences of other Tanoak residents, narrated through the lens of the first childhood home, were remarkably consistent in their descriptions of trauma and instability, characterised variously by family violence, abandonment or adoption, parental mental illness and substance abuse, and poverty.

While the type and significance of such early childhood events were unique to each individual, there was a general trajectory towards difficulties and/or early disengagement from education (Caleb, Nathan, Reece, Ruth), frequent relocation or early departure from the family home (James, Liam, Ruth), and adolescent onset of mental illness and/or substance abuse issues (Harry, James, Liam, Nathan, Luke). While clearly confirmatory of cumulative disadvantage as a defining feature of old age exclusion (Dannefer 2003; Grenier & Guberman 2009; Scharf & Keating 2012), the persistence of exclusionary processes across the life course of Tanoak residents appeared to reflect the legacy of ruptured beginnings, more so than the impact of 'life course ruptures' at early or middle adulthood which have been the focus of recent research (Walsh 2017, p. 261; MacLeod et al., 2019; Walsh, O'Shea & Scharf 2019). With early place experiences considered to provide a template against which future expectations and experiences of place are judged, the challenges which many Tanoak

residents faced in building and maintaining stable connections to place throughout their adult lives, is likely to reflect, at least in part, the impact of these formative place relationships (Blunt & Dowling 2006; Proshansky, Fabian & Kaminoff 1983).

Acorns residents had also experienced significant challenges and periods of adversity throughout their lives, including difficult childhoods (Reece, Elijah), the death of children (Dorothy, Kaye) and spouses (Mick, Elijah), divorce (Hannah, Kaye, Harry), periods of unemployment or financial difficulty (Dorothy, Hannah, Kelly), and significant non-age related ill-health events (Kaye, Kelly). However, the severity, frequency, and impact of such events were generally far less significant, owing to the availability of social and financial resources which supported recovery and protected against further exclusion. The comparative life trajectories of Acorns and Tanoak residents highlight the need to consider later life disadvantage within the context of broader life course vulnerabilities and experiences (Crystal, Shea & Reyes 2016; Dannefer 2003; Walsh 2017).

7.2.2   Old age exclusion shapes transition options, choices and experiences

In line with existing research, the nature of participants' transition into supported accommodation appeared to significantly shape both their expectations and experiences of the environment once relocated (Brownie, Horstmanshof & Garbutt 2014; Tanner, Glasby & McIver 2014). The importance of feeling a sense of choice and control over the process of transitioning into aged care was most evident among Acorns residents. Reflecting the existing literature, residents who anticipated or initiated a move into aged care, and who were involved in the decision as to where and when to move, typically reported a more positive experience of relocation, and more readily adapted to life in aged care (Lee, Simpson & Froggatt 2013; Tanner, Glasby & McIver 2015). For example, two Acorns residents (Dorothy, Hannah), who made the decision to relocate in anticipation of future care needs, spoke of the decision to relocate as a reflection of their independence and rationality. While this did not entirely negate the feelings of loss associated with relocating from home in the community, it did appear to insulate them against the immediate shock and sense of dislocation experienced by some participants who had relocated unexpectedly following a health crisis (for example, Reece and Mark).

In line with the existing literature, support from family members was a highly valued resource among Acorns residents who had relocated unexpectedly, enabling a degree of continuity and an ongoing connection to home in the community (Cahill et al., 2009; Tanner, Glasby & McIver 2015). Among Tanoak participants, early life experiences and cumulative disadvantage emerged as significant in shaping the choices available to them in later life, with most speaking of the experiences of transition as a "rescue" (Nathan) from some kind of crisis, rather than the transition itself representing a crisis. As an aged care provider specialising in the provision of aged care services to older people experiencing, or at risk of, homelessness it is notable, but not surprising given the recognised service gaps in relation to older adults experiencing homelessness (Grenier et al., 2016; Petersen 2015), that none of these participants spoke of having choices or decisions as to their relocation decision.

The broadly contrasting transition experiences of Acorns and Tanoak residents can also be understood within the context of their past experiences of, and attachments to, place, both across the life course and immediately prior to relocation. As with any transition, relocation to aged care involves both an ending of one's occupation in one place, often associated with a sense of loss, and the beginning of a relationship with some new place, often involving a degree of discontinuity and uncertainty (Bridges 2004; Tanner, Glasby & McIver 2015). Within the aged care literature, the difficulties of transition are linked with feelings of loss associated with the departure from one's home, and the challenges of adapting to a new environment over which they have less control and familiarity (Fitzpatrick & Tzouvara 2019; Tanner, Glasby & McIver 2015). The existing literature in relation to the emotional process of transition and adjustment to aged care was reflected in the narratives of several Acorns residents who noted the challenges of adapting to various aspects of life in an institutional environment, including a reduction in space, the presence of other residents and staff, imposed routines and schedules, and the absence of familiar people and belongings (Fitzpatrick & Tzouvara 2019). That these elements of life in aged care were experienced as unfamiliar, and required a period of acclimatisation and adaptation, reflected the degree of difference between their places of departure (home in the community) and arrival (aged care). In contrast, a majority of Tanoak residents had spent periods of time living in institutional environments and had rarely experienced the types of "homes" described by many Acorns residents.

7.2.3 Experiencing supported accommodation as a place of belonging, or a place of exclusion

The extent to which participants experienced supported accommodation as a place of exclusion or belonging was shaped by the interaction between individual factors, particularly past place experiences and pre-relocation expectations, and physical and relational features of the supported accommodation environment itself.

Facility size and layout

Facility size also appeared to impact on the functionality and accessibility of the environment for participants living in the traditional aged care facility. For Rewa, who was reliant on a walker for mobility, the long distance from the entry of the facility made receiving visitors difficult. Andrew, who lived nearer the entrance in the same facility, noted the impact of facility size on the 'resident mentality', proposing that being closer to the entrance and the main office created a sense of involvement and control in the place which he did not believe he would have if he were nearer 'the back of the bus'. Access to the natural environment beyond the aged care environment, or visibility of the environment from the private room, was particularly important for some residents in both the traditional aged care environments (Kaye, Reece, Mark) and specialist aged care environments (Nathan, Harry). Several physical features of the Tanoak facility emerged as significant with respect to the type and frequency of resident engagement. First, the single level structure, the physical size, and the layout of the specialist provider sites meant that incidental interactions between residents, and residents and staff, were far more common than within the larger, multi-level structure of the traditional aged care environment sites. Caleb and Luke, for example, described themselves as being somewhat isolated from other residents and either unwilling or unable to develop close relationships. However, both identified spaces or features of their living environments which enabled them to experience the 'life of the place' more passively, such as through observing other residents on their balconies (Caleb) or hearing the 'toing and froing of the staff' (Luke).

Again, the differing residents' profiles in the two facilities are likely to have shaped the nature of both environments with regard to engagement and community. The design and layout of the traditional aged care provider reflected an emphasis on residents' privacy and security to a greater extent than the specialist provider. The traditional provider was a

contained, multi-level building with a single point of entry, and security features which clearly separated public areas, common spaces, resident rooms, and staff offices.

The function of private and public spaces

The current study's findings correspond with a significant body of literature highlighting the symbolic and practical importance of private spaces within aged care environments (Falk et al., 2013; Kalaitzidis & Harrington 2018; Nakrem et al., 2013; Rijnaard et al., 2016). Several residents in the current study emphasised the importance of their private room for maintaining a degree of privacy and control, and for separating themselves, practically and symbolically, from the broader facility environment. For example, one resident identified the importance of having a space away from residents with dementia and other significant health conditions, who at times contributed negatively to his experience of the environment.

In line with existing literature, the private room also functioned as an important repository of memory and identity for several residents interviewed in the current study (Rijnaard et al., 2016; Stevens, Camic & Solway 2019; van Hoof et al., 2016a). A majority of participants had engaged in practices of personalisation to varying degrees through the selection and display of meaningful personal belongings which reflected important aspects of their identity or represented significant life events. These objects, and the narratives which they prompted, offered an insight into processes of downsizing and relocation, and the extent of efforts made to create or maintain a sense of 'home' in their new living environment. Reflecting the well-established relationship between objects and memory (Nord 2013; Stevens, Camic & Solway 2019; van Hoof et al., 2016a) photographs of loved ones, and small trinkets or pieces of artwork were common features in resident rooms across both facilities, prompting participants to reminisce and share stories of their life experiences associated with various artefacts. Photographs of family prompted narratives of the valued roles of mother (Dorothy, Kelly, Hannah), father (Elijah, Mark, Mick), and grandparent (Dorothy, Mark, Mick), and appeared to function as 'material records of past self-identity' (Cram & Paton 1993, p. 23; Nord 2013; Stevens, Camic & Solway 2019).

Differences in the extent to which residents personalised their private rooms across the two facilities provided some support for what has been referred to as 'prescribed personalisation', in which 'residents are encouraged to create their own spaces, yet in ways that are not of their own choosing and are constrained by the relatively inflexible processes of codification,

standardisation and evidence based guides as to what people in later life need and will want' (Nettleton, Buse & Martin 2018, p. 1164). While typically larger, there was greater variability in size and layout of private rooms within the Tanoak facility compared with Acorns, where both the layout and interior design of all rooms and common areas was standardised. On the whole, the bedrooms of Tanoak residents were personalised with physical possessions to a greater extent than those of Acorns. This accords with van Hoof and colleagues (2016b, p. 46) who identified larger rooms as affording residents the opportunity to 'bring more personal possessions and leave fewer items behind', and thus 'have more options to shape their own lives and surroundings'.

Finding home in aged care

The factors associated with finding a sense of 'home' in aged care has received a significant level of attention within the existing literature (Bland 2005; Cooney 2012; Malmedal 2014) and was an explicit objective of the current study. Whereas much of the earlier research has tended to assume that feeling 'at home' in aged care is a desirable and achievable goal for older people, the current study's findings suggest that some older people do not expect, nor wish, for aged care to be the same as a home environment. Earlier experiences of place, the circumstances of transition to aged care, and the availability of external supports appeared to shape older people's expectations of the aged care environment. Several Acorns residents clearly articulated that their expectation of supported accommodation was limited to the provision of health and medical care in a safe and comfortable environment, and explicitly distinguished this from the "home" from which they had relocated. Interestingly, however, the absence of "homeliness" for these participants did not contribute to a negative experience of the environment, as it was not a feature of their expectations upon entering the facility. The emotional value of the aged care environment was made far more explicit by older people living in the specialist aged care environment. With most sharing difficult memories of places earlier in their lives, including abusive or neglectful childhood homes, and periods spent homeless, imprisoned, or institutionalised, Tanoak provided physical safety, a sense of security, and most critically, a sense of belonging. The small group environment of these facilities was combined with relatively informal staffing and a group of older adults who shared, to varying degrees, similar experiences of homelessness and disadvantage. These residents appeared to have found a sense of belonging and community not apparent among the majority of Acorns residents.

While existing literature has often considered participation in group activities as a proxy for resident engagement and satisfaction, this study's findings suggest the need for a more nuanced understanding of 'engagement' and 'participation' in an aged care context. The current study offered three key insights in relation to the role of planned social activities in the aged care environment. While some residents greatly appreciated the type of activities available and enthusiastically engaged on a regular basis, others had a desire to participate but identified barriers which prevented them from doing so, while a third group did not engage in activities or express any desire to do so. For some residents (Kelly, Kaye, Mick), pain or physical disability were identified as the main barrier to participation in organised activities. While these residents expressed a desire to participate in activities which they perceived could provide a sense of purpose and help foster relationships with other residents, each relayed negative experiences in which they felt their needs had not been accommodated. For Kaye and Mick, dissatisfaction with the extent to which staff had facilitated their participation in activities was accompanied by a broader criticism of the type of activities offered, which they felt were 'meaningless' (Kaye) and 'not worth the effort' (Mick). This accords with existing literature highlighting the importance of incorporating the residents' voices when designing activity programs, to ensure that they respond to residents' needs and capacities. Overall, the current study's findings in relation to older people's engagement in care support add weight to Mondaca and colleagues' (2019, p. 441) notion of 'altering the boundaries of everyday life' in these environments in that residents spoke of wishing to feel meaningful or purposeful, but not necessarily do so through planned or formalised activities.

Chapter 8. Conclusion

8.1   Introduction

This research set out to better understand the relationship between place and old age exclusion, and to explore the processes through which older adults develop, adapt and maintain meaningful relationships with place within the context of change and transition. This chapter brings together this study's empirical findings (Chapters 5 and 6) and the context provided in the preceding discussion chapter, with the aim of responding directly and succinctly to this study's main research question:

> How do place and space shape the experience of social exclusion for older
> adults living in community and supported accommodation settings?

In response to this question, this study has made several contributions to the relevant scholarly literature which are identified and discussed. The implications of this study's key findings for policy and practice are provided in Section 8.3.

8.2   Returning to the research question

This study explored the interrelationship between place and old age exclusion in the lives of 10 older adults living independently in the community, and 16 older adults living in supported accommodation environments. To date, exploration of the role of place in shaping old age exclusion has been primarily examined at a neighbourhood level, with limited attention to the interaction between exclusionary processes in immediate living places, such as the home and supported accommodation environments.

8.2.1.1 Community dwelling older people

In his theoretical exposition of the relationship between place and old age exclusion among community dwelling older adults, Walsh (2016) proposed that place functions as both a domain and a mediator of exclusion. The notion of place as a domain of exclusion, meaning that 'characteristics of place, and the factors that influence those characteristics, shape exclusionary experiences of place' (Walsh 2017, p. 255) is well recognised within existing conceptual frameworks (Scharf and Bartlam, 2008; Scharf, Phillipson and Smith, 2005; Walsh, O'Shea & Scharf, 2012; Walsh, Scharf and Keating, 2017).

However, Walsh's (2017) contention that relationships with place may operate as a mediator of exclusionary processes, by intensifying or protecting against various forms of disadvantage, represented a significant theoretical development. However, as this theory stemmed from the literature existing at the time, the conceptualisation of 'place relationships' inherent in Walsh's model was restricted to neighbourhood level interactions between place and old age exclusion. Adapting and extending Walsh's (2017) conceptual model, Figure 18 presents this study's key contribution in relation to the function of home within the interrelationship of old age exclusion and place among community dwelling older adults.
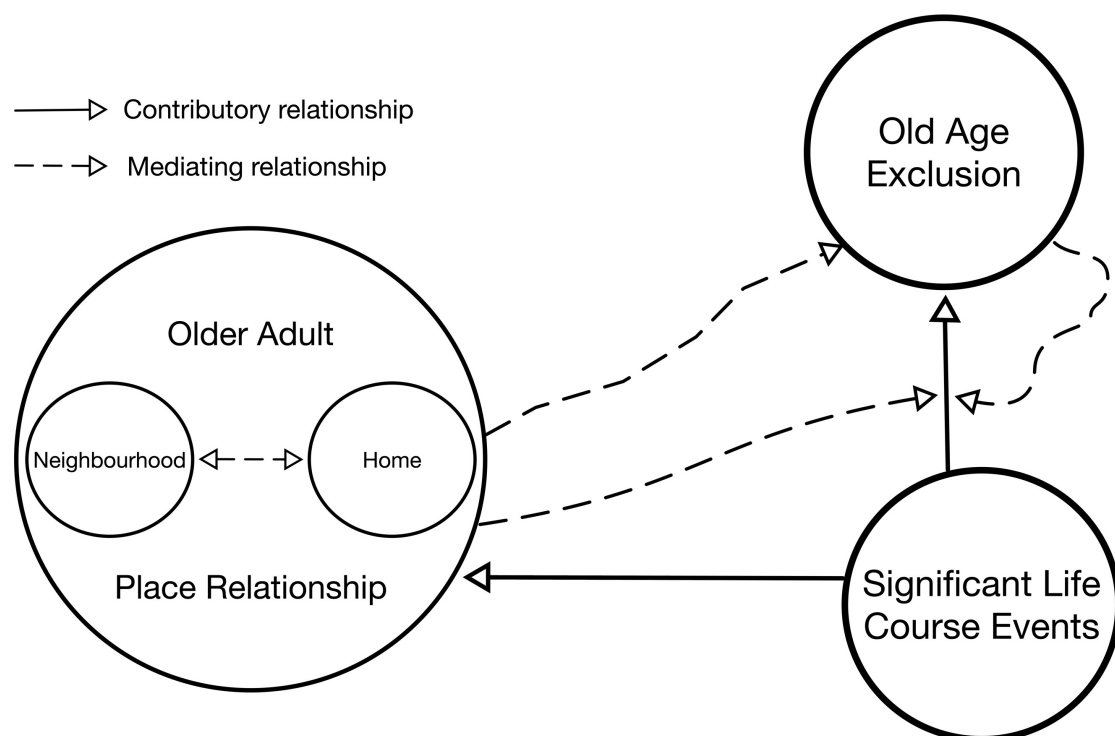
Figure 18: Interrelationship between place, old age exclusion and the life course

With solid lines indicating a contributory relationship, and mediating connections represented by dotted lines, a significant contribution of this study is the conceptualisation of place relationships as encompassing both home and neighbourhood, extending Walsh's (2017) neighbourhood-based conceptualisation. While both the home and neighbourhood contributed to an older person's overall connection to place, and shaped places' function as a domain and mediator of exclusion, this study also identified a bidirectional mediating

relationship across scales of place. For example, a meaningful relationship with the home environment provided a sense of comfort and familiarity that could insulate against feelings

of dislocation and loss associated with neighbourhood change, while regular engagement in a neighbourhood in which one is familiar and is known by others could ameliorate the potential loneliness of living alone. Conversely, negative relationships with home and neighbourhood could be mutually reinforcing, such as where crime and safety concerns limit engagement in the neighbourhood and restricts older people to a home environment in which they feel lonely and isolated.

Turning to the overall interaction between place relationships, old age exclusion and the life course, this study identified two interrelated sets of processes. First, significant events across the life course contributed directly to both the likelihood and complexity of exclusionary experiences and shaped the nature of older adults' relationships with place. Reflecting the former, a range of life events were found to contribute directly to the onset and persistence of old age exclusion, including migration, divorce, loss and bereavement, unemployment, and significant ill-health events. The number of such events, their temporal location within the life course, and the personal, social and/or financial resources available to manage and recover in the aftermath of such events, each shaped the trajectory of disadvantage across the life course and its persistence into later life. In terms of the impact of life course events on place relationships, interactions could be both literally disruptive (for example, dislocation from one's homeland owing to war; relocation and downsizing following divorce), or experientially impactful (for example, bereavement impacting on the feelings associated with home; disability giving rise to feelings of vulnerability when accessing a once familiar and secure neighbourhood).

Second, the impact of life course events on the likelihood and complexity of old age exclusion is mediated by both disadvantages arising from ageing-related vulnerabilities, and relationships with place. Reflecting the distinctive nature of old age exclusion, transitions associated with later life, such as retirement, changes in health, and the loss of loved ones, could compound and intensify existing forms of disadvantage. For example, retirement could entrench financial disadvantage that may have been present across the life-course, by eliminating the possibility of further earnings and savings, while a limited social network at mid-life could be exacerbated by the loss of a partner, and/or loss of mobility and transport

options. The role of place relationships in mediating exclusionary processes extended across the life-course into later life, protecting against and compensating some forms of disadvantage, while compounding and exacerbating others. For example, when a significant health event limited engagement beyond the home, the risk of exclusion from social relations was ameliorated by a home environment which could facilitate visits from family and friends. Conversely, a neighbourhood environment with limited access to affordable transport could compound exclusion from social relations, while exclusion from financial and material resources could be exacerbated in a home environment that was difficult to maintain.

Given this study's small sample size and limited geographic scope, further research is necessary to better understand the processes shaping the relationship between old age exclusion, place and the life course presented in Figure 18. Nonetheless, this study offers empirical support for recently theorised relationships between neighbourhood places and old age exclusion (Walsh 2017) and provides a preliminary conceptualisation of home's function as a domain and mediator of exclusion.

8.2.1.2 Older adults living in supported accommodation

At the time of writing, this study is the first known exploration of old age exclusion as a contributing factor to older adults' experience of supported accommodation, and of supported accommodation as a site in which exclusion may be experienced. Adopting the same diagrammatic form as Figure 18 above, Figure 19 presents a proposed conceptual model of the relationship between old age exclusion, life course, transition into supported accommodation, and the experience of this environment.
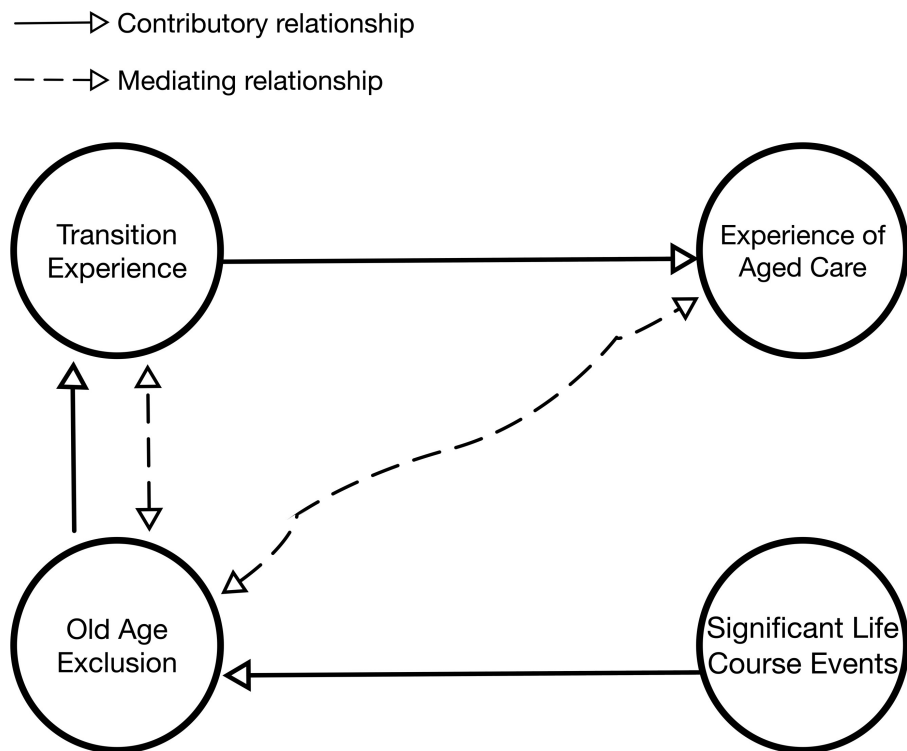
Figure 19: Interrelationship between place, old age exclusion and the life course in supported accommodation settings

Beginning with the first contributory relationship, significant life course events shaped the trajectory and persistence of old age exclusion via the same processes described in relation to older adults living in the community. While conceptually identical processes, the contrasting life experiences of residents across the two study sites, presented in temporally bound narratives, provided a powerful illustration of the cumulative potential of early life course disadvantage.

Second, the existence of old age exclusion contributed to both the circumstances and older people's experience of relocation to supported accommodation. For example, significant exclusion across multiple domains, as experienced by a majority of Tanoak residents, was predictive of unplanned, crisis driven, relocation to aged care, and complex health and social needs upon entry. For Acorns' residents, access to social and financial resources and generally more stable life circumstances meant that unplanned or unexpected transition was less common. Where unplanned relocation did occur, transition upon hospital discharge following a significant ill-health event was the most common trajectory, with exclusion from social relations (in the form of available informal care) a key underlying factor in several

cases. Turning to the role of disadvantage in shaping the experience of transition, a novel finding of the current study was that old age exclusion was frequently predictive of more positive perceptions of relocation, and a shorter and less emotionally challenging period of adjustment post-transition. At a broad level, the significant exclusion that Tanoak residents had experienced, often persisting from childhood or early adulthood, frequently shaped a perception of supported accommodation as an unexpected opportunity that compared favourably to any available alternative. For Acorns' residents, relocation often involved a process of divestment from a familiar home, and a period of adjusting to an unfamiliar and less private environment. Whereas, transition for Tanoak residents was more commonly associated with the "loss" of precarious and chaotic place relationships.

Third, a bidirectional mediating relationship was also identified between old age exclusion and the experience of supported accommodation beyond the immediate period of adjustment post-transition. As with home and neighbourhood settings, spatial and relational elements of supported accommodation environments could function to both produce, and ameliorate, exclusionary processes. Older adults relocating in the absence of significant old age or life course disadvantage could experience new forms of exclusion linked directly with aspects of the supported living environment. For example, exclusion from social relations in the form of loneliness and isolation was associated with relocation from a familiar family home, the loss of easy access to often long-standing social networks, and the challenge of living communally with previously unknown people.

Similarly, whereas home in the community was often associated with a sense of autonomy and environmental control, supported accommodation could result in feelings of dependency linked with a loss of privacy and routines governing the facility's everyday operation. However, it is important to note that older adults also actively engaged in practices of adaptation which could ameliorate these experiences, such as personalising private spaces, building meaningful relationships with staff, participating in group activities, and maintaining relationships with family and friends outside of the facility.

Finally, a novel and promising finding of the current study is the potential for supported accommodation to mediate old age exclusion through compensating for, and even eliminating, experiences of disadvantage encountered prior to relocation. For example,

communal living created opportunities for regular social interaction which could ameliorate exclusion from social relations experienced prior to relocation. The shared identity and experience of Tanoak residents, and past experiences of communal living, appeared to facilitate this, although a renewed sense of social connectedness was also reported by some Acorns residents. Similarly, the impact of financial and material disadvantage could be significantly reduced upon relocation to an environment where shelter, meals and medical care were not reliant on such resources.

While representing a significant scholarly contribution, the relationships discussed above should be considered within the context of stark differences in life experience and pre-relocation exclusion between Tanoak and Acorns residents, and the absence of existing theoretical or empirical research against which these findings can be compared or interpreted. Further research involving a greater diversity of providers and resident profiles is needed to better understand the interrelationships between old age exclusion and experiences of supported accommodation emerging from this study.

8.3 Implications for policy and practice

8.3.1 Ageing in place

While this study's findings are broadly supportive of the notion that older people wish to remain living independently in their homes for as long as possible, they also highlight the unequal distribution of resources and capacities needed to do so. Privileging of the private home as the 'ideal' space for ageing reinforces discourses of independence and self-responsibility which fail to account for diverse trajectories into old age. This study's findings clearly support the notion of the home being an important source of meaning and identity for older people, and a generally preferred site of ageing in comparison to relocation to aged care. However, it was also clear that the pressure to maintain this ideal was particularly straining and stressful for some participants living in the community, and an impossible ideal for Tanoak residents whose relocation had typically emanated from a literal lack of a 'place' in which to age. Among older adults living in the community, the fear of transitioning to aged care appeared to be linked primarily to the extent of older people's attachment to the home environment. However, it may also be that such a relocation was imagined as a 'failure' to

meet the ideal of maintaining one's independence. Thus, while this study endorses the provision of timely supports to enable older adult's independence in their own home, it also highlights the need to ensure that other options are available to meet the needs of those who may not wish to age in place, or who lack the resources and the capacities to enact this ideal. Echoing others, this study is not critical of policies that support ageing in place within the home, but it does question the privileging of these approaches as the only 'acceptable' option for older people to age with dignity and respect (Coleman, Kearns & Wiles 2016; Fausset et al., 2011; Hillcoat-Nallétamby & Ogg 2014).

8.3.2   Regulation of aged care advertising and marketing

This study affirms that relocation to supported accommodation can be a complex and emotionally challenging experience for older adults, often involving parallel processes of grief and loss for a home that has been lost, and adaptation to a new and unfamiliar environment. While older adult's individual circumstances preceding relocation and their level of involvement in the decision-making process were most critical in shaping the transition experience, expectations of the environment, formed when touring and selecting a potential facility, were also significant. Several Acorns residents spoke of being 'sold' on certain features of their current living environment during this initial decision-making process which had not materialised in the period since their relocation. Understandably, many participants perceived this as a breach of trust, and it appeared to be a barrier to the development of trusting relationships between the older person, facility staff, and the wider organisation. As such, this study affirms the need to provide accurate information that can enable an older person, or their carers, to make a realistic judgement of what everyday life in a supported accommodation environment might entail.

Considering the marketisation of aged care and increasing competition between providers, sales and marketing will continue to be a feature of the industry, with the potential to shape the decision-making process for older people and their loved ones. Where the information provided is accurate, marketing could potentially increase choice for older adults and meaningfully inform the decision-making process. However, relying on providers to self-regulate and monitor the veracity of information that the facilities provide when seeking to attract new residents carries a risk that relocation decisions could be made on the basis of

deceptive, or at least inflated, sales claims. While aged care providers are subject to the general regulatory framework governing advertising standards in Australia (Communications Council 2019), the threshold of reasonable exaggeration and sales puffery within the context of aged care services should consider and reflect the significance of relocation and the emotional and financial investment involved. As such, industry specific regulation of marketing and advertising materials may be warranted in order to ensure that the decision to relocate to supported accommodation can be made on the basis of trustworthy and reliable information.

8.3.3   Neighbourhood change

This study's findings highlight the need for age inclusive approaches to the development and management of neighbourhood spaces and amenities. While several older adults in this study appreciated changes brought by gentrification of the area, such as new art and cultural events, and a more ethnically and culturally diverse community demographic, others felt as though they had lost the neighbourhood to which they had belonged and contributed over many years. Existing approaches to age friendly development are a mix of environmentally focused approaches, concerned with ensuring the built environment is safe and accessible for older people, and more socially oriented models focused on ensuring opportunities for social participation and the maintenance of intergenerational social cohesion (Buffel & Phillipson 2019; Lui et al., 2009). Reflecting the latter, concerns about neighbourhood change emerging from this study were linked with a broader sense that the neighbourhood's character or identity was at risk from new types of people, who lived in different and alien ways, rather than more practical concerns about safety and accessibility.

The capacity for older people to participate in new opportunities that their neighbourhood provided, and their assessment of the economic circumstances of "newcomers" relative to their own, shaped whether changes were viewed with suspicion or embraced as an opportunity. For example, suspicion and resistance to the emergence of new ethnic and religious communities in the area were associated with an erroneous belief that these groups were receiving preferential government treatment in the form of welfare payments that greatly exceeded the age pension. As such, echoing Buffel and Phillipson (2019), this study's findings support the need to focus on redressing socio-economic disparity between residents

of gentrifying neighbourhoods as a means of promoting intergenerational cohesion, and ensuring older people are able to contribute to decision making processes.

8.3.4 Homelessness and ageing

The narratives of older people living in the Tanoak facility highlight the unique needs of older people experiencing homelessness, and the lack of appropriate accommodation and support options available to them within Australia. Existing literature has highlighted that mainstream homelessness services are often not designed with older people's health and mobility needs in mind, and experiences of harassment and bullying from younger service users are frequently reported (Grenier et al., 2016; Lipmann, Mirabelli & Rota-Bartelink 2004; Petersen & Jones 2013). In the current study, the challenges facing formerly homeless older people accessing mainstream aged care services were most evident in the narratives of James and Liam. Both men had difficult experiences in mainstream hostel services prior to their entry into Tanoak, facing harassment and financial abuse by younger co-residents. These experiences not only reflected the vulnerability of both men within mainstream homelessness services, they contributed to their further exclusion and marginalisation insofar as the financial abuse put their tenancies at risk. Moreover, Liam described his experiences of another homeless accommodation service as 'scary' on account of the prevalence of drug and alcohol use, to which he had had no prior experience or exposure. While the existing literature has highlighted the substance use behaviours of older homeless people as a challenge faced when accessing mainstream aged care services (Burns et al., 2019; Crane & Burns 2007), Liam's experiences highlight the importance of recognising the diversity of older homeless people and the vulnerabilities arising from the complex intersection of age and social exclusion.

8.3.5 Social work research and practice

While this study was not explicitly focused on the social work profession, social workers, motivated by the vision and values which underpin their profession, designed, conducted and supervised the research, . As such, several implications for social work education and practice emanate from this study. First, while the person-in-environment/biopsychosocial model has long been considered a key distinguishing feature of social work compared with

other health and allied health professions, the construct of 'place' within social work scholarship remains undertheorised (Akesson, Burns & Hordyk 2015; Weiss-Gal 2008). When place has been considered within the social work remit, the tendency has been to position homes or neighbourhoods as static backdrops to the everyday lives and challenges of service users and communities, rather than as active, contested and changeable spaces (Probst 2012; Zapf 2009; Akesson, Burns & Hordyk 2015). Echoing Akesson and colleagues (2015, p. 8), this study supports the call for an increased focus on place within social work practice, as a means of 'deepening our understanding of the diverse meanings and experiences different populations may have with certain geographical locations'.

Second, as noted by Hughes, Bigby and Tilbury (2018) in their recent scoping review, social workers have made a significant contribution to the gerontological knowledge base in Australia, particularly in giving a voice to older people and their experiences of ageing and aged care services. However, this same review identified a limited body of research focused on direct social work practice with older people, and few studies featuring older people as co-researchers. This study highlights the important contribution that a social work approach to ageing can make to understanding older people's lived experience, particularly through addressing the complex intersections of dis/advantage across the life-course. Social work has a vital role to play in ensuring that all older Australians are able to live with dignity and security, whether through the direct provision of support in community or aged care settings, or as researchers or policy makers giving voice to older people's needs and experiences. Realising the potential for social work engagement with ageing and aged care issues will require the support and commitment of educators, researchers, and practitioners to articulate the unique and valuable role of our profession.

8.4 Limitations and future research

While this study has made a number of valuable contributions to our understanding of the relationship between space, place and social inclusion/exclusion among older people, these need to be understood within the context of several limitations. In relation to the transferability of findings, the validity of qualitative research rests on the level of detail provided in relation to the research process, and the extent to which implications drawn from the study findings are reasonably justified by the scope and scale of the reported findings (Miles, Huberman & Saldana 2019). While the methodological description provided in Chapter 3 is considered

robust and sufficiently detailed, the trustworthiness and transferability of its findings must be considered within the context of decisions made in relation to participant recruitment, data collection and analysis (Miles, Huberman & Saldana 2019; Nowell et al., 2017). The inclusion of older people with a diverse range of life experiences and circumstances is considered a key strength of this study. In particular, a diverse mix of gender, ethnicity, life experiences, and social and economic circumstances were represented among participants. Moreover, a range of housing and accommodation types, and patterns of residence were represented in both groups, including a mix of public housing, private rental, and home ownership in the community group, and both a traditional aged care and homelessness specific hostel within the supported living group. However, decisions were made in relation to recruitment (described in Chapter 3) which excluded groups of older people, whether deliberately for reasons of practicality, or by the omission of recruitment strategies aimed towards specific groups of older people. In particular, the experiences of older people living in rural and regional areas, those identifying as members of the LGBTI community, and older people living with dementia were unrepresented in this study. These are particularly notable within the context of this study's focus, given that these groups are known to face an increased risk of experiencing social exclusion, and are often underrepresented within gerontological research more broadly. Future research could meaningfully focus more specifically on the experiences of social exclusion and place for these groups of older people, including the role of different identities or characteristics in shaping experiences of home and neighbourhood environments, and their unique needs in, and experiences of, aged care services.

8.5 Concluding remarks

This research has explored the role of place and space in shaping experiences of social exclusion among older people living in community and supported accommodation settings. Building on a significant body of geographical literature highlighting the important functional and emotional role of places for older people, this research has contributed to our understanding of how social dis/advantage shapes, and is shaped by, different geographical settings. Fundamentally, this study has affirmed the complex and at times paradoxical role of place as both domain and mediator of old age exclusion. For older adults living in the community, the home and neighbourhood were frequently important sources of meaning and identity. However, the ability to maintain these environments was invariably shaped by

dimensions of old age inclusion/exclusion. While existing research has established the important role of neighbourhoods in shaping the experience of old age exclusion, this research has provided a preliminary insight into the role of the home environment within this relationship. Moreover, while existing research has explored the varied experiences of older adults living in supported accommodation environments, this research is the first known exploration of old age exclusion as a contributing factor to older adults' experience of supported accommodation, and of supported accommodation as a site in which exclusion or belonging may be experienced. In highlighting the complex nature of older adults' relationship with place and extending our understanding of the role of old age exclusion, it is hoped that this study has given voice to the unique needs and experiences of older people. Far from passive observers or occupiers of place, this study highlights the important role that older people have in shaping and contributing to meaningful places.

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Appendices

Appendix 1: Group 1 Explanatory Statement (Community)

EXPLANATORY STATEMENT

Project Title: Finding (a) place in later life: Exploring the role of place and space in shaping older people's experience of social inclusion/exclusion

Project Number: CF16/566 - 2016000278

Dr Bernadette Saunders
Department of Social Work
Phone:
email: bernadette.saunders@monash.edu

Mr Aaron Wyllie
Department of Social Work
Phone :
email: acwyl1@student.monash.edu

My name is Aaron Wyllie and I am a social worker and Doctor of Philosophy (PhD) student in the Department of Social Work at Monash University. I am writing to invite you to participate in a research project focused on understanding how older adults experience and interact with their homes and neighbourhoods. My supervisor for this project is Dr Bernadette Saunders, who is a Senior Lecturer within the Department of Social Work at Monash University.

This document, called an Explanatory Statement, introduces the project and explains what you will be asked to do if you choose to participate. Please fully read this Explanatory Statement before deciding whether or not to participate in this research.

What is the study about?

This research will explore how older adults experience and feel about different spaces within their homes and neighbourhoods. I am interested in what makes your home environment meaningful for you, and how you interact and engage with your broader neighbourhood or community.

What does the study involve?

Participation in this study is open to all older adults over the age of 65 who live in the community. If you choose to participate, you will be asked to participate in two activities with Aaron, the student researcher. The first part of the research is a face-to-face interview conducted in your home, of approximately 45 minutes in duration. You will be asked some questions about different aspects of your life, to give the researcher a sense of who you are as a person and what's important to you. The second part of this interview will focus on exploring your views and experiences of your home environment, the things that make you feel 'at-home', and the different places you have lived over your life.

If it's ok with you, I would like to audio-record our discussions and take photographs, with your permission, of some areas of your home. The reason I would like to video-record our interview is that I want a realistic record of what we talked about, to help me to be able to 'see' a little bit of your story and experience. I do understand that the idea of having an audio-recorder and camera in your home might arouse a little concern at first, but please note that you will act as the 'director' of the process and will, of course, decide where we walk in your home and therefore what is recorded.

Why were you chosen for this research?

You have been invited to participate in this study because (a) you responded to the research advertisement and are willing to take part in our study, and (b) you are aged over 65.

Consenting to participate in the project and withdrawing from the research

Your participation in this study is entirely voluntary so you are not obliged to consent to take part. If you choose to participate, you may withdraw from further participation at any stage prior to the publication of reports resulting from the project. On the day of the interviews, you will be asked to sign a consent form confirming your willingness to participate. You will also be provided with a consent form specific to the use of your visual data (photographs) arising from your participation in the project, following our interview.

Source of funding

The researcher has been awarded a Commonwealth Government scholarship to conduct this research. Monash University also provides support with costs such as photocopying, printing, and library resources. The researcher also works for ▇▇▇▇▇ a not-for-profit aged care provider, who provides some research support. None of the funding bodies will have access to any identifiable data obtained during the research project.

Benefits and Risks to your participation

As a token of appreciation for your participation in this study, you will be given a $20 Coles Myer Gift Card. You will also be provided with a copy of any photos or videos made during our conversations, as a memento of your valuable contribution.

It is very unlikely that participation in this project will place you at any risk, although it is possible that the topics you choose to discuss might arouse memories or thoughts that cause an emotional response. In the event that you feel distressed or upset following any of our discussions, you may contact one of the following free services:

Grief line: 9935 7444
Lifeline: 13 11 14

Confidentiality

As outlined in this explanatory statement, photographs are an important part of this research project. During the interviews at your home, your face, voice and home may feature in photographs. We will discuss the use of this data more fully in person, and you will be asked to sign a consent form. You are in control of any material produced, and it is your decision how this is used.

Storage of data

All data collected as part of this project will be securely stored on Monash University computer servers for a minimum of five years, in keeping with relevant privacy regulations. No one outside the research team will have access to your data, and all information will be password protected.

Use of data for other purposes

The data arising from your participation in this research will only be used within the confines of the written consent you provide to the researchers. Prior to our first interview, you will be provided with a consent form to confirm your decision to participate in the research activities described in this document. This consent form will also ask whether you consent to your non-visual data being used in reports, presentations and publications arising from the research. Your name and personal details will never be used with your data, and data will only ever be used in line with the written consent you have provided to the researchers.

Following our interviews, you will be provided with a copy of all photographs and video-footage collected as part of your participation. You will then be asked to sign a Visual Data Consent Form indicating your preferences for the future use of this data in reports, presentations and publications arising from the research project. Visual data will only ever be used in line with the written consent you have provided to the researchers.

Results

The results of this research project will be made available to all participants. Individual participants will also be provided with copies of all visual data collected as a result of their participation, to keep for their own records.
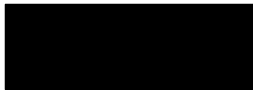
Complaints

Should you have any concerns or complaints about the conduct of the project, you are welcome to contact the Executive Officer, Monash University Human Research Ethics (MUHREC):

Executive Officer
Monash University Human Research Ethics Committee
Room 111, Building 3e
Research Office
Monash University VIC 3800
Tel: +61 9905 2052
Email: muhrec@monash.edu

Thank you,

Dr Bernadette Saunders
Chief Investigator

Mr Aaron Wyllie
Student researcher

EXPLANATORY STATEMENT

Older adults living in residential aged care

Project Title: Finding (a) place in later life: Exploring the role of place and space in shaping older people's experience of social inclusion/exclusion

Project Number: CF16/566 - 2016000278

Dr Bernadette Saunders	**Mr Aaron Wyllie**
Department of Social Work	Department of Social Work
Phone: ■■■■■■■	Phone : ■■■■■■■
email: bernadette.saunders@monash.edu	email: acwyl1@student.monash.edu

My name is Aaron Wyllie and I am a social worker and Doctor of Philosophy (PhD) student in the Department of Social Work at Monash University. I am writing to invite you to participate in a research project focused on understanding the role that different living environments might have in promoting a sense of connectedness and wellbeing among older adults. My supervisor for this project is Dr Bernadette Saunders, who is a Senior Lecturer within the Department of Social Work at Monash University. This document, called an Explanatory Statement, introduces the project and what your participation will involve if you choose to participate. Please fully read this Explanatory Statement before deciding whether or not to participate in this research.

What is the study about?

This research will explore how older adults experience the transition from their homes in the community to residential aged care homes, whether they maintain a sense of feeling 'at home' in their new living environments, and how aged care providers might better support wellbeing for older people.

What does the study involve?

Participation in this study is open to all older adults living in residential aged care. Participation is invited from both individuals and couples. You are also welcome to involve a support person or carer in any part of the process if you wish. If you choose to participate, you will be asked to participate in two activities with Aaron, the student researcher. These activities are detailed below.

1. Getting to know you

The first stage of the research will involve a one-on-one interview, which will last about 45 minutes. If 45-minutes is too long, or you become tired, we can split up the interview into smaller blocks with breaks in-between, or even have the interview on a few different days. You will be asked some questions about different aspects your life, to give me a sense of who you are as a person.

If it's ok with you, I would like to video-record our discussions. The reason I would like to video-record our interview is that I want a realistic record of what we talked about, to help me make sure I am capturing what you are saying accurately and to be able to 'see' a little bit of your story and experience.

2. Getting to know where you live

A second interview, also lasting about 45 minutes will be focused on exploring your views and experiences of≈your current living environment, and the things, places or people that are meaningful to you within the aged care home in which you live. In this section of the interview, you will be asked to show me different places in your living environment, and talk to me about your new living environment. As part of this interview, I will take some photographs of the different things we see or talk about.

How much time will the study take?

The total time of your participation in this study will be around 1.5 hours, with approximately 45 minutes allocated for each of the two activities. These activities will be arranged at a time which is convenient for you, and the two interviews will be held on separate days.

Why were you chosen for this research?

You have been invited to participate in this study because you are living in an aged care home which has agreed to participate in this research project.

Consenting to participate in the project and withdrawing from the research

Your participation in this study is entirely voluntary so you are not obliged to consent to take part. Your decision to participate will have absolutely no impact on your relationship with ▮▮▮▮▮▮▮, any of its employees, or the services they provide you with.

 If you choose to participate, you may withdraw from further participation at any stage prior to the publication of reports resulting from the project. On the day of the interviews, you will be asked to sign a consent form confirming your willingness to participate. You will also be provided with a consent form specific to the use of your visual data (photographs and video) arising from your participation in the project, following our interview.

Source of funding

The researcher has been awarded a Commonwealth Government scholarship to conduct this research. Monash University also provides support with costs such as photocopying, printing, and library resources. None of the funding bodies will have access to any identifiable data obtained during the research project.

Benefits and Risks to your participation

As a token of appreciation for your participation in this study, you will be given a $20 Coles Myer Gift Card. You will also be provided with a copy of any photos or videos made during our conversations, as a memento of your valuable contribution.

It is very unlikely that participation in this project will place you at any risk, although it is possible that the topics you choose to discuss might arouse memories or thoughts that cause an emotional response. In the event that you feel distressed or upset following any of our discussions, you may contact one of the following free services:

> Grief line: 9935 7444
> Lifeline: 13 11 14

Confidentiality

As outlined in this explanatory statement, video-recording is an important part of this research project. During the interviews at your home and the walk around your neighbourhood, your face, voice and home may feature on video footage at various points. We will discuss the use of this data more fully in person, and you will be asked to sign a consent form. You are in control of any material produced, and it is your decision how this is used.

Storage of data

All data collected as part of this project will be securely stored on Monash University servers for a minimum of five years, in keeping with relevant privacy regulations. No one outside the research team will have access to your data, and all information will be password protected.

Use of data for other purposes

The data arising from your participation in this research will only be used within the confines of the written consent you provide to the researchers. Prior to our first interview, you will be provided with a consent form to confirm your decision to participate in the research activities described in this document. This consent form will also ask whether you consent to your non-visual data being used in reports, presentations and publications arising from the research. Your name and personal details will never be used with your data, and data will only ever be used in line with the written consent you have provided to the researchers. Following our interviews, you will be asked to sign a Visual Data Consent Form indicating your preferences for the future use of this data in reports, presentations and publications arising from the research project. Visual data will only ever be used in line with the written consent you have provided to the researchers.
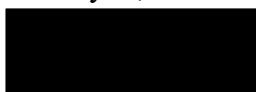
Results

The results of this research project will be made available to all participants. Individual participants will also be provided with copies of all visual data collected as a result of their participation, to keep for their own records.

Complaints

Should you have any concerns or complaints about the conduct of the project, you are welcome to contact the Executive Officer, Monash University Human Research Ethics (MUHREC):

> Executive Officer
> Monash University Human Research Ethics Committee
> Room 111, Building 3e
> Research Office
> Monash University VIC 3800
> Tel: +61 9905 2052
> Email: muhrec@monash.edu

Thank you,

Dr Bernadette Saunders   Mr Aaron Wyllie
Chief Investigator   Student researcher

Interview Guide

Home interview

Personal history and demographic information

- Age
- Time at current address
- Current/previous occupation
- Significant life events
- Religion and spirituality
- Family, friends, social connections
- Health events and mobility/disability issues
- Hobbies, interests and passions

Perceptions and memories of home, space and place

<u>Groups 1 and 2</u>
- What do you associate with the term 'home'? What does it mean to you? What kind of thoughts does it arouse for you?

- When you think of 'home', do you think about a particular building, or do you think about a neighbourhood/community or a certain group of people? Has your idea of home changed in any way throughout your life?

- How would you describe the difference between a 'house' and a 'home'? Can you think of some examples of the difference from your own life?

- Can you tell me about some of the different places you've called 'home' throughout your life? For example, the first place you think of when I say 'home'? How do you feel when thinking about these places?

  - o Do you get that same feeling of being 'at-home' when describing each of these places to me? Do you feel any sense of loss? Do you embrace the new experiences of 'home'?
  - o Are there particular memories or life events which you associate with these places?

- Thinking about some of these different places you've called 'home', do you know how these areas have changed from the way you remember them?

  - o What kind of changes have they been? What affect have these changes had on how you feel about these places?

- Looking back over your life, can you think of places that give you a feeling of not being at home, like a time and place where you felt like you didn't quite belong, or somewhere that felt like someone else's space, but never felt like yours?

  - o Can you think of what it was about these places which gave you this feeling? (People? Lack of services? Feeling of 'otherness'? traumatic life events?)

- Have you ever had the feeling of being 'at-home' in nature? Like sitting on a beach, walking through a rainforest, or watching a sunset?

   o What did you associate with these experiences that gave you this sense of comfort or 'at-homeness'?

Current experience of home space (home tour)

<u>Groups 1 and 2</u>

This section of the interview will involve the participant providing a guided 'home-tour'. The direction of discussion be dependent on the particular object or spaces identified by the participant. The following questions will guide this component of the home interview. All references to 'home' refer to participant's primary living space.

- Thinking about where you live now, can you tell what your home mean to you, or provide for you? (Prompt for sense of security, isolation, sanctuary, privacy, loss/maintenance of dignity also distress, anxiety, sadness, loss of autonomy)

- Is your home a place which you enjoy spending with others? Has this changed over your lifetime?

- Are there particular rooms or objects within your home that hold a special significance for you? What can you tell me about why these are significant for you, do they remind you particular events or people in your life (whether positive or negative)?

   o Have certain objects or things become more or less meaningful to you in recent years? Why do you think this might be?

- Has the way you use different areas in your home changed over the years?
   o Have you needed to make any alterations to your home as a result of changes in your health or mobility? How has this impacted the way you feel/view your home?
   o Do you receive any care within your home or assistance with maintaining your home? How has this impacted the way you feel about or view your home?

- Do you have particular routines or activities that you enjoy doing within your home space? (prompt to demonstrate or describe).

- Looking to the future, have you thought about whether your home will continue to meet your needs? How do you feel about the prospect of leaving home?

Mapping exercise and second interview

This second interview will involve the participant completing a mapping exercise in which they will identify and discussion different areas of the neighbourhood. The direction of discussion be dependent on the particular locations or spaces identified by the participant. The following questions provide an indication of the types of questions which will be asked.

Group 1: Community-dwelling older adults:
- What can you tell me about your neighbourhood, its history, and your history with it?

- Do you feel safe walking around your neighbourhood? Are there any 'no-go' areas? Does this affect how you move or what you do?

- What can you tell me about the way your neighbourhood has changed since your time living here? The use of land/space, the types of houses people have, the jobs people do, the way people live and interact?

- Do you have good relationships with your neighbours or others in the area?

- Are you able to move around your neighbourhood without too much trouble? What transport options are there for you?

- Do you feel like you belong in your neighbourhood? Do you think the way your neighbourhood is set out encourages people of different ages to interact and engage with one another?

- If you could re-design anything about your neighbourhood to meet your needs better, what kinds of things would you change?

Group 2: Older adults living in residential aged care

- Can you tell me about how things are organised in here, what are the different areas of the facility? (high care, low care, day centre etc)

- What did you bring with you when you moved here? Can you show me/describe some of the ways you have personalised your space?

- What can you tell me about the people that you live with, and your own history of living here? Have you always lived in the same room? Has the facility had any renovations or changes since you have moved here?

- Aside from your room, are there places here where you could go to have time to yourself? What is it about these spaces that provides that sense of privacy?

- Are there any areas in the facility that you avoid or don't like visiting? (e.g. palliative or dementia areas? Entry/exit?)

- If/when you have visitors, where do you like to spend time with them? Do you feel comfortable introducing visitors to the facility?

- Can you tell me about your journeys outside the facility? What do you like doing and seeing? Do you feel like the facility is a part of the neighbourhood? Are you satisfied with how often you currently engage with the community and neighbourhood outside the facility?

- What are some of differences or challenges/advantages of spending time with your visitors here?

Appendix 4: Certificate of ethical approval

MONASH University

Monash University Human Research Ethics Committee (MUHREC)
Research Office

Human Ethics Certificate of Approval

This is to certify that the project below was considered by the Monash University Human Research Ethics Committee. The Committee was satisfied that the proposal meets the requirements of the *National Statement on Ethical Conduct in Human Research* and has granted approval.

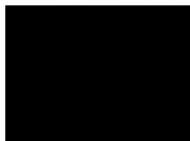|	
Project Number:	CF16/566 - 2016000278
Project Title:	Finding (a) place in later life: Exploring the role of place and space in shaping older people's experience of social inclusion/exclusion
Chief Investigator:	Dr Bernadette Saunders
Approved:	**From:** 18 April 2016 **To:** 18 April 2021

Terms of approval - *Failure to comply with the terms below is in breach of your approval and the Australian Code for the Responsible Conduct of Research.*

1. The Chief investigator is responsible for ensuring that permission letters are obtained, <u>if relevant</u>, before any data collection can occur at the specified organisation.
2. Approval is only valid whilst you hold a position at Monash University.
3. It is the responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval and to ensure the project is conducted as approved by MUHREC.
4. You should notify MUHREC immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.
5. The Explanatory Statement must be on Monash University letterhead and the Monash University complaints clause must include your project number.
6. **Amendments to the approved project (including changes in personnel):** Require the submission of a Request for Amendment form to MUHREC and must not begin without written approval from MUHREC. Substantial variations may require a new application.
7. **Future correspondence:** Please quote the project number and project title above in any further correspondence.
8. **Annual reports:** Continued approval of this project is dependent on the submission of an Annual Report. This is determined by the date of your letter of approval.
9. **Final report:** A Final Report should be provided at the conclusion of the project. MUHREC should be notified if the project is discontinued before the expected date of completion.
10. **Monitoring:** Projects may be subject to an audit or any other form of monitoring by MUHREC at any time.
11. **Retention and storage of data:** The Chief Investigator is responsible for the storage and retention of original data pertaining to a project for a minimum period of five years.

Professor Nip Thomson
Chair, MUHREC

CONSENT FORM
Interviewees

Project: Finding (a) place in later life: Exploring the role of place and space in shaping older people's experience of social inclusion/exclusion

Chief Investigator: Dr Bernadette Saunders
Student researcher: Mr Aaron Wyllie

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:		
	Yes	No
Taking part in an interview at your home	☐	☐
Taking part in a participatory mapping exercise	☐	☐
Having your participation audio-recorded for later viewing and analysis by the research team		
The data that I provide during this research may be used by the student researcher in future projects	☐	☐

Name of Participant:

Participant Signature: Date:

CONSENT FORM
Visual Data

Project title: Finding (a) place in later life: Exploring the role of place and space in shaping older people's experience social inclusion/exclusion

Chief Investigator: Dr Bernadette Saunders
Student researcher: Mr Aaron Wyllie

Participant name:

Contact number:

A photographic image (including a video recording) which is sufficiently clear to enable you to be identified as an individual is personal information. Monash University seeks to comply with the principles set out in the Information Privacy Act 2000, which are endorsed within Monash University's own Privacy Compliance Framework (www.privacy.monash.edu.au). These policies aim to ensure that personal information is used and disclosed only in ways which are consistent with privacy principles and obligations under the relevant legislation. Personal information, including still and moving images, will not be disclosed or published except where individual consent has been established.

This form refers to photographs and video footage that you allowed Aaron Wyllie to make, as part of the research project in which you have participated. As discussed with you, photographs and video footage will be used by the research team to assist with research analysis. We would also like to use some photographs and video footage (in electronic and/or printed form) in reports, presentations, publications and exhibitions arising from the project.

Please could you sign one of the boxes below to indicate your preferences with regards to the visual data obtained from your as part of your participation in this project. Attached is a copy of all visual data taken during your involvement in the project to assist you, and for your records.
If you have any questions please ensure you have discussed them and are comfortable with the response before providing consent. Still and moving images will not be used outside the research team without your permission.

1. I give my consent for these photographs to be reproduced for educational and/or non-commercial purposes, in reports, presentations, publications, websites and exhibitions connected to the research project. I understand that real names will not be used with the photographs.

Name..
Signed...
Date..

OR

2. If you would like to give permission for us to publish some, but not all, of the photos and/or video footage, please list the numbers of the photos you will allow us to use, or the scenes of video footage you will allow us to use:

I give my consent for photo numbers..
please specify) and video footage…………………………(please specify scene numbers) to be reproduced (in electronic or print form), for educational and/or non commercial purposes, in reports, presentations, publications, websites and exhibitions connected to this project. I understand that real names will not be used with the photographs.

      Name...
      Signed..
      Date...

OR

3. I do not wish any of photographs or video footage to be reproduced in connection with this project.

      Name...
      Signed..
      Date...

Thank you for participating in our project. If you have any queries about this form or about the project or your participation in it, please do not hesitate to contact Aaron Wyllie on: ▮▮▮▮▮▮▮▮, or acwyl1@student.monash.edu