ALPINE COMMUNITY DEVELOPMENT TRUST
Operating as
Community Networks

NEEDS ANALYSIS FOR OLDER PEOPLE IN WANAKA AND UPPER CLUTHA

Final Project Report
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Executive Summary

Wanaka/Upper Clutha area is a community based around farming and tourism. It is relatively isolated, three hours away from a major population base (Dunedin and Invercargill). All are drawn to live in the area because of its beauty and the outdoor opportunities it provides. There is a large retired population but this is balanced by young families and individuals who come for the outdoor life style. Because of its isolation it is an expensive place to live. Food and housing are expensive and services can be limited.

Many of the older people who have come here are from a generation who were pioneers, mainly farming or working the land, They had a can do, and must do attitude to their very survival. The notion of approaching wider services such as Community Networks or Social Services would be totally alien. Consequently to identify needs for older people can be quite a challenge. Also arriving in the area are those who have been successful professional "high achievers". This combination of well resourced people does little to attract the attention of important funding bodies as they may be focused on the more visible social issues from other groups in other areas.

Recent census figures indicate substantial growth in the populations of the area. In 2011 there were 1,005 people over the age of 65 in Wanaka and Hawea. This figure had risen to 1,183 a year later: an annual rate of increase of approximately 17.7% compared to the average annual rate of population rise from the census data of about 4.5%. If this rate of growth continued into 2013 by the time of the census the over 65 group would comprise about 16% of the total population. While not conclusive, these figures suggest that the over 65 group is growing at a faster rate than the overall population. This growth may well be the reason behind the significant increase in building of retirement homes in the Wanaka area over the last 2 to 3 years. Services and infra structure will need to adjust as the population grows.

With the support of Lottery funding, the work reported here was conducted to document the needs of older adults in the Upper Clutha. Particular efforts were made to include outlying areas of Hawea, Luggate and Makarora. Over an 18-month period from 2011 to 2013, interviews were completed with 72 older adults (including four couples) and 48 interviewees participated in focus groups. Results offer both "glass half empty" and "glass half full" perspectives on the situations of older adults in this community. By most measures the majority of those surveyed were coping adequately; at the same time a significant minority was not. These "high risk" older adults reported unmet needs and a sense of social isolation.

In the last month this area has seen a dramatic cut in service provision for those very vulnerable older people. The disestablishment of a Community Social Work post at Community Networks and the re-configuration of the Senior Service Coordinator post with the Salvation Army have been affected by the unavailability/cuts in funding. This is a particularly alarming development for an area where the older population is increasing, some of whom have significant needs for assistance.

The observations below are a snapshot of issues that will present difficulties for older people – a proud bunch who need positive advocacy to enable them to remain included and well cared for in the community. Their needs should not be minimized by a misplaced perception of well being and prosperity.

The following observations were made:

- Finances were a significant concern. While most interview respondents reported their resources were adequate, this topic came up in their comments and in the focus groups, suggesting that budgeting assistance may be needed for older people living on fixed incomes.
- Several respondents expressed a need for help with computers that is readily accessible to older adults and at an appropriate level. Perhaps an intergenerational program might harness the energies of computer-savvy young adults to help the older generation make the most of this new technology.
- A good many respondents were not aware of existing services in the community, suggesting the need for outreach or a centralized information source that was well advertised. Here, we might consider expanding the role of a full-time senior citizens' coordinator to liaison with service providers and promote the advocacy and empowerment of older people.
- Respondents cited the limitations of the Gold Card, which leads us to suggest a campaign to expand the number of vendors who provide this discount to conform to national norms.
- A good number of respondents had mobility limitations, particularly in relation to traveling on public transportation, driving a car, walking over uneven ground and maintaining a garden. The loss of driver's license is a challenging transition for older adults, and could call for support and intervention.
- Falls may be a significant concern. Nearly a third of interview respondents reported having fallen in the twelve months prior to the interview, and this came up in some of the focus groups. Falls prevention programs like Steady as You Go may be helpful in this regard.
- Quite a few respondents described themselves as unable to use email or the Internet, which suggests two things: training may be needed, and these digital approaches may not be good ways to disseminate information to older adults
- Based on their functional abilities, respondents in this study may need help with money management.
- Loneliness remains a significant problem, especially for older women who are single. Furthermore over a quarter of those surveyed were "not" or only "somewhat" satisfied with their social activities.
- Several focus groups and some interviewees noted the need for a specialist resource directory for seniors.

Message from Sarah Ballard – Project Worker/Manager

I arrived in Wanaka in 2007 and was invited to join the ACDT in 2008 after working as a volunteer at Community Networks. I have an extensive social work background and when I arrived in Wanaka from the UK I was keen to contribute to community activities where I thought I could use my skills and learn about the community which was my new home.

The Women's Support Group and the Senior Citizens Club were the two organisations that occupied my time in a voluntary capacity. Working as a volunteer and in a new environment was a challenge but it did accelerate my knowledge of vulnerable people at both ends of society – from younger women who were in need of various methods of support to those who are older and have been given the title of "Seniors."

The recruitment of people to be interviewed was a challenge but once they came forward they all stated that the process was extremely satisfying. They felt valued and had faith that the project would have a positive outcome – they were pleased to contribute. My concern was that there could be people out there who were isolated and therefore despite advertising the project they remained unaware or unable to take part. Having said this, 10 people were referred to the project by the Community Social Worker and the Senior Services Salvation Army coordinator and a volunteer.

The aims and reasons for undertaking the project are introduced in the executive summary but getting started was a lengthy process and my first learning experience was the importance of a thorough grounding in the preparation of funding applications. Also working in a rural town and the distances involved to inform and coordinate relevant agencies was new to me. I still remain daunted by the mechanics needed to help and support vulnerable people with the resources available which cover such wide geographical areas.

In the report many people are acknowledged for their support. However I need to mention "in dispatches" my project colleague Helen Millar whose work with the initial interviews and data collection got the project off to a head start. Her ongoing work and contribution are greatly appreciated.

The project interview questions concentrated on social/practical aspects of daily living with a small reference to hospital admissions and appointments. In hindsight I wonder whether these questions were too general in trying to cover too wide a remit. Nevertheless I believe the project is a valuable start in raising awareness of some of the difficulties faced by older people across the board and in particular in this area. Living in Wanaka is often described as living in paradise, but one of the greatest challenges of service providers in particular is to strive to capture those older people who are not coping and be there for them. This should reduce the problem of "willful blindness" a concept outlined in one of the T.E.D. lectures given by Margaret Heffernen. In it, she suggests that no town, however perfectly perceived, can assume that residents are immune to avoiding problems or denying their existence. This is a challenge for all of us as we strive to "live the dream."

There are many ways of completing surveys and projects and from the outset my aim was to make the project as inclusive as possible. In addition I wanted to create a sense of ownership that would be shared equally between the older people, stakeholders and service providers. The reality of this was that the respondents (older people) did share this aim as did a number of local stakeholders. However when widening the net of enquiries to larger organisations

their priorities were different and no real progress was achieved in terms of information sharing or interest in the project. I had expected referrals or enquiries but received none and this was a disappointment.

Understandably there is a healthy degree of skepticism with such projects and people quite justifiably asked questions such as

- *Why do this?*
- *Who is it for?*
- *What will happen as a result?*

The first is answered in the report.

The second is simple "It is to raise the profile of older people in our area, and draw any concerns to the wider community and relevant agencies."

Thirdly the findings will be a beginning, and hopefully serve to encourage a culture of interest, and concern to this generation so that when a need arises, help is consistently and readily available. Based on the interviews, albeit a small sample, there is now informed information with regard to a variety of need – we have to start somewhere.

Services for older people have developed significantly even in the short time I have been here. The Senior Service Post from the Salvation Army and the paid part time coordinator post of the Upper Clutha Senior Citizens Club have made huge inroads into providing fellowship and support for people over 65 years of age. I am very much aware that Wanaka can be such a generous community where acts of kindness are endless. If a cause captures the imagination there can be no limit to the community's willingness to roll up their sleeves and help out, whether it is fund raising or volunteering. The challenge is to make this cause – "the well being of older people" attractive.

Also new models of health care are striving to ensure that care is holistic and such a model is most likely subject to continual evaluation outside the scope of this report. In addition there are other societies such as the Cancer Society, Lions and Rotary to name but a few who will be addressing needs of older people in the course of their particular involvement.

We are particularly fortunate that the Senior Service Section of Work and Income New Zealand (WINZ) visit Wanaka from Queenstown, usually on a monthly basis together with home visits – Queenstown is too far for people to travel young or older alike.

Finally I would specifically like to thank Devon Hotop as my project mentor and Amanda Barusch as project supervisor who have both given great time and support throughout. I believe the project has been conducted with empathy for the interviewees and the necessary academic input from the University of Otago. It has taken some time to complete, but if any benefit, or further work no matter how small is derived, then it has been a task well worthwhile.

Sarah Ballard, Project Manager

Message from Helen Millar – Project Interviewer

I came to Wanaka three days after the February 2011 earthquake as I had nowhere to live in Christchurch, so a vacant family bach and stable unrolling ground beckoned me. Hoping to find some employment, I became a volunteer at Community Networks, the Salvation Army, Senior Citizens, the local library and the Upper Clutha Women's Support Network where I met Sarah who invited me to assist in the Project. With a Masters degree in English Literature and a career as a Specialist Advisor with the Ministry of Education I took over the interviewing when Sarah went back to England for a few months.

It was an uplifting and inspiring experience for me, during a time of great social and economic upheaval in Christchurch and I truly valued the interactions with older people in their homes, many affected by the quakes through extended family. Some had come to Wanaka because they had had baches here growing up, so retirement was a natural progression, but there were also many long-term residents who had seen the growth and changes. Hawea in particular seemed a very nurturing community and contrasted in part to the newer aspects of Wanaka, the wealthy retirees with large new homes, good investment incomes, and socially desirable networks.

So the Project became a multi-faceted snapshot of how Wanaka worked for the over 65's. Was it a retirement playground of golf, bridge, fishing, walks, bowls, crafts, gardening, Probus, Travel Club, U3A, and cruises to avoid the winter inversion layer? (Where people bicker about Queenstown, the sports facilities, the supermarket prices?)Or was it a community held together by volunteers plugging the gaps in healthcare and homecare? The inevitability of aging clouded the picture once taken and a philosophy of carpe diem shone through – make the most of it, do what you can now, no don't put me in a rest home, please!

It was difficult to assess the concerns around healthcare and its costs as doctors were reluctant to talk or be contacted. However the system seemed to work because it was a small town and someone always seemed to know someone else who had had an experience whether good or bad but worth sharing. Older people spend a lot of time discussing their health, even the fitter ones, injured by their sporting activities and certainly physiotherapists have no lack of patients; but a big concern was the need for facilities for Dementia/ Alzheimers sufferers and this is being considered more urgently now, as it is in other parts of the country.

With a recent overhaul and rationalisation of health/homecare services in the region, we would hope that accessing help is not so bureaucratic and circuitous (but funding cuts are alarming) and this remained a concern for the older population. Indeed the baby boomers have their work cut out for them in keeping an eye on their aging parents who in turn don't tend to grumble in front of them.

Whether or not the research undertaken in this project will be valued or the recommendations acted upon is debatable but, it was an experience enjoyed by all, interviewers and participants alike. It gave everyone a chance to air their thoughts.

If Wanaka's snapshot then looks different to the rest of the country it is a scene greatly enhanced by its natural beauty which makes any drawbacks in health or care worth enduring, not just a beautiful place to live in but a great place to die, as close to heaven as you can be.

Helen Millar, Project Interviewer

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Methodology

A needs assessment can be approached using a variety of methodologies, some of which do not involve direct contact with the population of concern. One might, for instance, use government data to compare the availability of services or the needs of a population across regions or across time. In the development of this project, the ACDT concluded that government data were not sufficiently fine-tuned to inform the development or expansion of local services. To quote the (ACDT) proposal, Needs Analysis for Older People in Wanaka and Upper Clutha:

"Currently there is limited quantifiable information regarding needs of older people and the services available to them."

Accordingly, the Trust proposed the collection of primary data. The use of diverse data-collection strategies is referred to as "triangulation," a methodological strategy that enhances the validity and richness of the results obtained. In this study, triangulation was achieved through the use of three data-collection approaches:

- Interviews and/or focus groups with key informants
- Interviews with older adults
- Focus groups with older adults.

The first data collection process was completed in 2008 as Stage 1 of this project. Results are available in a report titled, "Needs Analysis for Services for the Elderly," prepared by a qualified social worker who was on a placement at Community Networks. This report is cited in the ACDT proposal. It documented available services for older people in the Upper Clutha, and gives names, addresses, and a brief description of each service provided.

Project Supervision proceeded via in-person contacts, as well as phone, skype and email. All have strengths and weaknesses. In-person contact allows for the most in-depth conversation as well as shared review of surveys and notes. But given that project team members were at times distant the other methods proved good second-best alternatives.

Development of Interview Protocols

The design of the survey began in October 2010. Survey questions were drawn from several sources, including a survey developed by Prof. Barusch. Questions developed for this project, were based in part on suggestions from a focus group with seven older adults on 18 March 2012 (the "pilot project"); and established research instruments. All questions were pilot-tested on a small group of 10 respondents before the final instrument was printed. The protocol is included as an appendix to this report.

Questions from Barusch study: Several of the early sections of the needs assessment survey were drawn from the Barusch study, as they had been tested extensively with older adults and proven effective. These include the introduction, living arrangements, finance, social interactions and community involvement sections, as well as those originally adapted from the Nottingham Extended Activities of Daily Living Scale (mobility, sensory impairment, domestic, kitchen, and leisure sections).

Questions developed for this project: Additional sections were developed and refined following a focus group with older adults from the Pilot Study. These aimed to reflect concerns more immediate to the local needs. These include sections addressing major expenses, assistance from agencies or service providers and carers, hospital/specialist/outpatient experiences, mental health, access to medical services, constraints, and questions specific to Wanaka. It included both closed and open-ended questions.

Questions from established research scales: Because loneliness was perceived as a significant consideration for older adults, the UCLA Loneliness Scale was included in the mental health section. In addition, a commonly used question known as "self-rated health status" was included. This is a single question that has been widely used to assess general health status. " It is quite efficient for this purpose, and has been proven to have acceptable reliability and validity in numerous studies.

Data Collection

The Interviews: Recruitment was largely by word of mouth and leaflet publicity. While the project was generally successful at recruiting mainstream older people we found it difficult to secure participation from potentially vulnerable groups. In addition, we found men more reluctant than women to engage in interviews.

Each interviewee was given a consent form from the university together with an explanatory note about the interview process and possible outcomes. A decision not to tape the interviews was made as preliminary trials proved unpractical and time-consuming. The interviews were carried out in respondents' homes by Sarah Ballard and Helen Millar. They lasted between one and a half and two hours. Every effort was made to ensure that the interviewees had the opportunity to have someone else present if they wished and/or to discuss the process with their family. The majority chose to act independently.

The Focus Groups: These groups can be used for several purposes. In this study they were used for instrument development; to verify and expand on the results obtained from individual interview; and to thank participants for their engagement. The groups were made up of interviewees, volunteers and project staff.

Pilot Study

At the end of 2011, prior to the formal process of data collection, interviews were conducted with ten older adults (3 men and 7 women). There were some initial concerns that the instrument might be too long or the loneliness scale, too disturbing, but neither proved to be a problem. Instead the interviews were well-received. We explored the possibility of couple interviews. Given that men were reluctant to participate it was initially seen as a way to

attract them; however, after four such interviews the team concluded that they posed more difficulties than they solved.

As mentioned above, a focus group for the pilot study was held with older adults in March of 2012. Issues identified in this group were used to inform development of the instrument. Results also informed the study. For the most part, respondents had moved to Wanaka. They raised concerns regarding loneliness (particularly for widows). Another issue related to computer use – several expressed a desire for classes and support in using computers. We note that there is a vibrant Senior Net club in Wanaka, but it may be too advanced for some so there may still be a need for a more basic club to help people with computers.

Respondents also emphasized the importance of safety alarms. Rounding figures up a personal safety alarm costs $40 a fortnight and the cost can be funded by WINZ subject to income and medical referral. The R.S.A. (Returned Servicemen's Association) will also consider appropriate funding applications. The St. John Membership provides ambulance cover and is $45 per annum for a single membership and $60 for a married couple. The 0800 502323 free phone enquiry number was particularly helpful with these figures. Without exception the respondents who had the safety alarms were very impressed with the response when needed.

The Interviews

The interviews addressed 10 topics: characteristics and living arrangements, finances and expenses, social interactions and community involvement, mobility and sensory impairment, functional abilities, assistance from agencies or service providers, mental health, physical health and medical care, constraints from living in Wanaka, and general comments. Results for each of these are presented below.

From 2011 to 2013 a total of 72 older adults participated in in-depth interviews (4 couples and 64 individuals). To facilitate data analysis we used responses from only one member of each couple, so the results reported here are based on a total of 68 respondents.

Data Analysis

Respondent Characteristics and Living Arrangements

Their demographic characteristics are presented in Table 1, below. Most (64%) of them were women; most identified as Pakeha (18%) or European (80%); and they ranged in age from 67 to 102, averaging 83 years. While a few reported that their health was fair (19%) or poor (3%), the vast majority (79%) described their health as good or better.

Notably, most respondents (65%) reported that they lived alone, which may be a risk factor for social isolation. While some respondents reported living in the area less than 5 years, the average was 30 years, with one reporting having lived in Wanaka for 94 years.

Table 1: Characteristics of Interviewees
(4 Couples; 64 Individuals)

Gender		
	Female	41 (64%)
	Male	23 (36%)
Age		
	Range	67 to 102 years
	Mean	83 years
Ethnicity		
	Pakeha (New Zealander)	11 (18%)
	European	48 (80%)
	Other (part Maori)	1 (2%)
	Missing	4
Duration in Community		
	Range	1 to 94 years
	Mean	30 years
Living Arrangements		
	Living Alone	41 (65%)
	With Partner/Spouse	19 (30%)
	With Adult Children	2 (3%)
	Other	1 (2%)
	Missing	1

Finances, Expenses and Money Management

The instrument included several questions related to finances, expenses and money management. The vast majority(93%) reported receiving New Zealand Superannuation; and most (87%) indicated that their level of financial support was adequate. Only eight respondents (13%) indicated that it was not. This is indicated in Table 2, below.

Table 2: Financial Support Reported as "Adequate"

Yes	55 (87%)
No	8 (13%)
Missing	1

Respondents were also asked to describe the impact of expenses on their finances, using the following response options: “high impact,” “some impact,” “a little impact” and “no impact. Most reported that power bills and food had a high impact on their finances. Medical care came next, with 42% indicating high impact, followed by transport, and rates.

Table 3: Impact of Expenses

Item	High Impact	Some Impact	A Little Impact	No Impact
Food	32 (53%)	19 (32%)	4 (7%)	5 (8%)
Rates	21 (34%)	18 (30%)	10 (16%)	12 (20%
Transport	23 (38%)	18 (28%)	10 (16%)	12 (20%
Medical Care	27 (42%)	12 (20%)	8 (13%)	13 (22%)
Power Bills	34 (56%)	12 (20%)	3 (5%)	12 (20%)
Domestic Help	3 (5%)	5 (8%)	10 (17%)	42 (70%)

Respondents were asked to describe the extent to which they were able to manage their own money. With the exception of four individuals who reported that they were either “unable” to manage their funds, or able to manage “with help” or able to manage with difficulty, the vast majority reported that they were able to manage their money. However, only a few were able to do Internet banking without assistance. The majority were able to manage conventional banking independently; however, again, a significant minority indicated they were either unable, able with help, or able with difficulty.

Table 4: Money Management Abilities

Do you manage your own money when outside?		Do you do Internet banking?	Do you do conventional banking?
Unable	1 (2%)	47 (73%)	6 (10%)
With Help	1 (2%)	5 (8%)	7 (11%)
Alone Difficult	2 (3%)	-	1 (2%)
Independent	60 (94%)	12 (19%)	49 (78%)

Social Interactions and Community Involvement

To describe respondents’ social interactions we asked about

- their activities
- time spent socializing with family and friends
- the presence of support people they could call on first, in the event of an emergency; second if they wanted company; and third for advice.

With respect to community involvement, we asked whether they engaged in volunteer activities, whether they voted in the last council election; and whether they had helped someone recently.

Finally, we asked respondents to describe their satisfaction with their social activities using one of the following response options: “not at all satisfied” “somewhat satisfied” and “completely satisfied.” (Please see Barusch & Waters, 2012, for more information on these measures.)

Activities

Respondents were invited to list the activities they were involved in, and they listed a range from 0 to 6 or more activities with an average of 3. Their responses are summarized in Table 5, below. Then they were asked to indicate the extent to which these activities made them feel part of the community. Most and (42; 69%) said the activities made them feel “very much” part of the community; however six (10%) indicated “not at all;” and 13 (21%) chose “somewhat.”

Table 5: Number of Self-Identified Activities	
0	5 (8%)
1	5 (8%)
2	13 (20%)
3	15 (23%)
4	14 (22%)
5	3 (5%)
6 or more	9 (14%)

Time with Family and Friends

We asked respondents how many days in the week prior to the interview they had spent socializing with family and friends. Their responses, summarized in Table 6, indicated that they were somewhat more likely to spend time with friends than with family. We also asked how many people they talked with the day prior to the interview. Responses ranged from 0 to 40. (We suspect that the individual who spoke with 40 people attended a major public event on the day prior to the interview.) About a third of respondents (35%) reported spending no time with family; while 8% reported spending no time with friends. Most (91%) reported that the day in question was typical for them.

Table 6a: Time with Family and Friends			
	Minimum	**Maximum**	**Average**
Days with Family Last Week	0	7	2.5
Days with Friends Last Week	0	7	3.1
How many people talked with yesterday	0	40	6

Support People

To gauge the availability of support people we asked respondents whether they had someone to call on in various situations. Their responses are summarized in Table 7. The vast majority could identify someone to help out in each of these three situations though, again, a vulnerable minority could not. Further, while most respondents reported receiving support from family (78%) and friends (55%) just under half reported receiving support from their neighbors (48%).

Table 7: Someone to call on		
	No	**Yes**
In an emergency	7 (12%)	54 (89%)
For company	2 (3%)	61 (95%)
For advice	2 (3%)	61 (95%)

Table 7a: Support from Family, Neighbors & Friends		
	No	**Yes**
Support from Family	14(22%)	49(78%)
Support from Neighbors	33(52%)	30(48%)
Support from Friends	28(45%)	34(55%)

Community Involvement

Respondents' involvement with their community is summarized in Table 8. Whereas solid majorities reported voting (79%) and helping someone (70%), less than half of respondents (44%) said they were involved in volunteering.

Table 8: Community Involvement		
	No	**Yes**
Do you volunteer?	35 (56%)	28 (44%)
Did you vote in the last council election?	13 (21%)	48 (79%)
Have you helped someone recently?	19 (30%)	44 (70%)

Satisfaction

Most respondents (63%) reported they were completely satisfied with their social activities; but five (8%) were not at all satisfied; and 17 (27%) were only "somewhat satisfied." This was a very positive reflection of a healthy state for older adults – again a challenge would be to capture those people who will be around that do not have this positive experience.

Table 9: How Satisfied are you with your social activities?	
Not at all Satisfied	5 (8%)
Somewhat Satisfied	17 (27%)
Completely Satisfied	40 (63%)
Missing	2

Mobility and Sensory impairment

Respondents were asked whether they had visual or hearing impairments. We also used questions from the Nottingham Extended Activities of Daily Living (EADL) scale to gauge their mobility (Gompertz, Pound & Ebrahim, 1994; Nouri, Lincoln, 1987). Less than a third (28%) reported experiencing visual impairment, while 14% reported hearing impairment.

The instrument included several measures related to mobility. The EADL results are summarized in Table 10. Nearly half (41%) reported need with at least one mobility activity. Activities that most challenged respondents were traveling on public transportation, driving a car, and walking over uneven ground. Over a quarter of respondents (27%) reported being unable to use public transport, 17% reported they were unable to drive a car, and 14% reported they were unable to walk over uneven ground. In addition, we asked whether they had any difficulties getting around, to which 15 (24%) said yes. Most (83%) were not aware of the Total Mobility Scheme.

Being independent both physically and being able to drive may be seen as one of the most important features of well being. To have these compromised in any way is perceived as a real threat. Planning for such eventualities can be helpful but understandably people want to get on with their lives and meet problems when they arise. These figures suggest that impairment of independent mobility is on the increase so some forward thinking and change of culture needs to be addressed. Perhaps encouragement for older people when they can no longer drive could be given to help them use local transport options limited as they are. Safer

pavements and road side curbs are a long standing concern that needs to be acted upon to accommodate mobility scooters, walking frames and generally make walking around town less hazardous. Having said that new road additions do appear to have attempted to address safer curbing, but getting around town is still a challenge for many of the respondents.

Table 10: Mobility Needs

Activity	Unable	Able with Help	Alone with Difficulty	Independent
Walk around outside	2(3%)	7(11%)	6(9%)	49(77%)
Climb stairs	6(9%)	6(9%)	8(13%)	44(69%)
Get in and out of car	--	5(8%)	2(3%)	56(88%)
Walk over uneven ground	9(14%)	5(8%)	12(19%)	38(59%)
Cross roads	4(6%)	4(6%)	6(10%)	49(78%)
Travel on public transportation	17(27%)	2(3%)	4(7%)	39(63%)
Drive a car	11(17%)	4(6%)	1(2%)	47(75%)

Functional Abilities

Respondents' needs for help with domestic, kitchen, and leisure activities are summarized in Table 11. Nearly half (41%) reported needing help with at least one domestic task, most often with housework. Over a third reported that they were either unable to do housework (8%) or that they could only do it with help (28%). Only a few (11%) reported needing help with kitchen tasks, most often carrying drinks from one room to another. Over half (68%) reported need for help with one of the leisure tasks. Nearly half (47%) of respondents indicated they were unable to use email or the Internet and 40% were either unable to manage a garden or could do so only with help.

Changes to traditional input from home care is a subject in itself and will be under review as expenditure by necessity is an issue "not to be avoided" Again these figures suggest a high percentage of older people will be increasingly more reliant on help with daily living no matter how mundane this may appear. These aspects of functioning and associated care have wide implications for family, carers and volunteers as a balance between formal and informal care is examined.

Table 11: Domestic, Kitchen, and Leisure Needs				
Activity	**Unable**	**Able with Help**	**Alone with Difficulty**	**Independent**
Wash small items of clothing	4(6%)	2(3%)	2(3%)	56(88%)
Do housework	5(8%)	18(28%)	5(8%)	36(56%)
Do shopping	7(11%)	9(14%)	--	48(75%)
Do a full clothes wash	4(6%)	4(6%)	3(5%)	53(83%)
Feed yourself	--	--	2(3%)	60(97%)
Make yourself a snack	1(2%)	1(2%)	2(3%)	59(94%)
Carry drinks from one room to another	1(2%)	4(6%)	4(6%)	55(86%)
Do the washing up	1(2%)	3(5%)	2(3%)	58(91%)
Make yourself a hot drink	1(2%)	1(2%)	2(3%)	58(91%)
Read newspapers or books	3(5%)	1(2%)	2(3%)	58(92%)
Use telephone or mobile	1(2%)	--	4(7%)	57(92%)
Write letters	7(12%)	2(3%)	2(3%)	50(82%
Use email or Internet	30(47%)	--	--	27(47%)
Go out socially	7(10%)	5(8%)	--	47(73%)
Manage your garden	11(18%)	14(22%)	4(6%)	32(53%)

Assistance from Agencies or Service Providers

Respondents reported having received help from (in order of frequency): home care (25%), a medical social worker (14%), a church group (13%), Salvation Army (13%), and volunteers (12%). These results are summarized in Table 12

Table 12: Assistance from Agencies or Service Providers	
Received help from medical social worker	9(14%)
Received help from home care	16(25%)
Received help from church group	8(13%)
Received help from Salvation Army	8(13%)
Received help from Volunteers	7(12%)

Most respondents (64%) were aware of the food bank's services, but only one in three (32%) would consider using it. We wonder whether this reflects a general reluctance to take charity or government assistance.

Almost 1 in 5 (18%) reported having needs that went unmet. These included

- loneliness
- really tricky footpaths – especially if you have had a recent injury – then it becomes obvious. And quite a nightmare
  Help with house work/or keeping the garden in check is not so readily available
- St, John alarm – the cost – prohibitive for many
- Help with using the internet – people feel disempowered by technology when prior to this they coped perfectly well

(We note that services or resources may be available to meet some of these needs, so the issue may be lack of awareness rather than a need for additional resources.)

Most (63%) had a community service card, and the vast majority 89% had a gold card. 39% of respondents had used the community service card in the month prior to the interview. Most of these (97%) reported the gold card was not helpful.

Mental Health

Six respondents (10%) reported having at one time received a diagnosis of mental illness. These included: anxiety, panic attacks, depression, bipolar disorder, post-traumatic stress disorder, and seasonal affect disorder.

Loneliness/Isolation

The UCLA loneliness scale that we used in this study is probably the most popular international measure of this important concept. Interestingly, it has been used in two New Zealand studies in addition to this one. (Citations for these are found in the references section of this report.)

First, in 1988, Robert Knight and his colleagues from the University of Otago surveyed 978 older adults in Milton. In this sample, older men aged 60 to 69 years averaged a 34 on the scale, while women in the same age group averaged 37. Among 70 to 79 year older men and women both averaged 33. The observed gender differences were not statistically significant.

Then, in 1996, Loma Hector-Taylor and Peter Adams, from the University of Auckland, published results of a study of 500 older adults in Auckland. The mean age was 71 (range from 60 to 90). These authors reported two distinct averages: 37 for what they called "state" loneliness and 38 for what they termed "trait" loneliness.

Respondents in our study averaged 36 on the UCLA scale, with women scoring significantly higher (more lonely) than men. Women in our study reported an average score of 39, with

men averaging 30. This difference was statistically significant. We identified several possible causes for this gender difference:

- Woman could be more likely to admit to loneliness
- Bereavement
- More woman than men living alone in the area

We also noted other possibilities:

- Inadvertent pressure to be seen to be thriving in a vibrant society/environment
- Harder to feel/be included if one does not fell able to push for inclusion
- For the older person new to town energy is require to be included and that could be a problem
- Restrictions such as limited mobility and admitting this.
- Hearing impairment can result in "disengagement" and ultimate exclusion possibly increasing ones feeling of isolation and loneliness

Physical Health and Medical Care

Self-reported health status is an important measure of physical well-being. Most (89%) respondents indicated that their health was good or better; but over one in five (22%) indicated fair or poor health.

Table 13
Health Status (Self Reported)

Excellent	8 (13)
Very Good	21 (33%)
Good	21 (33%)
Fair	12 (19%)
Poor	2 (3%)

Medical Care

Respondents indicated fairly high need for and utilization of medical care.

- Over half (55%) said they had been diagnosed with a chronic physical illness, with arthritis the most common.

- Most respondents had given some thought to their future care needs; and three quarters (75%) said they had completed an enduring power of attorney to direct their health care.

- Nearly half (44%) of respondents reported having been inpatient in a hospital in the last 12-24 months.

- Just over a quarter (27%) had a safety alarm.

- Nearly a third (30%) reported having had a fall in the 12 months prior to the interview.

- Five (9%) reported difficulties managing their medications

Living in Wanaka

When we asked respondents what they liked about living in Wanaka, the vast majority (91%) mentioned "environment-climate" as their first response of what they like about living in the area; "family" and "friends" are also mentioned by over half (59%) of respondents. Nearly all of those who moved to Wanaka did so by choice. In this group only 2 mentioned that the move was not their choice.

Respondents had many favorable comments about Wanaka:

"[It has] the best climate in New Zealand, [is] beautifully scenic with lots of activities."
"People are very friendly and make you very welcome."
"[It is] a perfect place!"
"Smashing place to live!"
"Very nice, friendly place, easy for shopping, beautiful scenery."

At the same time, when they were asked what advice they would give to someone who was considering a move to Wanaka respondents some raised concerns, particularly about the cost of living. Here are some of their warnings:

"There are a lot of unfriendly people here. Many people coming here now have too much money."
"Be very careful that it is right for you."
"Bring money!"
"Bring plenty of money! Get out and meet people"
"Bring warm clothes!"
"Consider your income very carefully."
"Don't come if you have health problems!"
"Don't move to Wanaka township. It's too crowded.
"Expenses are high. You must budget to live here."
"Transport is a problem in Hawea."

General Comments

At the close of the interviews we invited respondents to add any general comments they liked. These are summarized below:

"Access to footpaths is difficult for people on mobility scooters; city council should upgrade facilities for older folk walking; gutters are too high."

"You must be social to survive here."

"Having been here for just a year, the older people are valued here; but you must go out and meet people and join in. No one may know you are here!"

- "Problems getting rid of garden rubbish and weeding; cleaning out the log burner, collecting wood all really hard when your body won't let you do things the way it use to.
- Needs smoke alarm check
- Supermarket [should carry] smaller portions of veggies for singles"

"Needs a day care centre for Alzheimer's [victims]"

"Handles for recycling bins would be good." And help with putting the bins out and back in.

"You have to be able to speak out for yourself. Don't wait for people to phone. You need friends. Accept invitations if you can."

Gender Comparisons

1. *Women were significantly more likely than men to live alone*. 78% of women vs 44% of men reported that they lived alone. Men were more likely to live with a spouse: 48% of men, and 20% of women reported this arrangement. This finding was statistically significant ($p<05$).

2. *Men were somewhat more satisfied with their social activities*, averaging 2.8 on our 3-point scale, compared to an average of 2.4 for women.

3. *Women were significantly more lonely than men*, averaging 39 on the loneliness scale, compared to an average of 30 for men. This finding was statistically significant ($p<.05$).

In addition, our interviewers observed that whereas men who lived alone generally had ready access to support and assistance, older women who lived alone tended to be more independent. Likewise, men appeared to be more content, though it is possible that they were generally reluctant to complain.

Focus Groups

All interviewees were invited to participate in focus groups as a way of thanking them and inviting additional comments and ideas they would wish us to note. Forty-eight interviewees attended focus groups. Participants were predominantly female, though a few men did join in. Helen and Sarah attended all the groups.

Group Number (Date)	Men	Women	Both
One (5 Nov. 2012)		7	7
Two (13 Nov. 2012)	2	5	7
Three (14 Nov. 2012)	3	6	9
Four (10 Dec. 2012)	0	9	9
Five (13 Dec. 2012)	3	7	10
Six (17 Dec. 2012)	3	3	6
Total			48

- **Money/costs** – respondents expressed concern that costs are high for items ranging from food and clothes to medical care
- **Transport –** This was a big issue, with several specific concerns: cyclists need bells, state of tracks is problematic, difficult to park, concern regarding loss of drivers license, general difficulty of getting around
- **Computers** – Older adults in this study expressed the need for help adapting to new technology
- **Loneliness** – This was discussed and respondents emphasized the risk of loneliness when family are not around
- **Independence** – Information about community supports was seen as vital for enabling seniors to help themselves
- **Families** – Respondents emphasized their desire not to rely on family. They also mentioned loneliness when family's away, and the importance of grandchildren
- **Gold Card** – Several respondents said they were not able to use it in enough places.
- **St. John Alarm/Membership** – There was confusion about the St. John membership.
- **Community Networks** – Groups and respondents varied in their knowledge of services provided by Community Networks.
- **Wheels to Dunstan** – This service was viewed positively but many were unaware of it.
- **What can/should be done for seniors** – Respondents had several suggestions: resource directory, Bloke's Shed, New Ladies to Wanaka, information about Community Networks, help with gardening, fridge magnets (see computers, above) (Since these views were raised it needs to be noted that fridge magnets are now available from Community Networks as a result of the Have A Heart Campaign held earlier this year. They are available at Community Networks)

Focus Group Summaries

This section provides a summary of the process and content of each of the six focus groups.

Focus Group 1

Present: Helen, Sarah, volunteer, 7 seniors (all female interviewees)
Location: The Print It Community Room
Time: 5 November, 2012
Discussion Summary (1.5 hrs):

Most of the group arrived early or on time and all knew each other. They were happy to have a volunteer along and were happy to have their photograph taken in the event of any publicity. The discussion lasted for and hour and a half and ended with afternoon tea and a glass of wine. All the groups just loved this and appreciated the care that had gone into the preparation with "posh" china and other such goodies. "It's nice to know that anybody cares." This was a very positive meeting where the group enjoyed themselves and felt validated and they all hope something good will come out of it.

Issues Raised:

- *Was Wanaka the best place for retirement as other towns are now being cited such as Oamaru, as it is less expensive. See recent article in the paper.*
- *Another independent supermarket would provide competition, as costs of food and other goods is of a particular concern. Is home delivery an option? Four Square do offer this service.*
- *Buying clothes in Wanaka is a big problem as the shops are all for younger people and expensive.*
- *More thought to be given to help people stay in their own homes as not everyone wants to move into a retirement village.*
- *Issues of empowerment were raised about standing your ground with relatives or professionals especially when discussing future care options.*
- *The use of a personal computer (PC). brought empowerment into discussion as the present club is very advanced and people want just a reminder of how to cope with the basics and what to do if they have a problem. Four people out of seven had a PC. There is a person who is very good and will help you out but it does cost and the group did bemoan the closing of the free computer courses in recent years. Perhaps more use of the student placement scheme at Mt. Aspiring College could fill a need as the young people are always keen to show their knowledge in this area.*
- *There was recognition and discussion about families not having time to spend because of other commitments and not always living locally.*
- *"Help yourself and make enquiries" was also discussed – maintain independence. Perhaps a resource directory at Community Networks could help.*
- *Transport was quite a big issue for one or two of the group going to Dunedin in particular for hospital treatment but Wheels to Dunstan is highly valued. "too difficult to park in town"*
- *Role reversal "I still want to be in charge of myself"*
- *Loneliness – "When the family go I fall to pieces"*

- *General – "All are getting taller while I am getting shorter" in relation to grandchildren.*
- *Wishes*
    - *Transport and maintaining independence were seen as the two most important aspects of life.*
    - *Not to rely on families and to acknowledge that they have busy lives.*

Focus Group 2

Present: Helen, Sarah, Mo Schofield (volunteer), 7 seniors (2 men/5 women) two married couples
Location: The Print It Community Room
Time: Tuesday 13, November 2012 (11:15)
Discussion Summary:

One respondent was frail, required transport, but was able to participate; others were independent.

Transport was a theme (high costs, little competition). Two people of the 7 have used Wheels to Dunstan with some people saying that they believed it was only for "really sick" people.

Not everyone in the group has found it easy to settle in Wanaka and someone spoke with feeling about the high costs, and the price of the view and was it worth it. This needed a bit of management as their feelings were strong and in danger of offending others who really love Wanaka.

The Gold Card was also a "hot topic" of discussion and one person said they had been able to use it in Cromwell in a café.

Discussion of a resource directory in addition to the Messenger being available both at Community Networks and perhaps the library and as it should be more accessible. Most participants were aware of Community Networks and where it was situated.

The "Blokes Shed" was mentioned as something that had not taken off in Wanaka but had been a success round the country. This is where men can meet to "have a yarn" and there is a facility to do carpentry or other small works of that kind. The shed is very much a chill out zone but obviously has not taken off.

New Ladies to Wanaka was also mentioned as a good source of meeting people but realistically this is used by a younger age group with very great success.

Focus Group 3

Present: Helen, Sarah, and 9 seniors (6 women/3 men – one couple)
Location: Print It Community Rooms
Time: 14 November 2012 (11:15)
Discussion Summary (2+ hours):

One person needed transport and I would say that two people were frail, plus another who was moderately so. This was a large group and possibly the maximum to ensure everyone is included. Sarah did suggest that people spoke only one at a time if possible because of the acoustics but people chatted happy on regardless. This was a large group but people were all heard and again were very positive about the aims of the project as one person said "we need looking after"

Six out of the nine people did not know about Community Networks so one of the group explained for the rest.

Topics covered in this session were:-

Isolation especially if there is no family around

Loneliness: Needs to acknowledge it is there and at least two people spoke about it as being an issue for them.

St. John Alarm and membership was discussed at great length and how good the alarm system was albeit expensive. There was confusion about the difference between having an alarm and just being a member. Again this highlights gaps in knowledge and everyone having a different tale to tell adding to the inconsistencies of help available or the publicity of services.

Getting round town and the state of the tracks took a lot of discussion – these are all areas of potential exclusion for older people.

Cyclists and need for them to have a bell was again an issue that people felt very strongly about as they "wiz" by giving us all a fright.

Footpaths and getting around was also cited as very hard.

Driving license came up as one lady had had hers taken away after a police visit. There may apparently someone had reported her going over a white line. There may be another side to this story.

Use of Gold Card and Community Service card discussed with animation – another thing to check about a reduction in ambulance cost for people on Community Service Card. Also how much help one receives from your own doctor if you need transport.

Focus Group 4

Present: Helen, Sarah, Devon, 9 seniors, one spouse, one volunteer
Location: Print It Community Room, Brownstone St., Wanaka
Time: Monday 10 December, 2012
Discussion Summary:

This was quite a large group and hearing properly was an issue – far more than people admitted. However generally everyone was able to take part. Not hearing is perhaps something that is thought to be expected as part of growing older but it is also the very thing that isolates participation in many areas of living. The room we use is accessible, light and cost effective – a generous community resource.

Although people did enjoy the afternoon tea and conversation was lively the group was not as readily forthcoming as the other 4 groups, possibly the presence of one person who was disaffected changed dynamics.

Issues slowly emerged such as home care, getting around town particularly as one person's mobility has changed since interview but as regards home care no real new information came to light than was found in the interviews

About half of people did not know about Community Networks, how it works, or how to access help. One suggestion was for them to have something like a "fridge magnet" with their number for help. This was a good opportunity for Devon to give a short explanation of this and the remit of the project. The point was also made that you only find out about help or the lack of it when you need assistance.

A fair amount of discussion did take place about the St. John alarm and there was variation and confusion about the costs of both the membership and the alarm itself.

Health and medical issues also came to the fore so much so that I did remind the group that the questionnaire was specifically general because we did not have the mandate to "delve" in to people's health complaints. However if we could identify a trend then we would do our best to make sure this was included in any final reporting.

High medical costs were quoted for after hours visits to the medical centre from 2 people. Also prescription charges and charges for blood pressure and regular monitoring were cited as high and people were not happy about them. However two people said that medical costs were higher in Invercargill and Dunedin and services generally not as good. Access to help such as gardening when people were ill or not able to continue was discussed and again inconsistency comes across as to how people get to know about such help and how they get it and who refers

The medical issues seemed to dominate this group and Sarah had to actively encourage other areas of discussion.

One or two people were very concerned as to how and where the information from the project was going to be taken forward. This was the first group that wanted to know time scales on the reporting and outcomes.

Focus Group 5

Present: Sarah, Helen, 10 seniors (3 men/7 women)
Location: Print It Community Room, Brownstone Street, Wanaka

Time: Thursday 13 December, 2012
Discussion Summary:

Although there were a large number of people the hearing issue did not present itself at all. Everyone was able to participate with only one person remaining quiet with assurances that they were alright. One person came as a supporter and another as a paid carer – the paid carer did not contribute – she was far too young. With two exceptions participants were fairly robust, conversation was fluent and not always directed to problems.

The first discussion was around transport and a suggestion was made that perhaps the chamber of commerce or local businesses could do more to facilitate transport that was free and regular, rather like a circular bus route round Wanaka, Luggate, and Hawea. The rational for this was that we are all living longer but might not be able to drive and without a licence getting around was really hard. It was noted that people always want to visit the hairdresser, the chemist, the shops or the medial centre – all regular visits that a bus could be used for. One person believed that without being able to drive you would not be able to live in Wanaka. From this came the subject of "Wheels To Dunstan" which was viewed very positively. However only 4 people out of ten had used it and others did not know how to access it.

It was shared in conversation that in Cromwell at the information centre there are volunteer drivers who will take people to their local medical centre for $5. This was seen as potentially very valuable for transport to the new medical centre here.

Still on the theme of driving and transport defensive driving or a course post accident or prior to license renewal was recommended to gain confidence. People in general did not want to think about losing their licenses – they took "one day at a time" that was said with feeling.

A further point of discussion was about the use of a PC. and also new technology and how it changes so quickly. The fact that everyone now is referred to the web was an issue and I gave my own example of my husband ringing the council and being advised to do just that without any indication that they were willing to do otherwise. Information was given about a person who was very good and would show you how to manage a PC. at home. It was acknowledged that "Seniornet" had moved too fast and people did get left behind.

Brief discussion took place about ACC. citing an example of someone who had had a fall and had not thought of ACC. and perhaps more importantly had not been directed to that path either. Not too much discussion about medical issues took place today, it was very much about social and general topics. In fact the topic of all the pubs in town was brought up and one person said that they hoped the new pub would "show respect for my age" as the District Club does.

The Gold Card was seen as an important "no use here" theme. Senior Citizens was viewed really positively as an informal place to meet, and one or two said they would be "lost without it" and it was described as "wonderful" Its only drawback was that the venue was a

way out of town and so a drop in centre was very much supported by the group. The drop in centre or Community House is a hot topic in Wanaka and it remains to be seen how long it will take before its completion.

A theme throughout the groups is that there should be some sort of resource directory available with helpful telephone numbers. Fridge magnets come to mind as it was a suggestion in the last group.

One person said that she thought the carers needed a mention as they do need a break and this was endorsed by someone else. I explained that their situation really did merit a study of its own as we could not do justice to it with this project – perhaps it is something to consider for the future.

Focus Group 6

Present: Helen, Mo (a volunteer), and Lisa (community Representative) 6 seniors (3 men/3 women)
Location: Community Shed, Makarora,
Time: 17 Dec. 2012
Discussion Summary: The group estimated that the population of Makarora was about 80 people with 10 people being over the age of 65. Contrary to other trends the younger people are the majority. When asked how the community would respond to a project of this kind it was thought that they were well supported mainly by each other.

On average people have lived here for about 30 years – they tend to move away once they need to, and would probably move to places like Alexandra or Cromwell as Wanaka and even Hawea are considered to be too expensive.

Although the area may have a feel of isolation the point was made that this is not seen as an issue as people do look out for each other and those that do not mix do this as a choice. Also people have chosen to live here so are happy with the life style. There are seasonal workers passing through where employment tends to be in one of the two cafes, hospitality, or on the coast such as jet boating and other water or nature activities for example with the Department of Conservation.

No one knew about Community Networks in Wanaka either its location or function and although there was some knowledge of the wheels to Dunstan service, all of the group thought that they would not qualify because of the distant location. The village often relies on the local post van for a journey.

No one was a member of St. John Ambulance, nor did any of the group have a St. John Alarm. An instance was cited of a person needing an ambulance and although they had lit the path to the home the ambulance said they could not find the address so did not attend nor, make a good effort – a neighbour had to intervene so that the person could receive treatment.

When asked about help from The Community Board, which is based in Wanaka, positive reports of the board taking an interest was noted.

People travel to Wanaka or Cromwell for shopping, and also to Wanaka for medical appointments and the like. It is accepted with no demands. In an emergency they would call 111 and there is a local person who has a helicopter who is very generous and will use his own if a real emergency presents.

Case Studies

In-depth case studies lend a human face to the statistics in this report. Sarah Ballard met with six older adults; five women, and one man[1]: Mary (81 yrs old, divorced), Sally (81 yrs old, widow), Patricia, (84 yrs old, widow), Della (84 yrs old, widow), Florence (75 yrs old, divorced) and Zack (70s, separated). Her interviews give a fascinating glimpse of the personal histories of some of Wanaka's older adults. Here are brief summaries from her notes. All respondents reviewed the notes from their interviews and approved their inclusion in this report.

Notably, all of the women mentioned transport and the cost of living as significant concerns. Two have experienced loneliness as well. Those who were not lonely reported that they engaged successfully with new communities and organizations, leading some to wonder to what extent loneliness might be associated with personal traits or losses that may not be amenable to intervention.

Mary

Mary was born in the UK, moving to the North Island in 1962. She moved to Wanaka late in life to be close to her family. She had an active career and finds retirement unfulfilling. She has found it hard to make friends, and does not like to "follow the herd". She faces financial challenges, as she relies on her superannuation and a very small pension. She thinks her home is too large, and it is expensive to heat. Mary finds shops and medical services convenient and likes her doctor. She thinks Wanaka's growth might bring more like-minded people to the community and could reduce her feeling of isolation. In retrospect, she thinks it was a mistake to move to Wanaka and misses her old friends. Her main concerns are loneliness and the cost of living.

Sally

Sally is recently widowed. She was born in New Zealand and moved to Wanaka 32 years ago. She comes from a farming background, and her family live in the area. She values the farming community, and has made a good friend of her next door neighbor. Sally finds Wanaka very convenient and recently moved to a retirement village where she has many contacts and feels safe. She remembers caring for her husband as quite difficult and stressful. She feels she could have used more community support and home care then, and was relieved when he went into rest care. She thinks there is a culture of "haves and have nots" in Wanaka and suspects there is an undercurrent of racism. She does feel forgotten sometimes, and lonely in the evenings, "Once the door is closed and there is no one to share the day's events with."

Patricia

[1] All names are pseudonyms.

Patricia was born in Southland, the eldest of 6 girls, three of whom are now deceased. Her parents encouraged her to get an education and supported her career, as did her husband. Work has always been important to her. She is close to her daughter, who lives locally, and has grown grandchildren in the area who she doesn't see very often. One highlight for Pat was her travel with The South East Pacific and Asian Woman's Association. She presented a paper on social benefits in New Zealand and has traveled extensively with this organization. Her husband died in 1999, and she still misses him daily. After his death, her daughter suggested that she move to Hawea. Initially she was very lonely and found it hard to make friends. But she felt it was a good decision. But she had a fall, and decided to move into a retirement village. Here there is a ready-made social life and Pat has a job to do organizing films. She uses a taxi and makes the most of the mobility scheme which reduces the cost of local fares by half. Pat's main concern is the difficulty rough pavements pose for people with mobility scooters. She also worries about the cost of living. Still, Pat has no unmet needs, and she is settled and happy.

Della

Della was born in Dunedin. She and her husband both worked at Canterbury University Physics department. They shared an interest in geology, a field that continues to fascinate Della. She particularly remembers a trip to the U.S. that focused on geological sites. When her husband retired they moved to Wanaka. After 6 or 7 years her husband had a stroke so they moved back to Dunedin. She has two sons and a daughter who all live in New Zealand. They took another long trip (2 and a half months) but when they got back it was hard to settle in and her husband was becoming more frail. They moved to Christchurch and her husband died of a massive heart attack one Saturday morning. Then came the September 2010 earthquake and Della decided to sell her home and move. Then her home was damaged in the February 2011 quake and she moved into her son's holiday home in Hawea. Eventually she found the perfect home in Wanaka. Della was traumatized by the earthquakes and needed help from social workers to pull through. She felt the Seniors Club was a real life saver. She is deeply grateful for the help she received and works one morning a week as a volunteer at the Salvation Army shop. She is active in the Upper Clutha Historical Records Society and has been involved with singing groups. She has made new friends and is sensitive to the effort it takes to fit in. Transport and money management are significant issues for Della, but she is enjoying life.

Florence

Florence's connection with Wanaka began in 1998 when her parents bought a holiday home in Albert town. She has been resident here since 2005 and in her present accommodation for about 18 months.

Florence is 4th generation Central Otago and was born and brought up in Dunedin. Her family roots are Scottish and she describes her upbringing as conventional. She has one brother 3 years younger. Florence's father was in the home guard during the war as his occupation was classed as essential.

Florence attended a variety of primary and secondary schools and then Otago University to take a degree in Consumer and Applied Sciences – this merged with textile chemistry, clothing and design. Her first job was as an industrial chemist with a British Firm in Dunedin, which she enjoyed.

Florence married in 1959 a medic but they separated and had no children. She supported him through his medical school training but he then went to Australia. He married Florence's first cousin. Florence married again and has a 50-year-old daughter who lives in Tapou and two grandsons in their twenties with whom she has occasional contact

Between 1966 and 69 Florence moved and worked in Wellington. Florence's second husband is now deceased. He sustained a physical injury, and she had to work to pay for an operation. In 1970 (the year trouser suits were being marketed) Florence moved to Auckland in 1977 and had various employment including a teaching post for which she said all you needed to be able to do was to "stand up and be there".

In the 1980's Florence married again, this time to a park ranger. This was not a happy time and Florence said all the men did was smoke and drink beer. She did neither. Florence has been carrying out her family research since about 1994. She has also traveled to Scotland as part of her research.

In 1987 Florence returned to college to take an arts and craft design course and then changed midway to fine arts. Florence has designed her own suits and was able to sell some

In all Florence has lived in 33 different places. This is her 34th house. Her travels have taken her round most of New Zealand with 40 years in the North Island with 3 of those in a Maori community.

Her 3rd marriage broke up when her husband went to live with one of her friends. This was in 2005 and Florence still wonders about the justice of her final divorce settlement. One of the consequences of this acrimonious divorce was depression for which Florence feels she was not that well helped. She knew enough to maintain a routine and for a short time she was given anti depressant medication. She was also referred by her GP to a primary care counselor, but that was not helpful as the person turned up late for the appointment and did not appear to be able to organise herself let alone offer a constructive plan. This sentiment was not said with any great feeling or anger, just a philosophical resignation.

Finance is a problem for Florence. Because of the divorce and consequences she has to watch her dollars carefully. She was told at the time of her settlement that she "needed a better lawyer" and she might have come off better. This is not much consolation as there is probably no redress now without incurring costs. Florence would have liked to go to one of the retirement places in Elmslie but finances would not permit. Her current accommodation is near to town but there is little sunshine and this does not help with high power bills to keep warm.

Florence is hoping to be on a U3A study group for further study on genealogy. She has been a member of the walking group but a back injury restricts her activities. She does not have a

best friend locally, but there are one or two people a distance away that she could call on in an emergency. She is not lonely as she has too much research work to do. She was not enthusiastic about joining the senior citizens.

Zack

By mutual agreement this has been recorded using bullet points. This should help to keep information clear and concise, rather than compiling a catalogue of events in "story form." The events are over the last 18 months (approximately)

FIRST EVENT

- Needed general surgery after a sports strain and it was agreed that ACC would fund half the cost. The injury was bi-lateral.
- Admitted to private hospital and was discharged the following day in great pain.
- Own transport arranged but because Z. was so much in pain he was re admitted within 3 days to local public hospital.

SECOND EVENT

- Complex knee replacement.
- Family carer had taken leave but because hospital stay in this case was prolonged that time was not used to best effect as they had to travel and had time off work. Time of carer wasted. Costs of travel for carer wasted.
- Very painful and slow recovery.

OBSERVATIONS

- Z believes that ACC chose the cheaper option for surgery i.e. conventional as opposed to less invasive keyhole surgery.
- No apparent provision for the unexpected in that his operation did result in far more pain than expected leaving him very poorly and debilitated but was still discharged.
- Cost of his contribution was $4,000.
- No obvious accountability in the private sector as per early discharge and no obvious after care in place.
- Had over a three year wait for surgery. The private option would be far too expensive and given the first experience Z is apprehensive about any more hospital interventions.
- Whilst waiting other knee took a lot of strain. This was self defeating and not in the spirit of preventative treatment.
- Completion of self assessment form too inflexible with too strict cut off point. Is this form weighted against action?
- Pre hospital check from OT very competent and comprehensive.
- First home care was arranged from a distance and was only one and a half hours twice a week – not enough to cover first event when Z was re admitted via his GP (see above)
- ACC covered home care with private provider after knee replacement – very satisfactory but cost was prohibitive ($440 for two hours a day seven days a week).

OTHER ISSUES

- Costs of going to the medical centre after hours of $180 three days after hospital discharge with knee replacement as Z felt really unwell and in pain.
- Concerns about mobility and getting round especially in the early days after knee replacement. Lack of pavements and stable walking areas.
- Suggestion that Community Networks could apply for funding for fridge magnets so that their number was "to hand"
- Although not cited as a big issue on both occasions Z came home from hospital in the back of a van – practical/pragmatic.
- Meals on Wheels somewhat of an "eye opener" not too special but you will eat them if you are hungry enough – institutionalized presentation.

SUMMARY

Until the first event which was as a result of a sports injury Z. was an extremely fit person. The "Medical misadventure" of the first event and the complications of the second introduced Z. into a world of dependence and trauma. His recovery is not complete and the above hopefully is a caption of events and related issues.

Stakeholder Interviews

Sarah met with three main stakeholders during April of 2013, and was able to get clear descriptions of their roles and the challenges facing their organizations. Here, we will focus on those challenges and on recommendations. We also do need to acknowledge significant developments, such as the hiring of a part-time coordinator at Senior Citizens, as well as the important local knowledge possessed by the Senior Service Coordinator of the Salvation Army.

The Senior Service Coordinator post was introduced 4 years ago in Wanaka by the Salvation Army. The role of the coordinator was to set up a program that matched volunteers with older people in the community. The volunteers would visit, befriend and help an older person with practical tasks such as shopping, a trip out or even gardening.

Jo Young as above felt that a challenge for older adults is getting "in the system." It is noted that there is an effective network/word of mouth system of communication, but people are not always aware of benefits such as the Community Service Card, and other areas of financial help. She reported that services are fragmented and recommended an overall review to ensure efficient service delivery. Jo reported that budget pressures are taking their toll and the reduction in funding threatens the work the Salvation Army can do. Because she has worked in the area for a long time she has an exceptionally strong professional network, which benefits clients and facilitates inter-agency coordination. Jo indicated that older adults have several important needs/concerns: isolation, lack of transport, help with shopping, and lack of awareness of entitlements for over 65's. She recommended a social work post at Community Networks dedicated to older adults. In the period from 01.01.2012 – 31.10.2013

Jo made contact with 86 clients of which the largest categories where 36 assessments and 19 welfare issues. Other contacts were of a one off nature. In terms of the volunteers Jo supervised there are currently 25 volunteers on Jo's list and currently 12 of these are actively visiting 29 clients.

Senior Citizens Upper Clutha coordinator Vivienne Fitzgerald identified several challenges to their efforts to organize a club for senior citizens. The most significant issue has securing stable funding for club development. It is also difficult to attract people who resist ageing to a club for seniors. There is some concern that people will make referrals to the club that should instead go to social agencies like WINZ or Community Networks. Volunteer management is a challenge, especially in winter when many people are away particularly the volunteers who make such an essential contribution to the bi weekly club social which could not function without them. Their generosity is boundless and reflects the unsung hero aspects of volunteering. Identified needs included: a social work post dedicated to older adults. Common problems relate to transport and medical costs, with transport especially problematic for people with poor mobility.

An important feature of the Senior Citizens club is the funding and running of two exercise classes. Pilates based on the Steady as You Go falls prevention program alternates with Ti Chi which helps balance. The challenges in keeping the program alive are retaining suitably qualified tutors, and encouraging members or other seniors to attend. These sessions are invaluable as they provide informed instruction to keep mobile and maintain balance besides offering a social gathering. The exercise classes are currently funded by a local charity (The Ray and Elsie Armstrong Trust). They are held at the St. John Rooms and cost a modest $2 for members and $4 for non members. We are very fortunate to have the present tutors for both classes as there have been times when we have been without. There is still however a need to incorporate the "Steady as You Go" program for very frail people particularly those residents in Elmslie House who now miss out because they are too frail to go to St. John.

The interview with Gaye Thompson Community Social Worker based at Community Networks reflected all the concerns and views of the above. Kate Murray Manager of Community Networks was also present. Gaye meets regularly with social work colleagues and because of the time she has been with Community Networks her local knowledge is a valuable asset. Gaye is a generic social worker so unlike her colleagues in the Seniors and the Salvation Army her time split and therefore her role is not specialist.

Marina Rodger is a qualified social worker and shares her employment as coordinator of Age Concern Otago and The Alzheimer's Society Otago. This is a large geographical area and Marina has found managing these two demanding posts quite a challenge. Consequently she is stepping down from the Alzheimer's post and will have increased hours with Age Concern. The two posts combined are impossible to manage. This short statement is concerned with "Alzheimer Sufferers"

The over riding gap in service is the provision of SHORT TERM RESPITE care, DAY CARE, and the difficulty in finding CARERS from home care agencies to take on care at home. Low wages for carers are a disincentive. The S.D.H.B. rate for Carer Support is $75 for an eight hour day. Marina visits Wanaka once a month. On these visits she runs a support group for carers at based at Elmslie House and meets with family carers and service users.

Referrals generally come either as self-referrals or from the Medical Social Worker (M.S.W) or word of mouth. Assessments for services such as respite care, or home care, are carried out by the medical social workers. A specialist psychiatrist for older people and a general specialist (geriatrician) visit Dunstan Hospital once a month. There are no secure beds for patients who need this facility in the Upper Clutha. The nearest such unit is Alexandra but this has only 10 secure beds and is almost always full. There is also a waiting list. When there is no bed available people have to go out of the area for secure care. Elmslie House will accept people for day care but this is as a goodwill gesture and capacity to manage could be compromised if numbers increased. Marina is in contact with 15 service users and their families in the area but it is unclear how many people are managing, most likely with difficulty, and are not receiving any help.

The gap left by the departure of Jo Young from the Salvation Army Senior Programme will be significant and that is a concern if an appointment is for any reason delayed. Marina views the areas as "un tapped" in terms of getting to the very heart of need in the area. Statistics can be deceptive and the small numbers may not convince authorities that more resources are needed. The possibilities for improving services are exciting but funding and a real interest in older people's services is needed. One has to work very hard to be accepted in the area as the focus is very much on "keeping it local"

Preliminary Presentation

On 18 March, 2013 preliminary results of the need assessment were presented to 15 community members, including two volunteers, one older adult, three staff of government organizations, and nine staff from non-governmental organizations. Participants contributed to a useful discussion which confirmed that the project aims were on track and potentially beneficial for further studies and developmental work in the community.

The tables in the report are based on that presentation and since then additional information from stakeholders has been sought.

Recommendations and Summary

Project staff generated the following recommendations for the A.C.D.T. who trade as Community Networks. By definition this would mean that the Trust and staff of Community Networks would be working together to further the findings of the report and development of services for older people.

One of the current roles of Community Networks is to facilitate local organizations by providing a flexible form of help in a variety of ways. Also they initiate community projects and act as a conduit between agencies. Given this remit the following measures might be considered by them to further the services in respect of older people in the area.

- **Adopt the findings** in the report and share discussion with related/specialist agencies along the lines of inter agency or police liaison meetings. The Combined Churches in Wanaka could have an important role to play as congregations are generally becoming

older. The various ministries may be ideally placed to identify need for this age group. It is important that services for older people are given appropriate priority, Any further strategic planning by the trust should include these findings.

- **Keep the report alive** and review developments in service provision both locally and at regional level through website, newsletters inter agency meetings etc.

- **Health Care**

    - **Maximize reporting opportunities** to Southern District Health Board (S.D.H.B.) and the sitting M.P of the day. Identify a possible key person for liaison purposes.

    - **Ascertain** the numbers of external service providers who visit Wanaka and look to make necessary improvements if necessary.

    - **Ensure** a consistency in the provision of health and social care when required by identifying service deficiencies and bring them to the attention of relevant agencies.

- **Examine ways to promote the well being of older people**, for example a column in the Wanaka Sun, or to approach Radio Wanaka to have a regular slot with tips/advice/information for older people; for example classes on cooking for one and managing on a fixed income.

- **Create a specialist post or a "champion" e.g. a designated social worker** for older people who could further causes such as transportation, health care, financial security, social engagement, etc. This person could effectively bridge the gap between NGOs and other statutory agencies. The recent disestablishment of the Community Social Work Post and the consequences should be given publicity both locally and nationally. For example coverage in the O.D.T. as well as the Wanaka Sun. or even National Radio.

- **Internet Access**-look at the possibility of engaging a sympathetic café that would facilitate INTERNET USE for beginners which could help some people join Senior Net but still offer help at a basic level. It would also help with organizing the management of finances online and with online purchases. Perhaps the new community house could be a possible location; specific computer classes would also be helpful.

- **Note that there are resources district and regionally wider than ourselves**. To use these contacts and be pro active in making sure Wanaka has its fair share of the cake. We need to ensure that the visiting agencies such as Age Concern come regularly to the area. Also regular liaison with the Wanaka Community Board and Q.L.D.C. is important to high light day to day concern especially in areas such as fire prevention and, safe access/ease of mobility for older people.

- **Consider undertaking specific areas of research/project work** such as alcohol issues for older people, dental care, impact of hearing loss, lack of mobility due to arthritis, dementia care and support for carers to name but a few.

- **Monitor any impact** that may be seen as a result of the departure of the Senior Services Coordinator from the Salvation Army. For example if there is a delay in appointing a replacement is there an increase in referral to Community Networks.

- **Funding:** It is important to avoid complacency, and pursue a variety of funding opportunities as opposed to relying on conventional funding bodies.

SUMMARY

At the beginning of the project this area had a variety of service provision for older people such as the Senior Citizens Club, and the Salvation Army scheme for seniors. In addition there has been the social worker at Community Networks where cases would be referred for longer term intervention.

However in the space of a month both the Community Social Work post and the Salvation Army Coordinator posts are significantly diminished. The social work post has been disestablished, and at least for the time being the Salvation Army post needs to be re advertised and will be subject to successful funding.

The facility to provide prompt social work help from Community Networks is a great loss as this is a tourist town where people often require skilled social work intervention. Capable and caring staff at Community Networks are no substitute for that specialist intervention of a social worker "you don't know what you have got till it is gone" a familiar saying which is very true.

It takes time for the impact of such changes to be noted and the balance between service provision and appropriate professional intervention is not easy. It is very important that need is monitored and reported affectively to the proper authorities. Such changes could result in a retrograde step in service provision so hard fought for in the area. These changes illustrate the fragility of the funding systems**.**

As well as a presentation of figures the report highlighted areas of need for older people throughout – there has been frequent reflection hopefully giving the reader time to ask questions about this significant proportion of people in our community – what works for them and how could services and help be improved. The balance between maintaining formal and informal support will always be a juggling act as lives become busy for younger people/family who often act as informal carers especially as finances become less freely available from the public services.

Most people over the age of 65 are fit and healthy and it is the distinction between the old and the very old that should take our attention as people are living well into their 80's and 90's without a problem. At issue is what happends when an older person does become ill, or needs that hip or knee replacement. These are just some of the questions for the community

and statutory services to ask when planning for the future. Anecdotal evidence suggests that it can be very difficult to recruit sufficient "carers" for the very vulnerable people. Low wages and fitting in the tasks of personal care and spreading oneself too thinly are cited as huge pressures for the provider agencies, the carers themselves and the recipients. Whilst budget issues do need to be responsibly managed the opportunity to be able to speak freely and bring legitimate concerns to people in authority needs to be part of an operational culture for both health and social service providers.

In addition to making a start to quantify information the approach to the project has been to positively promote the well-being of older people who like everyone else have the right to be respected, loved and cherished. They need to be included, not excluded and certainly not left behind as Wanaka's population continues to grow.

The momentum for the proposed Community House may change the way services are delivered when the house is completed – there may or may not be a place for older people within that setting. Whatever the outcome it is important that again older people's interests are given full consideration by self-representation or well informed advocates.

Although the new retirement villages will provide a life style that aims to cater for a variety of needs within their remit – challenges particularly with mobility could still remain for example if people cannot drive, or when they need to go into town.

In a small community where personal contact is still viewed as an essential way of "doing business" health and welfare systems need to be effective rather than people placing a heavy reliance on "cozy contacts" - a system needs to work on its own merits.

Caring for older people particularly when they are acutely ill or have chronic health problems is a specialist area of work. Their health issues such as hospital discharge and home care provision are outside the scope of this project. The health and wellbeing of older people is no longer a remote area of care that can be consigned to the back waters of our society. Likewise, some of the more thorny issues related to aging (euthanasia, poverty, isolation, frailty, dementia, and support for carers often go unnoticed. It is hoped that this project will raise awareness regarding the needs and concerns of older adults in Wanaka and that the agencies involved are willing to share their experience and information in a culture of openness and co-operation. Such a united approach from agencies would be far more affective when presenting issues to regional authorities or even central government. It could avoid duplication of services and help to provide a more robust defense should services be threatened in any way.

It is reassuring to note that for the majority of our interviewees life is good here in Wanaka. The task is to avoid complacency and keep the "can do" approach to making sure the care offered to older people when they need it most is as "they" would wish.

"A generation who have coped and cut their cloth without complaint"

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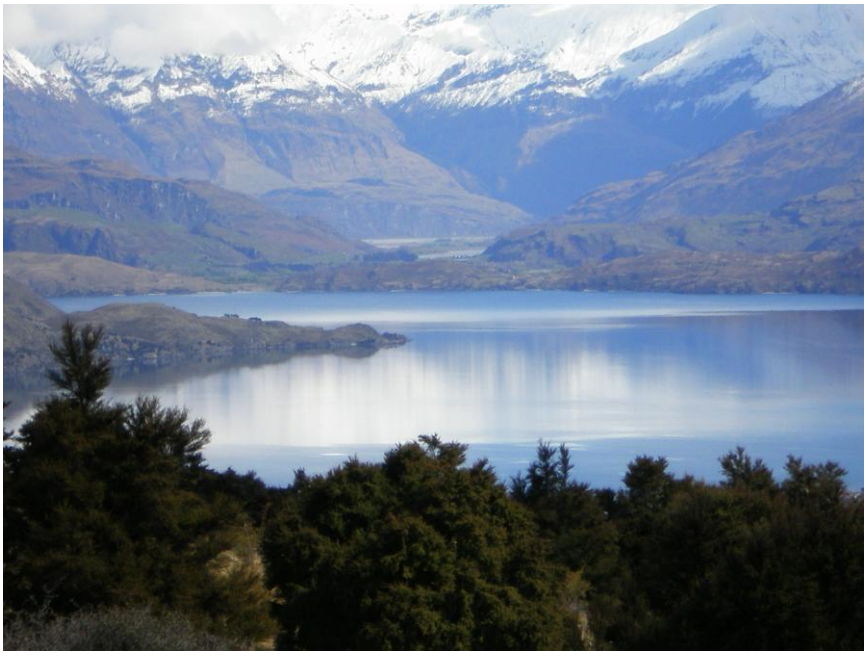

Appendix A: Alpine Community Development Trust
Needs Analysis Project for Older People
Final Draft

RESPONDENT ID: _____ INTERVIEWER: _____
DATE: _____
DURATION: _____

LOCATION: _____

INTRODUCTION

Gender (circle) Male (1) Female (0)

Date of Birth: _____

What ethnic group do you identify with (circle all that apply)

Maori (1)
Pakeha (2)
European(3)
Asian (4)

Other (5) _____

LIVING ARRANGEMENTS

Please describe your living arrangements (circle one)

Living alone (0)

Living with partner or spouse (1)

Living with adult children (2)

Other (please describe) (3)

How long have you lived in this house? _____ Years

In this community? _____ Years

What do you like about living here?

What do you dislike about living here?

Do you have family living locally (In Upper Clutha):

No (0) Yes (1): Please explain:

If you moved here, what led you to come here

Was it your choice to live in the area? (circle one)

YES NO

Comments:

FINANCE

Is your level of financial support adequate? (circle one)

Yes (1) NO (0) NOT SURE (2)

Do you hold a community service card? (circle one)

Yes (1) No (0)

Do you hold a Gold card? (circle one)

Yes (1) No (0)

Are you in receipt of N.Z. Super? (circle one)

Yes (1) No (0)

Have you used your community service card in the past month?

No (0) Yes (1) How often? _____

Please describe how you have used your community service card:

Have you used your Gold Card in the past month?

No (0) Yes (1) How often? _____

Please comment on how helpful or unhelpful you find your Gold Card:

SOCIAL INTERACTIONS & COMMUNITY INVOLVMENT

(1) What activities – social groups, clubs, societies, sporting groups, hobby groups, church activities do you do.

(a)……..

(b)…….

(c)……

……

To what extent are you able to participate in these at present?

	Not at all	To some extent	Fully

(a)……0 1 2 3 4

(b)……0 1 2 3 4

(c)…… .0 1 2 3 4

(d)……0 1 2 3 4

(e)……0 1 2 3 4

Comments (restrictions or resources that help)

To what extent do these activities make you feel part of the community.

Very much somewhat not at all.

How many days did you spend last week socializing with:

Family ……

Friends……..

Others (neighbours, people from societies) ……
please list.

……..

……..

How many different people did you talk with yesterday? ……..

Was this typical for you?

Yes (1) No (0) Please explain:

Do you have someone you could call on in the event of an emergency?

No (0) Yes(1) Please explain who:

Is there someone you can call on if you just want a bit of company?

No (0) Yes(1) Please explain who:

Is there someone you can call on for advice?

No (0) Yes(1) Please explain who:

COMMUNITY INVOLVMENT

Do you engage in volunteer activities? (prompt, based on activities)

No (0) Yes (1) Please describe your activities

hours/week……

Did you vote in the last council election?

Yes (1) No (0)

Have you helped someone recently (prompt, anything to help grandchildren, family, neighbours?

No (0)

Yes (1) Describe……..

How satisfied are you with your social activities? (circle one)

Not at all satisfied	Somewhat satisfied	Completely satisfied.
1	2	3

MOBILITY (The scoring below is for The Nottingham EADL Scale)

1. Do you walk around outside?
   - Unable (0)
   - With help/verbal/physical (1)
   - Alone but with difficulty (2)
   - Independent (3)

2. Do you climb stairs?
   - Unable (0)
   - With help, verbal/physical (1)
   - Alone but with difficulty (2)
   - Independent (3)

3. Do you get in and out of a car?
   - Unable (0)
   - With help, verbal/physical (1)
   - Alone but with difficulty (2)
   - Independent (3)

4. Do you walk over uneven ground?
   - Unable (0)
   - With help verbal/physical (1)
   - Alone but with difficulty (2)
   - Independent (3)

5. Do you cross roads?
   - Unable (0)
   - With help verbal/physical (1)
   - Alone but with difficulty (2)
   - Independent (3)

6. Do you travel on public transport?
   - Unable (0)
   - With help verbal/physical (1)
   - Alone but with difficulty (2)
   - Independent (3)

Are you aware of the TOTAL MOBILITY scheme that is operated in this area?

NO (0) YES(1)

In summary: Do you have any difficulties getting around your local area?

NO (0) YES(1)

If yes, is there anything that would make it easier for you to get around? (Please describe)

SENSORY IMPAIRMENT

Do either of the following interfere with your daily living? (circle as appropriate)

Vision loss

Hearing loss

DOMESTIC SCORE

1.Do you manage your own money when you are out?
- Unable (0)
- With help, verbal/physical (1)
- Alone but with difficulty (2)
- Independent (3)

2.Do you wash small items of clothing
- Unable (0)
- With help verbal/physical (1)
- Alone but with difficulty (2)
- Independent (3)

3. Do you do your own housework?
- Unable (0)
- With help verbal/physical (1)
- Alone but with difficulty (2)
- Independent (3)

4. Do you do your own shopping?
- Unable (0)
- With help verbal/physical (1)
- Alone but with difficulty (2)

Independent (3)

5. Do you do a full clothes wash?
   - Unable (0)
   - With help verbal/physical (1)
   - Alone but with difficulty (2)
   - Independent (3)
6. Do you use internet banking?
   - Yes No
7. Do you use conventional banking?
   - Unable (0)
   - With help verbal/physical (1)
   - Alone but with difficulty (2)
   - Independent (3)

8. Do you need help with paper work/form filling?
   - Unable (0)
   - With help verbal/physical (1)
   - Alone but with difficulty (2)
   - Independent (3)

Comments……

……

……

Kitchen Score

1. Do you manage to feed yourself?
   - Unable (0)
   - With help verbal/physical (1)
   - Alone but with difficulty (2)
   - Independent (3)
2. Do you manage to make yourself a snack?
   - Unable (0)
   - With help verbal/physical (1)
   - Alone but with difficulty (2)
   - Independent (3)
3. Do you take drinks from one room to another?
   - Unable (0)

With help verbal/physical (1)
Alone but with difficulty (2)
Independent (3)

4. Do you do the washing up?
   Unable (0)
   With help verbal/physical (1)
   Alone but with difficulty (2)
   Independent (3)
5. Do you make yourself a hot drink?
   Unable (0)
   With help verbal/physical (1)
   Alone but with difficulty (2)
   Independent (3)

LEISURE SCORE,

1, Do you read newspapers or books?
   Unable (0)
   With help verbal/physical (1)
   Alone but with difficulty (2)
   Independent (3)

2. Do you use the telephone/mobile
   Unable (0)
   With help verbal/physical (1)
   Alone but with difficulty (2)
   Independent (3)

3. Do you write letters?
   Unable (0)
   With help verbal/physical (1)
   Alone but with difficulty (2)
   Independent (3)

4. Do you use email and the internet?
   Unable (0)
   With help verbal/physical (1)
   Alone but with difficulty (2)
   Independent (3)

5. Do you go out socially?
   - Unable (0)
   - With help verbal/physical (1)
   - Alone but with difficulty (2)
   - Independent (3)

6. Do you manage your own garden?
   - Unable (0)
   - With help verbal/physical (1)
   - Alone but with difficulty (2)
   - Independent (3)

7. Do you drive a car?
   - Unable (0)
   - Locally (1)
   - Moderate distance (2)
   - Long distance (3)

OTHER ISSUES

Are you experiencing any temporary situations like hip replacement, such that your responses above might not reflect your USUAL situation?

NO (0) YES (1) Explain:

SHOPPING:

Please indicate which of the following best describe your shopping experiences (circle all that apply):

My purchases are restricted by limited mobility, car parking, lack of transport.
I shop independently
I shop with help
My shopping is delivered to my home

WHAT DO YOU CONSIDER TO BE YOUR MAJOR EXPENCES?

Please indicate which expenditures have the greatest impact on your finances: (circle one)

FOOD:

High Impact (3) Some Impact (2) A little Impact (1) No Impact (0)

RATES:

High Impact (3) Some Impact (2) A little Impact (1) No Impact (0)

TRANSPORT:

High Impact (3) Some Impact (2) A little Impact (1) No Impact (0)

MEDICAL CARE:
High Impact (3) Some Impact (2) A little Impact (1) No Impact (0)

POWER BILLS:

High Impact (3) Some Impact (2) A little Impact (1) No Impact (0)

DOMESTIC HELP:

High Impact (3) Some Impact (2) A little Impact (1) No Impact (0)

OTHER: (describe)……

High Impact (3) Some Impact (2) A little Impact (1) No Impact (0)

ASSISTANCE FROM AGENCIES OR SERVICE PROVIDERS.

Are you receiving help or support from any of the following:

Medical Social worker No (0)Yes(1) (name)……..

If yes, please describe and indicate how often:

Home care No (0)Yes(1) (name)……..

If yes, please describe and indicate how often:

Church group No (0)Yes(1) (name)……..

If yes, please describe and indicate how often:

Salvation Army No (0)Yes(1) (name)……..

If yes, please describe and indicate how often:

Volunteers No (0)Yes(1) (name)……..

If yes, please describe and indicate how often:

Are you aware of the **Community Network Food Bank**?

No (0) Yes (1)

Have you ever used it?

No (0) Yes (1)

Would you ever consider using it?

No (0) Yes (1)

Do you receive help or support from any of the following:

Family No (0) Yes(1)

If yes, please describe and indicate how often:

Neighbors No (0) Yes(1) (name)……..

If yes, please describe and indicate how often:

Friends No (0) Yes(1) (name)……..

If yes, please describe and indicate how often:

Do you have needs for help or support that go unmet?

Yes (1)
No (0)

If yes, please describe them:

YOUR CARERS

Do you have unpaid carers? (for example family, friend or neighbour)?

YES(1) NO(0)

Do they live with you?

YES(1) NO(0)

How often do they help you? _____

Are you a carer for anyone? (For example child or spouse/partner)

YES(1) NO(0)

If yes, do you receive a carer's allowance?

YES(1) NO(0)

If yes, are you this person's only carer?

YES(1) NO(0)

If NO, who assists you?_____

HOSPITAL / SPECIALIST OUT PATIENT APPOINTMENT

Hospital Admission

Have you been admitted to hospital in the last 12 – 24 months?

NO (0) YES(1)

IF YES:

How long was your stay……..

Nature of illness……..

How did you travel to hospital? (circle one)

Drove my own Car
Driven by a family member
Driven by a friend
Wheels to Dunstan
Ambulance
Other (describe)

Hospital Discharge

When you left hospital did you: (circle any that apply)

Return home by yourself
Return home with family member or a friend.
Return home with support package.

Have some time in respite or convalescent home.
Comments……..

……

Specialist Outpatient Appointment

When you were referred for a specialist appointment did you see them at: (circle one)

Local surgery/medical centre.
Dunstan Hospital
Dunedin Hospital
Other

ACCOMMODATION (circle one)

If you had to stay out of town while receiving health care, where did you stay?

With family
With friends
Motel
Lodge
Other
Were you able to claim an allowance for accommodation
YES (1) NO(0)

MENTAL HEALTH

Have you ever been diagnosed with a mental illness (ie: depression, anxiety, psychosis, panic attacks)

NO (0) YES(1) When?
_____

If yes what help or treatment did you receive?

Items in Revised UCLA Loneliness Scale

	Never	*Rarely*	*Sometimes*	*Often*
1. I feel in tune with the people around me.b	1	2	3	4
2. I lack companionship.	1	2	3	4
3. There is no one I can turn to.	1	2	3	4
4. I do not feel alone.	1	2	3	4
5. I feel part of a group of friends.	1	2	3	4
6. I have a lot in common with the people around me.	1	2	3	4
7. I am no longer close to anyone.	1	2	3	4
8. My interests and ideas are not shared by those around me.	1	2	3	4
9. I am an outgoing person.	1	2	3	4
10. There are people I feel close to.	1	2	3	4
11. I feel left out.	1	2	3	4
12. My social relationships are superficial.	1	2	3	4
13. No one really knows me well.	1	2	3	4
14. I feel isolated from others.	1	2	3	4
15. I can find companionship when I want it.	1	2	3	4
16. There are people who really understand me.	1	2	3	4
17. I am unhappy being so withdrawn.	1	2	3	4
18. People are around me but not with me.	1	2	3	4

19. There are people I can talk to.	1	2	3	4
20. There are people I can turn to.	1	2	3	4

PHYSICAL HEALTH

In general, how would you rate your health?

Excellent (4)
Very Good (3)
Good (2)
Fair (1)
Poor (0)

Have you been diagnosed with a chronic physical illness? (ie: diabetes, heart or blood pressure problems arthritis/joint problems, Asthma. Angina)

NO (0) YES(1)

If yes, please explain: ……

Do you manage your medications on your own?

NO (0) YES(1)

ACCESS TO MEDICAL SERVICES.

When did you last access medical help? (approx date)…….

Did you have any difficulties accessing care?

NO (0) YES(1)

If yes, please explain what happened:

Do you have an enduring power of attorney that addresses both property and personal care/health preferences? (Also known as a health care advance directive)?

NO (0) YES(1)

Do you have a St. John's Safety Alarm? NO (0) YES(1)

Do you experience any difficulties remembering to take medication?

NO (0) YES(1)

If yes, how do you manage?

Do you experience any difficulties opening the lids of your medications?

NO (0) YES(1)

If yes, how do you manage?

Does someone help you with medication?

NO (0) YES(1)

If yes, who?

Have you had a fall in the past 6 to 12 months?

NO (0) YES(1)

If yes, please describe what happened

Were you able to summon help?

NO (0) YES(1)

If yes, How did you do this – who did you contact?

How long did it take them to respond?

Were you able to access A.C.C.? NO (0) YES(1)

CONSTRAINTS

The following could be considered as constraints to living here. To what extent does each of the following pose difficulties for you? (circle one)

COSTS:

LACK OF PUBLIC TRANSPORT

Not at all(0) A little(1) Somewhat(2) A Great Deal(3)

LACK OF A CENTRAL MEETING PLACE FOR MY AGE GROUP

Not at all(0) A little(1) Somewhat(2) A Great Deal(3)

DISTANCE TO THE NEW MEDICAL CENTRE

Not at all(0) A little(1) Somewhat(2) A Great Deal(3)

DISTANCE TO DUNSTAN AND DUNEDIN HOSPITALS

Not at all(0) A little(1) Somewhat(2) A Great Deal(3)

ACCOMMODATION COSTS ASSOCIATED WITH THE ABOVE

Not at all(0) A little(1) Somewhat(2) A Great Deal(3)

Wanaka now has a number of new retirement villages. Would you consider moving there? (circle one)

Definitely Maybe No

Why or why not?

What advice would you give to an older adult who was shifting to Wanaka?

Is there anything else you think we should know about your experiences as an older adult living here?

INTERVIEWER NOTES

(Please complete immediately following the interview)

Description of participant – any health or mobility problems. Difficulty Communicating? or other concerns.

Description of interview Setting.

Who else was present during the interview?

Any difficulties during the interview?

Any information collected that you think may not be accurate? Why?

Would respondent be interested in participating in a focus group?
YES NO

Comments: