

Faculty of Arts and Social Sciences

Intergenerational Perspectives on Ageing in Australia

‘Companions on a Journey - they did it for you, you do it for them’

Exploring intergenerational experiences of ageing in Australia from the perspectives of older people and a person they identify as a significant person in their life from a younger generation.

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AUTHOR'S DECLARATION

This is to certify that:

- I. This thesis comprises only my original work towards the Doctor of Philosophy Degree
- II. Due acknowledgement has been made in the text to all other material used
- III. The thesis does not exceed the word length for this degree.
- IV. No part of this work has been used for the award of another degree.
- V. This thesis meets the *University of Sydney's Human Research Ethics Committee (HREC) requirements for the conduct of research.*

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Abstract

The broad research question that this thesis aims to address is: what are the intergenerational lived experiences of ageing in Australia and how do intergenerational relations impact this experience? In particular, the thesis set out to explore older and younger peoples' perceptions and experiences of ageing and consider this in light of dominant discourses on ageing. The thesis explores intergenerational interactions and expectations of each other in relation to ageing and arrangements, or plans to deal with ageing. For many people ageing is a shared intergenerational journey, yet this is an underexplored area of research in Australia and is why the focus of this study is important. The study involves in-depth narrative interviews with 13 participants over the age of 70, along with 13 significant people each selected from a younger generation. This qualitative study explores how ageing is socially constructed, understood, experienced, planned and negotiated, between older and younger generations. It explores lived experiences of ageing and intergenerational relations, whilst taking into account institutional narratives, which for the most part paint ageing as a problem and claims that there are significant inequities and division between older and younger generations.

This thesis has been theoretically and methodologically framed to allow participants considerable scope to discuss what was important to them. The study was underpinned by social constructionism, postmodernism, narrative inquiry, Foucauldian ideas and critical social work. Societal dominant negative discourses about ageing and intergenerational relations are not supported by the findings in this thesis. Instead of divisions and inequities between generations, this study has revealed high levels of intergenerational commitment, loyalty, reciprocity and concern for each other. Ageing is very much a shared intergenerational journey.

When it comes to planning for ageing, there is no one size that fits all. In some cases making formal or informal plans is useful, whilst in other cases it can increase risk or result in family conflict. Making specific plans for healthcare appears much more complex and unpredictable than what is promoted and advertised in popular planning tools. Intergenerational relations are central to how older people think about making plans. Older participants are particularly concerned that governments have not initiated more creative options in relation to care and accommodation and have instead turned to expensive market solutions.

Later life for many participants is a time of much opportunity; a time to pursue lifelong interests and ongoing learning, and a time of being busy and productive well into later years. Participants experienced great respect within their families, close networks, local communities and with their GPs, and were much more likely to encounter ageism in the context of institutions, such as in government and media discourses about ageing and when interacting with healthcare institutions and residential aged care facilities. As such, social workers and other professionals have much serious work to do to combat institutional ageism and to promote the desires and rights of older people.

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Abbreviations

AASW – Australian Association of Social Workers

ABC – Australian Broadcasting Corporation

ABS – Australian Bureau of Statistics

AHRC – Australian Human Rights Commission

ALRC – Australian Law Reform Commission

AIFS – Australian Institute of Family Studies

AIHW – Australian Institute of Health and Welfare

CALD - Culturally and linguistically diverse

COTA – Council of the Aged

NFR – Not for resuscitation

NSW – New South Wales

RACF – Residential aged care facility

UNFPA - United Nations Population Fund

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Chapter 1: Introduction

For age is opportunity no less

Than youth itself, though in another dress

And as the evening twilight fades away

The sky is filled with stars, invisible by the day

(Henry Wadsworth Longfellow)

Writing in the 1800s, American poet Longfellow appears to have had an optimistic outlook on later years. In contemporary Australia, such positive and profound messages about later life are often challenged and downplayed. For those of us who avoid having a short life, later life inevitably awaits us. It will form a major part of our life journey and this makes lived experiences of ageing a well worth area of study. There is an abundance of literature about ageing in Australia, particularly in the form of quantitative and grey literature (Clapham & Duncan, 2017). These include government reports and inquiries, research data by the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW), alongside other reports and research on ageing demographics and budgetary projections in relation to ageing populations. Most of this literature is ‘about’ older people and ageing, rather than about their voice. Research by Kendig, McDonald and Piggott (2017, p.14) state that there is a lack of critical thinking and research about ageing in Australia in relation to ‘changing family structures and intergenerational relations’. In my social work practice experience in aged care, the nature of the work very much involved working with older people and the younger people involved in their lives, and as such I believe that intergenerational research on ageing is very important to our understanding of ageing. In particular, my practice experience motivated me to undertake research that would give a voice to people involved in the journey of ageing.

Purpose of the Study

This PhD study explored ageing from the perspectives of older people and a person they identify as a significant person in their life from a younger generation. The specific research question is: what are the intergenerational lived experiences of ageing in

Australia and how do intergenerational relations impact this experience? The thesis aimed to explore older and younger peoples' perceptions and experiences of ageing and to examine this in light of how ageing and older people are talked about and represented in Australia. The thesis explores intergenerational expectations of each other in relation to ageing, arrangements or plans to deal with ageing and costs associated with ageing. It also examines positive and challenging aspects of ageing. An intergenerational qualitative perspective on ageing is an under explored area of research in Australia and it is hoped this study can contribute to this gap in knowledge. This study has the potential to provide intellectual and practical understandings on how growing old is constructed, understood, experienced, negotiated and planned for, among older and younger generations.

In the current social, political, economic and cultural climate relating to population ageing in Australia, this is potentially a timely, important and unique study. Populations are ageing in many countries across the globe (Kesby, 2017; Ong, 2016) and as such the literature review in chapter three draws on international studies in order to position this Australian study in a broader global context. An international perspective is also relevant in the context of Australia's multicultural society, with over a third of Australians over the age of 65 being born overseas in 2014 (AIHW, 2017). In contemporary Australia, ageing, as will be outlined in chapter two, has become a much-discussed topic in recent years, and is particularly pervasive in the media and in political debates. Much of the discourses in these debates problematise older people and ageing (Australian Human Rights Commission, [AHRC] 2013; Hatcher & Dixon, 2017; Kendig & Browning, 2016; Kendig, 2017). This study explores these debates.

Motivation to Undertake this Study

My interest in studying ageing emanates from my many years of professional experience as a social worker with older people in a healthcare setting, and my early personal experiences growing up on a farm in Galway, Ireland in the 1960s and 70s. During this time, intergenerational living was common, and like most of my friends, my grandparents lived with our family. My grandfather died when I was eight, however I have vivid recollections of him often saying to me that he wished he could fully share and explain to me what he had learnt about life, now that he was getting older. I held my grandfather in very high regard. He had a profound impact on my outlook on life and stimulated in me deep curiosity and respect for the views and insights of older people.

Having worked for many years in healthcare and particularly in aged care, my social work practice experience gave me a strong appreciation that older people are diverse, both socially and culturally and have interests and desires as diverse as younger people. In my social work practice in aged care, my work for the most part involved engaging with family members, friends and carers, who were often from a younger generation, alongside working with older people. Notwithstanding the diversity and complexity of these intergenerational relations, they often seemed to result in close involvement and interest in the lives of each other. This stimulated my interest in wanting to research intergenerational relations in relation to ageing. In my social work practice, giving voice to older people did not just involve actively listening, rather it often demanded robust advocacy so that their voices were actually acted upon. Frequently I found myself having to use the language of rights and social justice to promote older people's wishes and rights and as such I regard my research standpoint as that of an activist for the empowerment of older people.

My Research Standpoint: Critical Social Work

In my social work practice experience in healthcare, older people and/or their relatives or friends would sometimes assert that their views and preferences were not always taken seriously, in particular if they disagreed with understandings and recommendations of health professionals. As such, the importance of giving voice and empowering participants to have optimal input in this study seemed important. Therefore, this research has been theoretically framed in the hope of optimising intergenerational voices in relation to ageing, with the hope that this may assist in improving outcomes and experiences for older people and their families and friends.

In my social work practice experience in healthcare, older people would often engage very differently with me as a social worker, providing different perspectives and stories, from what they might describe to other health professionals. For instance, an older person might agree with a doctor's recommendation to have services at home, only to assert to me shortly after that they did not want services 'intruding' in their home. Furthermore, older people would often disclose much more information to me on home visits, compared to when lying in a hospital bed, suggesting that context also influences what is communicated. In sum, people can provide different stories or accounts of reality to different listeners and in different contexts. The notion that researchers and research

participants co-construct stories, as is believed to be the case in narrative inquiry (Riessman, 2008), sits comfortably with the theoretical framework of this study, as is discussed in detail in chapter three.

This study is informed by the discipline of social work, within which there are divisions between the conventional and progressive view of social work (Mullaly 2007). In reviewing social work literature, Mullaly (2007) states that conventional social work is the most dominant in social work practice and this approach aims to assess and respond to the needs of individuals and emphasises competency and efficiency (Mendes, 2009). This paradigm links closely to the social worker acting in an expert role, often characterised like other helping professions as being a representative of the state, enacting social control and as such maintaining the status quo and the social structures that oppress people (Fook, 2015). This form of social work risks pathologising individuals, families and communities, with social work practice involved in trying to change clients. This form of social work practice became dominant after WW11 in an attempt by social work to hold ground against psychiatry's growing interest in human behaviour and swamping the ground of social work's earlier conceptions of 'person-in-context' (Fook, 2015). On the other hand, critical social work, which gained traction in the 1970s (Fook, 2015, p.287), is keen to examine issues of power, oppression and inequality and tries to change oppressive systems and structures. It brings attention to and deconstructs factors that influence people's identities and lived experiences, including issues relating to class, race, gender, power, knowledge construction, dominant discourses and false consciousness. It believes that by deconstructing these influences, it is possible to reconstruct and develop more positive identities and lived experiences for people. As such, critical social work is more empowering for people being researched and therefore this theoretical approach will inform this research.

Critical social work worries that some forms of social work itself can act as a double agent, applying surveillance on groups that are marginalised despite having good intentions of helping (Healy, 2012; Mendes, 2009). My own experience from social work practice with older people was that older people who engaged with healthcare and social services were subject to significant levels of surveillance by these professionals and service providers, due to reasons of accountability and to fulfil their duty of care and risk management. Often this surveillance data would be fed back into the hospital system if

an older person receiving services was admitted to hospital. If it was asserted an older person was struggling to manage at home from a service provider's perspective, the provider might make strong recommendations for nursing home placement. It seems receiving help can lead to both positive and problematic outcomes from an older person's perspective and critical social work alerts us to think about such issues and why older people may be reluctant to receive help (Duffy, 2016).

Furthermore, Agger (2006) explains that critical social work asserts that knowledge is not wholly objective and empirical truth does not simply exist out there waiting to be discovered. Rather knowledge and truth are constructed by actors and are influenced by their own values, biases, theories, culture etc. and this view is consistent with social constructionism. Critical social work acknowledges multiple perspectives and as such is also a neat fit with postmodernism. Social constructionism and postmodernism therefore are the epistemologies that underpin this study and they are explained in more detail in chapter 3. Fook (2015), writing about critical social work, reports that the voices of people that social workers engage with are often subjugated by dominant discourses and therefore it is vitally important to give voice to people's stories and narratives. Narrative inquiry is therefore an appropriate qualitative methodology to use in this study and is also explained in more detail in chapter 3. Finally, from a theoretical perspective, ideas by Michael Foucault are most useful and are operationalised in the analysis phase of this study. A more detailed explanation of Foucault's ideas are provided in chapter 3. It is suffice to say here that Foucault was particularly interested in unpacking people's lived experiences and how people's identities are created and maintained. He was interested in how professions exercise disciplinary power over people and in the influence and power of institutions; in how knowledge is created and about issues relating to social control and surveillance (Irving, 1999). These factors can influence what people voice in their own stories. Social constructionism, postmodernism, narrative inquiry, critical social work and Foucauldian ideas allow this study to consider intergenerational experiences of ageing in ways that are unique, and yet complimentary, and have the potential to provide diverse and nuanced intergenerational perspectives on ageing.

Putting this Study into Context

According to the United Nations Population Fund (UNFPA, 2012), expanding ageing populations are regarded as one of the most significant issues influencing contemporary

economies and societies around the world. In the literature, examples include concerns that in the 100 years from 1950 to 2050, the world's population over the age of 60 is expected to increase from 205 million to 2 billion (UNFPA, 2012). By 2050 in Europe, 34% of the population will be over 60 (Kesby, 2017). Likewise, the ageing population in Australia is seen as a major social issue with which governments and society need to grapple. As the Australian Institute of Health and Welfare (AIHW, 2017, no page number.) reports:

The number of people aged 65 and over has more than tripled over fifty years, rising to 3.4 million in 2014. There has also been a ninefold increase in the number of people aged 85 and over, to 456,600 in 2014. Based on population projections by the Australian Bureau of Statistics, there will be 9.6 million people aged 65 and over and 1.9 million people aged 85 and over by 2064.

Increased life expectancy is regarded as a success on one hand, and a problem on the other (Betts, 2014; Biggs, Haapala & Lowenstein, 2010; Fine, 2014; Wesley Mission, n.d.). Indeed, some commentators are quite panicked about issues relating to ageing societies. A review of ageing studies by Rabl and Triana (2014, p.403) report that ageing populations are often described as a demographic time bomb. However, notwithstanding the challenges that ageing can bring, Australian research on ageing by O'Loughlin, Kendig and Browning, (2017, p. 2) states that:

there are often opportunities that are overlooked. Rather than seeing all older people as a 'burden' or 'unproductive' once they leave the paid workforce, we need to acknowledge the social and economic contributions they continue to make as consumers, carers and volunteers, and draw on and put to good use the knowledge, skills and experiences they have acquired across their lifecourse.

In other words, there is much more to ageing than it being a problem.

Numerous international studies show that intergenerational relations are central to how the ageing journey is experienced (King, Wainer, Lowndes & Owada, 2011; Lloyd, Calnan, Cameron, Seymour & Smith, 2014; Thijssen, 2016). A report by Dykstra (2010, p.1) for United Nations Economic Commission of Europe, acknowledges the critical interdependencies between generations in relation to ageing, and this study identifies that

these interdependencies are especially influenced by social policy. Research, for instance, shows that the sense of obligation for families to support older people is strong in weak welfare states, whereas this obligation is low in strong welfare states (Daatland & Herlofson, 2003; Mandell & Kim, 2017). This is of interest as there have been significant policy changes in relation to ageing in Australia in recent years in line with governments portraying ageing and the growing ageing population as a major problem, seeing older unproductive people as a drain on government budgets and taking away resources from younger generations. This bracketing and separating of different generations leads to negative stereotypes of older people and results in an ‘us versus them’ dichotomy (Dow, Joosten, Biggs & Kimberley, 2016). This makes an intergenerational study on ageing very relevant and timely.

Social Constructions of Ageing in Contemporary Society

As mentioned, lived experiences of traversing later life are multifaceted and are influenced by many factors including: intergenerational relations, culture, religion, personal and lifecourse experiences, ageism, the economy, political and welfare systems, political ideologies, social policies, sexual orientation and various discourses such as those evident in healthcare, politics and the media. To this end, as explained by Hussain, Kendig, O’Loughlin and Cannon (2017, p.102), ageing is a socially constructed experience:

Whilst ageing is a biological process experienced by everyone, the perceptions of older people by others is a social construct and often has an ageist and discriminatory dimension to it; that is, notions of ‘age’ and ‘ageing’ embody social and cultural notions of wellbeing and desired human qualities around what constitutes the norm.

In other words, growing old is not simply a linear, individualistic journey through later years, but rather it is a constructed experience, and in Australia, governments and the media have given particular attention to intergenerational relations in relation to ageing, of which most of this attention is negative (Gleason, 2017). Notwithstanding the positive work that Australian governments undertake in supporting older Australians, public discourses for the most part about ageing are very much underpinned by ageism and claims that older people are draining resources from younger generations (O’Loughlin &

Kendig, 2017). The 2015 Australian Intergenerational Report released by the federal government brings particular attention to intergenerational divisions and inequities, suggesting that older people are consuming vast resources at a cost to future generations (Australian Government, Department of Treasury, 2015. p.vii). Some social commentators however, challenge these claims. In discussing the 2015 Australian Intergenerational Report for example, the president of the Australian Association of Gerontology, Dr. Briony Dow (2015) refutes claims about older Australians being described as ‘non-contributors’ or ‘leaners’ compared to industrious younger people, stating that this depiction is inaccurate. Dow (2015) along with Farrell (2015) argue that the ‘old-age dependency ratio’ that compares how many people under 65 are working to support those over 65, is a problematic measure, as many people over 65 are looking for work, some are underemployed, whilst others continue to work, and this fact is missing from the ‘old age dependency ratio’. Despite dominant media and government reports about older people not working and being a drain on government budgets, research in the USA and Australia note that the percentage of people over 65 who are working has rapidly increased in recent decades (Australia Bureau of Statistics, 2015; Farrell, 2015). Research by the AIHW (2017) reports that in 2015, 13% of Australians over the age of 65 were in paid work, an increase from 5% in 1990. This is discussed in more detail in the literature review and is an example of the accuracy of dominant discourses about ageing and intergenerational relations being contested.

Dominant public discourses shape how older people experience ageing, for instance the experiences of being old in a society or culture that reveres older people as being holders of wisdom can be very different from experiencing ageing in societies and cultures where ageism is pervasive (Davy, Kite, Aitken, Dodd, Rigney, Hayes, and Van Emden, 2016). Many older people are believed to internalise ageism and this in turn has been shown to have deleterious consequences for older people’s mental and physical wellbeing (Australian Institute of Criminology, 2014; Australian Human Rights Commission, 2013; Hatcher & Dixon, 2017; Kendig & Browning, 2016; North & Fiske, 2012). Common ageist stereotyping results in homogenising older people, with a focus on weakness, vulnerability, illness and seeing them as being victims of crime; however their actual lived experiences can be quite different (Dow, et al., 2016). This stereotyping and homogenising of older people is often misleading, evident for instance in the fact that older Australians are at much lower risk of being victims of crime compared to other

population groups (Australian Institute of Criminology, 2014; Australian Human Rights Commission, 2013; Hatcher & Dixon, 2017; Mental Health Commission of NSW, 2017). This study was therefore interested to see if dominant discourses have an impact on participants' experiences of ageing and the narratives they construct. These considerations have been incorporated into the conceptual and methodological frameworks of this study.

Ageing Theories

It is useful to outline pertinent theories on ageing, as this helps to put into context how citizens, communities, institutions and governments think about older people and ageing and how this influences various policies on ageing. In the latter part of the 20th century theories of ageing started to shift from seeing later life as a time of decline, dependence and withdrawal from society, social roles and activities, as conceptualised in 'disengagement theory', to a more 'positive gerontology', highlighting a more active, productive, and socially engaging approach to ageing (Hatcher & Dixon, 2017; Johnson & Mutchler, 2014). Positive gerontology theories include 'activity theory', which highlights the importance of remaining active and civically engaged, and 'continuity theory', which implies that older people seek continuity of their previous life and lifestyle - despite needing to adapt to changes that might come with later life (Hatcher & Dixon, 2017; Johnson & Mutchler, 2014). Clarke and Warren (2007) and Hatcher and Dixon (2017) in reviewing the literature on active ageing, explain that this concept emerged in the 1960s as a reaction to disengagement theory and focussed on older people remaining engaged and active. They explain that these ideas morphed into 'productive ageing' in the 1980s with an emphasis on productivity and employment for older people. Activity theory and productive ageing have become dominant theories of ageing in contemporary Western societies. The authors raise concern that success or failure in terms of active and productive ageing is attributed to the individual and does not account for sociocultural factors. This leads to the pathologising of older people who are not active or productive in the workplace, thus perceiving them as being irresponsible (Hatcher & Dixon, 2017; Johnson & Mutchler, 2014).

Lifecourse theory is a holistic theoretical framework and is a more useful theory to understand the experience of later life (Grenier, 2012). When looking at later life or working with older people, lifecourse theory considers the whole of an older person's life

experiences, their social, political, economic and cultural experiences over their lifecourse and what this means in terms of experiencing later life (Grenier, 2012). For example, an older person who lived through times of austerity such as living through the great depression and the great wars, may greatly value living frugally and may continue to want to do this in later life, even if they have accumulated considerable wealth. As such wellbeing and quality of life is linked to lifecourse experiences as it considers how people have learnt to give meaning to past experiences and how these experiences impact on the present (Crawford & Walker, 2007). Lifecourse theory therefore accommodates the diversity of older people's experiences and is an appropriate counterforce to the ageist tendency to homogenise older people (Hughes & Heycox, 2010). Lifecourse theory therefore also informs the conceptual framework of my study. Lifecourse theory is congruent with narrative inquiry and other theoretical underpinnings of this thesis as it privileges the life stories of research participants.

Policy Context in Australia

In 2010 the Australian federal government initiated a Productivity Commission into 'Caring for Older Australians' and this report was delivered in 2011 (Australian Government Productivity Commission, 2011). Some of the key outcomes of this report were recommendations that older consumers of care should have more choice and control, evident in consumer directed care, and to this end markets should have a greater role in providing aged care services. The report recommended that older people should make greater financial contributions to their care, resulting in increased user pay as a key new policy trajectory (Fine, 2014). As a result of implementing the findings, the cost of home care packages and residential aged care has increased significantly (Australian Government's National Commission of Audit (n.d.); Cain 2014; Hall & van Gool, 2016; Sarmiento, 2014). The Brotherhood of St. Laurence (2011) is an example of an organisation that raises concerns about the findings of the Productivity Commission and the assumptions that market solutions and an increased user-pay system is the best way to respond to issues about Australia's ageing population. They argue that this will increase social inequality among older people, especially for those who are vulnerable and have complex needs. These issues are discussed in more detail in the literature review in chapter two.

Home care services provided by the State are essential to supporting carers and allowing older people to remain living at home in their communities, particularly as younger generations mostly all need to work to financially survive in contemporary societies (Burke, 2017; Kendig & Lucas, 2013). A review of the literature on the role of formal services by Dykstra and Fokkema (2011) consistently show that formal care facilitates and supports families, friends, spouses and carers to continue in caring roles, it supports younger people to remain in paid employment and enhances the quality of intergenerational relations. This helps to avoid institutional care, which brings significant savings to governments. Mostly, studies on caring show that carers report much higher positive aspects of caring compared to negative impacts, however this declines with increased hours of caring and longevity of the caring role (Carers NSW, 2016). Despite the positive aspects of caring, 40% of carers can experience chronic health conditions such as back problems, anxiety, depression and feeling chronically tired. Carers also experience financial strain, with 50% of primary carers on a low income. In addition, they can feel isolated, miss out on relationships, work, leisure and social opportunities (Carers NSW, 2016). The role of carers and formal services is an important aspect of intergenerational relations and ageing and this is further explored in the literature review.

Social researchers are concerned that contemporary Australian governments are now keen to promote individual and family responsibility towards older people, what is known as *familialism*, in place of government funding social services and programs. Services and programs provided by the *market* are promoted alongside governments reducing their responsibility for ageing issues (Cash, Hodgkin & Warburton, 2013; Warburton & Grassman, 2011). Ong (2016) reports that to facilitate this new marketisation of ageing, governments in some countries, including Australia, are either recommending or facilitating the ability of older people to ‘draw down’ from their housing equity (equity release), in order to pay for aged care. The literature review which follows in chapter two examines these issues in more detail. It is worth noting that older people have high rates of home ownership in Australia, compared to younger generations, with 76% of people over 65 owning their own home in 2013-14 (AIHW, 2017; Ong, 2016). As such, exploring financial issues and planning in relation to ageing is included in this study. Due to increased costs associated with ageing issues, older people who rely on the age pension will be most affected by policy changes and therefore self-funded retirees were excluded from the study.

Introduction to the Research Process

This is a qualitative study involving in-depth narrative interviews with 13 pairings of older and younger participants. Each pairing includes a person over the age of 70 and a person from a younger generation that identifies as a significant person in the respective older person's life. The ages of the younger people range from teenage years to 70s. Recruitment to the study and the characteristics of participants are explained in chapter three. Study participants were interviewed separately. The conceptual framework, as explained in detail in chapter three, takes the position that the experiences of ageing are socially constructed and that there can be multiple perspectives on reality. As such the study is informed by social constructionism and postmodernism (Berger and Luckmann, 1966; Liamputtong, 2010). The study embraces a narrative theoretical perspective, holding the view that research data cannot be obtained objectively or independent of other influences, but rather that research data is co-constructed between the researcher and research participants (Riessman, 2008). The study is also informed by Foucauldian ideas about how power, knowledge and language intertwine (Chambon & Irving, 1999) and this is also discussed in more detail in chapter three. As already noted, I have also taken a critical gerontological and critical social work agenda to this study, as I am interested in trying to improve and emancipate how older people experience ageing in Australia. The following section provides an outline of the thesis.

Outline of Thesis

Chapter two provides a broad look at the literature on ageing and intergenerational relations, both in Australia and overseas. There are significant demographical changes occurring around the world in relation to ageing and these statistics are presented, along with discussion about the perceived implications this will have on contemporary societies. Importantly, the literature looks at dominant discourses about ageing and intergenerational relations and this is followed by insights into how older people themselves describe their lived experience of ageing. The literature demonstrates that central to understanding intergenerational relations in regard to ageing is to consider the role of the welfare state and family and social policy trends. These are mapped out for the reader. It is evident that ageing has particular implications for women and research on this topic is introduced. Issues around accommodation options and finances in later life arise as important issues in the literature. Planning ahead for ageing is a common topic in

the literature and the various approaches and tools available to achieve this are introduced. Finally, at different periods ageing has been viewed and understood through different theoretical lenses and some of these dominant theories are discussed. The literature review helped to refine the research aims and objectives, and the research topics outlined on the interview guides.

The conceptual framework for the study and methodology are outlined in chapter three. The study is underpinned by social constructionism, postmodernism, narrative and Foucauldian ideas and the principles and relevance of these theoretical positions are explained. I explain why using a qualitative methodology was especially important to achieving the aims and objectives of this study alongside using in-depth narrative interviews to collect the data for the study. The theoretical underpinnings of the study were central to analysing the data, but in particular my analysis was informed by the narrative work of Catherine Riessman and Foucauldian ideas and these approaches are mapped out for the reader. The processes of deciding eligibility of participants, recruiting participants and acquiring ethics are also outlined. Finally, this chapter explains how I used NVivo software to help with managing the data, and although I do not pretend to be an expert using this software, this program was immensely helpful with managing and sifting through the data to extract the key findings from the study.

Chapters four, five, six and seven present the findings from the study. Chapter four begins by providing some basic demographic information about the study pairs: age; gender; participants' relationship to each other; living arrangements and retirement age. Chapter four hones in on findings relating to the nature of intergenerational relations within the study pairs. The findings include a focus on the different ways participants spoke of their intergenerational journey through ageing. This chapter presents important elements that underpin intergenerational relations and the type of exchanges that occurred within pairs. This section also outlines experiences and perspectives that younger participants gained about ageing, due to their involvement with their older person's ageing.

Chapter five introduces key findings around planning for ageing. Relationship dynamics within pairs, work experiences and life histories had a significant influence on how participants thought about and made plans for ageing. The process of making plans is by no means straightforward and this chapter presents many examples of the complexities

involved in planning, as well as participants' views on euthanasia. Housing and accommodation options for people in later life were important topics for many participants, as were issues about finances.

Participants often described quite different lived experiences of ageing, depending on the contexts to which their conversations related, and these findings are presented in chapter six. Important findings are presented in this section in relation to adjusting to accepting the need for support, and experiences of engaging with services. Participants had important comments to make about engaging with healthcare settings and residential aged care institutions. Participants also had much to say about the way that the media and governments portray and talk about intergenerational relations, older people and ageing.

The findings introduced in chapter seven relate to positive and diverse narratives on ageing as described by participants. This includes findings about lifelong learning, sharing wisdom and being productive and socially engaged in later years. As such, many participants described their actions as 'pushing back on ageing', unless significant health issues arose.

A discussion of the findings is presented in four parts in Chapter eight. Part one introduces ideas around older and younger participants being on a shared journey through ageing, illustrating high levels of intergenerational reciprocity and concern for each other. In particular older participants were quite concerned for and invested in younger generations and this is teased out in this section. The ups and downs of caring are also unpacked in this chapter.

Notwithstanding that life challenges arise with ageing; the findings demonstrate that participants have quite positive and diverse experiences in later life and these are introduced and discussed in part two. This discussion is centred around lifelong learning and sharing wisdom, sources of wellbeing in later life, being productive and giving back to society, and challenges in relation to employment. This section also introduces the concept of 'dignity in decline', and the importance of relationships at a personal level and when dealing with services.

In recent years there has been a significant emphasis on the promotion of planning for ageing as a means for older people to exercise choice and control. Part three unveils some of the complexities around planning for ageing from the perspectives of participants. The

nature of intergenerational relations has an impact on planning and this is discussed in this section. Of particular interest to participants were issues around housing and various accommodation options and these ideas are also discussed in this section. Conversations about planning for ageing inevitably led to conversations about euthanasia for many participants and these views are unpacked.

Exploring participants' lived experiences of how older people are treated and talked about in relation to ageing and intergenerational relations is discussed in part three. This is examined in light of dominant narratives about ageing and intergenerational relations. Lived experiences are also discussed in relation to looking at different situations, for instance, interacting with friends and family, or with institutions, and this leads to a discussion about contexts in which ageism occurs.

Finally, the conclusion in chapter nine provides a summary of the contributions this thesis makes to new knowledge in this field of inquiry and suggests topics for future research. I provide some reflections on my own positionality from a personal and professional perspective and how this might have impacted the study. The strengths and limitations of the study are outlined. This study has implications for social work practice and education and these are discussed. The chapter concludes with some new theorising about ageing and this is linked back to social policies about ageing.

Conclusion

The introduction chapter has provided an orientation to the study and given an overview of why this study is important and why I am personally and professionally interested in this area of research. Much of the introductory discussion about the literature on ageing and the conceptual framework and methodology for the study will be expanded on in more detail in the chapters to follow. A very brief summary of each of the chapters has also been provided as a useful road map for the reader. Chapter two provides a deeper review of the literature in relation to intergenerational relations and ageing in Australia and internationally.

Chapter 2: Literature Review

Introduction

The literature review highlights a broad range of important factors that influence how later life is constructed, understood, experienced and planned for. The literature review illustrates that the voices and lived experiences of older people and the significant people in their lives are often silent or subjugated in dominant discourses and debates about ageing. The theoretical frameworks informing this study, particularly critical social work have influenced my critique of the literature. The literature addresses ageing and intergenerational relations and the topics covered include: dominant discourses about ageing, ageism, older people's views about ageing, the role of the welfare state, policy trends, gender, poverty and finance, housing, interactions with healthcare and residential care institutions and planning for ageing.

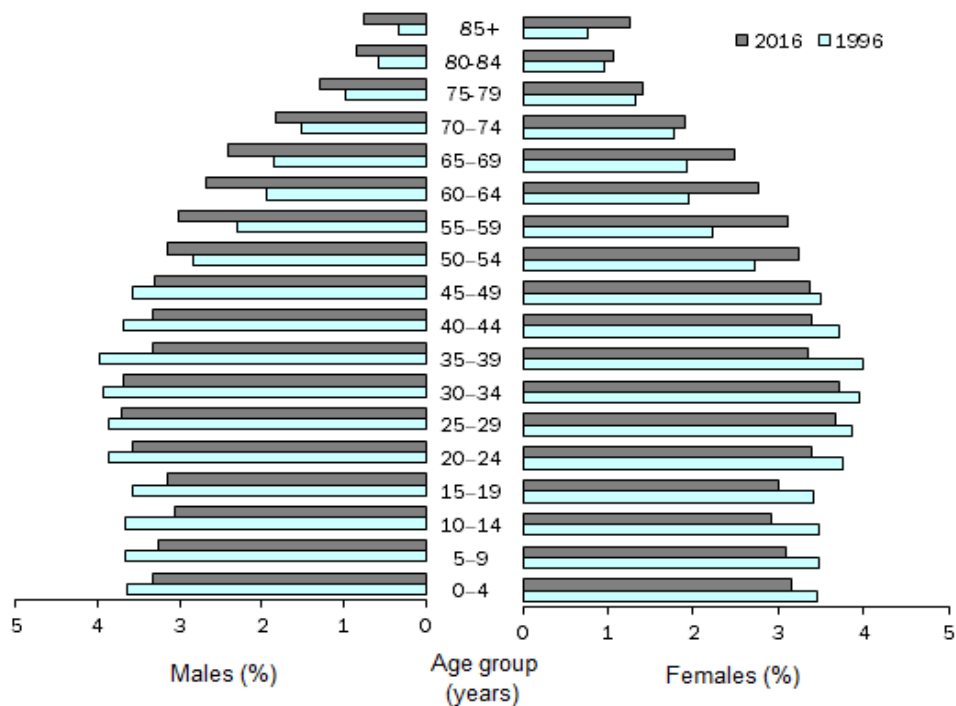
Ageing populations

The introduction chapter provided information about the increasing ageing population in Australia and around the world, and this section expands on this topic. The AIHW (2017) note that in 2016, 15% or 3.7 million of Australia's 24.3 million citizens were over 65. Population ageing in western societies is seen to be a product of increased longevity due to advanced medical interventions and declining fertility rates (Brotherhood of St. Laurence, 2011; Dykstra, 2010). In 2012-14 life expectancy at birth in Australia extended to 84.4 years for women and 80.3 years for men (ABS, 2016c, Cat. No.4125.0). This is a significant increase from the late 19th century when the average life expectancy at birth was 51 years for men and 55 years for women (Betts, 2014). As such, Australia has one of the highest life expectancies in the world and whilst this is a great achievement, it paradoxically is seen to contribute to the problem of having an ageing population (Hatcher & Dixon, 2017). Holliday (2006) provides another perspective on increased longevity, claiming there is little evidence that the maximum life span for humans has changed all that much in 100 years. Instead, Holliday (2006) states that health interventions at other crucial life stages, like middle age, and the reduction in infant mortality, mean fewer people are dying in these earlier stages of life, and therefore more are surviving into later life. This is a somewhat different view to one that says older people are living longer. Regardless of

the different causal views of ageing populations, there are undoubtedly increasing numbers of older people in most societies around the world.

Globally, in 2012 there were 33 countries with a life expectancy of over 80 at the time of birth, an increase from 19 countries in 2005 (UNFPA, 2012). The following table (Table 2.1) by the Australian Bureau of Statistics (ABS, 2016a, catalogue no. 3101.0) outlines the changing ageing demographics in Australia between 1996 and 2016. Tables and statistics such as these signal alarm bells to governments and policy makers that societies have a major ageing problem that needs to be addressed.

Table 2.1.
Changing Ageing Demographics in Australia between 1996 and 2016
 (ABS, 2016a, catalogue no. 3101.0)



In summary this 2016 ABS reports states:

Between 1996 and 2016, the proportion of Australia's population aged 15-64 years remained fairly stable, decreasing from 66.6% to 65.9% of the total population. During the same period, the proportion of people aged 65 years and over increased from 12.0% to 15.3% and the proportion of people aged 85 years and over almost doubled from 1.1% of the total population in 1996 to 2.0% in

2016. Conversely, the proportion aged under 15 years decreased from 21.4% to 18.8%.

As is evident in this ABS table summary there is a rapidly increasing ageing population in Australia, and it is argued that this has serious intergenerational implications, especially because of the changing population numbers in different generational cohorts. Governments give particular attention to the increasing number of people in retirement, or over the age of 65, compared to those who are of working age (Betts, 2014; Biggs et al. 2010; Fine, 2014; Wesley Mission, 2014).

Due to the decreased ratio between people working and people receiving the aged pension, age pension schemes are usually discussed as being in crisis and as such older people are frequently framed as a 'burden'; however, the degree of this view varies between different countries (Betts, 2014; de Vaus, Gray & Stanton, 2003). Negative views about ageing populations took hold in the USA in the 1980s and spread worldwide by the 1990s (Gee, 2000). For instance, in Australia in 2004, the federal government introduced a baby bonus to incentivise women to have more babies, to balance the ageing population (Sinclair, De Silva & Boymal, 2017). There are common negative views in ageing societies that older generations are consuming a disproportionate amount of public resources at the expense of younger generations, which suggests a clash of generations (Australian Government, Department of Treasury, 2015; Moreira, 2013; Prinzen, 2014). It is suggested that this creates budget issues for government which impacts on intergenerational equity and therefore affects the social or intergenerational contract whereby younger generations are expected to look after older people. This in turn is seen to undermine social cohesion and accordingly creates intergenerational conflict (de Vaus et al., 2003; Hodgkin, 2014).

Intergenerational Relations

Intergenerational relations can refer to kin and/or non-kin relationships that exist between different generations. Pilcher (1994) states that Hungarian sociologist Mannheim was one of first to systematically theorise about generations in his 1923 essay titled 'The Problem of Generations'. Mannheim's essay emphasises the social influences on generations that he argued are neglected in biological understandings. Mannheim argued that significant events that people experience in their youthful

formative years, influences their later life experiences. These early influences are located in a particular time and place and examples of these events for present day older people could include the women's movement, gay rights movements or the rise of neoliberalism and its emphasis on the individual. Mannheim's work is worth mentioning as it is regarded as influential in terms of getting us to think about specific generations (Pilcher, 1994). For older people, international studies show that intergenerational relationships are highly valued and very important to the experience of navigating later life (King, Wainer, Lowndes, Darzins & Owada, 2011; Lloyd et al., 2014; Thijssen, 2016). Importantly, help received from family and friends means a lot more to older people than just the benefits of practical assistance. In particular, relational aspects of support are highly valued (Lloyd et al., 2014; Wesley Mission, 2014). Research shows older adults value and desire close intimate relationships and as such select and prune their families, friends and social networks accordingly (Siedlecki, Salthouse, Oishi & Jeswani 2014). Although romantic relationships in society in general have changed over the past 30 years due to increased divorce rates, delayed marriage or staying single, intergenerational ties are seen to have strengthened during this same period according to research by Fingerman, Sechrist and Birditt (2013). These intergenerational relationships can be highly meaningful for older people especially in the context of the death of a spouse and the need for meaningful social interaction and support (Fingerman et al., 2013). It is worth mentioning that there are numerous intergenerational programs operating worldwide that are intended to foster cooperation and exchange between generations and these occur in places such as schools, hospitals, retirement communities, community settings etc (Kaplan & Sanchez, 2014). However intergenerational programs are not a focus in this study.

Luscher & Hoff (2013) explain that the concept of 'intergenerational solidarity' developed by Bengtson et al. (1991 cited in Luscher & Hoff, 2013), was strong during the 1990s. They note that older generations provide much financial and caring support to adult children and grandchildren, hence the concept of 'intergenerational solidarity' was developed. Intergenerational solidarity involves mutual support between generations and a sense that this is necessary (Thijssen, 2016). Later in the 1990s concerns were raised that the solidarity framework overlooked negative aspects of intergenerational relations and the concept of intergenerational conflict evolved

(Silverstein, Conroy & Gans, 2012). Examples of conflict include elder abuse, and the tension between younger working generations contributing to the welfare state and the older generations allegedly relying on the welfare state for support. Because of the diversity of intergenerational relations, ‘intergenerational ambiguity’ was later developed to accommodate both positive and negative intergenerational experiences and sentiments. As noted by Mandell and Kim (2017) family members routinely like and dislike each other at different times and in different situations, and intergenerational ambiguity as a concept accommodates such phenomena. An example of intergenerational ambiguity could involve older parents having more negative relationships with their adult stepchildren compared to their biological adult children (Luscher & Hoff, 2013; Silverstein et al., 2012). Intergenerational ambiguity is an example of the relevance of postmodernism as a theoretical framework for this study, as it acknowledges diverse experiences, different and fluid realities (Liamputtong, 2010).

As explained in the introduction chapter, the Intergenerational Reports produced by Australia’s federal government, provide strong messages of older generations using up resources, which will come at a major cost to future generations. Despite the language about ‘intergenerational conflict’ between older and younger generations still remaining dominant in public discourses, there is evidence that this view can be challenged. Research in Ireland for example, by Scharf, Timonen, Carney and Conlon (2013) found that the dominance of intergenerational conflict in public discourses is not borne out of people’s lived experiences in Ireland. Another study by the same four authors (Timonen, Conlon, Scharf & Carney, 2013) found that intergenerational solidarity evolves as generations observe each other and adjust their expectations; intergenerational solidarity is linked to socioeconomic status (higher commitment in lower socioeconomic status) and the welfare state generates various expectations in relation to solidarity (Scharf et al. 2013, p.177). A further 2014 study by the same four authors (Carney, Scharf, Timonen & Conlon, 2014) examined the impact of the economic crisis on intergenerational relations in Ireland following the financial collapse in 2008 and the subsequent austerity measures that followed and they found it was common for older family members to provide financial support to younger members and overall there were exceptionally high levels of intra-family solidarity (p.34). The authors note that following the economic crisis, Ireland has had very high

levels of out-migrants (mostly young people) and it will be interesting to see if this will have an impact on intergenerational ageing in Ireland in the decades to come. In Britain, research by Lloyd et al. (2014) that looked at adaptation to later life, also found that the vast majority of participants in their study had positive relationships within their close networks of family and friends. Research by Bengtson and Oyama (2010) in the U.S. challenges the often cited conflict versus solidarity dichotomy in relation to intergenerational relations and they argue that messages about a war between generations is misinformed and that solidarity will continue at high levels into the future. A study in Victoria, Australia found that “three quarters of families take care of their older members within their capacity and within an environment of mutual love and trust” (King, et al. 2011, p.6). Nevertheless, intergenerational conflict is a concept that is quite evident in contemporary Australian government and media narratives about ageing, “with the older generation being pitted against the younger, frequently in the role of the villain, in a zero-sum game for society’s resources and public benefits”, as reported by Kesby (2017, p.7.).

Rather than being a ‘drain’, Australian studies show that older people are more likely to be givers of support, to spouses, children and grandchildren, with examples including the provision of financial support, gifts, loans and inheritances, practical support, and being contributors to community life through volunteerism (de Vaus et al., 2003; Dykstra, 2010; Fingerman et al., 2013; Mandell & Kim, 2017). In 2012 in Australia, grandparents looked after 49% of children receiving childcare (Betts, 2014). Research shows that in most western cultures throughout adult life, intergenerational support flows much most often from older parents to adult children and grandchildren and this can take the form of older people listening to personal concerns, giving advice, engaging in companionship, and giving practical and financial support. This trend is only reversed at the very latter stage of life, at a time when care might be required (Dykstra, 2010; Fingerman et al., 2013; Piggott, 2016). In relation to caregiving, reciprocal care is often occurring even when dependencies exist, however this is not always depicted in dominant discourses that talk about burden of care as if it is a one-way arrangement (Chappell & Funk, 2011). People in receipt of physical care for instance can be givers of emotional care. Research also shows that many carers of older people do not see themselves as carers, or the support

they provide as ‘work’ (Chappell & Funk, 2011). Indeed, older and younger people alike find it more satisfying to give care than to receive care (Pope, 2013).

Dominant Discourses and Ageism

Numerous studies show that dominant media, healthcare, political, and other discourses about older people and ageing are mostly negative and ageist (Australian Human Rights Commission, 2013; Betts, 2014; Cook, 2017; Johnson & Mutchler, 2014; McCabe, Mellor, McNamara & Hill, 2010; North & Fiske 2012; Scharf et al., 2013). In these studies examples include negative stereotypes of older people in the media, discrimination in employment, well intentioned people showing benevolence to older people, patronising baby talk (especially in hospitals) to older people and distancing from older people (putting older people in residential care; avoiding older people). Research by the Australian Human Rights Commission (AHRC, 2013, p.51) found that the diverse experiences of older people and ageing are rarely evident in dominant discourses. The 2013 AHRC study found that older Australians are likely to be stereotyped as being frail, vulnerable, dependent, sick, isolated, lonely, a burden, a problem for the healthcare system and government budgets, and even sources of amusement (Australian Human Rights Commission, 2013, p. 9). An article by Jericho (2014) in The Guardian newspaper, used the title ‘As Australia’s population ages, the burden on the workforce is growing’, to warn of the ageing crisis. Kemp (2014) writing in The Conversation newspaper wrote an article titled ‘How Australia’s ageing population threatens our democracy’ to raise concerns about intergenerational inequity and the power of older people to vote for their own interests, rather than the interests of future generations. An article by Hunter (2014), in the Independent Australia titled ‘Australia’s ageing tsunami and the coming aged care catastrophe’ warned that the ageing population is a major problem on many different fronts. An article by Uren (2013) in The Australian national newspaper warned of the ageing crisis with the heading, ‘Raise pension age to 70 or greying will cripple economy’. Another article by Horin in the Sydney Morning Herald in 2012 warned: ‘Time to act as dementia crisis looms’. These are just some examples of dominant discourses that frame ageing as a major problem. A study by Betts (2014, p1) reviewing commentary on ageing by various Australian writers, commentators, politicians and media outlets, also found alarming negative commentary on ageing. These dominant negative discourses can shape people’s subjective experiences of ageing.

Older People's Well-Being and Views on Ageing

There is no denying that health does decline with age. Data by the Australian Bureau of Statistics (ABS, 2012, catalogue 2071.0) for instance shows that whilst only 17% of people aged 75-79, have a severe disability, this rises to 68% for those over 90. Nevertheless, key findings of an Australian study by McCann Mortimer (2010) found that older people viewed life as a journey of growth and development that extended beyond health, physical functioning and autonomy and that relationships were central to wellbeing. Likewise, a study by Chen (2001) found that friendships were very highly valued by older people and helped them to have a sense of belonging and an ability to maintain social interaction, which they highly valued. Freedom from work, financial strain and slowing down allows older people time to strengthen relationships (Mental Health Commission of NSW, 2017). In contrast to more dominant negative views about the problems of ageing, evidence shows that older people are actually emotionally and mentally healthier than younger generations and that age-related cognitive decline is overplayed (North & Fiske, 2012). In a 2014-15 National Health Survey, 72% of Australians over the age of 65 self-reported to have good, very good, or excellent health (AIHW, 2017). Similarly, the Australian Institute of Health and Welfare (AIHW, 2017 citing ABS National Health Survey, 2015) report that 66% of people aged over 85, reported good, very good or excellent health whilst 34% reported fair or poor health.

Australian research by Kendig (2012) also found that despite pervasive negative discourses about growing old, studies show that people in their 60s and 70s are happier in general than people in their 20s and 30s. Research in Australia also states that many people over the age of 65 do not associate with 'old age' and their view of what constitutes old age extends forward as they age (Australian Human Rights Commission, 2013). Expectations between generations change over time and it is expected that ageing baby boomers will reject negative and passive stereotypes of old age and will strive to continue their current lifestyle (Quine & Carter, 2006; Rogers, 2014).

Policy Trends on Ageing in Australia

As flagged in the introduction chapter, in 2010 the Australian federal government initiated a Productivity Commission into 'Caring for Older Australians', with the

findings reported in 2011 (Australian Government Productivity Commission, 2011). As a result of implementing the findings, from 1 July 2014 the cost of home care packages and residential aged care increased significantly in Australia (Australian Government's National Commission of Audit (n.d.); Bitá, 2017; Cain 2014). This shift to increasing user pay aims to rein in costs associated with an ageing population (Australian Government Productivity Commission, 2011). This policy shift emphasises individual and family responsibility and de-emphasises state responsibility to support people in later life (Chomik & Piggott, 2012; Fine, 2014; Hodgkin, 2014; O'Loughlin & Kendig, 2017; Piggott, 2016) and this will likely have implications for intergenerational relations. A review of the literature by Hodgkin (2014) argues that this policy shift is problematic in contemporary society for a whole range of reasons, including the increase in single parent families and the increase in couple families where both parents are in paid work. Notwithstanding that the findings of the Productivity Commission assert to promote choice and control for older people, the shift of responsibility to support older people from governments to markets, makes the delivery of such ideals problematic (Fine, 2014). Evidence of neoliberal policies in action include the proliferation of private homecare providers, private retirement villages and for-profit aged care facilities, particularly in Australia's major cities (Bachelard, 2017; Chenoweth & McAuliffe, 2017).

Assumptions that a marketisation and for-profit system is the best way to respond to issues of an ageing population are problematic (Brotherhood of St. Laurence, 2011). Looking at this from an intergenerational perspective, Fine (2012), researching ageing in Australia, argues that the welfare state was actually developed because of the inability of the market and families to adequately provide for the vulnerable in society. Alongside the findings of the Productivity Commission into ageing in Australia, the 2015 Australian Intergenerational report, as flagged in the introduction chapter, emphasised government difficulties with balancing the federal budget, stating that Australians were living beyond their means and linked this to the problem of an ageing population and intergenerational disparities (Australian Government, Department of Treasury, 2015. p.vii). Following the release of this report, the federal government ran advertisements on television to highlight disparities between generations, asserting that older Australians are using up resources that will come at a cost to future generations. There was a significant public backlash over the television

advertisement, resulting in its withdrawal. A well-known Australian doctor who was the actor on the advertisements, admitted to not having read the Intergenerational Report and therefore donated his earnings to government schools after expressing deep regret for delivering the advertisement (Knott, 2015).

Welfare Systems: The Role of the State and the Family

Various political and welfare state systems exist in different countries and shape intergenerational relations (Kasearu & Kutsar, 2013; McDonald, 2016). Australia is a multicultural society, with 30% of older Australians expected to come from culturally and linguistically diverse (CALD) backgrounds by 2021 (Federation of Ethnic Communities' Councils of Australia [FECCA], 2010). Thus, overseas welfare arrangements and family expectations around ageing are areas of interest to this thesis. The welfare state is an arrangement where the State redistributes life opportunities between its citizens, for example in the areas of health, education, housing and income (Prinzen, 2014). The working generation contributes significantly to this arrangement via income tax and other charges and this is known as the 'generational contract' (Prinzen, 2014). Fine (2012) highlighting the important role of the welfare state, explains that formal services in the welfare state do not replace informal caregivers but rather are essential to sustaining and supporting them.

Australia is seen to have a *wage-earners welfare state*, which is similar to the liberal welfare state (Warburton and Grassman, 2011). Policies facilitate wage earners to provide for themselves in retirement in the form of guaranteed superannuation, tax incentives to make additional superannuation contributions, extending the age of retirement and providing incentives to remain in the workforce for longer (Chomik & Piggott, 2012; Piggott, 2016; Warburton and Grassman, 2011). In Australia the eligibility age to receive an age pension will increase to 67 years in 2023 (Australian Government, Department of Human Services, 2014; Piggott, 2016). These initiatives are linked to narratives that frame older people in Australia as a budgetary problem for government (Chomik & Piggott, 2012; Fine, 2014; Ong, 2016). Jamrozik (2009) describes Australia as a post-welfare state, with strong influences from neoliberal policies since the 1990s. This shift brings increased familial responsibilities for supporting older people, representing a shift in responsibilities from the public arena to private homes (Betts, 2014; Brotherhood of St. Laurence, 2011; Cash et al., 2013;

Fine, 2012; Hodgkin, 2014). More and more western democracies are being influenced by neoliberal values of independence, self-reliance, individualism and autonomy, meaning that older people who lose these attributes, come to be seen as burdensome in these types of political systems (Gleason, 2017; Lloyd et al., 2014).

Cash et al., (2013) in examining contemporary aged care policy in Australia, found that the expectation of familial support is a central plank of social policy. Dohmen (2013) asserts that neoliberalism encourages private corporations to take over from public services to provide health and social services and this comes at the detriment of older people who cannot afford to purchase these services. In terms of intergenerational relations between older people and younger generations, it is worth noting that transfers, solidarity and support between generations are high in low welfare states and low in high welfare states, thus highlighting a relationship between family arrangements and welfare regime arrangements (Kasearu & Kutsar 2013, p.29).

Over time cultural norms change and migrants to Australia who are ageing may have to navigate cultural complexities. Eastern cultures for instance were traditionally seen to be collectivist, holistic, and people were interdependent on each other, valuing filial piety or the Confucian principle that requires the younger generation to respect, obey and care for their elders. There are laws in China to convict families for not looking after older adults. For instance, a particular law was enacted in 2013 to ensure adult children return home to visit their elders (Gustafson & Baofeng, 2014). Despite strong filial responsibility for support of older adults in China, there has been a move in recent times towards more reciprocal arrangements (Gustafson & Baofeng, 2014), illustrating the various influences that socially construct diverse experiences of ageing. In 'South East Asian' countries social welfare is subordinate to the economy, and provision of welfare is contingent on economic growth. In many instances older adults are still cared for at home and there are high levels of shame associated with nursing home placement (Kwon & Tae, 2012; Warburton and Grassman, 2011). In Japan support for older adults was traditionally very much the responsibility of family, however, more recently older people are becoming less likely to live with their children and are mainly supported only by their spouses, representing in part a defamilialising trend (Kita & Ito, 2013).

Research shows that the UK, USA, New Zealand and Canada are seen as having 'liberal welfare' regimes that promote market solutions to welfare. In these countries governments are keen to promote individual and family responsibility for ageing and care of older adults, what is known as familialism. Increasingly, the market is replacing government responsibility for ageing issues. Government policies encourage continuing employment later in life, as seen by extending the eligibility age to receive the age pension as a way to decrease older peoples' reliance on State pensions (Cash et al., 2013; Warburton & Grassman, 2011).

According to Kasearu & Kutsar (2013) at the turn of the 21st century Scandinavian countries were described as having socio-democratic welfare regimes, representing a defamilialising political system that emphasised the importance of the provision of social services by the State and reduced responsibility of care by the family; Germany, France and Austria were viewed as a second tier of these arrangements. In these socio-democratic countries such as Sweden, which allegedly have weaker intergenerational relations, the welfare state seeks to minimise family dependence for care (Hjalm, 2012). In recent years however these northern European States, along with other western democracies, are gradually promoting family responsibility and market interventions to support older people, which represents a 'familialising trend', (Chau, Foster & Yu 2017; Hjalm, 2012; Jamrozik, 2009; Warburton & Grassman, 2011). In Sweden in 2006 between one and two per cent of all older people co-resided with an adult child compared to 40% in Italy and Spain, highlighting how welfare systems have an impact on living arrangements (Alberetini, Kohli & Vogel, 2007; Hjalm, 2012).

Southern European countries represent strong 'familialising' political systems whereby the family is the main provider of support. This is entrenched in cultural norms, with intergenerational relations seen to be closer in Southern European countries compared to Northern European countries (Kasearu & Kutsar 2013). In Southern European countries such as Italy, Spain and Portugal the welfare state is weak, family ties are perceived to be strong and family responsibility for support of older adults is very strong (Biggs et al., 2010; Dykstra, 2010; Warburton and Grassman 2011). Interestingly Italians do not report a high level of familialism in

studies, which is likely because support of older adults is so normalised (Warburton and Grassman, 2011).

Debates around the world about intergenerational tensions in relation to older populations using society's resources, for example costs associated with social care, healthcare and age pensions, have minimal traction in Ireland according to research by Scharf et al., (2013, p.3). Research states that older adults in Ireland do not experience a diminished level of respect as they age and indeed their lived experiences of ageing are quite positive (Gray & Dowds, 2010; Scharf et al., 2013). Interestingly, in Ireland, expectations of familial care is lower among older people in middle to high socioeconomic brackets compared to higher expectations of familial care in lower socioeconomic groups (Gray & Dowds, 2010). In sum the literature suggests that socioeconomic status and welfare arrangements influence intergenerational relations and expectations around the provision of care people receive in later life.

Interactions with Healthcare and Care Institutions

Studies suggest that many workers in the caring professions see ageing as a time of inevitable decline and this negatively taints their attitudes towards older people (O'Loughlin & Kendig, 2017, p.36). Research by Minichiello, Brown & Kendig (2012) in Australia found that experiences of ageism towards older people were most prevalent in the health care system and employment. The propensity of health professionals to express ageism towards older people is evident in a variety of ways, including how language is used, for instance in describing older patients as "bed blockers", or not seeing the capability or recovery potential in older people. These findings are also evident in international studies (O'Loughlin & Kendig, 2017, p.37). Research by Durocher, Kinsella, Ells & Hunt (2015) on how healthcare professionals interact with older people in Australia, Canada and the USA, which show that although client centred practice is espoused in healthcare settings, it is much more the case that safety and risk aversion takes precedence over the preferences of older people. Indeed safety is viewed as the most important consideration in situations of discharge from hospital (Durocher, et al. 2015). Other research claims that privileging safety over other considerations can result in psychological harm (Parsons, 2008). In contrast the concept of 'dignity of risk' (Durocher et al. 2015; Nay, 2002) encourages

a holistic approach that balances accepting a certain level of risk for people with a disability, in order for them to try to hold on to an optimal level of autonomy. In relation to institutions, research by Mortenson, Sixsmith & Woolrych (2015), shows that there is a long history of high levels of surveillance over older people in institutions such as nursing homes and hospitals. Irving (1999), writing about Michel Foucault and Samuel Beckett, explains that they were concerned about the Enlightenment's ongoing obsession with order, certainty, measurement, truth, cleanliness and progress that is embraced in the scientific discourses and is played out in institutions. In this contemporary context, for older people who are just managing to get by at home but want to be left alone, this becomes a highly problematic situation and they can be classified as 'at risk' or a problem. Therefore, there is a risk that older people's voices and rights and needs can be subjugated to those of professionals and organisational needs.

Gender Issues

There are significant gender issues involved with ageing and caring. Bozalek and Hooyman (2012, p.37) state that "caregiving remains both undervalued and invisible", a role largely undertaken by women, with many older women caring for their male partners. Because women outlive men in Australia, in 2016, women accounted for 54% of people over 65 and this figure rises to women outnumbering men by 2 to 1 in the over 85-age category (ABS, 2016a, catalogue 3101.0). Women spend more time out of the workforce than men; they live longer, earn less than men when working, save less and have less in superannuation (Gong & Kendig, 2016; Rosenman & Scott, 2009). Women are more likely to forgo paid employment throughout their lifetime to care for children or older adults, partly because of societal expectations of women as carers and partly because their incomes are lower than their male partners. If they are in heterosexual relationships, it is women who take time off work to care for family (Fine, 2012; Gong & Kendig, 2016; Rosenman & Scott, 2009). Despite women devoting much more of their life to giving care compared to men, when the time comes for needing care themselves, often they are living alone with few options to receive care from family or friends. Evidence of these gender issues are played out in residential aged care facilities with 70% of residents being female (Australian Institute of Health and Welfare, [AIHW] 2012). In 2009 data from the Australian Bureau of Statistics show that 67% of men aged over 65 were living

with their partner compared to 35% of women over the age of 65 (Fine, 2012). This is of significant concern, as there does not appear to be equity built into aged care policies and the delivery of aged care services to account for this gender inequity. Policy makers, social workers and other human services may need to do more to redress this gender inequity and the needs of older women.

Housing, Finances and Ageing

The Australian Council of Social Services (ACOSS, 2012), reports that a significant proportion of older Australians are living in poverty and it identifies later life as a poverty risk factor. Nevertheless, many older people living in contemporary Australia have significant financial assets in the form of housing ownership (Angus, 2017; Piggott, 2016). Research shows that the security of owning your own home is central to a good experience of ageing and to mitigating against poverty in later life (Olsberg & Winters, 2005; Stebbing & Spies-Butcher, 2015). In terms of inter-generational transfers of assets between older and younger generations, government policy initiatives in Australia are pushing for older people to provide for themselves in the market place by rendering free some of their housing and other assets. It is argued that this has the potential to produce tension with intergenerational expectations (King et al., 2011, p.6).

The Global Financial Crisis (GFC) that adversely affected housing property prices worldwide in the late 2000s had less impact on Australian property prices. Indeed, house prices have consistently risen in value and are now at exceptionally high prices in most major cities (Angus, 2017; Judd, Liu, Easthope, Davy & Bridge, 2014). During this same period the study by Judd et al. (2014) notes that housing affordability has decreased significantly for younger generations of Australians compared to older generations. In March 2017 the mean price of a dwelling for Australia's eight biggest cities in each of the States and Territories had risen to \$669,700, with house prices in the major cities of Sydney, Melbourne and Brisbane being much higher (ABS, 2017, Cat. 6416.0).

Getting reverse mortgages to fund retirement is not uncommon. A survey of 192 mortgage brokers in Australia reported that 72% of their clients that arranged reverse mortgages were aged 60-74 and this was to fund their retirement (Lovering, n.d.). The report raises concerns that when these older people age further and if they require

residential care, they may not have enough equity in their homes to pay for residential accommodation deposits (RAD-bonds) or other services. In 2016 the average RAD in Australia was \$421,554, with RADs much higher in cities like Sydney (Aged Care Report Card, 2016). Older people have much higher rates of home ownership compared to younger generations (Ong, 2016). In terms of creative accommodation options, a literature review by Riedy, Wynne, Daly and McKenna (2017) at the University of Technology Sydney, into housing for seniors, identified Co-Housing models as being a popular housing model and this is most common in northern Europe, with 250 such cohousing communities established in Denmark alone. A facilitator or developer oversees the development, but it is a bottom up initiative with residents of various ages involved in all aspects of the design and development. It is based around principles that optimise intergenerational interactions among residents and engagement and interdependence with others. Good visibility of areas such as porches and common spaces, as well as access to amenities such as workshops and art studios are provided. This promotes visual and physical interaction, compared to the privacy that is emphasised in speculative housing developments. Buildings are subject to self-governance and have no strata managers. The literature review conducted by Riedy et al. (2017) found little in the way of such housing options in Australia and suggested that dual or triple occupancy designs could be incorporated into more single site residences across the inner and middle ring of cities like Sydney.

Planning Ahead for Ageing

In recent years in Australia there has been a concerted push for older people to have formal plans in place (AHRC, 2012; AHRC, 2017; Australian Government, Department of Health, 2017; Australian Government Productivity Commission, 2011; Dementia Australia, 2011). This can relate to having health care plans or advance care directives in place, with a belief that formal plans and the use of various instruments affords more choice, control and protection to older people, thereby enabling them to feel comfortable with the certainty this provides (Advance Care Planning Australia, 2017). A National Framework for Advance Care Directives was developed in 2011 by the Australian Health Ministers' Advisory Council to promote the use of advance care directives throughout Australia as a means to support self-determination, especially when one's decision-making capacity is impaired (Dementia Australia, 2011). The Australian Human Rights Commission (2012, p.15) summarises The Productivity

Commission's (2011) recommendations on planning for ageing by stating that they encourage:

‘a community awareness campaign to promote knowledge and understanding of the importance of this process amongst all Australians including older Australians and their families. Additionally, health professionals and care workers should also be better informed and trained to be able to discuss and put in place advance care directives’.

(AHRC, 2012, p.15)

The New South Wales Government's Planning Ahead Tool's website for Legal Resources and Health Professionals (2017) also encourages planning ahead for ageing by stating:

‘When you have planning ahead documents in place – a Will, Power of Attorney and Enduring Guardianship – you can rest assured that your rights and wishes can be respected because they are properly documented.

If you do not have planning ahead documents prepared when they are required, a court or tribunal may need to appoint someone to make decisions for you. The opportunity to choose who you would like to act on your behalf will be lost. It is definitely better to plan ahead’.

(New South Wales Government Planning Ahead Tools, 2017)

From a specific health perspective, the Australian Government Department of Health (2017) website explains that there are varied frameworks in Australia in relation to planning for ageing, and legal instruments vary in their functions in different States and Territories in Australia. In NSW, the home base of this study, they describe the following arrangements:

In NSW Advance Care Planning can include one or more of the following:

1. Conversations between you and your family, carer and/or health professional;

2. Developing an Advance Care Plan on your own or with help from another person. An Advance Care Plan is the documented outcome of advance care planning. It records your preferences about health and treatment goals;
3. Appointing an Enduring Guardian. An Enduring Guardian can legally make decisions on your behalf about medical and dental care, if you lose the capacity to make the decision; and
4. Making an Advance Care Directive.

(Australian Government, Department of Health, 2017)

It is evident from reading the above policies and tools for planning for ageing, that they have strong rational underpinnings and are modernist in nature, suggesting a certain level of faith in planning instruments and an ability to plan ahead. It is of interest to see what emerges from the interview data in relation to this.

Conclusion

The literature review looked at a broad range of topics that influence how ageing is experienced and planned. These include, concerns about the growing ageing population, intergenerational relations, dominant discourse on ageing, ageism, older people's views and wellbeing, gender issues, policy trends in Australia, Australian and international welfare systems, interactions with healthcare and residential care systems, housing and finance. Central to the social construction and experience of ageing are intergenerational relations, dominant discourses about ageing, and dominant and contemporary social theories about ageing as described in chapter one. In light of the growing ageing population in Australia, research on ageing is indeed increasing, however it is evident from the literature review that there is a paucity of research on intergenerational lived experiences of ageing and there is a particular gap in researching intergenerational pairs, despite intergenerational relations being seen as a central aspect to navigating ageing. As such, this study set out to explore how intergenerational relations impact the lived experiences of ageing in Australia. The thesis explored older and younger peoples' perceptions of ageing, their expectations of each other in relation to ageing and arrangements or plans to deal with ageing. Additionally, the thesis explored participants' lived experiences of ageing whilst taking into consideration the ways in which ageing and older people are talked about

and represented in dominant narratives in Australia. Costs associated with ageing and positive and challenging aspects of ageing are also explored in this study.

This thesis has been conceptually and methodologically framed with the hope of contributing to the identified gap in knowledge. It is hoped this study will provide a much-needed insiders' intergenerational perspective on ageing in Australia. Therefore, social constructionism, postmodernism, narrative, qualitative and Foucauldian ideas, which will be explained in the next chapter, are appropriate conceptual frameworks and forms of inquiry to pursue some of the gaps in knowledge and issues that were raised in the literature review. The theoretical framework of the study and methodology are outlined in chapter three.

Chapter 3: Conceptual Framework and Methodology

Introduction

A broad range of factors influence how later life is constructed, understood and experienced, and often the voices of older people and the significant people in their lives are silent or subjugated in discussions and debates about ageing. Constructions and discourses about ageing are often negative and examples of this have been provided in the literature review. Taking this background into consideration, this study is theoretically framed around qualitative research, social constructionism, narrative inquiry, postmodernism and ideas by Foucault. Also, as explained in chapter one and two, this study is also framed around critical social work, an approach that attempts to empower older people and facilitate change to improve how ageing is experienced. These theories are helpful lenses to look at many of the issues raised in the literature review and to consider some of my own observations and understandings from social work practice with older people.

Aims of the Thesis and Research Questions

The literature review in chapter two concluded with outlining the aims of this thesis. These aims are derived from reviewing the literature and relate to existing gaps in knowledge. Based on these gaps, I developed the following research question for my thesis: What are the intergenerational lived experiences of ageing in Australia and how do intergenerational relations impact this experience? More specifically this thesis explored older and younger peoples' perceptions of ageing in Australia; their expectations of each other in relation to ageing, as well as planning ahead for ageing. The thesis aimed to examine younger and older participants' lived experiences of ageing and consider this in light of how older people are talked about and represented in Australia. The thesis set out to explore positive and challenging aspects of ageing, including financial aspects of ageing. A key intent of this study was to give intergenerational participants a voice, and to examine intergenerational relations and ageing from an insider's perspectives. This principle is central to decisions I made in relation to ontological, epistemological and methodological choices when considering the best way to answer my research questions and I will discuss these choices shortly. Having reviewed the literature with my broad research question in mind, the following research topics and questions were developed. These research questions and topics were used as focal points in narrative, open-ended, conversational style interviews.

1. What are the intergenerational lived experiences and perspectives on ageing of older and younger participants?
2. How are intergenerational relations and lived experience of ageing experienced, in light of how older people and ageing are represented in dominant public discourses about ageing and intergenerational relations in Australia?
3. How do participants consider or make plans about their needs and wants in preparation for ageing; what has influenced this process and have they done this separately or together?
4. What helps to enhance making ageing an optimal experience and do intergenerational relations play a role in this?

The specific interview guides can be viewed in Appendix 1 and Appendix 2. Next, I will discuss epistemological considerations.

Epistemology– Social Constructionism, Postmodernism and Foucauldian ideas

Epistemology has to do with the relationship the researcher has with the research and is about how the researcher obtains knowledge about phenomena (Suchting, 2006). I designed my study so that I could access participants' lived experiences of ageing and intergenerational relations and I accepted that I, as the researcher, would have an influence on the research findings. I wanted to undertake my research in close collaboration with the research participants in an attempt to gain rich insights and as such, my study is broadly informed by social constructionism, postmodernism and narrative approaches to knowledge.

Social constructionism.

The basic contention of the argument of this book are implicit in its title and subtitle, namely, that reality is socially constructed and that the sociology of knowledge must analyse the process in which this occurs.

(Berger, L.B., & Luckmann, T., 1966, *The Social Construction of Reality: A Treatise in the Sociology of Knowledge* – see discussion to follow below)

It is well accepted that the work of Peter Berger and Thomas Luckmann, in their 1966 book, 'The Social Construction of Reality', provided the main impetus for social constructionism gaining major traction in the social sciences in the 1960s (Lock & Strong, 2010; Weinberg, 2014; Kham, 2013). Broadly speaking, social constructionism is seen to have its roots in a very broad range of philosophical and sociological thought, drawing on ideas from well-known intellectuals such as Foucault, Habermas, Heidegger, Kant, Levinas, Marx, Mead, Nietzsche and Wittgenstein, to name a few (Berger and Luckmann, 1966; Burr, 2004; Lock & Strong, 2010; Weinberg, 2014; Kham, 2013). Berger and Luckmann (1966, p.8) also acknowledge a broad range of influences on their work on social constructionism. Berger and Luckmann (1996, p.194) see people as constructing their reality and social world, in particular through interactions with other people, and in turn their identities are constructed by the social world they create. Language and communication, unspoken rules, culture and social structures play a central role in this process (Berger and Luckmann, 1966, p.8). Dialogue and stories take on a central role in people's identities, as well as the meanings they attribute to their lived experiences. For instance, culture is not natural, it does not objectively exist - but rather it is produced and reproduced in a negotiated process, or what Berger (1967) calls a dialectic phenomenon. However, once produced it comes to be seen as an objective external reality and influences people's lived experiences, as they conform to the rules and regulations of their culture (Berger & Luckmann, 1966).

Social constructionism is a reaction to positivism, in a similar vein that postmodernism is a reaction to modernism (Calhoun, Gerteis, Moody, Pfaff & Virk, 2012; Kham, 2013). Social constructionism does not privilege one form of knowledge over another, including its own (Weinberg, 2014). Social constructionism recognises that social phenomena can be reconstructed to be different or better and therefore this opens the door for bringing about positive social change (Weinberg, 2014). This makes it an appealing theoretical approach to study ageing. These principles link closely to critical theory, which is interested in progressive social change (Weinberg, 2014) and therefore marries well with critical social work. As evidenced in the literature review in chapter two, the lived experiences of ageing are not objective or fixed, but rather are dynamic, fluid and constructed, a position consistent with social constructionism. Constructionism challenges notions of objective reality and suggests that people construct stories and meanings that make sense to them in the context of other influences such as issues of power, culture, history, social norms and dominant discourses (Berger and Luckmann, 1966; Foucault, 1977). What people perceive as reality is

merely a constructed, co-constructed and reconstructed reality based on people's interaction with the world around them. This can vary from one person to another and change over time. In terms of getting older, Gilleard and Higgs (2010, p.123) for instance, explain how the early Christian church valued later life as a spiritually important life stage, whereas recent centuries have constructed older people, more from a secular perspective and as deserving poor. In drawing on the literature review, it is evident that older people are perceived as a major problem that society and governments have to deal with. In research, social constructionism and narrative inquiry does not see the researcher as eliciting objective data, but rather that the researcher and those researched are seen as co-constructing data (Berger & Luckmann, 1966; Bernard & Scharf, 2007; Riessman, 2008). Social constructionism also has much in common with postmodernism.

Postmodernism.

Firstly, it is worth noting that modernism seeks to provide order and tries to categorise phenomena, to look for cause and effect links, thereby valuing reductionism and natural sciences (Chambon & Irving, 1999; Farganis, 2011). Postmodernism on the other hand, questions the notion that an objective reality exists and claims that the world is fluid, often changing with many realities and many truths, depending on one's perspective, and does not privilege natural science as the source of knowledge and truth (Farganis, 2011). Likewise, postmodernism does not accept grand or metanarratives such as Marxism, Modernism, Freudian psychology or Structuralism, as monopoly holders of truth (Rohmann, 2001). Postmodernism acknowledges the significance discourses play in constructing realities and experiences (Babie, 2002; Heywood, 2007; Liamputtong, 2010).

In postmodernism, what a person (including a researcher or research participant) observes is subjective and is shaped by the observer and therefore people can have different experiences or interpretations of the same phenomena. Therefore, from a research perspective, postmodernism legitimises the voices of older people and significant people in their lives as a valid source of knowledge, and does not see this as subservient to grand narratives such as neo-liberalism or to other forms of research such as positivism that assert to be neutral in seeking objective truth. This point is relevant, as it is worth noting for instance that when the Australian Human Rights Commission released a report on Australia's Stolen Generations about Aboriginal children being stolen from their families and communities, the Australian federal government initially rejected the report because the main source of evidence was oral

testimony, claiming it was a questionable source (Wilson, 1997). Importantly, postmodernism seeks to deconstruct and unpack the hidden structures and language that influences people's lived experiences (Farganis, 2012; Irving, 1999; Liamputtong, 2010; Neuman, 2000). Postmodernism is also interested in silences, or what is missing from dominant discourses, (Payne, 2014). Postmodernism fitted with my approach to this study and meant I was open to the idea that younger participants, older participants, health professionals, governments and the media may all have different perspectives and interpretations on the reality of ageing.

Foucauldian ideas

Foucauldian ideas are operationalised in the analysis of this study. From a Foucauldian perspective, language is central to producing knowledge and by deconstructing language, a spotlight is put onto power and politics and reveals how they are used (Calhoun et al. 2012, p.494). Whilst structuralist theorists were interested in structures and institutions in society such as the family, economy, legal system, education and gender, theorists like Foucault became interested in the notion that subjects and their identities are also created in the discourses within structures and institutions in which they are embedded (Calhoun et al., 2012). Foucault was interested in the history of professions and how over time they developed knowledge, language, power and claims to truth, particularly in relation to psychiatry and bio-medical gerontologies (Mendes, 2009; Powell, 2013; Powell, Biggs & Wahidin, 2006). For Foucault, power and language as exercised in professions, institutions and government can be used as a tool to indoctrinate people with what they understand as truth, particularly about their identity (Foucault, 1977, cited in Calhoun et al., 2012). This can occur if older people internalise the pervasive ageism evident in public discourses. Self and identity do not emanate from a person's internal wellspring, but rather they are tied to points in history, language, practices and institutions (Chambon, 1999). The identities and stereotypes bestowed on older people are an example of this. What Foucault calls 'disciplinary power', exercised by professions and institutions, is used to try to bring citizens under obedience or social control and has replaced coercive or physical force used in earlier centuries (Foucault, 1977, cited in Calhoun et al., 2012; Wang, 1999).

Calhoun et al. (2012) assert that Foucault's analysis is highly relevant to how older people are assessed, constructed and classified by experts. Examples of this can include health professionals determining that older people are not as independent and capable as younger people. Foucault argued that a person's experience of surveillance and being observed in a

certain way can be internalised and in turn people can apply self-surveillance to themselves and modify their own behaviour and identity to acceptable social standards (Calhoun, et al. 2012). Accordingly, older people who are susceptible to a disability such as dementia or frailty, and considered incapable of self-governance, can be subjected to high levels of control and surveillance. Powell's (2013) work highlights Foucauldian concerns about the treatment and surveillance of subjects (older people for example) by professionals and their use of a 'care gaze' or 'therapeutic gaze', 'institutional power' and 'professional power'. For this reason one can imagine that some older people may have concerns about engaging with services and see this as an intrusion, whereas professionals may problematise and describe this with language such as being 'non-compliant' and 'resistant' (Carers Victoria, n.d.; Konno, Kang & Makimoto, 2012).

For theorists like Foucault language does not have inherent meaning; instead language has multiple meanings and meanings are contingent, unstable and tied to contexts (Farganis, 2011). The use of binary language and ideas are seen as problematic (Harcourt, 2007) and examples of this in relation to ageing can be seen in comparing language and ideas used within ageing theories as discussed in chapter one. For instance, the language of productive ageing focuses on paid employment with little consideration that older people could be productive without necessarily being in the paid workforce. Instead of accepting binaries, Foucault is more interested in deconstructing meanings attached to language and signs (Farganis, 2011; Harcourt, 2007), and this is helpful in this thesis as language plays a central role in how ageing is constructed. Foucault's ideas combine well with social constructionism, postmodernism, narrative inquiry and critical social work and provide a unique perspective to consider intergenerational experiences of ageing.

Methodology – Qualitative Research and Narrative Inquiry

Qualitative research.

A qualitative methodology is a most suitable approach to answering the research aims and questions of this thesis. According to Alston and Bowles (2012) a qualitative approach is suitable to explore issues in-depth and the meanings people give to their experiences. In qualitative research, the researcher is not testing theories, but rather allows patterns or themes to emerge from the raw data in what is understood as an inductive approach. This is congruent with giving voice to research participants (Alston & Bowles, 2012; Liamputtong, 2010). Qualitative researchers believe that reality is socially constructed and is therefore open

to interpretation (Alston & Bowles, 2012; Liamputtong, 2010) and this is consistent with social constructionism and narrative inquiry. The goal of qualitative research is not to enumerate and compare findings that result in making generalisations about a population or issue, as would be the case if using a quantitative methodology, but rather it aims “to make an in-depth statement about a particular research issue that enriches our understanding and offers general theoretical statements about the phenomenon” (Morris, 2006, p.90). Alston and Bowles (2012) assert that qualitative research is about interpretation rather than mathematics and as such researchers reject structured surveys and structured interviews or other attempts to collect objective data, arguing that they represent the social constructions, beliefs, values and interests of the researcher, rather than the perspectives of the research participants (Alston & Bowles, 2012).

Qualitative research mostly rejects the notion of ‘objective’ research and posits that research cannot be ‘value free’; acknowledging that the researcher can influence the research process. This approach is consistent with my own understandings and with postmodernism, social constructionism and narrative inquiry, which see the researcher and research participants as co-constructing data that emerges in research (Neuman, 2000). A criticism of qualitative research is that it emphasises participants’ immediate or micro experiences and does not pay enough attention to macro influences. Narrative inquiry bridges this gap as it does consider the various factors that influence the stories participants tell about their lived experiences (Riessman, 2008). Foucault’s ideas also assisted with considering the role of professionals, institutions and dominant discourses in shaping identities of older people.

Qualitative rigour.

Walter (2013, p.58) states: “rigour refers to the methods that qualitative researchers have developed for ensuring that they faithfully represent the stories and experiences of the people being studied”. Lincoln and Guba (1985) also explain that constructivist researchers associate rigour with trustworthiness in how a study is able to deliver the authentic collection and interpretation of data. In constructivist research knowledge is not discovered, but is constructed in the research process (Padgett, 2008) and this is explicitly acknowledged throughout this thesis. Padgett (2008, p.92) highlights three main threats to qualitative research rigour or trustworthiness. ‘Reactivity’ refers to how the researcher’s presence influences the data that is collected. Narrative inquiry and social constructionism that underpin this study explicitly acknowledges this issue and I as the researcher and author of

the thesis acknowledge my potential influence on the study at regular points throughout the thesis. The second threat according to Padgett (2018, p.92) is ‘researcher biases’ and examples of these could be the researching pursuing their own pre-conceived opinions, deliberately choosing participants that may support the researcher’s worldview, asking leading questions and ignoring data that contradicts the researcher’s preferred findings (Padgett, 2008). In developing the research questions, I deliberately made the questions broad and general to allow participants a wide scope about what they wanted to talk about. Also, because I used narrative interviewing, I allowed participants the opportunity to talk about what was important to them, rather than pursuing my own potential biased interests. As will be discussed later in this chapter, when I began the initial process of coding the findings using Nvivo, I took a rigorous and comprehensive approach to coding during my first few readings of the findings and this resulted in a very large volume of codes. This was an intentional approach to try to protect against any of my own potential biases and risks to overlooking important findings. The third threat according to Padgett (2008, p.92) is ‘respondents’ biases’ and relates to how participants might withhold information, tell lies or tell the researcher what they think the researcher wants to hear. Again, social constructionism and narrative inquiry and interviewing explicitly acknowledges that this can, and possibly will occur. Nevertheless, it took steps to ameliorate against participants’ biases and attempts included interviewing participants in a place where they felt comfortable, safe or free to express their views. I was at all times respectful and appreciative of the commitment of the participants, acknowledging the sensitivity involved in relation to speaking about the other participant in the dyad. I felt that participants appreciated my honesty and reciprocated with quite honest responses from their perspective.

I wanted to gain in-depth insights and optimise the voice of participants in my study, and narrative inquiry is a rigorous method that allowed participants scope to talk about what was important to them. According to Walter (2013), pursuing subjective meanings, thick descriptions, nuanced explanations and detailed scrutiny of lived experiences, are in keeping with qualitative rigour and my research methods incorporated these processes. Alongside this approach I provided participants with research questions or topics and this facilitated a certain amount of consistency with what participants focused on. Allowing participants scope to talk freely resulted in large amounts of data, however I was able to manage and analyse this data well by using NVivo software. I present a substantial volume of direct quotes or exemplars of themes to illustrate the authenticity (authentic voice of participants), credibility and

trustworthiness of the data, as recommended by Liamputtong (2010) and Padgett (2008). The research methods that I applied in this thesis are transparent and made explicit in this chapter. Using Braun and Clarke's (2006) analysis framework enabled a consistent approach to analysing the data in the initial stages of analysis before I later applied higher-level analysis using postmodernism, social constructionism, narrative analysis and ideas from Foucault. By recruiting participants across a range of ages, social classes, educational levels, income levels, gender, sexual orientation, levels of independence and frailty, allowed me to look at ageing from diverse perspectives. Notwithstanding that every effort is made to ensure research rigour, it is acknowledged in social constructionism and qualitative research that the researcher influences or co-constructs data that emerges and as such it is difficult if not impossible to replicate the research.

Narrative inquiry.

Narrative inquiry does consider the structural, social, cultural and political influences that impact on the stories people tell, but it privileges the voice of the person or group under study as the starting point. As noted in the literature review, the Australian Human Rights Commission (AHRC, 2013, p.51) found that the personal and diverse experiences of older people and ageing are rarely evident in dominant discourses and a narrative method of inquiry will optimise the opportunity for older and younger participants to have their voices heard. A story must be listened to attentively as an end in itself without looking for or assuming that it has flaws, however, the researcher has to deal with the tension of looking at how the person's story may be socially or culturally scripted and Foucault's ideas can help facilitate drilling down and deconstructing these stories. Postmodernism in turn caters for diversity and multiple realities. In relation to narrative and storytelling, research by Wellin (2007) asserts that older people like to reminisce, review and reconcile their life experiences and therefore he promotes using narrative inquiry in research with older people as it allows participants the scope required to tell their stories and contextualise their experiences of ageing with their broader whole of life story. In explaining a narrative approach to research, Elliott (2006, p.3) gives a similar view, explaining that "a narrative can be understood to organize a sequence of events into a whole so that the significance of each event can be understood through its relation to that whole". Connelly and Clandinin (2000) writing on narrative inquiry also assert that our past experiences influence how we construct and experience the present. Minichiello and Kottler (2010, p.19) highlight the importance, value and dignity that are given to honouring people's stories in narrative inquiry. My study aligns with this intent. Narrative

inquiry makes the voice or the story of the person under study one of the most important elements as it represents the person's immediate experience (Clandinin & Rosiek 2007). In relation to narrative research, the researcher and research participant are believed to co-construct the narrative that emerges during an interview, rather than the researcher just eliciting the research participant's narrative as is understood in other theoretical forms of research (Sarantakos, 2005).

Narrative inquiry is grounded in social constructionism and postmodernism as it places less emphasis on accessing 'truth' and instead is more interested in how people construct their stories and interpret events within broader social contexts and patterns such as race, political ideologies, class and gender (Connelly & Clandinin, 2000; Riessman, 2008; Walter, 2011; Wellin, 2007). Riessman (2005) notes that individuals, groups, professionals, organisations, movements, governments and nations all construct preferred narratives about history, and of interest to narrative researchers is how such stories are selected, organised, connected and evaluated to give meaning to an audience. An Indigenous Australian for example might give a very different narrative on Australian identity compared to a non-Indigenous Australian. A person who lived through a terrifying experience for instance may recall this story with great heroics when retelling the story years later. This points to the temporal nature of storytelling (Riessman, 2008). As Riessman (2008, p.3) explains, narrators' narratives do not speak for themselves - they are selected for particular audiences and contexts at different times, often under the influence of dominant discourses and values in a particular culture. Riessman (2001) acknowledges that narrative storytelling is a collaborative process between 'tellers' and 'listeners' and a storyteller may tell their story differently depending on who is listening and in what context (Riessman, 2001). This view fits with my experience of social work practice.

There are some limitations to narrative inquiry. Narrators may have important stories to tell, but they may be too unbearable or chaotic to share. In other cases, a narrator may even wish to deceive an audience for various reasons (Riessman, 2008; Wellin, 2007). For some research participants it may not be appropriate to disclose personal information about themselves or their family and saving face may take precedence over telling honest stories. Narrators may also not be aware of the structural or macro issues that shape their stories. Clandinin & Rosiek (2007) argue that macro systems of thought and practice such as capitalism or neoliberalism, form ideologies that can create a false consciousness in

individuals and communities, which might obscure people's own oppression. As explained by Irving (1999) capitalism's obsession with work and production can contribute to the marginalisation of older people who are not working and consequently to how they experience their own ageing (Irving, 2006). Narrative inquiry is mindful of such influences; however, the starting point of narrative inquiry is to privilege the voices of research participants, particularly as this is seen as reflective of their lived and immediate experiences.

Research Methods

Recruiting participants and eligibility.

Given the in-depth focus of qualitative research, small numbers of participants are usually recruited to these types of studies and therefore qualitative researchers do not claim that their participants are representative of the population under research (Alston & Bowles 2012) and this is acknowledged in this thesis. This thesis used non-probability purposive recruitment methods as this technique allows for participants to be selected for a particular purpose around a particular issue (Alston & Bowles, 2012), namely an intergenerational perspective on ageing. Sarantakos (2005) explains that with purposive recruitment, the researcher decides whom the suitable participants are to provide information to the study. Participants in this thesis were recruited through advertising among a range of organisations and service providers with which older people interact. I was familiar with many such organisations from my social work practice experiences and contacted them to advertise my study. Study participants were able to invite other people they knew to take part in the study, a process known as snowball or chain sampling (Morris, 2006). Older people were relatively easy to recruit, and many contacted me and said they were keen to give their views on ageing. However, sometimes their younger person was unavailable or did not want to participate, often because they were busy with other commitments. In these cases, the older person was not recruited to the study, as they were not allowed to recruit a substitute significant person. Therefore, recruiting pairs for this study was quite a challenge and took some time. This however was well worthwhile as intergenerational views provide an important and unique perspective on ageing and is a strength of this study. In the end I was fortunate to recruit participants from a diverse range of backgrounds, including a range of ages from 18 to late 90s; diverse social classes and income levels that included four people living in social housing to an older participant who was a self-funded retiree; diverse educational levels; gender; sexual diversity that included four participants who identified as gay, lesbian or

bisexual and different levels of independence or frailty. This allowed me to look at ageing from diverse perspectives.

Deciding what constitutes ‘older Australians’ is not straightforward as there are diverse opinions as to what numeric age demarcates older people. For instance, research by the Australian Human Rights Commission (AHRC, 2013) reports that:

For older Australians, age is not just a number, but is influenced by broader social, emotional and relational elements. Many people over the age of 65 years do not feel that the term ‘old age’ applies to them. They feel that the horizon of ‘old age’ shifts as they age. (AHRC, 2013, p.4)

In other words, what constitutes later life or being older is socially constructed. Chronological age does not account for the different individual experiences of ageing (Hatcher & Dixon, 2017). Research by the AHRC (2013) found that for younger Australians, 55.9 was identified as the mean age of ‘old age’ compared to 66.9 years for older Australians, and when the term ‘elderly’ was applied, the age changed to 66.7 and 74.4 respectively (AHRC, 2013). This influenced my decision to choose 70 as the minimum age of older people for this study, although it was expected that many of the participants might be much older than 70. Interestingly two of the younger participants recruited were 70 and over. In determining who to interview as a significant person from a younger generation the following literature by McCrindle Research was considered. McCrindle Research (2012) identifies various cohorts of generations in Australia from 1925 to 2010 – for example, Builders, Baby Boomers, Generations X, Y, Z and this shows an average of 16 years between each generation group. This was used as a guide and therefore the younger significant person in my study needed to be at least 16 years younger than their older person.

Only older people over the age of 70 who are eligible for a part or full age pension were included in the study and fully self-funded retirees were excluded. Interpreters were not used in this study and as such participants needed to be able to understand and express their views sufficiently in the English language. In total the study included 13 participants over the age of 70, and 13 participants who identified as a significant person in their life from a younger generation. Despite the major caring roles that women play, it is interesting to note that 2 of the younger participants in this study were grandsons and were active in caring roles; three other younger participants were sons who were actively involved with supporting the older

participants to varying degrees, whilst another live-in carer was a young male friend of an older male participant. People with a diagnosis of dementia were excluded from the study. Dementia and memory loss may affect the accuracy of the data which participants would provide and could hinder the potential for participants to provide introspection and articulate rich descriptions of their experiences. For older people living with a spouse, the decision about which one to interview was determined by the couple. The older person identified whom they saw as the most significant person in their life from a younger generation. The older person notified them about the study and then provided me with their contact details if they were interested in participating.

Narrative interviewing.

Narrative interviewing is a particular approach to collecting data that fit with the aims of this thesis and is consistent with social constructionism, postmodernism and qualitative research. Narrative interviews allow and encourage research participants to talk freely about their own lives and experiences and discuss what is important to them, and this is seen to be as important and of interest to the researcher (Clandinin & Rosiek 2007; Liamputtong, 2005; Padgett, 2008; Riessman, 2008; Shaw & Gould, 2001). Participants' narratives are usually solicited through in-depth, open ended and semi-guided interviews (Elliott, 2005; Liamputtong, 2010; Shaw & Gould, 2001; Walter, 2011). Riessman (2008) states that researchers co-create narratives rather than find them in interviewing and this is consistent with social constructionism. A goal of narrative interviewing is to generate detailed stories, rather than general statements. I provided participants with interview guides that outlined broad topics for discussion, however I encouraged participants to talk about what was important to them, regardless of the interview guide. It is preferable to see the process of narrative inquiry as a conversation, one story leading to another with the researcher giving up a lot of control, following the participant down their path, and allowing them to use their own style and ways of expression (Riessman, 2008). Narrative interviewing emphasises the importance of the interviewer taking a relaxed approach, quickly establishing rapport and trust with the research participant, listening attentively and trying not to interfere with the flow of the interview (Liamputtong, 2010; Morris, 2015). I endeavoured to follow these principles and I believe my years of social work practice with older people and their families assisted me in this regard. Clandinin & Connelly (2000) assert that the researcher needs to pay close attention to power relations in narrative inquiry and I was mindful to do whatever I could to empower each particular research participant and optimise their sense of control.

Participants were interviewed separately in order to create a safe space to freely express their stories, unencumbered by any expectation or interference, perceived or real from the other person. I interviewed participants at their convenience and in no particular order in relation to who was interviewed first. I explained to participants that I would not discuss what they said with the other participant in the dyad and the times that I had to be most on guard during interviews about this was when a participant gave a contradictory perspective compared to the other participant in the dyad. I noted to participants that participants in the dyad could one-day request or gain access to the finished thesis and as such there were limits to confidentiality. I was concerned that this might compromise the stories that participants told me, and therefore I was quite surprised when I felt that all participants gave quite frank stories about themselves and the other member of the dyad. Separate interview guides were developed in plain English for the older person and the significant person in their life, however the general topics to be covered in the study were similar for both. In light of the potential influence of physical interview spaces and contexts, I agreed to interview participants in a place of their choosing. I provided various venue options to participants, for example local libraries, community centres or the participant's home. Some interviews took place in cafes, others in participants' homes, including nursing homes; some were interviewed on Skype and one interview was by telephone. Elliott (2005) notes that most authors on narrative research suggest 90-minute interviews as an optimal time for interviews and indeed this was roughly the average time I spent interviewing participants. Sometimes, when a researcher is analysing data, questions or themes can arise that require more exploration or further clarification and therefore a second interview. However, in this study there was no need to request a second interview. To ensure the wellbeing of research participants, at the end of each interview we had a social chat and I thanked them respectfully for their participation. Summaries of the transcribed interviews were offered to the participants to check the data for accuracy, however no participants took up this offer.

Narrative interviewing encourages the interviewer to pay attention to much more than the spoken content and to watch out for mood changes during the interview, pauses, voice projection, what is emphasised, interruptions, etc. (Clandinin & Rosiek 2007; Wellin, 2007; Riessman, 2008). I took field notes to document this during and after interviews and I paid close attention to this when I got to the stage of analysing the data. In particular I noted commentary that participants emphasised or expressed with passion, frustration, cynicism or

other noteworthy expressions, while at the same time appreciating that I was not necessarily neutral in influencing what participants emphasised.

Transcribing the interviews.

I personally transcribed most of the interviews, however due to time constraints I also contracted a professional transcriber for some. I used a software program called Express Scribe Transcription Software (see snapshot in Appendix 9) to assist with transcribing the interviews. This program has many functions that enable easier transcribing, listening and re-listening to the interviews aided by using different speeds, and an easy ability to move back and forth between different participants' when listening to interviews and to make comparisons or track themes. In relation to the few interviews that were transcribed professionally, I read these transcripts in conjunction with listening to the recordings to double check the accuracy of the transcripts. As noted by Poland (2002), changes in punctuation can change the meaning of a comment and paying attention to this level of detail adds rigour of the data. I also made notes in all the transcripts in relation to non-verbal communication, such as changes in tonality and mood changes, as a prompt to recall a fuller understanding of the meanings and emphases of participants' messages during re-readings of the transcripts.

Analysing the data and using Nvivo.

I used NVivo software to help manage and code the data and to support with data analysis. I undertook an NVivo training course at the University of Sydney and also accessed several NVivo training videos available online to enhance my ability to use NVivo. NVivo is a very useful research software program to help manage and analyse large volumes of data (Beazley, 2010). I imported all of the interview transcripts as well as field notes into the NVivo program. One of the key issues I was interested in during the interviews was bringing attention to significant inconsistencies between the stories told by the younger and older participants within the dyads. To this end, I took field notes to highlight these inconsistencies and I used these field notes again to bring my attention to these inconsistencies when coding and analysing the data. I present representations of such significant inconsistencies in the findings chapters. During the interviews, I did not disclose what the other participant in the dyad had told me and I never disputed participant's stories against what the other participant in the dyad might have said. I interviewed the majority of dyad participants on the same day and the remainder within a few days and this allowed me to stay highly attuned to

inconsistencies that arose within dyads. Notwithstanding the efficiencies that come with using NVivo to manage data, the bulk of the actual data analysis involved labour intensive reading, deep listening and thinking about the data on my part. As Ishak and Bakar (2012, p.102) report:

NVivo is just another set of tools that will assist a researcher in undertaking an analysis of qualitative data. However, regardless of the type of software being used, the researcher has to dutifully make sense of all the data him or herself, without damaging the context of the phenomenon being studied. Inevitably, the software cannot replace the wisdom that the researcher brings into the research because at the back of every researcher's mind lies his or her life history that will influence the way he or she sees and interpret the world.

During the process of analysing the data, I made memo notes in NVivo to reflect my thoughts on each of the codes. In NVivo codes are described as nodes. After starting out with a large number of nodes, I then grouped or merged nodes together into common ideas or themes, resulting in reducing the number of nodes. This eventually resulted in having a hierarchy of broad parent-nodes (major themes or concepts) and child-nodes (with specific ideas relating to parent nodes in a drop-down menu) and also some grandchild nodes that linked back to child and parent nodes (in a drop-down menu). A snapshot of Parent Nodes from my NVivo program are attached in Appendix 8.

The overarching approach to analysing the data was thematic analysis (Braun & Clarke, 2006). A thematic analysis is a method of identifying, analysing and reporting themes or patterns, making comparisons and looking for consistencies and inconsistencies (Braun & Clarke, 2006, p.6). The themes I arrived at are presented in the findings' chapters - chapters four to seven. In chapter eight, the discussion chapter, I introduce analytical ideas from narrative inquiry, Foucault, social constructionism and postmodernism to help drill down, deconstruct and conceptualise the findings. In relation to thematic analysis, there is no single approach to doing this, however the process I undertook turned out to be very similar to a six-phase approach put forward by Braun and Clarke, which I explain shortly in this chapter. Riessman (2008) describes a narrative thematic analysis as looking at what is said, the themes that are evident in the content and how this contributes to individual and group identity. In narrative thematic analysis, the researcher tries to keep the individual's story intact, how a theme fits into a whole story, whereas in other research methods the focus is on looking at themes across cases with less importance on holding the individual case or story together.

Riessman (2008, p.35) aptly describes the limitations of thematic analysis, “it erases the entire process of co-construction and presents the narrative as if it arose, full blown, from within ‘the self’ of the speaker”. However, my theoretical approach acknowledges that I as the researcher would in some way influence the construction of the data and as such my research methods do not make claims to be producing objective themes. Although it has been my intent to give voice to participants, I again acknowledge that in the end, it is I the researcher, as noted by Fine (2002), that has made decisions and interpretations about important themes, and therefore what has been given voice.

In addition to thematic analysis described above, Riessman (2008) puts forward two other approaches to narrative analysis: structural analysis and dialogic/performative analysis and these will play a peripheral role in my analysis. Structural analysis looks at different features in a narrative including, how and why stories are told in a certain way, for example the sequencing of events, turning points, high and low points, the overall storyline and plots. Structural analysis places emphasis on ‘the how’, or the way a story is told and how it is structured, with a beginning, middle and end, into a whole that makes logical sense to the storyteller. Dialogic performative analysis focuses on the dialogic and performative process between the teller and the listener and how the stories are co-constructed (Riessman, 2008). A simple example of this is when speakers tailor their talk in order to impress or connect with an audience, to save face etc. It also considers verbal and non-verbal material such as gestures, utterances, gazes, encouragers and pauses. In dialogic/performance analysis considerable attention is given to how broader societal aspects such as culture, politics, economy, history, gender, ideologies and other societal factors, impact the narratives that people construct.

Ideas by Foucault were discussed in some detail earlier in this chapter and these ideas have also been applied to analysing the data. So, whilst narrative inquiry is interested in peoples’ expressions of their lived experiences told through their stories, Foucault’s ideas are helpful to thinking about stories as mere representations of who people think they are, what they have come to accept as socio-cultural acceptable ways of being, which they themselves have internalised (Wang, 1999, cited in Chambon, et al., 1999). Next, I will outline Braun and Clarke’s six-phase approach to thematic analysis, which I adhered to.

Braun and Clarke’s (2006) phases to thematic analysis.

1. Familiarising yourself with your data

2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

(Braun & Clarke, 2006, p.35).

Braun and Clarke acknowledge that the phases in their model do not necessarily occur in a linear fashion and the process is often circular. In phase one, in terms of familiarising myself with the data I undertook all of the interviews myself. I transcribed the majority of interviews and crossed checked the interviews that were professionally transcribed to see that they were accurate for punctuation and transcription and I added my own notes to the text to highlight non-verbal communication and points that appeared important to the participants. The process of transcription was most helpful in becoming familiar with the data. I listened to all of the interview recordings several times, in addition to undertaking the actual interviews, and did several readings of the transcripts and field notes. I also listened to the recordings and read the transcripts of the intergenerational pairs together, whilst looking for consistencies, inconsistencies and other important meanings and patterns within the pairings.

In phase two, I began generating initial codes (described as nodes in NVivo) for the data based on what seemed important to participants, regardless of whether or not it was a topic area in the interview guides or that it related to my theoretical framework. I needed to do this to honour my commitment to allow participants to speak about what was important to them, even if not related to the interview guides. This is often referred to as a bottom up or 'inductive' coding, as in themes emerging from the data (Braun & Clarke, 2006, p.6; Frith & Gleeson, 2004). In contrast to the inductive approach, I also thought about the data with the research question, interview guides, theoretical framework and literature in mind. Braun and Clarke (2006, p.6) describe this as 'theoretical' or 'top down' coding and is much more analytical than inductive coding. NVivo made it easy to code and manage lots of patterns and meanings, thus giving me confidence that I had not missed anything that was important at this early stage. There is no simple answer to explaining how I determined what was meaningful to code in the raw data. Sometimes I coded data because of the meaningful verbal and non-verbal way participants expressed a point, other times it was because it was answering my research questions, and at other times it was because it was a recurring pattern.

After the first round of open coding the data, I moved on to phase three, which involved searching for themes, not codes. I was looking for how codes linked together to form tentative themes. I printed off the long list of NVivo codes from phase two in order to work through manually and think about the nodes and group them together into common themes. At this stage I drew numerous mind maps to help with playing around with grouping codes into themes. I did not discard any codes at this early stage. Codes that I could not allocate to a theme I put into a group labelled 'miscellaneous'.

Phase four involves reviewing themes in Braun and Clarke's framework. This stage involved re-reading the coded extracts in NVivo that sat within each of the themes. This sometimes resulted in splitting one theme into two or more themes or collapsing two or more themes into one. Occasionally this phase involved creating a completely new theme. At the end of this process themes became more coherent and clearer, resulting in sometimes needing to go back to original transcripts to find extracts that more accurately represented the various aspects of a theme, and delete extracts that less accurately represented themes. As an example, it became evident that older participants described experiencing very low levels of ageism in their local communities, compared to younger participants having perceptions of high levels of ageism occurring. Following this discovery, I returned to the raw data to find extracts that more accurately and comprehensively reflected this discovery. At this stage I found categories or much of the coded data in my miscellaneous data file and the left overs were deleted.

Phase five of Braun and Clarke's (2006) six-phase thematic analysis involves defining and naming themes. The purpose is to bring clarity to the story that is being conveyed in themes, and how they relate to each other. I did this by grouping themes that fit together to tell a broader story, as represented in the four findings' chapters – chapters four to seven. Phase six of Braun and Clarke's (2006) framework, producing the report, relates to producing the overall and final report. However, before doing this I added an additional level of analysis that arguably is essential to the requirements of this thesis. This involved applying ideas from Foucault, postmodernism, social constructionism, narrative enquiry and critical social work, to help deconstruct the data and conceptualise new understandings about this field of enquiry. I present this higher-level analysis in chapter eight.

Ethics.

This study complies with the National Health and Medical Research Council (NHMRC) guidelines. As recommended by Walter (2011), all participants were provided with a

‘participant information sheet’ (Appendix 4), an ‘informed consent’ form (Appendix 3) and ‘interview guidelines’ (Appendices 1 & 2). The participant information sheets explained what the study is about, the characteristics of participants (e.g. eligibility criteria), risks (for example emotional disturbance, revelation of elder abuse or neglect), what participation involved and that the decision to participate was voluntary and without any formal or informal coercion (Walter 2011). Participants were provided with a ‘participant consent form’ that they were asked to sign (see Appendix 3). This further explained the details of informed consent, including anonymity, confidentiality, and interview details/duration and data management. Younger and older participants were also provided with Interview Guides in advance of undertaking the interviews (see Appendix 1 and Appendix 2 respectively). Ethics approval was obtained from the Human Research Ethics Committee (HREC), University of Sydney (see Appendix 5). At the time of data collection when each interview was completed, I took time to debrief and thank the participants at the end of their interview to ensure their wellbeing and I endeavoured to end the interviews on a positive note (Liamputtong, 2010).

Since the study was completed the interview recordings and transcripts’ data have been stored in a locked cabinet in the office of my auxiliary supervisor, Professor Fran Waugh at the University of Sydney and they will be held there for a period of 7 years after which time the recordings will be destroyed. The data will only be accessible by my supervisors and me. Personal identification information is stored separately from the data. Participants’ personal information is kept confidential and will only be released in exceptional circumstances, such as by court orders or subpoenas. Research participants were advised of these arrangements and requirements in the participant information sheets.

If unforeseen issues were to have arisen during the course of the interviews and if participants raised concerns or disclosed issues about their own wellbeing or safety, I would have raised this with my supervisor and participants were made aware of this. I also had a list of relevant agencies that I could refer participants to if a need arose. In the event that participants disclosed information that would be problematic for their partner participant to become aware of in the writing up of the study, this risk was nullified through the de-identification of participants. None of these risk issues eventuated and as such I did not need to activate any of these response plans. To ensure my safety during interviews I carried a mobile phone and notified my supervisor Dr. Joanne Clarke who was available to be contacted if any issues arose.

Conclusion

This study is theoretically underpinned by social constructionism, postmodernism, Foucauldian ideas and narrative and qualitative inquiry. Critical social work and critical gerontology also underpins this study and has assisted in unpacking assumptions about ageing and assisted in my quest to empower older people and intergenerational voices. The appropriateness of these theoretical positions marries with the issues that have been raised in the introduction to this thesis in chapter one and the literature review that followed in chapter two, as well as the experiences I have observed in social work practice with older people. In the discussion chapter (chapter eight) these theoretical approaches are applied more specifically to analyse and conceptualise the findings. In sum, the conceptual framework and research methodology has been designed to accommodate the issues raised in the literature; to question assumptions and dominant discourses about ageing, to optimise the voice of research participants in narrative style interviewing and afford participants the latitude to talk about what is important to them. The research framework has allowed exploration of intergenerational lived experiences of ageing in-depth and the examination of structural factors that influence how ageing is experienced and planned for. Next, the findings from the study are presented in chapters four, five, six and seven.

Chapter 4 Findings: Ageing and Intergenerational Relations

Introduction

The following chapters, four, five, six and seven, present the key findings from the study and these four chapters address each of the four broad research questions outlined on page 35. This particular chapter addresses research question one: What are the intergenerational lived experiences and perspectives on ageing of older and younger participants? As explained in chapter three, Braun and Clarke's six-phase approach to thematic analysis and the theoretical frameworks underpinning this study, were used to work through the raw data and produce the key findings. Participants appeared to be open, frank and honest in their conversations about the other person in the research pair and I found this somewhat surprising as I thought they would be more guarded. I would credit this in part to the relaxed and engaging approach that is privileged in narrative interviewing. The findings and discussion, which follow in chapter eight, are also filtered through the theoretical lenses underpinning the study. For instance, the language and particular ways that participant pairs spoke about their intergenerational journey through ageing can be considered by postmodernism, social constructionism, narrative and Foucauldian ideas. The findings are collated under four broad areas that emerged from the study, and each of these is presented as a chapter. They are:

- Chapter 4 Findings: Ageing and Intergenerational Relationships
- Chapter 5 Findings: Intergenerational Planning for Ageing
- Chapter 6 Findings: Lived Experiences of Ageing in Australia
- Chapter 7 Findings: Diverse and Positive Narratives on Ageing

Before presenting the findings, the following section introduces the research participants and relevant demographic information.

Introduction to Participants and Demographical Information

As already noted, the method used to collect data for this study was in-depth narrative interviews. Research participants were provided with interview guides that highlighted topic areas that would hopefully provide a springboard to discuss what they felt was important to them. At the beginning of each interview it was made clear that I was mostly interested in what was important to them, rather than pursuing my own research interest. In keeping with narrative interviewing and giving voice to participants; participants were given plenty of

latitude in their responses to topics I used to open conversations. Older participants often took many detours in telling their stories, whereas younger participants tended to be more succinct and took quite direct routes in conveying messages they wished to make.

Table 4.1
Participant's Demographical Information (see Appendix 6)

Participant Pair names	Age	Gender	Retirement Age	Relationship	Living Arrangement
Venice Larry	80 18	F M	61 Student	Grandmother Grandson	Venice lives alone in own home in Queensland, Larry close by
Jean Rosie	79 ?	F F	72 Working	Ex-same sex partners	Jean lives alone in own home in Sydney, Rosie lives in neighbouring country to Australia
Margaret Mary	97 76	F F	93 61	Mum Daughter	Margaret lives in own home in Sydney, Mary is 2 hours away
Rob Flano	87 22	M M	65 Student	Grandfather Grandson	Rob lives in own home in Sydney, Flano, siblings and mother moved in with him
Maggie Maria	93 70	F F	85 68	Mother Daughter	Both live alone in same block in public housing in Sydney
Betty Sonja	74 45	F F	70 Working	Mother Daughter	Betty lives with husband in own home in Sydney, Sonja bought the house next door
Lavie Noah	97 ?	F M	Undisclosed Working	Mother Son	Lavie lives in Sydney RACF, Noah lives in the Middle East
Erin Paddy	87 ?	F M	50s Retired	Mother Son	Erin lives alone in own home in Sydney, Paddy bought a house a few doors away
Brigid Dotti	91 63	F F	Undisclosed 62	Mother Daughter	Brigid lives in RACF in Sydney, Dotti lives 2 hours' drive away
Jacky Della	82 ?	F F	60 Carer pension	Mother Daughter	Jacky lives in own home in Sydney with husband who has dementia, Della moved in from US
Kane Kitty	83 59	M F	62 Working	Father Daughter	Kane lives with wife in own home in Sydney, Kitty lives interstate and plans to move in with parents if need arises.
Grant Harrison	86 34	M M	60s Dis. Pension	Gay Friends	Harrison moved in to support Grant in Sydney public housing
Bob Ronan	78 ?	M M	70, now Volunteer	Father Son	Bob lives with wife in own home in Sydney, Ronan lives in Sydney

As pointed out earlier, the topic areas provided in interview guides to participants included their experiences of growing older in Australia and interactions with the younger person in their life in relation to ageing; how they thought older people are represented and talked about in Australia and how this fits with their own lived experiences; planning for ageing and any involvement of the younger person in this process; expectations between older and younger participants in relation to growing old; costs associated with ageing; and strengths that participants draw on and what might enhance the experience of ageing. Importantly the findings, analysis and discussion pay attention to links, or lack of links, between what older and younger people have to say. The data findings are categorised and presented in relation to dominant themes and sub-themes and these are explicitly linked to the research questions. Table 4.1, provides a snapshot of home ownership and the different approaches participants took to planning for ageing.

Participants

At the time of our interview, Venice, an 80-year-old retired nurse was living alone in her own house in Queensland. Her daughter and family lived close by. Venice was very close to her teenage grandson Larry (18) and nominated him as her younger significant person. I interviewed Venice and Larry on Skype.

Jean, a retired 70-year-old teacher who was single, lived alone in her own house in the inner ring of Sydney. Jean did not have any children or living family. She nominated her ex-same sex partner Rosie as her significant younger person. Rosie now lived in a neighbouring country to Australia with her male partner and did not have any children. I interviewed Jean in her own home and interviewed Rosie on Skype.

Margaret, a retired 97-year-old music teacher lived alone in her own house. I interviewed her in a private hospital where she was a patient at the time of our interview. Margaret was quite frail. She had a daughter Mary (76) who lived 2 hours outside Sydney and Margaret nominated her for the interview. Margaret also had a son. Mary, the daughter, was married with an adult son. I interviewed Mary in Margaret's home. Margaret died 5 months after our interview.

Rob, a retired 87-year-old mechanic, lived in his own house and his wife was in a nursing home. Rob had several adult children. One of his daughters and her children moved in to live

with him but he nominated his grandson Flano (22) as his significant younger person to be interviewed. I interviewed both participants in Rob's home.

Maggie, 93, lived in a public housing unit and her last living adult child, her daughter Maria (70), who was single, lived in the same public housing block. I interviewed Maggie and Maria in their respective homes.

Betty, a retired 74-year-old nurse lived in her own house with her husband, as well as her son who had chronic mental health issues. She had 2 adult surviving children (another son died in a car accident) and her daughter Sonja lived in a house next door with her husband and children. I interviewed Betty and Sonja in Betty's home.

Lavie, a 97-year-old holocaust survivor and widow, lived in a nursing home. Her only son Noah lived with his family in the Middle East. I interviewed Lavie in her nursing home and Noah on Skype. Lavie died 5 months after our interview.

Erin, an 87-year-old widow, lived alone in her own house in the inner ring of Sydney. She had 2 sons – I interviewed her son Paddy who lived close by. Paddy was single and middle aged. The other son lived on the South Coast of NSW. I interviewed Erin in her own home and interviewed Paddy in a local café.

Brigid, a 91-year-old widow lived in a low level residential aged care facility (RACF). She had several adult children and grandchildren and nominated her daughter Dotti (63) as her significant younger person. I interviewed Brigid and Dotti in a private interview room at the RACF.

Jacky, aged 82, lived in her own house with her husband who had dementia and with her daughter Della who returned from North America to care for both of them. Jacky also had a son in a nursing home. I interviewed Jacky and Della in the backyard of Jacky's home.

Kane, an 83-year-old retired civil servant lived in his own home with his wife. He had several adult children and nominated his daughter Kitty (59) as his significant younger person. Kitty lived interstate and visited regularly. I interviewed Kane and Kitty in Kane's home. Kane died 2 months after our interview.

Grant, an 86-year-old gay man, lived in a public housing unit with his close younger male friend Harrison (34) in the inner city of Sydney. I interviewed Grant at his home and Harrison at a local café.

Bob, 78 was retired but busy with volunteering work at a major public hospital and hospice. He lived in his own house with his wife. His adult daughter lived in Asia with her family and his son Ronan (38) lived in Sydney. I interviewed Bob at the hospital/hospice where he volunteered and interviewed Ronan on the phone.

Chapters four to seven present the findings from the study and these findings are followed up with a discussion chapter that brings together broader themes and concepts arising from the findings.

Introduction to Findings

This chapter presents five key areas of data findings that emerged in relation to intergenerational relationships and ageing and as noted earlier, the findings address research question one. The findings presented in this chapter include the ways in which participants spoke about ageing from an intergenerational perspective, stories about what underpins their intergenerational relationships, the exchanges that occur within intergenerational pairs, perspectives or windows into ageing and caring experiences.

Discourses of Intergenerational Relations

An observation that came through strongly in the findings was the particular language and ways that participants used to describe being on a shared journey through ageing.

Rosie, who was both a close friend and ex-same sex partner of Jean, viewed the shared journey as a privilege:

I don't think any of it [ageing] is straightforward. I don't think it's anywhere near as straightforward as Jean thinks but I guess it takes the love and respect of an individual to be willing to walk that journey with them and potentially experience a huge range of feelings that aren't just all about a remote loss, that you didn't have anything to do with. I think a lot of honour is at stake. (Rosie)

Grant a gay man in his mid to late 80s, who lived in public housing with a close and long-time loyal gay younger friend Harrison, saw ageing as a shared journey that requires compromise:

Don't expect everything, but still work out ways to journey in life to get what you want, that means the other person can find ways to get what they want, and I get the chance to get what I want, and that's a living skill that works... too many people are demanding what they want only. And really when they get to 60 or 70 it doesn't work. Yeah, you got to compromise and make sure that you are both getting what you want. (Grant)

Maggie, in her 90s lived in a public housing unit and her daughter Maria lived in a downstairs unit in the same block. Maggie used a train metaphor to explain their shared journey and the dilemma of disembarking the train (dying) and leaving her daughter behind:

I'd rather catch an earlier train than Maria, I don't know how I'd live without her... That's the only wish I got in life really, a big wish, I go on an earlier train, yeah, then I think she'd be on her own, see, I've contradicted myself again... I don't want to catch an earlier train and leave Maria behind, and if Maria caught it, I don't know, see she couldn't have children. (Maggie)

Dotti, the daughter of Brigid who was living in a residential aged care facility, describes her whole family being on a journey with her mum throughout her whole life course:

She had significant health issues all through her life, she had polio as a child, she umm, mum would not have been someone who expected to live and with a high quality of life as she has, for as long as she has, so all of us feel that it's been a journey that we didn't expect to be on with mum... I find the whole thing amazing, but she's; it's been an incredible journey, but we didn't think we'd get this far, It's been a journey that's been amazing to watch. (Dotti)

In addition, Dotti had been closely involved with her dad's ageing issues and eventual death 2 years earlier, and more recently was very involved with her ageing in-laws:

We have a father-in-law, who we've only, who's only just moved into an aged care facility as well, we sold his house on the weekend, and that happened all of a sudden, and he also is in a, is very strong and he's 92. My dad died when he was 94, only 2 years ago, so we've actually been very involved with the ageing process. (Dotti)

Although Della previously had been living in North America, far away from her ageing parents, she was very much with them through their ageing years, despite the distance. Other overseas younger participants told similar stories.

Yeah. I could have stayed in the US, but like I said there was nobody else. And I called them every Friday night just to check up and it was getting to the stage where I would feel nauseous before I would make that phone call because it was like, what state will they be in, has somebody fallen down the stairs again, has mum got pneumonia again, that was part of the reason that made me come home, I hated being so far away, it's not like I could just hop on a bus, or train or even an hour's flight you know I was a long way away and you know, I couldn't just whip over there for the weekend to see them through. (Della)

The stories in this section illustrate a strong theme in this thesis about ageing as a shared journey, even if separated by distance or even if tensions exist. It highlights that ageing for many people is not a sole journey but is very much a shared experience between the older people and the significant persons in their life, often from a younger generation.

Ingredients of intergenerational relationships

Participants' conversations about intergenerational relationships were diverse. However there were recurrent aspects to what underpinned intergenerational relationships, notwithstanding the diversity. The following excerpts from participants' stories best represent these aspects.

Maggie, who lived in the same public housing block as her daughter Maria, admitted that her relationship with Maria wasn't always harmonious, however underneath this was a deeply committed, loyal and loving relationship:

Oh I tell her to shut up sometimes, and ah, but then, we don't hold it against one another, like if Maria was standing there and she saying something that I think stupid, and she, I said listen Maria, just don't say that, I might go like that, don't be stupid, I'm stupid now am I? This is our argument, and then she'll go off, next thing it's Maria on the phone, but never saying sorry, just went on with the conversation, like, just talking about something, so we're pretty good together. That is my only worry, that picture (pointing to a picture of Maria) I've got no other worries, none whatsoever... I love having Maria, you know, never, I don't think, well I wouldn't be able to go on without her, that's what I think. (Maggie)

Maggie had asked her daughter to claim a government carer's pension for being her carer, but such was Maria's commitment to her mum that she declined to do this on principle:

Oh yeah, I wanted her to be my carer but she said no... I just said just be my carer. She can get paid for it... Yeah, and apart from that she said no, you don't take those kind of things for your mother. (Maggie)

Maria's relationship to her mum was committed and unconditional, despite the demands and frustrations of caring:

It's going to be hard, very bloody hard, I know it will be... That's my, not my vocation, it's not my duty, it's just what I want to do for my mum, my mum would do it for, well she did, my mum would do it for me, umm and so with my brother and sister you know... Oh, she has a lot from me, yeah, she's a very demanding person, a very demanding, without, with being sweet about it, she's very controlling in her own way, a sweet, if you know what I mean, umm, a sweet way. (Maria)

Jacky, a frail lady who was living with her husband with dementia and her daughter Della, in their inner city house, described how her daughter Della was absolutely central to their lives after returning from North America to support her and her husband:

Oh, don't know what I'd do without her, now that's she's moved back home, you know she's our carer, for both of us, don't know what I'd do without her, I think

we'd both be in a nursing home if, had she had not been home with us, I can do little things, you know I've got, I couldn't, I can't cook a meal anymore, might do tea and toast, bowl of cereal, make a sandwich and a cup of tea. (Jacky)

Jacky and her husband who had dementia, both had high care needs and despite having support from formal services, their daughter Della's commitment to care for her parents was becoming very taxing. However Della was determined to live out her personal and family values of commitment and 'doing the right thing' for her parents, a sentiment expressed by several younger participants:

I sometimes think, just go back to 'North America' run away from it all, then I feel guilty, yeah so it's that, doing the right thing, that's what keeps me going, I'm doing the right thing... Yeah, because it's the right thing to do. (Della)

Lavie, a European lady now in her late 90s, who lost her family in the holocaust, was a widow and was living in a nursing home in Sydney. Her wish was to die soon and indeed she did die 5 months after our interview. Her only son Noah was living in the Middle East. She emphasised that the biggest thing missing from her life was her only child not living in Australia; however she kept in contact weekly through Skype and had every confidence he would continue to visit and support her as needed. Despite living in the Middle East and having his own children and family commitments there, Noah remained very committed to visiting his mum twice a year:

Well the biggest hope and expectations of my parents of course was that I would come back to Australia while they were ageing... Well, I have a feeling that, I mean what's difficult about my particular situation with my mother is that maybe I get over to see her twice a year. So I get I guess, maybe an intense 2 weeks that I can be there each time. So I spend every day with her. (Noah)

Dotti who had recently retired, spent much of her week visiting her mum Brigid in an aged care facility, confirmed her whole family's very close involvement and commitment to Brigid, even though it was also taxing:

I think umm, our family are very supportive of mum and her needs, and she's central. Her needs are central to all of us, you know... I could be here every day

and mum would still probably think that's not enough (laughs), but ah, for me it's a couple of hours each way, so I try to fit in some other things in my life apart from that... I get a lot out of it, but I'm not sure of the balance, and ah, it might depend on the day. (Dotti)

Dotti's mum Brigid, went to great lengths to frame her story of being surrounded by a committed, harmonious and loving family, however it would emerge later in Dotti's interview there were sometimes differences of opinions, amongst the adult children in relation to healthcare and medical decisions around ageing:

We are a very close family and they know everything in my life... I long for them all the time, to me it's such a joy when Dotti comes or Dolly, and my boys are the same too, they're very dear, and I love the daughter-in-law, I love having them and they are such a great blessing in my life, I feel very blessed for the family I have, very, very, much so. (Brigid)

Mary described holding together a very committed, yet very frustrating and ambivalent relationship with her ageing mum Margaret who was now in her late 90s. Both Margaret and Mary had held off with engaging services, in part because the house contained lots of valuables. Mary's commitment was strong, however it was evident throughout our interview that her love and affection for her mum was diminishing, a finding consistent with Australian research by Cahill (1999) that found that some carers in her study were providing care and support in the absence of love and affection:

When mum's here [in the house- I interviewed her mum in hospital], I come and do all the work. Sit with her all day, do the gardening whatever... It's the fact that you're doing the right thing maybe and you feel sorry for her. I feel sorry for her in this situation but what else can you do? I don't know. I don't know why because – that's a difficult question. Obviously you love your mother but there are a lot of things in mum I don't love... And Brett's (brother) the same. Brett lived here. He didn't marry until he was 42. He said it wasn't easy living there, living with someone who was never wrong. He said no wonder my father and she fought often because she was never wrong. (Mary)

Within some pairs there were aspects of the other person that participants liked and some aspects they disliked. Like Mary and many other participants, Harrison expressed negative, positive and ambivalent feelings about his involvement with his older friend Grant in his interview. Nevertheless Harrison's loyalty and commitment was unwavering. He said that Grant liked to think that the caring relationship was reciprocal and indeed, this came through in Grant's interview. Harrison and he disagreed on this and it was evident from Grant's frailty that Harrison would have had to do a fair bit of caring work:

But here's one for you. He'll tell you during your interview that I'm his carer and he'll often refer to himself because I do have seizures, he'll also put himself in that sort of category too... So that I look after him and he looks after me kind of thing, which is not right. But I do let him think that he's that big part of my life... he's been a great friend to me over these 12 years. He's getting worse sure, but that's not his fault. It sort of comes in the same ball of wool all together. (Harrison)

He keeps an eye out and I keep an eye out for him. (Grant)

In the pair of Bob and Ronan and the pair of Kane and Kitty, all participants spoke of very close and committed intergenerational relations.

In the two remaining pairs involving the older participants Venice and Rob, they described tenuous intergenerational relationships with their daughters and described them as being very busy with work and being stressed. On the other hand they had very strong intergenerational relationships with their grandsons and nominating them for the study appeared to be an opportunity to acknowledge the strength of these relationships.

For instance, Venice, a retired nurse and widow was very proud of her grandson and said they both benefited from their relationship:

the love of my life... I think he thinks differently to his mother. Sometimes I don't like the way she thinks, but she's busy you know. To have a conversation with Jessica, it's pretty difficult. So I think Larry is probably – I think it's good for the young to learn to care... and I thought it would be good for him to accept some responsibility in his life and there is no responsibility on Larry. He's an only child.

He wants for nothing... But Larry's my saviour. He sort of kind of keeps an eye on me and if I'm well behaved (expressed light heartedly) he might take me to the footy and things like that. But he's good because he brings the goodness of youth into my life and I give him the good things that go with old age. (Venice)

Larry described his committed mutual relationship with his granny as something that was consistent throughout his lifecourse and was just continuing. Interestingly, Larry seemed very attuned to the challenges of ageing:

All the big events in my life she's been there. At graduation, formal, like my big sporting events. She's always been there supporting me and she's a huge part of my life. She's always there. Big time... I think I just enjoy spending time with her. I don't think there's much to it. It's just like a relationship kind of a thing. We get along. We talk about things, similar things you know, to share our opinions. I think it's just we get along and that's that. I don't think there's anything to it... Yeah. You've got to look out for her. Her house is two storey and stairs and she can't really get up the stairs anymore, so I try and look out for her and what she does around the house just in case. (Larry)

Rob in his late 80s also had a tenuous relationship with his daughter who moved in with him after his wife had a stroke and was admitted to a nursing home. Rob had poor vision and mobility along with multiple other co-morbidities. When his daughter and grandchildren moved in to provide support, Rob arranged for his grandson Flano to be his carer and to receive a government benefit and he nominated him as the significant person in his life for this study. Rob was sometimes walking on eggshells with his daughter and his grandson Flano agreed with his views about his mum.:

She's interested but she's got her own problems and she hates working, she wants to retire and things like that, so it's very difficult. She does a lot of things... she gets upset about things. Quite easily gets upset about things. I have to be very careful. (Rob)

Flano described his relationship with his grandad as both fulfilling and annoying:

I get to roll around with my grandad and have fun with him. Like, not many grandkids get to do that anymore; in the end, I'm pretty lucky that I do. It's annoying and it's painful – some parts of it are really annoying and frustrating and painful... In the end I do, I get to hang out with grandpa. He's pretty cool. It's not a bad job. In the end I get a pension for it. I pick him up. I drive him around. He annoys me, I annoy him... I think it's mostly because I was here and he trusts me; whereas mum's a bit fiery, she's a bit fierier... but I think it's because I'm a bit more level headed and happy to have a chat about it. (Flano)

It seemed there was a lot of volatility among Rob's children. Rob was the glue that held them together and according to Flano, conflict would erupt in his absence.

If he goes then the whole world falls apart with this family. If he ends up in the ground, the whole world falls apart because that means now Nan is completely isolated in the home by herself; everyone else is trying to get on with their lives. Who is going to visit her? Who is going to do this? What's going to happen to this house? Where's mum going to go? Where am I going to go? What's going to happen to the rest of the family? Are we all going to get along? He's probably the main reason why the kids still talk to each other. That's the only reason that he's still here. (Flano)

Several participants saw grandchildren as very important intergenerational relationships that continued into adulthood and added significantly to their ageing experience. Kane is an example that illustrates this point:

of course a mother usually looks to her mother to look after her own child, I was just lucky that ah, she asked me to do it, for half a day, and that's why I only got her for half a day, but I loved her, I used to take her to the park, we were great mates, we still are, and she and her sister that was born at the time, they umm, are both in the medical, they work in the medical area now, and umm, a couple of times recently we've been out at night to their place and then after, when it was time to go home, they'd, they both drive now, both have their own cars, and they used to bring me and 'Shelly' (wife) home and ah, they looked after me, better than I used to look after them, lovely kids. (Kane)

The snapshots above highlight the diversity that exists within and across the 13 pairs. Nevertheless, the strong levels of loyalty and commitment in participants' intergenerational relationships stand out.

Reciprocity within Intergenerational Relations

Across the participant pairs many initiated discussion about exchange within their intergenerational relationships, giving and receiving, and the reasons behind this including the benefits and costs involved. Here are examples that typify stories on intergenerational exchange.

Kitty who lived in Western Australia came to stay with her parents twice a year for a few weeks. Despite being married she was prepared to move in permanently to look after her parents if the need arose in the future. She spoke about her care and commitment to her parents as a process of giving back some of the selfless care that she received; this was simply a given, and her words summarise a strong sentiment that came through in many of the younger participants' interviews:

Well you look after your family, they looked after me and I look after them, they looked after me when I wasn't able to look after myself, so we look after them when they are not able to look after themselves, it's not someone else's job, it's not a job, it's something you have to do because you care about them, I think, that's how I feel about it anyway. (Kitty)

Paddy described a high level of fulfilment and wanting to give back to his parents what they had done for him throughout his life. It is worth noting that Paddy was retired and financially independent:

I just feel fulfilled, they looked after me for a hell of a long time, and so if they need help, I'm able to do it, therefore I do it, and it's, all right, a reasonable amount of time is taken up during the week but that's all right, I've still got other time. (Paddy)

Sonja, daughter of Betty who bought a house next door to her parents to be available for them if needed, talked about receiving much more from her parents than she gives them:

So my parents have always been very approachable and supportive if I need some assistance with just doing trivial tasks like pick the kids up, can you drive me to here cause I need to get there, things like that they're very open to helping me do that. And vice versa I'll say if you want me to drive you somewhere or you need me to do something, in all honesty I get the benefit of their support a hell of a lot more than vice versa because they're so independent and things like that so you know they give me a lot of support, so you know, to me, that's what, you know, why it's important that we look after our parents when they're older and they're not so independent cause you know they did it for you, you do it for them. (Sonja)

In his interview, Rob explained how his daughter was a single mum and he and his wife spent years supporting her and her children:

Yeah, we used to go and visit her once a week, have tea, take the tea [in Australia means dinner] over to her and that sort of thing, because it was a struggle for her all the time. She was struggling all the time with two grown up kids, just leaving school and that. They've left school and that. It was a struggle for her all the time. So we'd go over once a week and the weekend and things like that. (Rob)

Rob's grandson Flano explained how much his family valued his grandparents' support and guidance, but he intended to put limits on his caring role as he was a young man:

And then there was us and this was where Nan and Tiger (Rob) helped us the most because my dad left when we were 6. We lived down the road. And then we moved down to the Shire [further away]. We were just struggling, single parent sort of family set up. And then the stroke happened. But what would happen before that is we'd see Nan and Tiger three times a week probably. They'd drive down, they'd see us, they'd cook us dinner, we'd always hang out with them, always chat to them. And it wasn't like an extra parent; it was more just an extra mature voice that you could have a chat to...

I don't want to be a carer forever. I've come to help him out but I can't sort of sit here forever. But in a way this is almost a payback for being, like he's been a

great father figure and he helped me out a lot growing up, so I'm trying to help him out now and doing what I can. (Flano)

Maria, who lived in the same public housing block as her mum Maggie, explained her reverence for her mum and older people in general and how she valued their life experience:

You get a lot back from older people, you get a lot, you get stories, you get, not just mum, you just get, well I don't know, there's just, the one word, I can't think of, but they are just so inspiring, they can be, [pause] they are very inspiring, that's just a massive age, 93, what they've seen, what they've done, changes they've had to accept, their acceptance of things, her acceptance, ah it's wonderful, she's not narrow minded...

the spirit is just brilliant, something to look up to, I think, older people, I put them in a really, really, good light, ah, you can just get, I don't know, you just get so much from them, just talking with an older person in the park, you don't even know them, you just get ah, you might see them once or twice, popping around in a wheelchair and you start talking to them about nothing, and before you know, you're thinking, wow, oh God, she's a grand old lady, a grand old man, wonderful, absolutely marvellous, you know and I think we don't tell them enough. (Maria)

Bob stated that he and his wife wanted their son in Australia and daughter in Asia to be able to get on with their own lives and did not want them to have to look after them if their health declined. Bob's son Ronan however had a very different view from his dad and during his interview gave examples of staying with his parents when they were unwell. He did not feel they were being a burden on him. He was committed and wanted to be able to return support to them as much as possible and saw this as living out the values instilled in him by his parents:

No we do not expect them or demand that they look after us when we're sick or anything like that. Each of us actually makes light of our problems when we're not well. (Bob)

I strongly believe you're a product of your parents. They gave me a good upbringing. I mean, I was brought up in a fairly strict Catholic household that went to church every Sunday and they instilled those values in me. We have quite a loving mother and father who always looked after me and helped me through difficult times and also been there for me. So I suppose I want to return that favour or be the same to them. I think a lot of it comes from my parents and just the way they brought me up. (Ronan)

Rosie, who was Jean's ex-same sex partner who was now in a somewhat tenuous heterosexual relationship, explained how she and Jean shared some very intimate and dark experiences with each other and this reciprocal emotional support continued into Jean's later years, despite living in separate countries:

It might be a little bit influenced by the way, the intimacy that we have shared and also because I'm very different to Jean, I had a long battle with depression and I don't battle that now. I feel grateful to be very grounded, although I have to manage myself. So I have shared myself with Jean in very black times and at a very life and death level and she's been there through that and I think probably most relationships have something that brings them incredible intimacy and an ability to reveal those levels of belief or feeling or questions of existence, that brings them together; whether it's birth or love or what it is. But certainly an area of Jean's personality that she doesn't share readily with other people is an area that she and I related on. So it reinforces the closeness of that. I think it gives her confidence that she can express that part of her with me, because we've shared that. (Rosie)

Windows into an Intergenerational Journey of Ageing

Many participants spoke about the impact that being on an intergenerational journey had on them. The older people spoke about living out their experiences of ageing as an older person, whereas many younger participants spoke more about living a parallel experience of ageing or getting a window into ageing. This section presents key findings of this window into ageing, particularly for younger participants.

Harrison explained that his intergenerational journey with Grant was so involved that he felt he was not just living his own life; he was also living out Grant's experience as an older person:

The worst part about it is when I say sometimes I feel like I'm living the both lives, the two lives. That's the hard part. (Harrison)

Having had a window into ageing, some younger participants, including Maria and Paddy, raised concerns about not having a younger significant person in their own life and therefore potentially having to face their own ageing alone. This was based on their own experience of seeing the importance of intergenerational relations or having a significant person to travel with on the ageing journey.

Maria, the daughter of Maggie noted that she had concerns about her own ageing as she was lacking intergenerational, or another type of support or advocacy for herself. She saw this as important to journeying successfully through ageing:

It's terrifying being on your own, it's not ah, it's going to be hard cause I've no one to look after me, if that, if perhaps the mind, the body who knows, it's either one I think, very rarely both, I find ageing, not terrifying to the point that I lie awake at night, but I do think, maybe, gee, who's going to look after me, but I also would like to go at the age of 80 anyway, and I'm hoping that you, that we are in charge of our situation in that time (referring to euthanasia). (Maria)

Paddy also worried about his own situation and not having a younger person in his life:

I mean if the help that we can get in, can actually make a difference, yeah, my view you try and keep them [older people] in the environment they are used to, as long as you can, we've had, sort of had that discussion. If she gets dark days she says, yeah don't worry about putting me in a home, fine, but I keep on saying, that you are nowhere near it, and so long I'm there to, you know, make up the difference, she's lucky. I can see for some older people, that could be a very, very hard thing, that's what I am in big fear of because there will be no one around to look after me, because I am in a home next door, that's going up [in value] all the time, that could

be worth! I sort of think, what happens if someone decides to stick their [head] in, and say ah he's not managing, and we bung him in a home [nursing home] somewhere! (Paddy)

Dotti spoke about both good and bad experiences when her parents were in hospital, mostly around psychosocial issues which included interactions with social workers. Based on her experiences, Dotti asserted that there are situations when older people are vulnerable and would need someone to advocate for them if they don't have family or a significant person available in their life. Dotti felt that social workers could potentially fulfil the advocacy role:

Our experience with Mum is very positive, except when she's needing hospital or whatever, then we feel we need to be her advocate, in the system... if I was an older person and I didn't have family support or an advocate for me, personally I would be quite worried... I think we, we felt that we've needed to be an advocate for our mother in the health system...

Sometimes they've been very good and sometimes not, yeah, it's made a huge difference when the support team have been really positive. I'm thinking, probably not, I don't know whether you're interested in my Dad's experience, when he was very sick, maybe in the last, ah, in the particular, the medical team wanted to send him somewhere else, and we were not, it was very distressing, and we fought very hard for him to be able to come back to where he was, with my mother. But Gateway [aged care facility] were amazing, they were very supportive, ah, some social workers were amazingly helpful, but in other times we found that, we didn't find that, and it made such a difference to us when we had a social worker, or team, it's not so much the social worker, the social worker is part of a team that you work with. (Dotti)

John, who travelled from the Middle East twice yearly to visit his mum living in a nursing home, did not like how he saw older people being treated in institutions in Australia:

I've had experiences with physiotherapists at the 'Nursing Home' [name changed]. I will be consulting with them or with my mother about what they need to do, and they'll talk to me. They won't talk to her and ask her what she needs, you know I

mean, in other words the older you get the less competent you're thought to be. My mother being very clear, at the age of 97, you'll discover she's very clear, umm you know she finds that very distressing. (John)

Mary, the daughter of Margaret had a view that vulnerability comes with frailty and at that stage older people may need someone to advocate for them. This was a common view among younger participants:

No, well why am I in the house? [rhetorical questions]. So I can visit her. I know I don't have to but someone 97 in a place like that, they're a little bit like a child. She can hardly see. She can hardly hear. They need an advocate. They need someone there all the time. Why? I don't know. But I think they do. It's like a child in hospital. You wouldn't, not visit the child. I think you've got the graph of dependent. And she's dependent. (Mary)

It is worth noting that I put the question to Margaret about what she would do if she couldn't manage at home and it was obvious she was seeing her ageing through a different coloured lens to Mary, which links to the theme of the older people pushing ageing out of their minds as will be discussed later in chapter eight:

I'd have to go into care. Well my mother died at 92 and she was still in her own home and we used to be out in the place say about 4 days a week and the weekends. I would not want my children to be burdened in that way, despite the fact she was still in her own home, but I was going in there so many days as well. It's too much. (Margaret)

Throughout the interview with Rosie, who was now living overseas, it was clear she gained a deep understanding of ageing issues from her involvement with Jean and from this she abstracted ideas of how she could improve her own ageing experience. Rosie also gained valuable insights from her involvement with her parents ageing and these are described in chapter five on planning for ageing:

We talk about sort of quite a range of things from very personal things like how she's feeling about her body or changes in her body to how she's feeling about her

place socially, how it feels to not be a professional working person anymore, talking about financial things, talking about social attitudes like her observations about ageist societies or things like that. So it's quite a wide range of things...

Jean has been my sort of window into ageing really. But it seems to me a really cruel irony that instead of being more peaceful, that anxieties come up and instead of being more acceptable and comfortable in one's own life and an ageing body and all of those things, that actually it's worry and anxiety and less ability to do so many things, rather than accepting doing less things. I think that's essential to a good experience of it and in Jean's case, I think she struggles with that because I think many of the other things are in place like being financially comfortable, she's actually got very good health. (Rosie)

Generally, all the younger participants made numerous references in the interviews as to how much insight they got into ageing issues. This allowed them to think about how they might approach and plan for their own ageing.

Carers' Experiences and Intentions

Some of the older participants, such as Bob (78), Betty (74) and Jean (79) were independent and did not require any support. Several younger participants moved accommodation to live closer to their older person, in order to be able to provide care and support if this need arose. Maria had worked hard to be co-located in the same public housing block as her mum. Sonja deliberately bought a house next door to her mum, as she wanted to be able to support her parents in their ageing years and was open to having them living with her if the need arose. Likewise, Paddy bought a house many years earlier around the corner from his mum and dad in order to support them through ageing. Erin confirmed Paddy was very committed and involved in supporting her and her husband's life particularly during his declining years with dementia. Della moved back to Australia from the US to care for her ageing parents. Flano, his siblings and mother had already moved in with his grandad, Rob. Harrison was already living with Grant and providing him with support. Several other younger participants confirmed they were prepared to move in together with the older person to provide care, including moving from interstate and overseas if necessary.

Paddy's plan to be available to care for his mum was thought through well in advance:

The place became available [the house he now lives in] and I got to admit, it was at the back of my mind, I didn't know at that stage whether I'd meet someone and start a family or whatever, but I always had that in the back of my mind, they're going to get old, it's just Mitch [brother] and me and Mitch had moved out by then, and I was thinking, well that's another fall back option, if I'm still there, then I'm close enough to help, but I'm not in there all the time, and that sort of worked out, so mum, I know mum's grateful for what I do, but she's always saying well you do too much, don't do. Like I say they get that homecare every fortnight, I've always said I'd be happy to do that. (Paddy)

In her interview Margaret who was living at home alone explained that her son and his wife offered her to move in with them:

My son and his wife wanted me to go to live with them. But I didn't want to do that because that makes it a burden, too much of a burden and I said no, I'd stay in my own home as long as I could. I thought I'd be able to. I'm having my doubts at the moment. But I'm hoping to come good again to a certain extent. (Margaret)

Harrison was already living with Grant and made it clear that he was living out an old promise to move in and look after Grant if he could not manage independently through the ageing process:

I've known Grant for 12 years now, which is pretty scary. I moved into No. 2 – it's a one-bedroom apartment; upstairs I had a studio apartment. So I was happy to come down the stairs and then I was closer for Grant – if he needed me I was there. I went to the South Coast for 3 years and I wanted to come back and he needed me so it worked really well for me to come back. I, in all honesty, was very surprised about how far his health had declined so when I say I knew what I was getting myself into, I knew what I was getting myself into if it was Grant 3 years back, but by the time I was away I'd seen him but I didn't know how far his health had declined. So sometimes I'd go "have I gotten myself into something I can't handle?" so there's a lot of mixed emotions about that. I told him once, many years ago; they [friends] were making fun of him and saying they'd put him in a home or something like that... just the people that used to be around, like the friends at the

time. I gave him a big hug and said “I won’t let them put you in a home; I’ll come and look after you instead”. That’s been on my shoulders for a lot of the time too, saying I promised him that – so I’ve kept my word. (Harrison)

Maria articulated her unconditional commitment to care for her mum:

eventually she’ll be down with me anyway, I’d say a couple of years when she can’t get around. (Maria)

Sonya bought a house next door to her mum Betty (70s) in order to be available to her parents if the need arose:

I’ve always said you know if their situations change you know we’d, they’d always be welcome to come and live with us, or something like that. Don’t know if we’d actually be able to deliver on it, it would be quite different to deliver on it, but just giving her that reassurance “cause we could, we’ve got a roof, we’ve got walls you know, we would take, we would certainly take umm, her and my dad in and my brother. (Sonja)

Kitty in her late 50s who lived in Western Australia had already discussed plans with her mum and dad to move from interstate to live with them and provide support if needed. Kitty’s only adult child was now independent, and she had discussed this plan with her husband and had his support:

I’m here, I’m here the most I suppose, and we’ve talked about it, what might happen if things got to a difficult stage, I’d probably just come and move in and you know, help out if needed to be, umm I think that’s sort of what we decided, when mum was struggling in January... Yeah, try and keep it out of the system as much as possible, yeah try not to have to resort to those other options, from our experiences it’s not very good experiences of that kind of set up... because dad doesn’t want to move from here, she won’t make a lot of decisions until, he’s no longer around, and she’s one of these people that won’t plan ahead, she’s very difficult to have those kind of discussions, she won’t even talk about her own funeral, whereas dad’s got his all planned and ah, we’ve been to the funeral place. (Kitty)

Several younger participants who were in caring roles spoke of their experiences of caring.

Despite her commitment, Mary the daughter of Margaret had become quite fatigued and had run out of patience with providing support to her mum and felt that she and her husband often had to put their own life on hold to look after their mum:

But the last 2½ years we haven't been overseas. We were travelling twice, three times a year overseas. Because mum's been this up and down and hospital and so the last 2 years all we've done is New Zealand. We've hired motor homes for 8 weeks one time and 7 weeks the other, knowing that if something went wrong I can come home. Whereas this year, my husband is not as healthy as I am, and one of our friends said "look we're going to South America, four wheel drives, just five cars, do you want in?" John said "I'm sick of waiting. My life's ticking away" because he's had heart bypasses. He said my life's ticking away. I don't want to sit around any longer... That's probably why I'm a little bit bitter about mum in some ways because you heard bitterness come through. (Mary)

Della, the daughter of Jackie who returned from the US to look after both her ageing parents expressed high levels of carer fatigue. Della like some other participants emphasised the absolute importance of the support of in-home services provided by the State:

Umm, yeah, some days I feel what am I doing here? I just want to run away, and join a circus but I'm you know, that passes, you get over it and I go out and have dinner with my friends, have a nice night out and you know I'm over it, yeah I mean... and that's when I feel like I should give myself permission to go and have a vacation. I sort of had a vacation with my niece, but umm, before this I felt I can't leave them, but now that I have successfully been away from them, seen that I can get carers in place, that I can go and have a vacation sometime, so this was a good experience for me, so I feel confident, now I feel like I can give myself permission to do that, I don't have to stay here and be the martyr, I've got a life. (Della)

When I rang Grant to book the interview for the study, I had concerns about carer stress in the relationship with Harrison as I could overhear them having arguments in the background.

Here is an example of Harrison expressing carer stress in our interview. Harrison's stress was also related to watching Grant's health decline:

He doesn't give a shit that I spend all day doing this for him and I think sometimes he takes for granted... I'd had a drink down the club. I came back and I probably had more, I don't know. He was just being an absolute prick and I said "no listen here. I do it because I want to. I don't have to be here... I don't have to be here" so I actually made a point, put my foot down and gone "no listen"... I said to my friend – no actually it was my mother. I said sometimes it gets depressing because I see him every day. I notice more than others, so I do watch him go down, and down, and down. It's upsetting sometimes. Sometimes I think I'm just sitting on the couch watching the man die nowadays. (Harrison)

Harrison's stories painted a picture of his loyalty to Grant and his life revolving around him with little time for his own life:

While he was away (in hospital) I was constantly being told, no don't worry about it Harrison. Just settle down. Don't get yourself so worked up over whatever was going on at the time. A lot of people I know would say that I'm constantly saying, no I can't come out" or "I can't come to this party because Grant has got whatever else on, and they're going, yes he does, not you. He does. I know but I won't do it. (Harrison)

Flano described positive and negative aspects of his caring role, but as a young person in his 20s he planned to put limits on how long he would do this and having to put some of his own future life dreams on hold:

Look, in expectations wise, I don't want to be a carer forever. I've come to help him out but I can't sort of sit here forever. (Flano)

Although Brigid's mum was receiving care in a RACF, Brigid was very committed to providing emotional care to her mum and was prepared to put some of her own dreams on hold.

I'm incredibly grateful that mum is in a place like Gateway, where she is very well cared for, and I don't know, I'm in a small apartment, we moved from a big home, to an apartment a year and a half ago, we also have a place up on the Coast, that we actually intend to move to, but we keep having to put it off, and we've put tenants in there and we'll probably do that again, I think, ah, something we do actually want to do, but we just can't see ourselves getting there just yet, umm. (Brigid)

Not all younger participants who were in active caring roles described caring fatigue or having their lives put on hold.

Paddy described how he was heavily involved with providing and coordinating his mum's care and support and it appears she would be lost without his involvement. Despite his intense involvement at no point did he indicate any frustration or fatigue about his caring role. He noted that his mum was very appreciative and tells him he does too much:

I do the running around, and getting them in and all that sort of stuff, 'cause, just generally her mobility is just not what it was, so umm, I need to do the umm, go to the chemist, and sort of maintain the relationship with the chemist and the doctor, to sort of, get the scripts in, cause mainly, umm, because she's still pretty good mentally, she knows what medication or what, she can, she knows when she's running out, and she manages that for herself, which is really good, because then I don't have to do that, so she's umm, that helps. But her eyesight is going, and that's probably the big one, cause she's always been a reader and so we managed to get the umm, Vision Australia library, joined her up with that and so she's always liked who's done it and things like that, so I can get onto their website and order up stuff, so we can get different authors and we get the sequences, so I'll get a couple of each author and switch around for her. (Paddy)

Similar to Paddy, Maria gave mostly positive accounts about caring for her 93-year-old mum who needed to be escorted in a wheelchair by Maria when accessing the community. As noted in earlier findings, Maria refused to accept a carer's pension, based on her own values and principles about respect for her mum:

I always think of what she's done for me, I think you have to keep doing, telling yourself that and she has done a mighty lot over the years, it's not a burden, it will never be a burden, and I don't want to be her carer, I don't want to be her paid... paid for looking after her. (Maria)

Conclusion

Chapter four has provided important findings in relation to the nature of intergenerational relationships in regard to experiences of ageing. The content of this chapter addresses research question one: What are the intergenerational lived experiences and perspectives on ageing of older and younger participants? Participants talked in detail about positive and negative aspects of their intergenerational relations, how care and support is exchanged between each other, and their experiences of caring. These findings are unpacked in the discussion chapter. Chapter five to follow presents findings in relation to intergenerational planning for ageing.

Chapter 5 Findings: Intergenerational Planning for Ageing

Introduction

This chapter presents findings on five key themes that were dominant in participants' stories vis-à-vis intergenerational planning for ageing. This chapter addresses research question three as outlined on page 35: How do participants consider or make plans about their needs and wants in preparation for ageing; what has influenced this process, and have they done this separately or together? The five areas are: the dynamics within intergenerational relationships; participants' thoughts about making plans; views on euthanasia; housing and accommodation; and finances. The findings presented here are exemplars that best illustrate these prominent themes, and the implications of these findings are discussed in chapter eight.

As shown in Table 5.1 below, two older participants were already living in residential aged care facilities, another male participant was living with a younger gay friend, another older male was living with his daughter and grandchildren, four older participants lived with their spouses, and five lived alone. Out of the thirteen pairs, only four had formally appointed a guardian (In NSW - a substitute decision maker about lifestyle decisions, e.g. accommodation, healthcare etc.). Many participants had discussed informal plans with each other or with other key people in their life. Eleven older participants were quite clear that they trusted the younger person in their life to support them in some way or make responsible decisions for them if the need arose as they got older, indicating the important role intergenerational relations have around ageing. The two remaining older participants were ambiguous on issues of trust with their younger person. Seven older participants arranged a power of attorney (substitute decision maker about finances in NSW) and only three had written advance care directives (specific plan about healthcare, medical, etc.). Eight older participants volunteered that they had written a legal will (of those, one had put this in a written note to her daughter), one said she had not made a will and, in any case,, she did not have any assets, and four older participants did not disclose information about wills.

Table 5.1 presents a summary of planning arrangements for participants in this study.

Table 5.1

Participant Planning Information (see Appendix 7)

Pair name	Home Ownership	Guardianship (lifestyle)	Power of Attorney (money)	Advance care directive	Will	Informal Plans	Trust younger person
Venice Larry	Venice owns home in Qld.	No	No	No	Yes	Yes	Yes
Jean Rosie	Jean owns home in Sydney	Yes-friends, not Rosie	Yes, appoint other friends in Sydney	Yes	Yes	Yes	Yes +
Margaret Mary	Margaret & Mary own, own home	No	Yes- Mary and her son	No	Yes	Yes	Yes +
Rob Flano	Rob owns home, Sydney	No	No	No	Not disclosed	No	Ambiguity with Daughter (grandson is in this study) Yes
Maggie Maria	Both in public housing	No	No	No	No	Yes	Yes
Betty Sonja	Betty and Sonja own, own home	No	No	No	No	Yes	Yes +
Lavie Noah	No, in RACF Son - unknown	Yes - Noah	Yes - Noah	Yes, with Noah	Yes	Yes	Yes +
Erin Paddy	Both own home in Sydney	No	No	No	Not disclosed	Yes	Yes +
Brigid Dotti	Dotti owned home	No	Yes - 2 sons	NFR	Not disclosed	Yes	Yes +
Jacky Della	Jacky owns home Della, unknown	No	Yes - Della	No	Yes	Disputed between Jacky and Della	Yes +
Kane Kitty	Kane owns home Kitty, home interstate	Yes - son	Yes - son	NFR	Yes	Yes	Yes
Grant Harrison	Grant and Harrison in public housing	No	No	No	Not disclosed	Not disclosed	Unsure
Bob Ronan	Bob owns home Ronan unknown	Yes - son	Yes - son	Yes, with son	Yes	Yes	Yes +

(Yes + refers to strong trust levels) (RACF = residential aged care facility) (NFR = not for resuscitation)

Impact of Intergenerational Relationship Dynamics on Planning

Throughout their interviews most participants gave considerable detail when describing the dynamics within their intergenerational relationships and it was evident this impacted their approach to planning for ageing. Despite some tensions within the pairs, most older participants trusted their younger person. Only two older participants Rob and Grant had reservations about trusting their younger person, and thus they did not have any formal or informal plans in place and appeared to avoid having conversations about planning for ageing.

Margaret confirmed she had not made any plans for healthcare, accommodation or end of life decisions, but had made a power of attorney, a funeral plan and a will. Margaret succumbed to making a power of attorney only after being pressured by her two children. Her daughter Mary expressed high levels of frustration about her mum and this was evident in the content and tone of her conversation with me, especially in relation to describing her mum as a woman who kept very tight reins on her money. Earlier in the interview, Mary noted that her dad had full control of the money until he died:

We asked for about 10 years for her to give us (Mary and her brother) power of attorney. We've already given it to our son because we thought we're overseas a lot, if we both lost it – if we were both in an accident or something, he would need to be our mediator or whatever. And she wouldn't give it to us. (Mary)

Mary had tried to place her mum permanently in a nursing home, but she insisted on returning home each time after periods of convalescence. Only after a fall in Tasmania when she sustained a head injury, did Margaret initiate a power of attorney instrument and at this point she rewrote her will:

And about 6 months later [after the fall] she took us off to the solicitor and had power of attorney made out for Brett and I, that's my brother. But we had to go to the solicitors to sign it, but we were not given it. It was kept here (in Margaret's house) in the cupboard.

And then she rewrote her will, without any consultation. There is a further corollary to that. When it was all done and my brother saw it and she had written

her will so that my brother received half and I receive half of whatever, but if we predeceased our husband or our partner, like my husband would get nothing, it would go straight to the grandson. And my brother's wife would get nothing, and my brother went off because my brother is not very well and a very good chance that he's going to go before Jean and also Jean's 15 years younger than him or 10 years younger than him. And he said "after all Jeanette's done" because Jeanette's been cooking for a couple of years and she's been terrific, considering she's not the daughter, she's the daughter-in-law, she has been terrific. Yet if mum died and Brian had died before, Jeanette was going to get nothing out of this estate. It was going to go straight to her son and they don't have a huge amount of money. My brother got crazy on it. We were overseas at the time because we were still travelling because mum wasn't like this [frail]. He came and had it out with her and she changed it to, of his 50%, 25% of it can go to Jean and 25% would then go to their son. She's a cantankerous old bugger in some ways I'll tell you. And my husband, John, he has done her maintenance here for 20 years. Yet she'd written him off too, not that he cared because we're maybe a little more comfortable. (Mary)

Venice did not have legal instruments in place despite being a nurse and getting encouragement from her daughter. It is worth noting that Venice had some reservations about the dynamics between her and her only daughter and nominated her grandson to participate in this study. Venice did have a will, which only comes into play after her death. Nonetheless, she trusted her daughter to make appropriate decisions if required. Venice explained that her son and daughter had very different opinions about her wishes:

No, I don't think it's possible to know what I want... and my Jessica says to me "let's get something into place" – that advanced directive, whatever you think of, and I'd say "well alright" but while I am well and able, and I think I will know when I am not making sensible decisions. I think I will know that. Now I know people become alzheimeric almost overnight, just funny little things they forget and we all forget. But I don't think that I'm at that point where I should have to worry. But we have talked about it...

I'll tell you a funny story right. I said to my Jess, if I should ever be in an accident and I'm stuck on life support systems, feel free to pull the plug, just pull the plug, that won't bother me. And she really got right up me, and she said "that's murder. That's murder. I am not murdering my mother". So, I thought "here we go didn't win that one". So, my son was down on holidays and I said to Toby the same thing. "Would you pull the plug for me if I should be a dummy, a vegetable?" "Oh yeah no worries at all if that's what you want, that's what I'll do". So, there's two kids that have a different idea as to what I'd want. One will do, and one won't because one thinks that I'll be guilty of murdering my mother and the other one thing, oh well if that's what the old dear wants let's do it. So that sort of made me wonder. I suppose I probably should do something...(Venice)

Larry and his grandmother Venice, like many other participants, both said there were a lot of unknowns attached to ageing and therefore agreed it is hard to make plans:

Yeah, everyone's different and there are too many possibilities. There might be a 50-year-old or a 60-year-old who might be really in a bad shape, but there might be an 80-year-old who is well off. So, I don't think you can plan for it at all. It could all change in a day. I don't think you can plan for that too much at all. (Larry)

Harrison, the younger friend of Grant described how he tried unsuccessfully, like several other younger participants, to pin down Grant to making plans:

We had a conversation last night actually. I think we were watching something about Prince's [singer] will being done. I have brought these sorts of things up. I brought him home papers to fill out with me and sign with me... What do you want to do. I mean you have to do something about this... He reckons that he's going to look into it. (Harrison)

Grant, like some of the other older participants had significant concerns about the 'power' that is handed over with the appointment of a power of attorney and the potential for its misuse. He implied that such legal instruments are about giving up control and this has to be weighed up with their potential to protect a person:

Well it depends who you give the power of attorney to... Harrison has been talking to me about doing a power of attorney... But then he doesn't always want me to do what I want to do... sometimes someone grabs a power of attorney because they are after their money, umm... I'm not sure. I know the power of attorney gives a lot of power. (Grant)

Dotti and her mum Brigid initially went to great lengths to emphasise a storyline of a harmonious family as reported in chapter four, however as the interviews progressed, it seemed that there were significant differences of opinion in the family when it came to health, medical and end of life decisions: A similar phenomena occurred in some of the other pairs.

Well we haven't go to that yet, ok, mum has always been able to make decisions, but I think it's going to be incredibly difficult, when and if we get to that point, umm because we had screaming matches when my dad was at that, I can remember me being on the phone to my sister, who was screaming at me, you know, just, because we, I guess everyone in the family is slightly different in their point of view, mum doesn't, mum doesn't want to be resuscitated if she's not going to make... but she's never shown any inclination not to be treated, you know for what she's had up to this point. (Dotti)

Rob had not put any legal instruments in place including a power of attorney and guardianship and did not disclose if he made a will. He also had not had any informal discussions about his future with his family. I asked his grandson Flano about this:

I think that's up to the boys and mum. But the problem is if you appoint a power of attorney being one of the boys or mum's, it's going to be very difficult because of course there's going to be accusations very quickly about taking the riches but apart from the land that this house is sitting on, there's nothing. He's a mechanic and a pensioner. She [Rob's wife] worked at the newsagency. (Flano)

Flano moved into Rob's house with his siblings and his mum after his nan had a stroke and moved to a nursing home. Rob needed a lot of support due to having multiple health problems. Flano articulated considerable annoyance with Rob for not having formal or informal plans in place and for not sitting down with the family to discuss plans around

ageing. At different times in the interview, Rob assured me that he had not made any plans. Nevertheless, Flano said that despite not having made plans, Rob got exactly what he wanted by getting his mum and family to move in with him:

See this was the big problem, huge problem. So, when the stroke happened we assumed that they had a plan together. They never discussed it. They didn't think this was ever going to happen. They didn't think that there was ever going to be any problems... You have to realise that, before this all happened, they're both over 80, life expectancy is at 83/84, you're starting to outlive the average, you should really start thinking about this sort of stuff, but I don't think they did at all...

So, this is the problem because it hasn't been talked about, it's now assumed that there's going to be a big fight; whereas if you sit down when you retire early or say when you sit down when you're 65 for example, being a good idea. You sit down with all of your family including all the grandkids and what not, and you explain to them what the plan is, be it "I want to travel around the country, sell the house and have a caravan" or "I'm going to stay here and I want one of you to either nominate yourselves or I'm going to appoint one of you to do the power of attorney stuff. But I want to ensure that this will that I have here ensures that everything is laid out here and we're going to discuss it now and we're going to get it out in the open now, so everyone knows exactly what the plan is, so by the time I'm off, it's sorted". (Flano)

Flano, on Rob getting what he wanted:

It's 100% streetwise. Whereas us we have a paper trail, we have online and everything and probably because his generation and even mum's generation are a bit more "oh I won't write anything down and I'll just let it go and they can all sort it out"; that's probably why I'm in so in favour of plans and that sort. (Flano)

Out of the remaining pairs, Jean and Rosie, Bob and Ronan, Erin and Paddy, and Betty and Sonja, expressed quite harmonious dynamics in their relationships, as will become evident in the next section.

Reasoning Process about Planning

Many participants had given at least some thought to making plans around ageing, even if they had not made any plans and there was great diversity in how participants thought about planning. Four older participants formally appointed guardians to make lifestyle decisions including health, medical and accommodation decisions and had initiated these instruments themselves. In addition to these four participants, many older participants trusted their/a younger person and had made their wishes known to them informally and this was seen as preferable to specific written plans such as advance care directives. This approach allowed for flexibility to judge different situations as they arose and again highlights the importance of intergenerational relations.

When asked about making plans for ageing it was not uncommon for many participants' thoughts to go immediately to thinking about worst-case scenarios such as having a stroke and they spoke confidently about not wanting to be resuscitated. Many others talked about the complexities involved with planning ahead for ageing issues. Here are some examples that best describe consistent messages from participants.

Kane arranged formal legal instruments, power of attorney and guardianship and appointed his son. Like many participants his mind went straight to end of life issues when questioned about planning and immediately brought up the issues of strokes. Like many others, he assumed a stroke meant he would be completely disabled:

Yeah, we did that, do not resuscitate...Well that covers it for me, you know if I get to the stage where I have a stroke and I can't look after myself, I don't want to be resuscitated, it's just, my wife is of the same opinion. (Kane)

In relation to planning, Margaret's thoughts went immediately to end of life issues and on questioning she assumed a stroke would completely disable her:

If I'd had a stroke I'd like to be gone...Which one you'd be in? Yes. I can see what you mean. And maybe you wouldn't be able to speak too, so you couldn't tell them what you wanted....I'd just have to leave it to the family, that's what I'd do. (Margaret)

Margaret's daughter Mary said that when her mum was recently in hospital the doctors raised end of life plans with her and she was not impressed. I tried to unpack if ageism was at play:

Margaret: She took umbrage at it. She didn't like being asked and she said "unless I'm a total vegetable"

Interviewer: So, would you ask a 50-year-old the same question?

Margaret: Yeah, because I think a 50-year-old doesn't really think it's about to happen and they're more prepared to give an opinion; whereas mum's thinking, "this is getting real" I think. I'm not even sure how I would answer it.

Interviewer: An 85-year-old could have 15 years to live. A 50-year-old might only have 10 years to live but they don't know it yet.

Margaret: You're right, you don't know it. True.

Bob, Ronan's dad was one of four older participants who had appointed guardians. He had put several formal instruments in place, guardianship, power of attorney, advance care directive and a will and appeared confident of their utility. In addition, he fully trusted his son and daughter to make appropriate decisions using these instruments. Bob volunteered in a hospice and a hospital and saw the advantage of having clear formal and informal plans, which he had put in place:

Yes, I think it's important to do both because in that event if I was diagnosed with cancer tomorrow and I was told – as I said you might get another year or if you have chemo and radiotherapy and stuff. I've said to both my children "I don't want that, that is not on for me. Allow me to go but be nurtured until I do go". But I've spoken to so many people here who are dying, and they've had chemo over the last 2 years or something and told they're being given a better quality of life but they go through hell when they're doing it and they say "I only did it because my family was encouraging me to do it". They didn't really want to do it themselves. But their family didn't want to let them go. Anything, grab onto it. The way I see it is that if it was a young child or a young person I'd say yes, try everything. But for an older person, my view, or for me, don't. (Bob)

Bob's son Ronan had quite a different view. He asserted that it was quite unpredictable to think you can know what you would want in a situation that you have not yet experienced and sounded quite wary of trying to make this prediction. Thus, making advanced care planning was problematic:

I just think it's a really tough one, unless you're going to be in that situation it's a very difficult one. I mean, I had a very good friend of mine whose dad passed away recently, he had a stroke 17 years ago and sort of – he could walk around a little bit but still had a chair most of the day and could only eventually talk a little bit. But you could see the joy at little things that would happen or us going to see him or him seeing his grandkids and things like that, and then you look back and the friend and I have discussed it and think, if that happened to you what would you think? What would you want to do? Would you want to cark it and be done with it or would you want to live on? We both sort of said it's a very tough situation to be in but I think a lot of it might come down to personality as well. People who tend to see the brighter side of life and good things of life maybe more optimistic than someone who is not, more of a pessimist might sort of hate that kind of – I mean, it'd be frustrating nonetheless. But I don't know. It's such a tough question. You and I can talk about it for hours and hours and hours, but until you're in that situation, you don't know how you're going to act. (Ronan)

Other participants took a much more informal approach to planning ahead, either by having specific conversations about plans, or slipping regular messages into banter type conversations.

Despite being a retired health professional, Betty did not have any formal plans in place for ageing in relation to healthcare or medical treatment or power of attorney. She wrote her will, but only on a piece of paper and gave it to her daughter Sonja, just before going on an overseas trip. She reported conveying her wishes in casual conversations rather than having specific conversations about plans. Like several other participants she saw this as much more preferable as there are too many unknowns to be able to make formal plans, and she had a strong sense of trust in her daughter's judgement to make the right decisions if the need arose. She noted however that formal plans might work for others:

No not really, we talk about what you are doing, but, not making plans for the future if that is what you mean, I mean how do you know what you are going to need, you're going to have to write down 47 different alternatives, and then something different might happen anyway, so umm, some things you got to play as you go along...I haven't done any of those things and I can't see myself doing it, but umm, because as I say, how many possibilities are there, a whole lot... anyway it's not always helpful, although in some situations it probably is and it takes a lot of anguish out of peoples decisions, but I'm not sensible enough to make [laughs] a plan, that is not flexible. (Betty)

Betty's daughter Sonja had a close and committed and trusting relationship with her mum and dad as described in chapter four. She planned to support her parents in whatever way she could, and these plans were informal:

umm so we did have some conversations around, I think my mum gave me a will one time she went overseas, and I think ah, is my brother here? [looked around to see if her brother was present]. That's fine cause my brother, he's got some mental issues and she's just had some concerns around if something does happen, will he blow the lot and things like that, like she's just concerned about I guess the family [whispering] umm so look it's, so she did, went overseas and she did actually write a will. I don't know if it would stand up in court... look to me it is that whatever happens in the future and whatever their needs are whether they're financial or other is that I would like to think that I would be able to help them in any situation there is and well like I said whether that's financial or saying come under my roof, I'd like to think that's part of our plan B as well if things do change significantly and we weren't quite ready for it, that there are, there would be other options, that like I said, sell the house come and live with us or sell the house we'll help you but they're not set plans as such. (Sonja)

Venice, another retired registered nurse who was familiar with the aged care sector, had also not initiated any legal instruments and was much more comfortable with informal arrangements through conversations with her family. She had limited faith in formal legal instruments protecting people's interests, including making a power of attorney to protect one's finances. She would prefer to trust her family informally:

Can I tell you Francis? Working in the community all of my adult life, we've seen people with financial control under their children who would not – with a lot of money, who would not buy them a pair of pyjamas, would not buy them a cake of soap, would not do any of that. Now that may have interfered with my thinking a little... even wills are taken to the cleaners, so you could have a will and writing down – and there's a lot of trouble at the moment going on with directives (advance care directives) I can tell you. Some of them have been taken to Court of late... and even wills can be contested. So writing things down is all very fine, but a bit like toilet paper, you know where it can go; down the plug hole... but I would trust them [family] to do the right thing. (Venice)

Venice was also concerned that many of her older friends in her social group were being told what to do and did not know how to assert their rights as older people:

Really, we have rights. That's the other thing; we have rights. So I sort of shit stir a bit I'm sad to say. (Venice)

Venice's grandson Larry agreed that others were sometimes telling older people what to do and had a strong view that older people should not be pressured by younger generations to put plans in place as he saw this treatment occur with his nan, and his girlfriend's nan by their respective children:

So the way I see it is, I suppose it has to be dual kind of agreement and decision. But at the end of the day, what makes it different between an old person and a young person, not young as in like my age, between making a decision for themselves. If they don't want to do it, that's their choice. You can't really force them into it. So that's the way I see it. They still have a right, I suppose, not just brush them off, put them in a caring home, that's it. If they agreed to do it then you're kind of advocating for it then yeah sure, but if you're advocating for it and they're like "no I don't want to do it" then you can't put them into one. So that's how I kind of see it. Still have an opinion or a right. Just because we're young, we know everything, it's not always true. That's how I see it. (Larry)

Erin had not made any formal plans; however, she communicated her wishes to her son Paddy and fully trusted him. Paddy saw the potential and the limitations in having formal plans:

It depends on how many people are involved, if you had a big close knit family, then you'd probably would, would be better to have something written, I would think, so there's no mistakes, so everyone knows exactly what is there, but then that does reduce your flexibility, 'cause then someone tries to make it enforceable, or I think that they are beyond help, therefore off they go, versus someone who doesn't think that, you know, you have a document that can be used, that's what I'm always worried about. (Paddy)

Jacky had given her daughter Della power of attorney and made a will, however like some other older participants she thought about plans as relating to what happens after she dies and about what is in her will, whereas Della thought of plans in terms of planning about healthcare and medical decisions. Della felt conversations about planning required considerable sensitivity:

We've discussed that, ah, she'll [Della] do the right thing when it's right... oh I don't worry about anything, I'm not a worrier, I never have been... if I drop dead tomorrow Della will know that she can bury me because I got a health fund, what do you call it, a funeral fund... we've talked it over, yeah definitely...(Jacky)

We haven't discussed it, umm, I haven't brought it up because I feel like well you know if they're not bringing it up its either not an issue or they're not ready for it, to discuss those things, so yeah, I don't know if I should prompt them or leave it be. (Della)

Many participants emphasised the complexity, unknowns, unpredictability and limitations of making plans:

Rosie explained how her older friend Jean believed in putting formal plans in place and had appointed guardians, powers of attorney and made an advance care directive and a will. Rosie however had less confidence in thinking you can know what you might want in advance:

All my discussions with Jean have been absolutely supportive of the way that she wants to go about this. But I also know that it's an inherently imperfect process. Planning for events of accident or illness or death or those things, you could only plan so far. It is impossible to plan the whole thing fully. I lost my father 3 years ago and my mother's still alive and I suppose it was the first person close to me who had died. My grandmother and things had died but a parent, I just didn't realise how huge that was. It's huge. Both Don and Greta, my parents, had been very clear with each other that they didn't want to be debilitated and didn't want to be a burden and all of that sort of thing; all the stuff that Jean says. My father got bladder cancer and he actually died of it in the end. Now in the last few months of his life, he got a bad infection and was in hospital. He was in hospital, he had to go to intensive care. I think he had to have some sort of surgery, or some fluid taken of something. At that time, I wasn't there but the doctor said to him "now Mr Homer, what if something happens to you while you're in intensive care or what if you have a heart attack or a stroke or something like that because there are risks to it" and so even though he and my mother had been very clear with each other that they didn't want to be resuscitated or anything, he just turned around and said and sort of looked as if "what on earth are you talking about" and he said "give it a go". So all the plans just flew out the door in the face of the reality of the situation. That could well happen with Jean. I think everybody who's sort of really trying to plan this down to a T, very hard. It would never happen like that...

Also, a question on that that it raises in my mind is, do we naturally switch when we become in need. Is there something in us that naturally switches, that actually makes us perhaps feel differently about the things that we might have stated so strongly about our desires at the ends of our lives. Maybe that's what was coming up in my father. I think that's a very unknown question. (Rosie)

As already noted Rob had no formal or informal plans in place, much to the annoyance of his grandson/carer Flano. Rob was quite irate about his interactions with a hospital when his wife had a stroke. He was convinced she would now be dead if there was an advance care directive in place as the hospital wanted to palliate her at the time. Rob seemed to lack trust in hospitals and emphasised the importance of having health literacy:

I got to the hospital and the first thing I said to the nurses, I said, “has she [wife] had the needle to clear the clot”, “no” and I saw the doctor then, the woman in charge there of the A and E that night. I said, “you’re going to give her the needle”. “Oh no, we’ve had a brain scan and the professor said no don’t give her a needle. It’s no good for her”. No good for her! There was four admitted to hospital that weekend, three dead. So, when we get her finally in the bed and things got organised there, we have a talk to him and he said “oh yes, you know she’s going to be wheelchair or in a bed all the time. She won’t be able to do this, won’t be able to do that” blah, blah, blah. “We think we’ll give her palliative care”. Now unless you know what palliative care is, and you’ve had a stroke or somebody’s had it, you don’t know what it is. I didn’t know what it is, but you’ve got to be a fast learner these days and you’ve got to learn the rules [warning tone]. The first thing of life now is, learn what the rules are. Once you learn what the rules are, you’re on top of it and you’ve got everyone on the back pedal straight away because you know what the rules are and you say “listen this is the rule”, “oh yes we’ll do this for you”. Otherwise you get nothing done. (Rob)

Rob’s grandson Flano however felt that some of the family had a different opinion to Rob as to whether his grandmother should have been kept alive after the stroke. As is evident here, what is seen as a good outcome is subjective and complicates matters in relation to making plans:

I can read him [Rob]. He’s a bit easier to read. But I can’t read her, and especially when we were all sitting there, first time all of the kids had been around together for ages. Like my cousin and I looked at her and just went, “I’d euthanise her”. 14 days sitting in a bed [hospital] slowly wasting away, you’re going to go. I would have finished her off. And I think probably some chat around the siblings happened around sort of that same way as well, we’re looking at each other going “nup”... (Flano)

Interviewer: So you can see that he had a different opinion to the family?

Flano: Ooh yes.

Interviewer: So is that a reason why he hasn't appointed anyone to be a decision maker?

Flano: I think so.

Views on Euthanasia

As noted earlier when I raised the topic of planning for ageing, many participants' conversations often focussed on end of life decisions, particularly about what to do if they had a stroke. For many participants this inevitably flowed onto discussions about euthanasia. When I was undertaking the first lot of interviews, many participants voluntarily raised the issue of euthanasia in our conversations and as such I added this as a topic of conversation that the remainder of participants could comment on, if they wished.

Maria the daughter of Maggie held strong pro-euthanasia views, regardless of health problems:

Yeah I would, yeah, I already think, I always think about it, I have for quite a while, euthanasia I believe in, and you know I think you should have, even if you are not sick, I still think that you should have control of your own life, the same with mum you know... as I said there is no plan really, but if she had one [euthanasia plan] I would respect that, umm that's her life, the same as it's mine. (Maria)

Rosie, agreed with euthanasia in principle, but asserted her older friend Jean underestimated the complexity of euthanasia:

It's been a really interesting discussion [the research interview] actually. My mother is also a person. She openly says "I want you to put a pillow over my face" and I used to sort of mutter about it and think "how dare you ask that of me". So I have people around me and what I'm observing is that there's people around me like that and then my experience of my father which has just taught me something absolutely different to that [he opposed his own NFR plan when the time came for surgery]. It's very interesting all of these different things. I don't think there's anything else I want to say. I think the physical aspects of ageing are really, really

challenging. I just think the whole thing about being in pain is so difficult – so difficult to be peaceful or cheerful or communicative or anything in the face of great pain. I feel great compassion for anybody in that situation and I think that's perhaps why I support people's right to make a decision about that. But I don't underestimate its implications or its complexity... I don't think it's anywhere near as straightforward as Jean thinks.

I think it's much more likely that people would be depressed about being old in an ageist society because the ageism actually is going to drive policies and situations and things that actually affect people's lives, not only the value, how much they value a person at a particular age. I think it would very much drive that. I think isolation, which is what Australia and New Zealand and Canadian and American societies have done with elderly people, really drives that depression. (Rosie)

Several participants such as Kane, who acknowledged he was a practising Catholic, spoke of agreeing with euthanasia for people in severe pain:

I can't see the sense in keeping somebody alive who is in pain, sometimes in real agony, and they are going to die anyway, they got to die, I think in conditions such as that there should be a team of people, who can deal with that situation, and administer a painless departure. It's not, it's for the good of the patient, finances come into it as well and the rest of the family can be suffering watching their loved one die. (Kane)

Erin, a self-confessed non-religious woman, was not opposed to euthanasia, but was concerned about how it could be misused:

I've got nothing against it politically or religiously and I think it's up to the individual, but I think I'd be a bit worried with some relatives that might want to push you off, thank God I don't think I've got that to worry about. (Erin)

Grant had no objection to euthanasia, but implied that an individual's social context matters:

If I was in a situation that I didn't like, I'd say ok I've had my fair deal and that's ok. But at the moment I have what I want – not all the things I would like – but I've got what I want. I've got good accommodation, I've got places where they'll feed me, where they will take me places. I've got good friends staying with me. (Grant)

Kane's daughter Kitty felt that hospitals were doing forms of euthanasia by providing pain relief. She was not opposed to euthanasia if a person was in extreme pain but didn't know how she would feel if her parents wanted it:

Yeah, well, I think, I think it's ok, wouldn't like to be the one doing it but, don't know if I could be the one doing it, I think it's a bit of a red herring, because they do it in hospitals anyway don't they, this stuff with Andrew Denton, all this stuff he's been talking about, yeah I think it's fine, I think all of that's fine, of course the way things are now, people have to do it without telling you and it's horrifying and da da, da, but if someone was in a lot of pain, or a lot of discomfort or not able to function, I'd probably agree to that sort of thing, but I wouldn't like mum or dad to say I'm just going to top myself now, I don't think I'd be happy about it then... you have to be suffering with absolutely no chance of you know quality of life etc. (Kitty)

Venice had similar views to Kitty:

There's nothing worse than bone cancer now. As far as I'm concerned that is the most painful way to die but they won't let you die of course. But we practice euthanasia anyway. We have for years. We just give them a dose of morphine and up the morphine and up the morphine until they're bloody dead. Now that's a fact. Would I have anything to do with it? Once again, I don't know. (Venice)

As Margaret reached her 90s she changed her view and became more sympathetic towards euthanasia:

Well it's only lately I have thought about euthanasia. I used to think it was a terrible thing. Lately I've realised that for a family it's easy for you to go out, for the family. For yourself, no I don't think so. I don't think I could do it. I don't

think I'm brave enough for that. I do think it needs braveness. Other people say differently. (Margaret)

Rob, who was outspokenly anti-religious, supported euthanasia for people who are terminally ill and in total pain, but did not trust that safeguards would fully protect people:

I don't think there's any reason to live on if someone is in shocking pain, things like that. I wouldn't support it just because someone didn't want to live anymore... But then again it's the difference between maybe someone's very mentally ill and has chronic depression and wants to die as opposed to the other person who is riddled with cancer and is in total pain. One's more physical and one's more psychological. Where do you draw the line? I don't know... I think I do support euthanasia in those times where you're terminal, or you have a life ending disease or potentially a life ending disease.

Who is allowed to give it to you because you do have people who have vendettas and say "yeah get rid of him, he's useless". You have no say. I'd be very worried about it. But if it was compulsory, it sounds good and everything sounds good. People aren't going to rot the system; [cynical tone] of course they're going to rot the system. Get in an undertaker and say "listen how many people do you want this year, this month? I'll get you six or seven. Let's euthanise them, you can have the funerals"... See as far as the doctors were concerned, Marie was finished. As far as I was concerned, she's going to live a long life. It mightn't be a good life but she's living as good as I can get it. She participates in all things. She knows what's going on all the time. (Rob)

Rob's grandson Flano was pro-euthanasia for people who have terrible pain, but not necessarily for people who are simply old:

I think it's for people who are suffering dreadfully. It shouldn't be an age thing. It should be a medical thing. It shouldn't be about alright they're 85, can't afford them sort of thing. It's for people who are terribly disabled and not going to have a good life or people who are in terrible pain, that sort of people... There might be a bigger call for it in say a youth culture society but there's still issues – it doesn't

matter what society it is, it's going to be issues with oldies saying "I've had enough" or there are still going to be issues with people with medical issues that have had enough. (Flano)

Bob, who volunteered in a hospice and hospital, was the only participant who was totally opposed to euthanasia:

I'm vivid on euthanasia. I don't believe in it... But I remember one lady here, I was very fond of, she was here for a long time. She was 92 and she was great fun and lovely. But she had cancer. She was here for 6 months, at least in the hospice, which is a long time because the average is 21 days. I became friendly with Ruth and her son and daughter who were lovely. They said to me one time "you know we're members of the Euthanasia Society". I said "really". I don't ever give my views. I just listen. Anyway after 6 months or something rather, I went in and Rebecca had been moved from a private room, and she didn't look too bad, into a four-bed ward and I've walked in and she said "Darling have you heard the news" and I said "what Rebecca?" she said "wait for it. I had a scan yesterday and there's no sign of cancer in my body." I said "what about the Euthanasia Society?" "no way" she said. Well the three of us we're not in it anymore. She said, "it's a bit awful really. I was sort of looking forward to dying, but now I'll have to go to a nursing home and I don't want to do that". (Bob)

Housing in Australia and Accommodation for Older People

Housing in Australia and accommodation options was a much-discussed topic by almost all participants. All older participants in this study were either living in their own home or in public housing and none were in the private rental market.

Not unexpectedly, all participants preferred to remain living in their own home and for Della's dad this was especially important because he had cognitive and vision impairment, a point that will be discussed further in chapter eight:

Yeah 'cause you know he knows where everything is, he knows how many steps to take before he needs to round a corner [he's legally blind], yeah the fact that he can prepare breakfast because he knows where things are. So you take him out of that

and then it's just calamity for him and very distressing... "I was born in this house and I'll die in this house", that's what he keeps saying... definitely it's grounding for him, definitely. That's why you know, I, yeah came to stay with them, because you know I could have made them sell or go into a retirement village or something like that. But I know that, umm it's really important for my father and, and after seeing what happened with just getting them, my mum was quite happy to go, but getting him into that temporary respite, he lasted two, three hours and they sent him out...

Yeah, memories, the memories, the history, the fact that he was born in this house, so this is all he has known. And he's not ready to give that up because he knows he's losing so many other things, you know, he's lost his sight and I'm sure he's aware that he's also losing some of his cognitive skills and that this [house] is something that is constant to him. So, umm, and I try to accept that on his behalf and respect that these are his wishes and yeah, I'm trying to adhere to them as much as possible. (Della)

Betty stated she took great psychological comfort in the security of owning her own home and had already taken a reverse mortgage to fund an overseas trip and for her husband to buy an old car. They had minimal savings:

Yeah, because you feel you got a little bit more control, certainly a lot more control than if you were renting...see when now we've taken a reverse mortgage, you could say that's [pause], I don't worry about it, because the price of the property has gone up a fair bit. (Betty)

Although Brigid asserted she was living in a great aged care facility, she described moving out of her home as a deeply traumatic experience:

Nobody in their right mind wants to walk out the door of their own home and end up in an institution, people would say to me, the odd ignorant friend might say, ah, well of course you like the idea of going into a hostel, so you're alright, but I would never leave my home and a few months later if their health and various circumstances dictate, they are in a similar phase. So once Tom [husband] came in

and I came in a fortnight later, it takes a lot of adjusting, it's not an easy thing to do, to walk out the door of that home and come into an institution, and I'm sure most people feel the same, it's a deeply emotional and traumatic change in your life... of course in your own home you do what you like in it, you don't have to be eating meals at a certain time and you do what you want to do, it's a level of independence that you never have again. (Brigid)

Kitty, the daughter of Kane, was disappointed that more creative accommodation options other than aged care facilities were not considered or initiated by government to help older people remain living in their own homes. Several other participants raised the same point:

The main ideas I've had, how do you keep people in their own homes and what kind of homes do they need to be and what's the best arrangements for families, to me it's like can you work it out so you're all, you know I mentioned the extended family, usually that means a grandparent living on the same premises, but say if you had a different style of accommodation that accommodate people in separate residences but together with communal areas. Then to me that would be umm, like in our family we could have my sister who is single who doesn't have any money, she could have one of these rooms, slash. I see even now there's a house plan I saw in the home section of the newspaper only in the last couple of weeks, where they had this house and on the back of it they had an apartment, it was just another room, kitchen, dining separate to the main areas, so you know if they start to think about I know the granny flat idea is a similar idea, just thinking of solutions real-estate wise. It might help people deal with those situations, I mean it would be great if you could afford nurses to come and give full time care, but you know I suppose that's just a bit too expensive, only certain people could afford that sort of thing... so that people could have their own separate accommodation, rather than just straight to the retirement village or nursing home.

They [governments] seem to only be able to come up with bureaucratic market solutions to things which take a hell of lot of time and resources, they don't get a lot done with the time and money, I don't think. But anyway, I remember reading something similar to that where people would just, a young person looking for accommodation would move in with an elderly person and they would provide

company for each other... I think they [government] need just a bit more creativity perhaps about how we can accommodate these people because everybody is, dad is terrified of going into a nursing home and I guess we don't really want him to go into one, but it would be just nice if there was just something. (Kitty)

Jean also expressed disappointment at various times in her interview that there was very little effort in Australia to come up with creative accommodation and support options for older people. At different times in the interview she also said Australia had poor housing arrangements in general compared to some European countries:

I think there's got to be other models for how people live. I really do... I think we've got to look for different models. I mean, the very nature of a nursing home is an anathema to me. I don't hear good stories about most of them... But I think there's got to be some other models. (Jean)

Jean's younger friend Rosie felt the benefits of living amongst diversity is lost in retirement villages and aged care facilities and would like to see more options made available:

I would prefer to have a lot of diversity with who's around me because I think that's perhaps one of the ways that the benefits of ageing are best experienced and that has been part of a community, and that's a mutual thing I think. People in a community feel part of that and so that helps them be alive and be appreciated and respected and vice versa, that they can actually pass on things about their life to younger people. I think it's precious for younger people and children to have contact with older people. (Rosie)

Paddy was very concerned about government current policy directions that were requiring many older people to sell the family home to fund nursing home placement:

I get really pissed off when they start saying, the things about the family home, you're going to have to, you know, seems they got this fetish about umm, you got to give up the family home in order to fund a place in a retirement home, and all that sort of thing, and that, maybe that is ah, a valid policy position, but it scares the shit out of the oldies. I mean we spoke before about people of mum's generation of

the depression, that was the generation umm, landlords would just chuck your stuff out in the street, and the local communist party would organise moonlight, to take you out before the landlord kicked you out and put your gear out in the street, and things like that so they are very sensitive, cause they've worked their whole lives and the main thing was get your own home so that you were always secure and when they start crapping on about, they float balloons are whatever [promoting their products], and it scares them. (Paddy)

At various times in her interview Erin raised concerns about the escalating house prices in Sydney and the negative social impacts of this, including rental issues. Other participants told similar stories of concerns about escalating house prices in major Australian cities:

You got no chance of buying in around here now, they're over a million, a house at the back here around the corner went for 2.2 million, just a terrace, built about 15 years ago... Now, life when we retired was good, marvellous, but then as the health goes, my eyes went and I had to rely on him [husband] for a while, then his memory went, but if we hadn't been in our own home, then I think it would have been difficult you know, trying to rent anything. (Erin)

All participants that discussed rent agreed that older people could not afford to rent in Australia's big cities if they relied on the age pension and they talked about the importance of owning your own home or having housing security, such as living in public housing.

Maggie who was living in public housing and had her daughter living in the same block, said there was no way she could privately rent in Sydney and her daughter Maria also made the same point. Similar views were expressed by some other participants.

Ah, a different song altogether, yeah, how could yeah, like a \$700 a week rent, no, without the pension, a pension, just on a few hundred dollars, you couldn't do it, and therefore we do respect the Housing Commission, I've always respected them, and Maria has been doing the same, and ah, no I got nothing to moan about really, nothing. (Maggie)

Venice who lived in Brisbane expressed similar concerns about housing:

The other thing that I think, the fact that all of us that go to the exercise group, who don't have husbands, and two of them that do have husbands, we all own our own houses. Now to own your own house, and be old and live on a pension is possible. Not to own your own house and pay rent and live on a pension is almost impossible. It's almost impossible. The poor buggers that haven't got anybody and there are probably a lot of people that don't have kids, and the kids live away. (Venice)

Larry, the grandson of Venice, said that Venice often expresses worries about the future generation in relation to the cost of housing:

Yeah. I think everyone does. But I definitely do think she does. She has raised concerns about housing prices and everything really going up. Yes, she has raised concern definitely. (Larry)

Ronan, the son of Bob, worked in the finance industry. He, like his dad felt that housing was going to become a major issue in relation to ageing:

I think for people who retire and don't have their own property. I suppose if they've sold a property and downsized it, then they probably can afford it. For people who don't have a property then they are probably going to struggle and have to move further out of the centre of Sydney. I definitely think that's the case. I don't think we're doing enough to – I mean, the population's growing as you probably know. (Ronan)

Most participants who owned their own homes noted the importance of handing down their asset to their significant younger person and mostly assumed this would just happen according to their will.

Bob and his wife, like many other older participants, wanted to pass on their family home to both their adult children:

I think also, my wife and I would like to allow our two children to have our house and then on the other hand we worry what's right for us because if we sell, we have

to downsize and then maybe diminish the capital. We're not wealthy but we want to give it to them. We're quite a simple family in that regard, no difficulties. And the two children are both totally ambivalent. (Bob)

Larry, the grandson of Venice, said she wanted to pass on her home to her family:

She wants to pass it down... Yeah I feel like it is [important to her], big time. I don't think she wants to go into a nursing home. She likes her individuality and she does want to pass the money down to her family. And homes are expensive. I don't think she wants to go which is fair enough; it's not for everyone. (Larry)

Dale, like many older participants, just assumed that the instructions in her will would naturally eventuate:

I'm just quite happy, just, you know, drifting along... Della knows when we're dead that she gets the house, and things like that. (Dale)

Finances

Most participants spoke about their financial situation and generally the older people's financial situations were quite mixed. Two older participants had taken out reverse mortgages to fund their lifestyle and day to day living expenses, two in public housing said they lived sufficiently but frugally, whilst the remaining participants were reasonably comfortable.

Despite Jacky owning her own home and being in receipt of two age pensions (with her husband), she said they were often struggling as they had no savings left, had organised a reverse mortgage to get some funds to pay for maintenance, and was looking at doing this again. She noted having to pay very high council rates:

umm there was a time when they needed some work done and um, they didn't have any money so I helped organise a reverse mortgage for them to give them some access to money to do some repairs on the house so now they're back down to ground zero again, they've just had electricians in, so basically it's their pension and umm that gets them through the, you know, we might have to do some more

reverse mortgage to top up their emergency fund...No we're coping, you know I put in a little bit. I have to pay my board. I give him board every week. (Della)

Flano, the grandson of Rob, said the cost of living for Rob was an issue due to him having to pay nursing home fees for his wife who had a stroke, as well as having to cover the expenses of running a home, especially the increasing council rates due to the gentrification of their suburb. Flano was also worried he himself might face a lifetime of renting real estate:

It's not cheap around here. To be honest and a bit frank, we're in the arsehole end of Smallburb. We're not in the nice bit of Randwick. We're not up north, we're down here. It is expensive. He'll [Rob] always whinge about Council rates and this thing and that thing. And it's hard... It's hard work to keep a house running and all that sort of stuff. But we all chip in... An extra added stress at the end of each month or the beginning of each month – I can't remember which – is the payment to the nursing home. He's just got to remember that he has to keep \$1,600 or something off to one side and don't touch it to pay for Nan. And it's just another added stress and something you have to deal with... I very much doubt that I'll be able to pay off probably a mortgage by the time I retire in all honesty. And I don't know if I'll even own a house or whatever. I might end up renting for the rest of my life (concerned tone). I just don't know. This is the problem. (Flano)

Rob confirmed that their financial situation was precarious and was worried about this:

Money's running out, as you get older money runs out. If you live long enough you run out of money; that's another fact of life... I can hardly live to week to week... Council rates are \$30 a week and they're going up dramatically... Two weeks later I get a letter from – it's an information sheet they send out regularly, Council things. They said they've had the rerating of the properties and they've gone up 56% so be prepared for a huge shock when you get your rates in July. 56%. That's another half. So we're paying \$1,400 now so it'll be \$2,000 and something dollars... I had to sell my car to pay the rates. (Rob)

Apart from owning her home, Betty admitted to having little money and took out a reverse mortgage to do some travelling:

We wanted to do a bit of travelling and things like that since we retired, so we have taken out a reverse mortgage on the house, you know, life's too short not to do things, perhaps I'm starting to panic and thinking I've only got that much longer left to do it. (Betty)

Other than Venice owning her home, she had little or no savings:

Well my affairs would not be much anyway I can tell you that. I have very little money left after I haven't worked for 20 years. There's the house and I have a will. (Venice)

Grant and Harrison who were on an age pension and disability support pension respectively and living in public housing with low rent both agreed that they managed to get by week by week, especially by sharing the bills, but had little in the way of savings. Other participants in public housing and receiving State pensions expressed similar views.

Well that fits in with how I use the money I do get. 'Cause I do get the pension, and the accommodation is subsidized. So I've got enough there to live on. And with Harrison being here it means we share a lot. I get paid one week; he gets paid another week. (Grant)

Some other participants lived quite comfortably. For instance, Kitty felt that her dad Kane and her mum were living quite comfortably at present; however, she admitted they might see it differently.

They haven't been struggling through retirement financially...I don't think so, they might think they are because they are of that generation and they're careful with their pennies, but ah, I haven't had that impression. (Kitty)

Older participants, Kane, Bob and Jean had worked in good jobs that paid superannuation. This, combined with receiving part age pensions, having savings and owning their own homes, meant they were financially comfortable. Like many participants, Rosie, the younger friend of Jean, asserted that being financially secure is essential to having a good older life:

But we talk about it and, generationally Jean's actually in a very fortunate generation because she had her working life at a time where the financial situation meant that she could save and build up financial backing and she's supported with a government pension and all of those things like that. Now that's going to go. That cannot be sustained with an ageing population and it's already changed. I think Jean recently has had part of some pension that she was getting actually removed and, for her, that meant that she was relatively – she was comfortable. She could do what she wanted to do. That's actually what I want for everybody in their old age because I can think of nothing more miserable than being short of money and having the desire to do the things that money enable. (Rosie)

Conclusion

The findings presented in chapter five, hones-in on planning for ageing from an intergenerational perspective. The findings address research question three: How do participants consider or make plans about their needs and wants in preparation for ageing; what has influenced this process and have they done this separately or together? The examples presented in the findings provide representations of key messages. Participants spoke in detail about the dynamics within their relationship with each other and about their diverse reasoning processes around planning. Participants discussed housing in Australia's major cities in some detail and about accommodation options for older Australians and these were linked to discussions about finances. Euthanasia was also a talking point for many participants. Chapter six, to follow, presents findings on participants' lived experiences of ageing in Australia.

Chapter 6 Findings: Lived Experiences of Ageing in Australia

Introduction

Older and younger participants were asked to broadly describe their lived experience of ageing in Australia and how they thought older people were viewed, talked about and treated. This chapter speaks to research question two as highlighted on page 35: How are intergenerational relations and lived experience of ageing experienced, in light of how older people and ageing are represented in dominant public discourses about ageing and intergenerational relations in Australia? The key findings are presented in this chapter. It is worth recapping that the findings in chapter four give an insight into interactions between the older people and the key younger people in their life, alongside interactions with other family members and friends. Intergenerational relations were unpacked further in chapter five in relation to the findings on intergenerational planning for ageing. This chapter expands on these lived experiences at various levels of social life, experiences within their families, with friends, neighbours, local networks and local community, interactions with various services, and institutions including hospitals, aged care facilities, the media and politics.

Lived Experiences of Ageing in Immediate Environments

Overwhelmingly, most participants in this thesis spoke very highly of their lived experience of how the older people are treated among their families, neighbours and local community, and this has already been touched on in earlier chapters. Here are just some common representations of participants' experiences.

Maria, the daughter of Maggie observed that older people were more respected compared to how this is portrayed in public commentary:

I think, no there are not on a pedestal, but they are not totally ignored, I think that they are cared about more than people think, and I think young people care much more about older people. I see that in a good light, in a good light. (Maria)

Della, like several other participants, agreed with Maria's views:

I think that when people know the elderly people, because they have a connection to them it's favourable, it's when you go into the generalisation about the ageing

population by people who don't have that connection to that group then I think are more negative. (Della)

Erin echoed the views of many participants about how respectful and supportive neighbours, local businesses and workers were with older people, especially as Erin's husband who had dementia had wandering behaviours.

When I had Mick [husband], walking him around with the dementia, when it was built [local building site] and I used to take him up there for a walk, well the people that worked all in there were absolutely marvellous, and they respected Mick, they used to speak to him, and with me, and when he'd shoot through they'd go running out of the shop looking for him, and ah, anyway walking around the shop if I couldn't see something and, I stopped a young person, Asian, asked have you passed so and so, they'd go running off around, and then come back, they'd say come on he's around here, and I found people were so kind... I've been lucky with my neighbour on the corner, she's got an account with David Jones, so when the sales are on, she looks around for things for me that she thinks I might like, that I wouldn't normally have bought and that's been wonderful, she puts them on her account and brings them home for me at the sale prices, so I'm lucky. (Erin)

Betty, a retired registered nurse also acknowledged that her own experience of how she is viewed and treated as an older person in society is incongruent with how the media and politics portray and treat older people. She reflected on possibly having internalised negative media and political messages:

I think the tendency is for everyone to ignore older people in a way, this is very generally speaking which as they say is generally wrong, but they're ignored because they are non-productive they're not part of... not considered important or some feeling like that, I don't think that is how I am treated, so perhaps feels the way I do, but then looking out you think people do tend to ignore older people a bit, you know every now and then, there's talk about the grey hair and the grey power, you know, people on the pension, voting and all that, but really I think they are ignored a fair bit, which is all right, we can do our own thing, if you know what I'm saying, anyway... ah a lot of the time older people are ah, probably a bit of a

nuisance, I think that's the general perception... In the large picture, is that older people are left out, not important... that is different to what I have and am experiencing, yes definitely, I suppose, my perception, good heavens, might be wrong (laugh). (Betty)

Betty's daughter Sonja was one of several younger participants who had a perception that younger people do not respect older people in the way they should, however this was incongruent with how her own children interacted with her grandparents, and how her parents spoke about their interactions with younger people:

But umm I think you know a lot of the teenagers don't have a lot of respect for their elders, it's a bit of a generalisation but umm this is a general comment I would say they don't have a lot of respect for those. (Sonja)

Venice spoke highly of the ways in which she is treated in her community, including by younger people:

I think it's been a good experience actually [ageing]. Only because you probably can get away with more because of your grey hair and generally, if you catch a bus, people are kind and will give you a seat. Generally, I think the kids of today are fairly respectful and I think that's important too, to have well-mannered kids that'll give you a bit of respect in old age. (Venice)

Venice's grandson Larry (teenager) agreed that older people are treated with respect, however he believed that some people lack understanding and patience and interfere unnecessarily as older people start to become frail:

I feel like they're pretty widely respected across Australia, old people. I think they're not like disrespected or anything like that, but I think there comes a... I feel like when they hit a certain age, everyone starts to stress a little and when they start seeing they can't do things they will rush them into a home and all that; where some elderly, I don't think really enjoy that and they just want to kind of be an individual if that makes sense. (Larry)

Grant, now in his late 80s articulated very positive lived experiences of how he is treated as an older person in his local inner-city neighbourhood:

I'm surprised how helpful most people are. Like, I have my walker there, but I travel by bus and use the train. But umm there's always someone who will say "do you need a hand?", or help me off the bus if need be. If it's crowded, well the thing goes overhead, and people will help to get it out. But I have found people particularly good; some of the best have been migrant types. Especially young easterners... I've had drivers come and say "do you want a lift?" There are always people on the streets saying "are you right mate? Do you need a hand?" (Grant)

Grant's younger live-in friend Harrison, like some of the other younger participants [such as Sonja mentioned above] had the perception that there was a decline in how older people were talked about and treated; again, this view was very incongruent with Grant's lived experience:

I don't think there's not the – it's not the same as it used to be, or again, when I was brought up it was respect the elderly, the older people. I'll help you with your shopping if need be. I don't think it's like it used to be. There are some good people that will stop and say "are you ok". But it's not like it used to be. (Harrison)

Rob gave numerous examples of outstanding respect for older people in his community:

Very good. The shops I deal with are good, very good. Very patient... I was sitting in the sun there. It started to rain a bit. So I got up and went over against the wall of the bank undercover. A woman comes walking past and says "you're right?" I said "Yeah good I'm just waiting to be picked up". And then she goes "I come around here a lot. I'm interested in the cold weather", it was a bit cool. "I like the cold weather. We go down skiing my husband and I", blah, blah, blah. "I come from Holland. We're used to this. We do bushwalking, we do this". You can learn her life history in 5 minutes. Flano [grandson] comes down the street and pulls up at the bus stop. She said "there's the person to pick you up now". She knew who it was. I didn't know. I can't see that far. I knew because he had his head lights on, that's the reason I knew. So we go over, she takes me over. Opens the door of the

car, gets me in the car. I said, "you look after yourself". Yeah right. A complete stranger! [appreciative tone].(Rob)

Rob's grandson Flano who often escorted Rob, was one of the many participants who spoke of how well the older people are viewed, talked about and treated in the local community, and by retailers including the newsagency, the chemists and the local shops:

Pretty well. Especially with the chemist, because he's also like a counsellor. He knows everybody. He knows the last names, first names, how their kids are going, where they go to school. The newsagents are great. They've only just changed hands but they're fantastic with all the oldies as well. They're serviced pretty well. Both shops and how close they are to where we are as well, they've got pretty much everything under the sun. It's good. (Flano)

Most older and younger people spoke about their General Practitioner (GP) in relation to ageing and G.Ps were very highly regarded and seen as pivotal in their lives. Here are some examples.

Erin had multiple medical problems and spoke very highly of her G.P.:

Oh well, we had a GP over in Glebe that I went to, the father and then the son and then the grandson, one died, anyway I had to look for a new doctor, and we went to one over in Redfern St. who was brilliant, and then he went too, he retired, he went to work with Aboriginals, we couldn't find a decent one, and we ended up with these ones up in Cleveland Street, they are husband and wife, and they're Indian and they're absolutely brilliant. (Erin)

Erin's son Patrick agreed with Erin and said the G.P. was the person who opened the doors to support options for his parents:

The other key thing really, if you got a good G.P. that makes it so much better, umm, it's a couple doctor, Dr. Pavlov and Dr. Pavlov [couple], up in Cleveland street, they are fantastic, 'cause they know, as entry points, you know it's like a big plumbing thing, you need to find an entry point, they are aware of the different

things that are available to help, umm, they can arrange for the district nurse to come, dressings have to be changed, although I do it sometimes. (Patrick)

Jean spoke of how important it is to have a good relationship with her G.P., and when this was not working she changed G.P.s.:

I changed G.P.s. I used to have a woman doctor and I gave her the flick. So I go down to Broadway now. And I just had a couple of – because there's a group of doctors there. I got one guy and I've stuck with him. And now I've been to him for about 4 or 5 years. He's terrific. We always have a little bit of a political discussion about something or other. I just went and had my flu injection the other day and the nurse said "oh I'll have to call Tim in" because I asked did I have to have the doctor and she said "oh no". I said "I've pulled you away" and he said "it's always nice to talk to you". So that's really nice. (Jean)

Margaret in her late 90s, reported that her G.P. undertook home visits and it was most appreciated:

I'm treated very well, but I don't go up to my GP now, he comes down to see me and it's very good. (Margaret)

Problems with G.Ps were rare; nevertheless participants raised some important points.

Venice spoke well of her G.P. but would like to see a lot more access to medical and nursing assistance in the home:

UTI [Urinary Tract Infection] See they're so simple; you just go out and buy packets of Ural. I mean come on, you can get rid of an average UTI in 2 or 3 days and then if you can't you go to the doctor and he gives you a couple of pills and there you are. But there's the thing. Most doctors don't visit the homes anymore. That's the other bit. You now have to go to them. That's the other tricky bit of it all. (Venice)

Harrison said their G.P. was not understanding of their needs, resulting in Grant being reluctant to attend the G.P. Grant confirmed this

The GP has been trying to put him in a home for years and Grant puts off going to the doctors and that's often why I get things for him. (Harrison)

Flano, raised concerns about the lengthy waiting times in G.P. rooms, which can be an issue for frail older people, particularly if they need to be escorted to see the G.P.:

It's just the waiting time is outrageous... We've been going to see her (G.P.) for years and he won't change, because that's just how he is at the moment. He's a bit set in his ways... So say, for example, he'll have an 11.30 appointment. He won't get in until at least 12.30 and I won't pick him up until 1.15. (Flano)

Adjusting to Receiving Help and Engaging with Support Services

Many participants spoke in detail about issues in relation to physically slowing down and issues about receiving help and their experiences of engaging with services. It is evident in participants' stories that it takes time to adjust to the limitations that ageing can bring and to accepting the need for support. The following stories are examples of common and pertinent issues put forward by participants.

Larry (teenager), the grandson of Venice, like many other participants, described the complexity of giving help to older people. The following encapsulate similar points made by several participants:

I feel like when they hit a certain age, everyone starts to stress a little and when they start seeing they can't do things they will rush them into a home and all that; where some elderly, I don't think they really enjoy that and they just want to kind of, be an individual if that makes sense... Yeah. In terms of like the elderly, I can see them thinking like, it's a negative. But in terms of the young I can see it being a positive and they're trying to help. So, I feel like there are two different opinions being clashed... I haven't got like a specific example but like when mum and granny talk or whatever, like mum will be like, say all this stuff, because granny, she's getting old and all that. Granny doesn't want to slow down. Where sometimes she needs to but sometimes she doesn't. She's physically fit and mum would be like "rah, rah, rah, you need to do this, you need to do that, stop this, stop that" and granny's just like "whatever". Because mum just wants her to be healthy

and not get an injury or get sick or anything like that; whereas granny's just kind of like "I'm not going to listen to you and just do it". And the same with my girlfriend. She lives with her nanna and mum and the same with her family. Her nan is real physical – mows the lawn, does all that; where my girlfriend and her mum are like "just step back a bit" and I can see like that their nanna just doesn't want to do that. Just communication and just their body language you can kind of just be, like, they don't really need to slow down. I know you want them to because it's your mum or your nanna but you can put like – just like putting a cage over them and just telling them not to do anything. There's still life to be lived. (Larry)

Della who was living with and caring for both her ageing parents acknowledged the importance of being tolerant and patient as a carer:

And the fact that you know when he (dad) makes breakfast you know he makes a mess, so I just quietly go and clean it up after him instead of "you're not going to make breakfast anymore". So, you try to accommodate these things. (Della)

Maria who was deeply devoted to her mum Maggie also articulated another typical example of needing to approach the process of providing support with great sensitivity:

Sometimes you don't realise, when you love somebody, you don't realise how you're offending them... I feel that I'm offending her, and she acts like I'm offending her, it's hard to, you know you're on eggshells a little bit... she can't put earrings in anymore, but, and that was the thing, she couldn't get it into her ear, and I said, "well I'll help you each day", "I don't want you" and they, you don't want to take away their independence, but, by wanting to help her, she feels she's losing her independence, as I say I'll do it. I don't, I don't do that anymore, I just go up and vacuum for her, she does a lot of stuff herself, her own housekeeping, but I go up there, I find I don't say anything anymore, mainly because you're taking her independence, you feel like you are really, I didn't notice that at first. (Maria)

Maria provides a good example of contextualising her mum's response to help, by linking it to her lifecourse, as did many other participants:

Tough love, they were brought up in hard times, they had no, no umm, they had no help... I think she was the eldest of the girls, the boys were fine, the grandfather couldn't handle them, he was an alcoholic, umm, and so he put the girls [in an orphanage], I think he maybe thought it was safe for them, cause he couldn't handle it, and the boys were fine, but I think she was about 13, maybe, she was the oldest, there was three daughters, three girls, and gradually they all ended up in there [orphanage], her and her sister went, I think and then the baby, the youngest one was put in, yeah, and I think it just goes, stems from all that, tough love, or no love, and they just being brought up to be very independent, they had to be, they didn't have a choice, it's an independence when they get older, but it's an independence that they grew up with, I would think from those years, many years and coming out and having to work and not, not, never knowing love, never knowing that kind of ah, that kind of touch... tough as nails, and ah, yeah, just a kind generous, you know, but, very stubborn, just the nature, they had to be, they had to be very stoic, is the word, stoic...it's not lacking insight, it's just stubbornness of this generation, to give in to help, they don't want help, no-one, you know that generation, you must know doing this study, the older people, no, no, I'll be right, that came from that (generation/era). (Maria)

Rob raised almost opposing concerns to Maria, expressing frustration that his family were not adjusting to his current needs relating to his deteriorating health:

Now I'm finding out I've got macular degeneration and my eyes aren't going to be any good for long – well never going to be any good...Like you go somewhere – say I go to the shops, I've got a grandson who is my carer. I got to the shops and I say we need such and such, and I'll say "where is it?" and he says "can't you see it?". Young people don't realise you can't see. More's the trouble with the fridge. I go to the fridge and look at the fridge and say, "where's such stuff?" My daughter goes "can't you see it?"; of course you can't see it, they don't realise you can't. It's there but all that I can see is a black blob there. (Rob)

Along with lifecourse influences, many participants also spoke of the importance of a good relationship with a carer if receiving help was required.

Patrick, son of Erin explained that it takes time to adjust to move from being fiercely independent to then needing help. When services were working well they resulted in very positive outcomes:

Either they are embarrassed about their circumstances, or they don't want to be a bother, you know that generation they've been brought up, don't be a bother, I mean, one person makes an approach and they're rebuffed and another person makes an approach and they are accepted, it's just, I suppose it's a matter of finding the key. It took a few months, because she'd been through a lot, what with dad, and then she was just too exhausted I think, but once she got on it, she perked right up, it was amazing how many people said to me, "ah she looks, ah what happened? She looks so much better", and it was simply, interaction, but it was, she was. It wasn't so much resistance as, ah don't want people coming into my house, or anything like that, it was just, just too much trouble or something, eventually we got over that.
(Patrick)

Kane, like many participants, emphasised the importance of having a good relationship with the carer and working on engaging the carer to make him feel comfortable:

Well for one thing, I have a man come in and shower me, and shave me, and we get on like that [fingers crossed], we are real good pals, prior to that I used to have females coming in to shower me, they were all good, the whole lot of them, but once I got this man, this Korean, ah, because we seem to get on so well together... Ah, of course, yes, you gotta make, you gotta make them feel as though they are you're friend, Yeah, that's right, you know we have a lot of laughs together, but I had the same sort of approach with the girls, that used to shower me before that... Yeah, well they work on me to be comfortable, I want to keep them comfortable as well, yeah, they're just like me, they're only people, aren't they, and I like to be happy, you like to be happy, and they like to be happy... feeling that what they are doing is worthwhile, that they've got a friend, not just a patient, and if they feel they've got a friend then they can make somebody else feel the same way, and that's, that's what life is all about, Francis! (Kane)

Betty, a retired nurse, is another exemplification of how carers can be ‘worked on’, saying that if she were to receive services one day, it would be a two-way arrangement in which she would also be working on the carer:

Most people have something to recommend them, highlight their good bits, so if somebody came in to help me, I’d be appreciative but, find out what I could like about the person to try and make it interesting to them as well. Absolutely, that’s what I’ve done all my life, you gotta look after your chickens. If I were in a position to do it, I would really try to make it interesting for them as well as helpful and interesting for me. (Betty)

Many participants flagged that a necessary corollary to developing a good relationship with a carer or a service was having consistency of staff.

Della, the daughter of Jacky explained how having too many different carers coming in to look after her parents whilst she was having knee replacements, upset her mum greatly, resulting in her cancelling the service:

So these people came in and first I said, come in three times a day because you know I hadn’t left them before, so but apparently that was overwhelming and she sort of cancelled two of the, umm sessions and just had one a day and then she cancelled that one so I had to then get back and organise it, cause she always has had someone come in Monday Wednesday and Friday to do personal care and that was working when it was the same person coming and then it was a different person coming every day and I just think that upset her because yeah, if somebody’s dealing with you on such a personal level you want to know them and not have a stranger every couple of days coming in bathing you. (Della)

Venice, a retired nurse, also emphasised the importance of having a consistent carer, someone who was positive and a good match with her:

I would want somebody that was positive and happy to come and see me. I don’t want someone that’s picky. I would hope that they would help me make the bed... I’d hope that I could have the same person coming in because now with the packages of care, they’ve changed them so that it’s tricky now. It’s very tricky.

And as I say, if you go up and you really need a lot, a lot of help it's going to cost you probably nearly a four-figure amount to be able to have it. Well I would need someone to talk to that would understand me; that would be important. Therefore, I would want a happy positive person. I don't want a whinger coming in. (Venice)

Ageing Experiences in Healthcare and Residential Aged Care Institutions

Health and ageing related issues brought many participants into contact with Australia's healthcare system and residential aged care facilities, and many participants talked about these experiences. Three older participants who confirmed they had access to private hospitals spoke highly of all their experiences in the private hospital system. Participants (including those with access to private health) spoke of having quite mixed experiences when interacting with Australia's public healthcare system.

Some other participants gave positive accounts of their interactions with hospitals. Maria spoke of her mum Maggie's positive experience on a cancer ward to treat colon cancer and noted that doctors spoke directly and respectfully to her mum. Maggie concurred with Maria's views:

umm no she hasn't had much to do with the hospital, but loved them when she was there, she was only in 3 days, loves the doctor, loves the professor when we go back, but never really had a doctor for years, never got sick... they were talking to her, umm and she just said I don't care what you do, don't tell me what you are doing, just do it, and that was it, up to the operating theatre the same day, done. (Maria)

Likewise, Della, the daughter and carer of both her parents spoke highly of her experiences in a hospital emergency department and the follow up services that were arranged:

My experience with my parents has been excellent, I cannot find any fault from emergency department experiences, through to follow up from hospital and the care that's been set in place, um I find that the range of services is wide and it has been, yea, it's satisfied my parents' need and my own need. (Della)

On the other hand, some other participants described problematic interactions with the public health system. Brigid, who was now living in an aged care facility, raised concerns about some of her stays in a public hospital. Earlier in the thesis, Noah also described very similar experiences with health professionals.

I might be lying on the bed there and the doctor's come to see me, but he will be talking to my daughter or my son or whoever is with me and be saying what about pains in the right leg now, [laughs] and he doesn't wait for me to answer, he waits for my youthful accompaniment [daughter] to take over and ah, now there is a lot of that goes on... once when I was in Lansvale Hospital, I had gone in this particular afternoon, and this doctor arrived on the scene with his umm, resident or whoever part of his entourage was, now he did not introduce himself to me, and he spoke exclusively [emphasis] to his accompanying entourage, and ah, he turned to me at the very end of his time with me and he said "I can't let you go home the way you are" [voice raised], as if I had said to him I want to go home, but I haven't opened my mouth to him, and so the following morning when he came into me and he examined me, and he said I can't let you go home like this, I'm booking you in for a pacemaker, which he did, and ah that was so extraordinary [emphasis], it was as if you were invisible and it was an issue he was dealing with and not a person, it was so strange, that was a very extreme case. (Brigid)

Brigid's daughter Dotti confirmed her mum's account:

Of course our experiences are very positive and our experience with mum is very positive, except when she has health, needing hospital or whatever, then we feel we need to be her advocate, in the system... if I was an older person and I didn't have family support or an advocate for me, personally I would be quite worried... I think we, we felt that we've needed to be an advocate for our mother in the health system...

Mum often feels she is talked down to, you know by health professionals, so if we go with her, which we do need to go with her to appointments, because she doesn't hear so well...like she doesn't let it happen, you know, she is a strong willed person and she will come in if she can, come and say you know you need to

tell me too, or when we come out she'll make a comment, like, they must think I'm stupid or something like that, and I think sometimes they do, you know they do, but ah, and I guess a lot of older people that health professionals see aren't like mum, you know, they aren't as capable of hearing and understanding what's going on, and maybe that gets into a bad habit for health professionals. (Dotti)

Margaret, who I interviewed in a private hospital where she was very happy, described how she was moved from a particular public hospital ward to an aged care ward. Her experience there was problematic from her point of view:

I was in a bed with two sides up and I'd been calling. I wanted to use the toilet. And the two young nurses came on; they said we can't talk to you yet. So half an hour later I said to them look I need to go to the toilet. They said sorry we can't talk to you we've got to do our - whatever it is they had to do to each other first in that ward. I said look if you're not going to do something, you're going to have all the doing of the beds you know. They said we still can't talk to you. So obviously the rules are so strict with these young nurses they've got to follow...

The doctor came along in the first place and said "we're moving you from this ward to a quieter ward so that you won't have so much walking through" and the quieter ward was of course the aged one. I thought oh, send me back to the other one [concerned tone]. That's the way I felt about it. But that was at St Andrews. (Margaret)

Margaret's daughter Mary agreed:

She usually goes public and they move her to the private because she's Veteran Affairs, it's all free. The only time I think the hospital experience has been bad was when she stayed in St Andrews, the public hospital, and they moved her up into the Geriatrics area and maybe the care didn't seem as good. ...I never saw anything specific except it was just a feeling in the place. These people are there – someone's yelling, they don't go to them immediately. Now there's probably a good reason for that but mum always got good treatment I believe. But it was just

the feeling of the place I didn't like it. But every time she's been in the St Grant Private, it's all been about her. (Mary)

Earlier in chapter five, in relation to planning for ageing, Rob described having significant issues with the stroke unit of a public hospital after his wife had a stroke, resulting in having to advocate strongly for her to be treated actively to keep her alive, as the hospital wanted to provide palliation. It is not necessary to restate his concerns here, save to point out that when it was agreed that his wife would go to a nursing home from the stroke unit, Rob expressed significant concern and unhappiness about the limited time he was given to make this happen.

Rob: After we said we don't want her to die, 4 days to find a nursing home. And some of the nursing homes are!

Interviewer: Did they say find a nursing home within 4 days is it?

Rob: on Thursday, they said she's got to be out of the hospital by Tuesday.

Participants were aware that I had a social work background and perhaps this led some to discussing their interactions with social workers. Whilst conversations about social work were limited in this study, the few messages that were conveyed are pertinent to social work practice and are therefore presented here.

Harrison confirmed that the hospital determined Grant had the capacity to make his own decisions, however the hospital then insisted on arranging to clean up his place whilst Grant was in hospital. Harrison said he didn't want to get involved or be held responsible. He confirmed this ended badly for Grant:

I said I was stuck in the middle – they're saying “will we keep this, will we throw this out?” I've just gone “you said you were cleaning out the place, go and do it. I'm not saying yes or no to anything” and I knew very well that he'd come home from hospital and he'd hit the roof. (Harrison)

Grant expressed concerns about social workers, following his experiences in hospital.

Grant: Nurses good, doctors good. Social workers not so keen on... Well part of the deal is they come out and have a look at your house and give you advice on what needs changing. I don't mind that so much but the point is that they come out and change it. Now this last time I was in, the one that came out, there were things of mine that are now missing. Because they went ahead and...

Interviewer: So they arranged for someone to clean your place up while you were in hospital and...

Grant: Yeah and things kept disappearing.

Interviewer: And things disappeared and you weren't here when that happened.

Grant: That's right. And they didn't say – in fact when I was in hospital, I was saying let me out

Interviewer: Yeah but if you came out while they were doing the clean-up and then came back to the hospital in the evening... would they not allow you to do that?

Grant: No they wouldn't even, no. Anyway so I come home and there's a sunbeam mix master gone, a big barbeque electric grill gone, one of those things you put all your veggies in and fruit in and it chews it up – now I just realised that I had... I had at least a couple of hundred classical records, LP's... There was about 6 layers on them, 10 or 15 on each layer, so there was quite a lot which over the years I've collected.

Grant continued:

Oh well social workers this time, they were saying well because of the conditions of your house – which wasn't that bad. Umm you know we could just report you and they'd say you have no choice, you'll be put in a home. (Grant)

Dotti, daughter of Brigid (90s) stated that she had mixed experiences of social workers in the healthcare system and offered advice on this:

We struck some social workers that were amazingly helpful, but in other times we found that we didn't find that, and it made such a difference to us when we had a social worker, or team, it's not so much the social worker, the social worker is part of a team that you work with, umm, We'll I think it's more the culture of the team that they are working with, at the St. Andrews where we were with dad, it seemed that, umm they all worked very hard, the social worker was only one person in that team...

with Pedro's father, was umm, a social worker who was assessing him, and we, were not happy with the assessment that was done, and we didn't really get anywhere with that, and we didn't feel that was someone who would be listening to us... No, no. that was an experience that we weren't happy with, just wasn't liaising with the family, 'cause I think, when, and I think we are quite reasonable, umm, but wasn't interested in listening I guess, and that's actually quite hard, because your social worker is the conduit to so much of the healthcare services, to yeah, but when you've had a social worker who is working with (emphasis) you, which is, I guess I have to be honest I think it's been most of the time... (Dotti)

Dotti gave advice for social workers:

They need to be knowledgeable about what is available and what is appropriate, they need to be working with the other health care people, they need to be able to explain things to you and keep you informed of what's happening but I think they need to listen to the families, because most families in my experience are quite realistic about what's happening and what's going on, were not umm, and I know so many of my friends are dealing with similar issues to me with older people, and I think we are all pretty darn realistic about what is going on, so I think they do need, and if what the family is saying isn't gelling or isn't right, I guess and open dialogue explaining why would be good, but I think actually a knowledgeable social worker is really important, knowing what is available and what the options are as you move through. (Dotti)

The nursing home where Noah's mum Lavie resided employed social workers and Noah gave an account of the social worker being quite helpful and resourceful:

Well they've actually produced a booklet of her life story for her, they had a social worker come in and help her, to sort of summarise her life story and publish it, there's someone in America who is trying to turn it into a children's story at this stage, so there has been a kind of support and interest of course... I think it was important for her, to be able to document it. (Noah)

Della, daughter of Jacky and carer of both her parents gave an example of latching onto the words of a social worker at an educational seminar and this had her worried about her own health:

I once went along to a caregivers meeting when I was first doing it all, and a statistic or a comment that was made by the social worker which has stuck with me, they have statistics that the carers often die before the cared. I don't know where she got it from but that stuck with me, I thought "oh my god". (Della)

Many participants discussed and held strong views about residential aged care facilities (RACF - known previously in Australia as nursing homes [high level care] and hostels [low level care]). Participants' knowledge and views about RACFs came from various sources, such as visiting friends or family members in facilities or from residing in one. Of the two older participants who were residing in residential care, one was quite happy with the care, whilst the other raised several concerns. Most older participants did not want to ever go to a nursing home; at best they said they would tolerate this, if it needed to occur.

Many participants such as Maria had been exposed to RACFs through visiting friends or family. Maria explained her opposition to her mum going to a nursing home:

I just want her to know that she's not going into a home, that's her greatest fear, you know and it would be mine, mainly 'cause all of her friends have been in homes, well most of them. She would have died, as we visited those homes. I can't see me ever doing that, unless I could never look after her, it's just one of those things... Because a lot of the homes we've been in, we've visited, they've really been horrible, they've really been horrible, we've gone and they've been, the people have been dirty (soiled), and you know, there just umm, I think unless you've got the money, go a bit highbrow, even then, you can go to a home and it's not fantastic,

but umm, along our lines, the homes we would get, well would probably be similar to her friends. (Maria)

Kitty noted that her parents were very keen to avoid nursing home placement, reporting specifically in Chapter two that her dad was in fact ‘terrified’ of going to a nursing home, despite him being terminally ill:

We’ve had experiences with nursing homes, my grandmother lived in a nursing home, she fell out of bed and broke her leg, after she had a stroke, and my aunty was recently in a nursing home, I think that was a bit more acceptable, but we haven’t had that much experience to tell you the truth, but that was not a good experience. (Kitty)

Rob visited his wife daily in a nursing home and described them as very depressing places - sites where it is difficult to initiate rehabilitation, a place of no return:

If you’re in a nursing home, that’s it, you’re gone. That’s the attitude; you’re finished. You’re in the nursing home to die. You’re not there to get better. You’re just there to die with comfort sort of thing. I rang the two mobs that run whatever hospital. As soon as you mention nursing home “no sorry”. Then I went to Wonderland Hospital, which does all rehabilitation, as you know. I went over there and I said, “I need to get the wife up to have some rehabilitation”, “yes right no worries at all. Get a letter off your doctor and fill this form in”. I’m not going to fill the form in. I went over to Wonderland and thought this is alright. I’ll get her over there once a week at least. It’s going to cost me a lot of money but I’ll get her over there and she’ll have treatment to improve her condition a bit. I go over there and I put the form in, “where she does live”, I said “Mount Wicklow Nursing Home”, “we don’t do nursing homes”. I said “but I’ll be bringing her over”, “we don’t do nursing homes”. If you’re living at home you can go there and have treatment, but if you’re living at a nursing home, you’re gone. You’re gone as far as they’re concerned. Nobody’s interested. (Rob)

Noah, son of Lavie, had lots of experiences with aged care facilities as both his parents had lived in these facilities for some years. He opened his interview with very strong views about

elder abuse or neglect in residential aged care facilities in Australia and suggested that my study was an opportunity to bring attention to this. In my research information sheets I explained that if abuse was disclosed within the pairs that I may need to report this, and Noah misinterpreted this:

and the other thing might be, I noticed something in what you sent us in the email. You're aware of cases of aged abuse, you know of carers [care workers] not looking after people the way they are. And I think this might be a way for my mother to make public some things that have been happening to her. (Noah)

Noah spoke of having very poor experiences of RACFs with his parents:

On one of my regular visits one of the people in the hostels said you have to take your father over, we can't look after him anymore, he needs higher care and what they called high care was not really what I'd call any standard of care at all, umm...

Well at that stage my father had dementia he was suffering from incontinence, he had to wear a nappy all the time and you know he'd go to the bathroom and would need help to just to go through the procedure of just having the nappy changed. And the amount of care that there was, he would just be screaming at the top of his lungs for someone to come and help him, and you know no one was coming. I would stand in the corridor looking for a nurse to come and umm, there was no one there...

These kind of stories, this is maybe where you can help, I mean you can research ageing and what it's like to get old but I mean if you don't get into what actual standards of care is in places that provide care in nursing homes in Australia, then you're not going to handle the real issue which is you know, who wants to get old? (rhetorical)... If I know that's waiting for me at the end of my life, I tell you what I don't want to get old. And from what my parents have been through, I mean my mother is in the Lavish Care home which is one of the most expensive nursing homes in Australia, she pays a lot of money but I don't think she's getting better care than what you would get in just a nursing home somewhere else in Australia. (Noah)

Notwithstanding the need for care, Noah therefore saw older people's reluctance to move into residential care as an indicator of insight:

I can understand being 90 and not wanting to move out of your own home, I can understand that - I can understand not wanting to lose your independence, and not wanting to be looked after and not wanting to be institutionalised, after what my parents have been through, I can understand that. (Noah)

Noah's mum Lavie gave a detailed account of experiencing poor care and isolation in her current nursing home:

Not particularly good, it's not good, there are lots of things that could be better, as far as I'm concerned I shouldn't complain, cause this place is probably a lot better than most, and more expensive than most (laughs), and, but it, usually there is not enough staff, and some staff can be kind, some staff is horrible, and I think that's what happens everywhere.... I have to wait, sometimes very long, and sometimes they come and are nasty...All you get is wait, just wait...

I find it very difficult with everything, not being able to say, look, come and help me, there's a question here on the computer, having trouble with the computer, and I find it very difficult, to find the person that I can say please tell me what to do about this, there are people here, but they are difficult, the IT people are not allowed to help the residents, they are only for the computers here (facility owned computers)...

I'm probably shy, I don't know, I don't make friends easily and here in the hostel, the people seem to be standoffish, lots of people don't speak English, and here in the nursing home, most people are too sick, not able to make conversation anymore, so I don't, I've very few people to talk to, I've been here quite a long time, nearly 7 years, but I don't have, haven't made any good friends, I used to have a friend here but she died quite a few years ago... there is one person that I sit at the table with, and she got MS, multiple sclerosis, and she's quite a bit younger, and as soon as she got sick, people just forgot about her, once she got into the nursing home she didn't hear from them anymore, and that happens quite a bit, it's not the

only case I heard, that the so called friends, once you get sick, they forget about you. (Lavie)

Lavie's son Noah agreed that his mum felt lonely and isolated in the RACF.

But still you know, she's on her own, she's isolated, she feels lonely, which I suppose is natural, she feels a lot of people in the rest of the community [facility] have dementia so she finds it very hard to find people to talk to. (Noah)

Dotti had a strong view that her mum was very lucky to be living in a good RACF:

Well, I look at some people here in this facility, who don't have family and don't have close connections, and this, that's what I think the beauty of this place is, I don't know whether all aged care facilities are like that, the community here has become a family for those people, and that has given, to me those people, just from observing, get a lot of support from the people within this Gateway community, so it's a great strength of this place, that family and support came come one way or it can come another way...she's got two main carers during the week, you know, one, 1 day and one 4 days, and she's developed very close bonds with all of her carers, you know...It's been wonderful for her, it's meant her relationships are strong there, which for her is very important... the social program they have here is wonderful, mum is out nearly all the time, you know sometimes you have to make an appointment to see her, you know they go to the movies, and they are going to this and they are going to that, and that doesn't seem to happen where my father in-law is, although in paper it was supposed to happen, umm so I think this aged business is a lottery, and we have been really blessed with Gateway, it suits mum. (Dotti)

Despite acknowledging that the care at Gateway was good, placement in an aged care facility was certainly not the preference of Dotti's mum Angela:

Nobody in their right mind wants to walk out the door of their own home and end up in an institution... (Angela)

Several participants complained about the cost of aged care and that aged care had become a profit-making industry.

Erin and her son Paddy who was a retired banker, were very concerned about the move towards increased marketisation of aged care. Paddy delivered this story in a frustrated tone:

Well what's their name, the Topcares, the Topcare mob and all that, they're just... when you got a commercial incentive in there, I don't know if you always get the best outcome, because in order to do that, you got to want to get the best outcome for the client, for the elder person, you gotta watch the bastards closely because they are motivated by profit, and the only solution to get a good outcome is to watch them closely, but what's the first that happens when you get a Tory government, ah, they will cut back on the people that actually have to do the watching so there will be a nominal oversight, that there, you won't actually have effective, and you see that happening across the board, you know industrial inspectors for faulty equipment and all that sort of stuff. The first thing they cut back and it takes a while to grow that expertise back, they're saying. That idiot Bronwyn Bishop was the minister, and all the bloody stuff that was happening in the nursing homes under her, that's all because, ah yeah, you don't need to audit these people, it's commercial. I used to sit all the time with the umm, so-called risk management thing, it wasn't risk management it was risk deferral, the idea was you get these sign offs, saying everything is hunky dory, and then pass it up to the next level, so that way they can sign off, and eventually gets up to the directors, ah well I'm relying on all stuff down here so everything is hunky dory, and then the shit that is going on comes out later, because all this so-called risk management is not actual risk management, there's an issue, you address it? oh no, you get some idiot to sign off to say it's ok, so it's liability management, it's not risk management at all, and so you get, you see it, and that's why I'm very wary about, this sort of thing...I'm not talking my own book because umm, someone in my, umm, that stands to inherit a very valuable property, me and my brother, my view is if it's, if that what it takes, then sure, mum is looked after fine, but I just get very suspicious about some of these. (Paddy)

Ronan, the son of Bob, worked in the finance industry and also expressed concerns about aged care services being taken over by private for-profit organisations:

I think it's because they've been privatised that they're asking for such chunky deposits on those types of living situations. If it was public, it may be less efficient, but you wouldn't be charged those huge sums. I just do think it's a pretty good thing, from a financial perspective, from a finance perspective view, see half a million dollars – you pay no interest on it for 10 years or something like that, so it's easy for these private companies to fund expansion for free. I mean, interest rates are very low at the moment, but on average I suppose as people come and go given lifespan, you can have a lot of money to develop and paying the bond plus the daily allowance or the daily fee. They're probably doing quite well out of it. Healthcare companies are making a fortune. We hope that it's just to obviously provide better care and obviously companies have got to make profits but I do question if is it better in public or private care. It's a toss-up really isn't it because you've got a public sector that can be corrupt and have issues as capital, but you can also have it in the private sector as well. And they are entrepreneurs, in there for profit.
(Ronan)

As noted in chapter five, Kitty, daughter of Kane, expressed disappointment with the lack of alternate non-market solutions to ageing issues by government:

It's [ageing issues] not about markets, and all that stuff, it's about trying to, I think the goal should be to get more people wanting to do it within their own families and assisting people to do it that way, umm, I just think it should be a lot more manageable than it is, you know farming it off to somebody else, then somebody sits in bed all day neglected, that's not my idea on healthcare options really, ah, you know I don't know what the solution is to those people who have got to lie in bed all day. (Kitty)

Larry (teenager), grandson of Venice was not opposed to residential care, but gave his views on what he thought the key issues were and Venice agreed:

I don't have a problem with it at all. I think what holds people back from retirement homes and villages and stuff like that are probably two things: they lose their individuality which they hate, I know granny hates, and it costs money, a lot of money too. So they're the two things I think are the only reason why people don't kind of go there. (Larry)

Views about the Media and Governments in Relation to Ageing

Many participants spoke of how they felt older people were represented and treated by media and governments in Australia. Here are some exemplars that best portray the key messages from participants.

Rob, like some other older participants, asserted contemporary politics had become about looking after big business, whilst older people were seen as a budgetary problem. Some of these views were also linked to his concerns about euthanasia.

Yeah, heard of cutting cost and looking after the rich people. The world is run now by big business and Australia's run by big business. Turnbull's [Australian Prime Minister] a merchant banker. What's a merchant banker do? Makes money for himself and his friends, and Baird's [NSW Premier] the same. There's nothing left in New South Wales he hasn't sold yet except the railways. He sold off the Ferries... he's sold the poles and wires out there for the electricity. Everything's been sold off... It's costing too much to keep you alive. They're not going to say that. It's costing too much money to keep you alive. (Rob)

Rob's grandson, Flano, who was in his early 20s, seemed to have internalised negative media messages. He stated in an assertive tone that intergenerational inequity was attributable to the baby boomer generation:

I think straight up baby boomers in this country have had probably the easiest run out of the lot. They've got cheap housing, they've been able to go on multiple holidays, they've got houses everywhere, they've got kids coming out of their ears and they had free uni. So in comparison to us, where we can't get into the housing market, we can't pay for courses upfront. Even my TAFE [Technical and Further Education] course is horticulture, it's costing thousands and I'm lucky that I'm a

carer and I can get a subsidy on it, but it's just unbelievable in comparison to that.
(Flano)

Della, the daughter of Jacky, reported that the media and politicians portray older people and baby boomers as a financial problem for governments and a burden on the health system:

In terms of politics, they're (older people) viewed as a burden; you know a financial burden and a burden on the health system and so forth. By the younger generation, they are viewed as having locked them out of the future... Financial burden on society, but obviously they know that they have to respond to the needs of the ageing population, namely because it's growing, becoming a bigger issue and they're also still voters, so you know, they are still listened to... so there's that obligation to look after them, but it doesn't mean that you love them. It's an obligation but you also acknowledge the burden that they put on society. The media I think, I read an article, umm, about I think it was, I forget what it was, I think it was in the Monthly, about the younger generation and how they view the baby boomers, umm that they had it all easy in their youth and they're you know they all have their homes and good pensions and health care and that by being at that end of society now and in control of all the wealth, they have locked the younger generation out of either jobs or home ownership, so I'd say that there is resentment from the younger generation. (Della)

Betty, a retired nurse, asserted that there were strong negative messages coming from governments about ageing in Australia and claimed the messages inferred that older Australians were depriving young Australians. Her tone indicated she was not impressed with these messages:

Well every now and then you get a thing you know, ooh the cost of pensions, the cost of age pensions, you know that is sort of emphasised, quite a lot actually, In reporting from different aspects, you're sort of reminded yes, ooh the pension will cost so much of the budget, you know, a third or a quarter or whatever it is I don't know, but you know that could say oh you know a lot more people getting older... that is probably what they are inferring when they emphasise how much the age pension is costing society, sort of thing, I haven't actually noticed saying that

young people need more, or they need more schools, or they need more something else, but we can't do it, because we're paying for the oldies, I haven't actually heard that but in a way that is what is probably inferred sometimes. (Betty)

Sonja, daughter of Betty (mid 70s) heard the same government messages and in contrast to her mum, and in line with the views of some other younger participants, aligned her views with these media messages:

So I think how they're portrayed in media and whatever type of media that it is, I see that they are treated fairly well or appropriately. I don't think they're misrepresented or anything like that in media, I don't see a lot of that from my opinion, yeah... I think when I hear those references and things like that I do get a bit concerned around, well, what's the situation going to be in the future whether that's for my mother or my father now and in the years to come or even you know myself or even my kids so just it does worry me I think that we have a lot of people that umm, are younger generation... we have a lot of people that take advantage of the government at the moment and ah, when in my opinion the government can't continue to sustain that with the growing population, the growing ageing population. (Sonja)

Lavie (late 90s) said she got her news from the radio and television, listened to politicians and liked documentaries. She stated that older people are portrayed and homogenised in a negative light, particularly in relation to cognitive abilities and employability:

I think it's mostly negative, I think that once you get into your 60s or I don't know how long people work now, 70s, people don't think you are any good anymore, and of course some people, of course there is quite a lot of dementia around, lots of people get sick, other people can carry on and still work, and that. I think most people think once you are getting old, you can't work anymore, you can't think anymore, they don't respect older people. I think, they should be respected, if somebody is still working and working alright, they should be able to work and do things, but ah, I think most people they think that once you are old you are no good anymore. (Lavie)

Rosie, Jean's close younger friend, expressed a view similar to several other older participants. She said the ABC [Australian Broadcasting Corporation] provides an accurate and positive representation of older people, however more broadly other media outlets stereotype older people as being frail and homogenous, a theme that is discussed further in Chapter eight.

I think in the whole the media, which is if you sort of think of television and things that, those sorts of things, I think there is perhaps a propensity to type elderly people as being sort of a frail elderly and not acknowledging that ageing has a huge diversity to it. It's like a third of life, people who are ageing. So I don't think there's really a wide coverage that's actually very close to the reality at all. However, on the other side of it, you've got insightful media like ABC radio for instance, which has very open and thought-provoking discussions about ageing.
(Rosie)

Conclusion

In attempting to give an intergenerational voice to ageing I was open to allowing participants considerable time to speak about their lived experiences of ageing. The content of this chapter addresses research question two: How are intergenerational relations and lived experience of ageing experienced, in light of how older people and ageing are represented in dominant public discourses about ageing and intergenerational relations in Australia? Participants were keen to focus on discussing their immediate environments, such as family and friends, and this was mostly expressed in glowing terms. I needed to prompt several participants to expand their conversation about experiences of interacting with the broader community. Participants also spoke about their local doctors in mostly glowing terms. However, when discussing how the media and government speak about ageing and their experiences of healthcare and residential aged care settings, their experiences were much more mixed and problematic. Adjusting to issues that can come with ageing, such as declining independence, was also an important topic of discussion.

Chapter 7 Findings: Diverse and Positive Narratives on Ageing

Introduction

Common amongst the stories of participants were their diverse and positive experiences of ageing. The findings include stories about lifelong learning and sharing wisdom, productive ageing and employment, pushing back on ageing, health status and age. The content presented in this chapter relates to research question four as explained on page 35: What helps to enhance making ageing an optimal experience and do intergenerational relations play a role in this?

Lifelong Learning, Social Engagement and Sharing Wisdom

Many of the older participants emphasised how important lifelong learning was for them and that later life provided them with increased opportunities. Here are representations of their stories.

Betty described learning and travel interests, which she had been able to pursue after moving to part-time work and eventually stopping work at 70. Her daughter confirmed her mum's active engagement with learning and pursuing her many interests.

I must say, the last 10 years at work I took a few more holidays, and did a bit more, perhaps the pressure of work and the fact you haven't got kids at home and that sort of thing, umm, yeah so I managed quite a bit of travelling actually, Africa and South America, Egypt, Morocco, 2 years ago I went to Uzbekistan, I did a bit of the old Silk Road...

I've done a lot more gardening than I used to do, I know a lot more about taking cuttings, fertilizing, fiddling about with plants, you know. And in the history book club, you learn things about, you know, the ancient monarchs, the wars, we've done a wide variety of things in history, so you learn things about the Ottoman Empire, the conquistadors... So many things, I didn't know anything about the American Civil War, I don't know much about it now, but you know what I mean, you learn things and you forget most of them but you remember some things about it and they're interesting, and now you hear things about Potomac river, which is near, I don't where it's near, near New York somewhere, and they talk about it, and

you think I first learnt about that when I was reading about Abraham Lincoln, and the fella that shot him, and all that kind of thing, it's like you're going on holiday, and you go to somewhere like you know, yeah I've been on the boat on the Nile and I see something on television, and it does increase your appreciation of the story you are now hearing, and it reminds you of your experience when you were there, and you put things together, and you do have a better understanding, because of the experiences or things you've read, or put together that sort of thing. And I'm secretary of the local garden club, at the moment, I'm not very good at computers, I was a bit lazy getting onto computers, umm, but now I'm the secretary so I've been learning how to send letters and emails. And anyway I'm still not very good, but I've learnt a lot, you know I send reports in and, pictures and whatever, yeah a little bit of learning here and there, in a laid back kind of way, but it still should be fun, you have to have fun, I think fun is a very important thing in life and especially working in operating theatres and I was in a middle management thing, and you learn how to be light hearted at times to relieve a situation. (Betty)

Betty's daughter, Sonja, absolutely agreed about her mum learning so much and being engaged in community:

So umm, she keeps herself involved in a lot of different activities, she's quite diverse in her hobbies and they, a lot of them do involve socializing with other people umm, maybe not like her garden club so you know it won't be necessarily sitting down and chatting with someone over a cup of tea, put your hands down working with someone, then she's got swimming and she's got book clubs, so she's got her own gardening and things like that, and she gives me gardening advice too. (Sonja)

Margaret explained that she was actively involved with learning languages and Shakespeare into her early 90s, just before she became unwell:

I lived alone. My husband had died in 95 and I'd decided to go in there [catch a train to the city] and learn French again and Latin again, German, Italian, Shakespeare again. (Margaret)

Margaret's daughter Maria confirmed her mum had been living life to the full in her later years, noting that the death of her husband liberated her to pursue learning and other opportunities:

When dad died she got control of the money as well and then took off – she didn't have to stay home with him. She went to town 3 or 4 days a week. Joined the Symphony, joined all sorts of stuff like that, that he probably wouldn't have wanted to go to and so she stayed home a lot of the time. (Maria)

Brigid explained her love of intellectual stimulation through reading, movies and theatre:

Was it yesterday or was it the day before we went from here to see that lovely movie Brooklyn? I had read the book and my cousin's son knows Colin Tobin the writer of Brooklyn... I've read some of his other books besides Brooklyn and I find him a lovely writer... well I am an avid reader, that is just part of me, and a strength. Well if I had the opportunity, see just before I had this last deterioration that made me need the walking frame, I organised for members of my family and for one of the religious brothers here to come to a performance of Swan Lake because the Australian ballad has just come back from America... I've organised to take them all to the ballet, I don't know that I've got the energy to do it now, but every time I see something like that I think I'd love to go, that sort of thing. (Brigid)

Brigid's daughter Dotti agreed her mum was very intellectually engaged:

Mum is still, as you are probably aware, is totally mentally with it, and she is someone who is highly intelligent, she's still doing the cryptic crosswords, she would run rings around me with knowledge of things, and that hasn't diminished as she has got older. (Dotti)

When I asked Jean if she would give any advice about ageing, she emphasised her passion for lifelong learning and her younger friend Rosie agreed.

You get an education from listening to ABC radio. The shows run all night. I mean I sleep badly at the moment and I suspect I only need about 6 hours sleep but

sometimes I go to bed because I think I don't want to watch that television. My problem is my eyes aren't good enough to read for long periods of time. They're crapping out. But they're stable, they're alright. But they get tired. So some people could read for hours on end, I can't but I think if you're open to the things that are on the radio or whether you go to talks. I still go, to like Mary Robinson's [ex-President of Ireland and U.N. High Commissioner for Human Rights who had recently given a talk in Sydney] talk, things like that. I've been active in campaigning for the Independents (politicians) ever since. I was at a meeting on Monday night. They're getting ready for the City of Sydney; it doesn't have any problems with amalgamations [local council amalgamations] you see so we're having our elections in September. I know all those people there and things like that. I'm involved in that. Staying active and that means that active in whatever sense you want it to be. (Jean)

Mary, the daughter of Maggie, emphasised at various points in our interview how much she enjoyed life in her 70s, including more time for intellectual stimulation through reading.

Yeah, there's my books, just finished one of your, Alan Cummings, your Irish, he's Irish, fantastic writer, fantastic actor, etc. etc. I will read, watch a bit of television, in the evenings maybe, music, umm. Then walking, and there's so many dogs, and some beautiful parks, and that's what I like doing. (Mary)

Venice took great pride and confidence in asserting that she had a great brain and was learning all the time. Like most older participants in this study, Venice's cognition was very sharp.

My brain doesn't stop, darling... I've got a horrible brain you know Francis; you've got to understand what sort of a brain I've got because that matters. It never shuts down dear. And when they want to know something the old dears [in her women's group], they rush up to me and say "Venice who shot President Lincoln". You know, that's pretty simple. I know who shot President Lincoln. Do you know who shot President Lincoln? You don't, see you don't have a brain like mine Francis. It was John Wilkes Booth by the way. (Venice)

A theme closely related to the older people's thirst for knowledge was the lifetime of wisdom they had accumulated, which was very appreciated by younger participants.

Venice's grandson Larry felt that Venice was a wise woman, and someone he would very much trust and confide in about his own life journey:

She's full of wisdom and advice, I guess because of her age and she's seen a lot, she's done a lot. Definitely confront her about something that I haven't spoken to anyone else about, I have before. (Larry)

Maggie's daughter Maria in her interview talked about her mum and other older people being an inspiration for her own life:

but they are inspiring, and you know you do look up to them, more so than them super stars and stuff, because they're always there, they are the lasting icon, they're not the 15 minute one, you know they are just so interesting, and I think it's what the young kids love about them, I really do. (Maria)

It was clear from speaking with Sonja that her parents were great role models for her:

I think that the things I always see, both my parents and in particular my mum, very caring and they do a lot for other people. So from my perspective I see that it's good values to have, so that's something I like to think about, how can I do that and that's where I sort of think, when I was younger I probably didn't do it much but now I'm a lot more aware of how you should treat other people with respect and you should offer to help put people in a better situation. Not necessarily at a direct cost to yourself but if there's something you can do that's not too difficult or things like that, then why wouldn't you do it, so to me it's the personality traits that make you a better person that I would draw on. (Sonja)

Patrick, the son of Erin, like many of the younger participants, drew on the values that were handed down intergenerationally from his parents.

Values would be the term for it, well dad is an example, he umm, more than just being on the Council, he would be actively helping people, little kindnesses, big

kindnesses, people would be knocking on the door every afternoon, when he came from work and before he had to go out again for a meeting, and it could be anything from a truly local government thing, or it might be the brother wants to come out to Australia and they need a referee for them, or there's been some sort of a snafu with the immigration department, so he'd get onto federal members who had the contacts and he'd arrange all that, and so many people that he helped in that way, always doing that. (Patrick)

Productive Ageing and Employment

Participants in this thesis saw later years for the most part as a time of being busy and productive.

Betty, described a very busy and productive life. Her daughter Sonja agreed about how productive her parents were in supporting their grandchildren and working and giving back to the community.

I have my history book club, I'm secretary of the local garden club, I do bush care, most of these things are only one morning or afternoon a month, but they filter in, and I do volunteer work with the Benevolent Society, with mothers who have young babies, umm, mostly it's been, I've been doing that for 3 years, so that's mostly been with young mums with twins, 'cause I had twins, so and, you know some young mums get a bit stressed and I just think it's nice to, you know you only see them once a week for a couple of hours, but then you can give them a little break to do something they want to do, like, well two of the mothers that had twins I used to go to the pool with them, so I could rock the babies while they went for a swim you know, you can do a kilometre swim, and things they like, just for instance something they like to do but they can't if they haven't got somebody to be there to look after the babies, anyway just things like that. (Betty)

Maggie explained the sense of purpose she got from doing voluntary work with Meals on Wheels until she stopped in her 80s.

Yeah, I could see things, a lot of things, in that life I was leading, on the meals on wheels, and I'm thinking, I was then thinking, of the people, you know I wished

they could get up and move, you know what I mean, that's all I worried about then, because you'd have them say to me, not to me, to my push person beside me that run in with the meal, and, she come out this day, she's crying, and I said what's wrong, she said, whatever her name is, she said, can I touch your hand [the person inside house], I haven't touched a human being for 3 months, well that's when the woman started to get upset, I flew in, and ah, I said, listen lovey, don't worry about this, let me do this for yeah, I'll do the, I'll open this, I know it sounds silly, but I'll open the jam for you, and, get your meal ready for yeah, that's what we'll do for yeah from now on, and of course she thanked me very much, and she felt better for it, because she hadn't touched a human being, and of course I used to always say to my runner, when you go in, you go to this person and you touch them on the shoulder and pat them, and say how are you today, and I said that means a lot to them. (Maggie)

Maggie's daughter Maria confirmed her mum loved work and was very productive up until her mid-80s and that her generosity knew no bounds.

I think stopping work for her was a huge thing, huge thing, worked till 85...she was working in an aged care home, I don't know if you've heard of it, Dutruc Inn [aged care facility in inner city], just been sold for seven mill... So she worked until she was 85, and it was paid work... and that's another thing, that's taken that away from her [driver's licence], that was a big deal, and she'd pick up anybody, very, as I said generous spirit, she would just pick you up along the road if she saw you with a walking stick, and she say where are you going love, and pick you up, she's just an amazing person and all this is slipping away [heavy tone], you know, very sad. (Maria)

Margaret, who was keen to selflessly and voluntarily pass on her knowledge of music, explained:

Until I was in my 90s, I was still doing volunteer work in at the Lansdowne, teaching theory and music to the various over 50s. I was going in there 4 days a week... I used to take the choir and accompany it and I used to also take another class of just giving them ordinary straight out songs to sing. I used to get about the

nine o'clock train in the morning and I'd get the half past three train in the afternoon home and I was very satisfied that I was doing something to help things along. (Margaret)

Rob had been very busy with community work and advocacy since retiring and continued to do so.

But I do a lot of charitable work. I've been in a group called National Seniors. I go to Benevolent Society meetings. I go to the precinct committee meetings to keep the area going well. I'm on an advisory committee at Smallburb Council, looking after older people. Got a lot of things done there for older people. One of the big successes I got was seating outside of shopping centres. There were no seats outside the shopping centre. What everybody does, older people anyway, they come out of the shopping centre, they sit down and organise all their parcels before they move off. So they've got seats to sit everywhere in Smallburb now, Smallburb Municipality. Outside of the shopping centres there's all these seats. That didn't arrive by just somebody. They haven't got a clue. The ones that work at Councils or anything, unless you tell them they don't know what's going on, what you need; and this is one of the things I do...

The thought that I can do something to improve the place. One of the things is, I want an Order of Australia, why shouldn't I get that? That's what I'm aiming for. I've got awards for everything else so I may as well get that. (Rob)

Rob's grandson Flano agreed and described his grandad as a very busy social activist:

Grandad used to look after the National Seniors. He was the president there and he's still on the Board. He had a lot to do with the National President, 'Mr. Anonymous', as well. So he's done interviews for 7.30, he's been on – he's got into the Herald and the Telegraph. He's been in the Southern Courier, 50 million times. He chats to local and federal politicians weekly. (Flano)

Bob, a volunteer in a hospice 2 days a week, spoke of the importance of his work:

I visit each room and talk with the patients and their relatives; offer to see if I can help them, maybe feed them or adjust their pillows or just talk; some of them have got nobody, young or old. I always feel very sad for those who have no one, so I spend time, a bit, with them if they want but I'm not intrusive and I don't preach with them or do anything like that, I just be with them. (Bob)

Throughout Venice's interview she spoke about being busy on various fronts: providing support to other older people and fighting for their rights, whilst enjoying the freedom to speak out without worrying about repercussions.

So it's coffee day Friday and we all just sit up there as friends and one of the lady's has got an early Alzheimic husband and we all look after him, because he's got all these wives that he doesn't know about because you can't trust him, he'd roam off and do that. And you take some of the pressure off her, she doesn't want to put him away, so we all do those funny things. As a coordinated group we care about each other...

I have no troubles now going to see all the parliamentarians I feel like going to see. I go and see my local councillor for the Brisbane City Council and I whinge about that. I whinge about the bus system then I can go and see my local member and whinge about where's the funding gone. The federal man's had a gutful of me, up to here because, you know, you're much braver when you're older. You get much braver and they sort of can't get you like they could when you were younger and used to be a worker. (Venice)

Many participants enjoyed work and several participants raised concerns about employment issues and with government's extending the age to be eligible to receive an age pension.

Ronan who worked in the finance industry expressed considerable concern about governments extending age eligibility to receive the age pension, especially as older people are marginalised with accessing employment.

We're living longer, expected to work longer. So that's the other thing as well. The very interesting part about it is government's increasing – going to increase

pension ages or retirement ages yet it's just finding it more difficult for older people to get jobs I suppose in the age of technology. I think that's a real potential crisis. As more innovation comes through and things are automated and things like that, that cuts out more jobs not only for the young people but also for old people as well. For me, I look at the demographics and things like that and form views, form macroeconomic views and things like that and I see that as one of the sort of challenges, the real challenges going forward. (Ronan)

Jean also expressed concerns about her friends having difficulty securing jobs as they get older:

I know people that are still applying for full time jobs and they cut out half their CV now because they won't get a job if the person looks as though they're 55 because they think they've been around too long. We do tend to live in a youth culture I think, broadly speaking. (Jean)

Lavie, who had been in a nursing home for 7 years, had strong views that older people were discriminated in the workplace:

I think most people think once you are getting old, you can't work anymore, you can't think anymore, they don't respect older people I think, the way that they should be respected, if somebody is still working and working alright, they should be able to work and do things, but ah, I think most people, they think that once you are old you are no good anymore. (Lavie)

Pushing Back on Ageing Processes

Amongst the diversity of participants' experiences of ageing, was a tendency to deal with ageing by pushing it away, resulting in being surprised at some point about being older. This phenomenon also links back to chapter six on the theme of engaging with services and the adjustments needed to accept help when required.

Noah, the son of Lavie gave a very good example into the phenomenon of distancing one's self from ageing:

You know the thing that gets me about ageing, or the way people treat aged people, I think there's this kind of cognitive disconnection, would you say that? I suppose everybody has that, you don't, you don't feel like you're getting older, inside you feel like you're the same young person that you were when you were young, even my mother she tells me when she first moved in to the old people's home she said "who are all these old people around? Why am I with all these older people? They're all old". You know she didn't feel herself that she was any older than she felt inside, and you know, don't see yourself that you, as a natural process, are getting older, everybody gets older, everybody ages, you know if you don't die either a young person from excess or whatever, you're getting older all the time, you're ageing, this is the most natural thing in the world. It seems to me that people; they don't see themselves, at whatever stage of their life, in the future as an older person, and for that reason they don't have compassion towards older people because they don't identify themselves in older people. I would say the majority of people, obviously there are on the other side a lot of people who volunteer in old age homes and come and visit and who are the exact opposite - but I think they're more of an exception rather than the run of the mill. (Noah)

Mary explained how her mum Margaret avoided taking on a stereotypical identity of an older person:

I hear a lot of people say old people are invisible. I've never had that problem and mum's never been invisible. She looks a million dollars when she goes out and whenever we take her out to a club or something, or out to lunch, people would stop us in the street "oh you look beautiful, you're exquisite" because she's got the hat, the whole bit. So never felt that invisibility. From her point of view she wouldn't have it. (Mary)

Erin's son Paddy described the adaptability of older people and how people of his mum's generation who lived through the depression tried to portray themselves positively, for example by wearing nice clothes, despite having little money. His mum continued to take pride in how she presented herself in later life.

These people around here, grew up, born during the depression, they always take, take care of their appearance, and you know they always know, you know, it's just something that they do, and ah, so yeah, she's definitely of that mould. (Paddy)

In her interview, Margaret at various intervals explained that she didn't think much about ageing until she was in her 90s:

I say to myself at nearly 98 you don't know, well I don't or I didn't. I didn't expect to live as long as this... it's not as bad as it's made out to be, well not for me anyway. It comes to you and you don't realise that you are ageing... But it turns up quite unexpectedly when you do realise it, when you've stopped. The idea is not to feel sorry for yourself when you do age. That's a big thing. (Margaret)

Mary agreed her mum Margaret pushed back on ageing:

And that's the problem; she's just refusing to accept that she's reached the stage. We're sorry to see her go down but unfortunately the body is worn out before the brain. It's terrible. I think it would be better if it were the other way round. (Mary)

Mary herself who was aged 76, also admitted to pushing ageing out of her life:

I don't class myself as elderly, I'm sorry. I have difficulty feeling in the group, which I am obviously, but I don't feel it. (Mary)

Harrison felt he struggled with getting Grant to accept his age and to take certain precautions:

He's resistant to a lot of things in the way of hospitals, doctors, services. I think that's a pride and stubborn old man thing. He still lives – I spoke to mum again and said to her, he's like a Chihuahua who is this big [puts his hand 6 inches over the coffee table] compared to a German shepherd. He hasn't taken in – 86, I can't do that. He'll still think that he can or that he's going to. He wants to go on this tram ride and I'm saying “no, no buses, no trams”, to try and get him out of a taxi is hard enough. (Harrison)

Brigid, who was cognitively sharp, acknowledged that she tended not to think much about getting older:

I didn't stop to think of what one's age was, it was just life you were living, and my husband and I would go together, we both would love to go the Brandenburg symphony concerts and the operas... I find it quite remarkable that I have a 91st birthday. (Brigid)

Brigid's daughter Dotti confirmed that her mum pushed back on ageing by continuing to remain active:

In terms of mum's ageing process it's been unexpected, it's been umm, wonderful to see that she has an incredibly active life, I don't know how I'd feel if she didn't, that's important to her, my mum you may not have picked it up, but if mum says she cannot go somewhere, there is something really wrong, you know if you have an engagement plan and mum can't go you know she is really unwell, because she'll go even now, even to anywhere, you see she's a character, she's a party girl you know. (Dotti)

Rob acknowledged pushing ageing out of his life and he tried to adapt to his illnesses as they arose:

No, I didn't think I was getting older. We had such a good life I didn't think I was getting older. You don't look at the dull side of it. You get some complaint with you, I've had everything done. I've had bypass. I've had melanomas. I've had hernias. I've had prostate. What else have I had? I've had diabetes. But I'm going alright. I look at the positive side. I've got it, bad luck; I just have to live with it. You've got to change your plans. (Rob)

Bob, an active 78-year-old male participant stated:

I suppose with my faith, I accept that I'm older, and that I'm amazed that I am older. It surprises me. (Bob)

Venice suggested she lived on the wild side of life and was also surprised to still be living a full life:

Look at me at 80 for God's sake! I mean, I would never have thought I would have lived to be 80, not the way I lived when I was younger, should have been dead.
(Venice)

However, for many participants, the ability to push back on ageing became compromised with the onset of illness and the next section presents findings in relation to this experience.

Health Status and Dealing with Decline

The older people in this thesis who now had poor health, described life as being very good until health issues arrived. For those still in reasonable health, their accounts of later life were positive. Declining health ultimately required some major adjustments to be made by both older and younger participants and for some pairs this was challenging.

Sonja, the daughter of Betty, was explicit in highlighting that ageing issues related to health, not age:

She's ageing, but to me I think about older people and quite often I sort of think you get the people that are independent and then you get, when they need others to help support them. And my mum's not there yet... to me it's sort of more around the abilities or capabilities of the individual or the person. (Sonja)

Despite now having multiple health problems, Rob described having wonderful later years until his wife had a stroke 4 years earlier, resulting in her requiring 24-hour care in a nursing home.

It was good, very good, until the wife had the stroke, completely changed the lifestyle. Overnight. Instantly. Instantly happened. Boom, gone. Complete lifestyle change. (Rob)

Erin described how life was marvellous despite being older, until the onset of her husband's dementia:

It's very difficult, especially, like my husband got dementia, I had him here for 8 years with the dementia, and then he went to a nursing home for 12 months and then he passed away. Now, life when we retired was good, marvellous, but then as the health goes, my eyes went and I had to rely on him for a while... he retired in 1990, and then you know we went for a couple of trips and we had a lovely time, not elaborate trips, once to Hawaii and once on a cruise, but he always had a car and we always drove, and then when this dementia started... it was very difficult because my eyesight started to go, and I needed a bit more help, but I had to take him with me, if I had an eye appointment you know at the Prince Alfred or anywhere, or when I had my teeth done, I'd have to take him to the dentist, and then we had to worry about whether he decided to go off walking, it was an awful strain. (Erin)

Lavie, now living in a nursing home, noted that her later life was quite fulfilling up until health issues made her more dependent. She then lacked access to the things she liked to do in the community. Solutions to this were complicated as her only son lived overseas:

I was very, very busy, also, when I got to my 70s, I was a spinner and weaver, I belonged to a spinning group, we used to go to the country and back, I used to spin and I had a loom, and used to weave all sorts of beautiful things, so I always had a lot to do, and a lot of things that I liked, so that was lovely experiences, you know making things, selling things, and ah, that was very much, and we loved music and theatre, we used to belong to the theatre and to the concerts and so on, we had very nice life altogether. (Lavie)

Harrison described how his older friend Grant was able to adapt and accept ageing issues that were arising as he got older, particularly to do with decreased mobility and having to use a walking frame:

He takes everything really well, when things happen. He takes things well. I know sometimes I think holy shit I'd hate to have to do that or you know, I hope I don't live to 86 and have to go through all of that. (Harrison)

Larry (teenager) said that his Granny Venice wanted to continue her autonomy and independence as much as possible and felt that accepting help undermined this. He asserted that there needed to be much greater sensitivity around navigating accepting help in light of its symbolic implications. As reported in chapter six, he had noticed similar experiences with his girlfriend's nan:

She doesn't want people doing things for her. She really doesn't want that. Every time I go over and mow she'll apologise and all that. She doesn't think she really wants to lose that too much at all... Sorry, sorry. Independence, that's the word. Sorry. (Larry)

As already noted in chapter six, participants explained that great tolerance and sensitivity is required to support the older people in adjusting to declining health, especially in relation to providing assistance.

Reflections on Ageing and Lifecourse

Many participants reflected on what gave them resilience and these experiences were often linked to their lifecourse. Their stories revealed much diversity.

Brigid was much at peace and accepting of her later life and reflected on how much she valued her early education, her faith, the values she was taught and how this underpinned her current resilience as well as her interest in lifelong learning. She linked the great joy and strength she got from her family back to her own difficult childhood that she had earlier described in great detail.

The Brigidine nuns taught me what feminism was all about, oh yes, marvellous women... the day I walked up that beautiful driveway at Randwick was the happiest day of my life, walking into that school, because perhaps they opened the world of intellect to me... My childhood was somewhat checkered, and, no not really, I can only say that it was very lonely, if I were to write a biography about myself, I'd call it the peripheral person, because I'm an only child, I didn't know what it was to have a stable family background, I suppose it's why my family is so precious to me...

I almost go to mass every day in the chapel, if I can, I go, sometimes in the morning if I'm late to breakfast or if I'm unwell I can't go across, but every day I can I do, now the thing is I'm not a religious person, but it means a great deal to me to get over there to mass, it means a great deal, and I've been through periods in my life which haven't been consistently that way, and so now as I'm ageing... it is a great comfort to me at the moment. (Brigid)

Brigid's daughter Dotti gave a similar perspective on resilience to her mum, that is that adversity in life can possibly be turned into strengths and resilience:

I don't know what brings resilience and what doesn't, I think having all your issues solved for you probably doesn't, you know, but I don't know what makes one person more resilient than another, I'm reasonably resilient I think, I don't know why. (Dotti)

Throughout his interview Rob disclosed the reasons behind his very deep and protective commitment to his wife and linked this to her lifecourse. His grandson however gave a different narrative and said Rob was overcommitted to his wife, visiting her every day at the nursing home and constantly taking her calls. Flano suggested Rob needed to look after himself more

She had a bugger of a life when she was a kid. She was in an orphanage, in everything, and she's never going to go through that again. No. I'm determined on that. I'm a very determined person. I don't give up easily. I have a long memory. Very protective. Yes. Yeah. Her childhood was absolute agony. (Rob)

Like Brigid, Bob declared that his faith was something that gave him great sustenance in his later years:

That's very big in my life; it always has been from a child. On the other hand, not all my siblings have the same view. But for me, and truly I question if, am I using that as a prop or not. But no I don't think so and in fact I'm not overtly carrying on about religion or stuff at all. But I couldn't live a day without my faith and the fact

that I believe that I'm loved by God. So that's a massive help for me, massive.
(Bob)

In keeping with the theme of diversity in this chapter, Rob and Mary on the other hand found little meaning in religion or spirituality:

It's a fallacy that's been proved. It's useless. God's never going to fix the run. Never done it yet and he never will. It might upset you but I don't know, I don't believe in God. That's why changing weather conditions won't get off the ground because they all go to church "oh no, God'll look after it"! He never looked after anyone yet. You might be going to church but I don't. I don't believe in it. It's all been proven wrong. (Rob)

My son has lost a boy. He was 9 ½ with lymphoma. He died at 10 ½. My son was a minister of religion and he's quite convinced he's going to see his son again, but I can't believe that. I've tried. It would be a very comforting thought but I don't, not really. (Mary)

Rosie asserted that Jean's specific outlook in later life is unique to her and her lifecourse, as well as being influenced by a range of other social factors:

She comes from a very small family, an only child. So her sense of interdependency is probably lower because she's had a life like that, than another person in the same ageist society who has been part of a bigger family say. So I think it's a combination of society and individual experience and all of that...

She actually likes to be in control of things. So death and incapacity is a very, very, very big challenge to that and perhaps though these two things aren't the same, perhaps you would also find in a society that had a lot of interdependence and that was really valued, that desire to be in control is not so fostered or doesn't flourish quite so much. I'm not too clear about that but I think there is something in that and I think that actually also affects what Jean is saying about the end of her life. That insistence about she doesn't want to be incapacitated. But I'm a very different person to her and I don't mind. (Rosie)

Many older participants also referred to the importance of keeping a sense of humour in later life. Venice for instance was very outspoken and serious about many issues, however she held this alongside not taking herself too seriously. This attitude was common with many older participants.

I think it's been beaut actually, growing older. Because, as I say, you're more independent than you are when you're younger. You're not responsible to anybody particularly when you're older. You're responsible to yourself. I so say, do what you like but you can get away with more I reckon...

I once worked under a chargie [nurse in charge] who said at the hospital "oh you're a born leader Venice, just a pity you couldn't lead them in the right direction", which didn't do me much good [laughs loudly]. (Venice)

My interview with Maggie was filled with light-hearted banter, even when discussing lots of dark events such as recalling the suicide of her estranged husband several decades earlier. Maggie described being at peace with her life and linked this to having her lifelong deep connection with her daughter;

I'm talking about my husband Herb, no wonder he committed suicide with a name like that, [comical tone]...

I just look around and I think to me-self, look, I got a good life... I got nothing to moan about, I love my life, I love what I've got, and I love having Maria, you know, never, I don't think, well I wouldn't be able to go on without her, that's what I think... I wish that I had another, say 20 years, so I can do more. (Maggie)

Maria reflected on her mum's mischievous character traits as a strength that was longstanding:

They've just got so much courage and naughtiness, she's very naughty, she's very cheeky, she's very out there, always has been, and still touches of that coming through still, people love her, and you know it's always "Maggie this", and I don't think I had a name for many years, when I moved to 'Bayside area', "this is

Maggie's daughter”, don't have a name, “this is Maggie's daughter”. You know Maggie, she's a very spirited, fabulous personality, you know she'll joke with you, 'til you can't stand up, but some time with age brought a bit of negative, watching too much, no it's not on the telly, but stuff that she watches, is very, there's always the sad side, and I think that goes along, melancholy, I think that goes along with it, you know, but, 90%, out there. (Maria)

Conclusion

Chapter seven has presented findings on diverse and positive experiences of ageing and the content relates to research question four as explained on page 35: What helps to enhance making ageing an optimal experience and do intergenerational relations play a role in this? The key themes discussed more accurately represent the diverse and holistic experiences of the older people compared to more dominant deficit-focussed public perspectives on ageing. In relation to this, key themes discussed by participants included their interest in lifelong learning, remaining socially engaged and sharing wisdom. Participants discussed pushing back on ageing and trying not to allow it to have traction in their life. They emphasised the importance of health and the challenge of adjusting to ageing issues and they talked about how their lifecourse history impacts on their experience of ageing. Braun and Clarke's six-phase approach to thematic analysis and the theoretical frameworks underpinning this study, were used to work through the raw data and produce the key findings. Next, the thesis will present the discussion chapter, under four major themes derived from the findings.

Chapter 8: Discussion

Introduction

The research question this thesis set out to explore was: what are the intergenerational lived experiences of ageing in Australia and how do intergenerational relations impact this experience? More specifically the thesis set out to investigate older and younger peoples' perceptions of ageing in Australia; their expectations of each other in relation to ageing, as well as planning ahead for ageing. The thesis was interested in examining younger and older participants' lived experiences of ageing and consider this in light of how older people are talked about and represented in Australia. The findings presented in chapters four to seven provide responses to these questions as well as other findings that participants identified as important to them. This chapter considers the findings against existing literature and the theoretical frameworks underpinning this study and moves the research analysis to a higher level, extending beyond Braun and Clarke's approach to thematic analysis as described in chapter two.

The discussion chapter highlights four key themes:

- 1) Intergenerational relations – 'Companions on a Journey'
- 2) Giving voice to subjugated and complex narratives on planning for ageing
- 3) Different contexts - different lived experiences of ageing
- 4) Positive and diverse ageing

Having presented the findings in the previous four chapters, this chapter sifts these findings more deeply through the theoretical sieves of social constructionism, narrative inquiry, postmodernism, ideas from Foucault, and critical social work. Although I will discuss the limitations of the study in chapter 9, it is important to highlight some of the limitations of the study at this point as this will help to put the discussion to follow into context. Although there were a broad mix of participants from across social classes, different levels of education, sexual preferences, gender, levels of independence and frailty etc. there were many groups of people who did not participate in this study and the findings and discussion needs to be considered with this in mind. Examples of people who did not participate in this study include older people who do not have intergenerational relations or are estranged from

intergenerational relations, older people who receive or give care to a spouse or friend in the absence of intergenerational relations, older people who are socially isolated and older people who live in private rental and as such may experience significant poverty if living in expensive major cities in Australia. These groups of people may have very different experiences of ageing compared to participants in this study.

Companions on a Journey

Strong intergenerational relations and commitment.

This thesis has revealed exceptionally high levels of reciprocal connection and support between older and younger participants. Notwithstanding the challenges and demands that existed, many younger participants in particular, articulated great respect, loyalty and commitment and an unconditional willingness to share the ageing journey with their older person. There was a strong message from younger participants that they were not providing, or intending to provide support or care to their older person out of ‘duty’ or ‘obligation’, and it was certainly not a ‘burden’. Instead they used words like ‘honour’, ‘privilege’, ‘love’, ‘inspiration’ and ‘doing the right thing’ to describe their involvement with their older person. This is despite almost all participants coming from Anglo Celtic backgrounds, which are usually ranked lowly in terms of familial or kin responsibility and commitment in regard to intergenerational relations and ageing (Soosai, 2014; Yun & Lachman, 2006). These thoughtful language descriptions used often by participants, challenges more common socially constructed, negative and binary type descriptions that are often associated with ageing. Foucault’s analysis helps to bring our attention to how some groups are social categorised and how language is used to problematise subjects, in particular with the use of binary descriptions that separate and divide older and younger generations (Harcourt, 2007). There was a strong sense that being responsive to the older people’s needs and wants, enhanced many younger participants’ own sense of dignity and humanity. Younger participants went to great lengths with arranging their own lives in order to be available to provide emotional and practical support to the older person, if needed. Many examples of this are provided throughout this chapter. Notwithstanding the challenges of ageing, from this thesis it appears that the ageing journey for the most part had the effect of bringing intergenerational relations closer together.

In contrast to dominant negative government and media discourses, intergenerational relationships in this thesis were found to be the cornerstone of having positive or successful

ageing experiences. In addition, younger participants claimed to be net beneficiaries of intergenerational relations, a theme that challenges narrow views of older people consuming resources from younger generations. Similar findings have been replicated in other studies (Dykstra, 2010; Kendig & Lucas, 2013), however such findings get limited exposure in dominant public narratives. Likewise, a 2016 Australian intergenerational study by Dow, et al. (2016) found that when people did not have personal experiences of intergenerational relations, they were more likely to assume other people had negative intergenerational relationships as portrayed in public images, messages and discourses. For many of the older people in this thesis, their intergenerational relationships were, without doubt, one of the most meaningful aspects of their lives and thus, how they experienced their later years. Riessman's (2005) narrative dialogic performative analysis brings attention to the dialogic process between myself and research participants, how we co-constructed stories and how verbal and non-verbal communication such as gestures, utterances, gazes, encouragers and pauses were used. Many of the older participants became most positive, excited or animated when conversations turned to intergenerational relationships. Likewise several younger participants used a very reverential tone when speaking about their older person. This in no way negates the fact that for some participants, ageing brought significant challenges and demands, nor does it suggest that participants did not want and need formal support to aid their intergenerational journey when ageing-specific issues such as the need for care arose. The stereotyping and homogenisation of older people and language around older people being a burden on families and carers is more complex and nuanced than lived experiences, for participants in this thesis. This is consistent with concerns raised by Foucault about the social categorisation of groups and how language is used in this process (Harcourt, 2007).

The dynamics within intergenerational pairs included deep levels of respect, loyalty and commitment, yet in a small number of pairs, tensions and frustrations were prominent. Indeed, many participants expressed a mix of positive and negative dynamics. I discussed the importance of research rigour earlier in chapter 3, particularly in relation to points made by Padgett (2008) about research rigour, and in relation to Padgett's point on trustworthiness, I felt a genuine sense that participants were giving me an honest and trustworthy account of their experiences. Margaret for instance was a participant that expressed the most pointed frustration: "Obviously you love your mother but there are a lot of things in mum I don't love". Nevertheless, high levels of reciprocal commitment, within the study pairs, outweighed disagreements, frustrations, carer fatigue and other such factors. Ageing appeared to bring

existential issues to the fore for younger participants. Many younger participants spoke of the great values and integrity with which their older person had lived their life and this was a standard to which several younger participants now aspired. Many younger participants went to great lengths to give back to their older person and it seems that later life provided the last remaining window to do this. For instance, some younger participants had deliberately purchased their home close to their significant older person in order to be available to potentially support them as they aged, and they had undertaken this initiative years in advance. Other younger participants visited regularly from long distances overseas and interstate. One participant moved permanently from overseas to live with and look after her ageing and ailing parents, whilst others were undertaking four hour round trips several times a week to visit their older person. Several of the pairs were already living together and others planned to do so if the need arose. Market forces and technological advances have been very effective in facilitating and increasing contact between generations despite living vast distances apart. This has also been found in other studies (Fingerman, Kyungmin, Viesirr & Zarit 2016), with examples of this including competitive airline travel, new technology such as Wi-Fi, Skype and emails and cheaper phone costs (The Conversation, 2015; Transitions Abroad, 2017). These advances ameliorated the barriers of distance and enhanced participants' ability to maintain close and regular intergenerational contact.

Reciprocity and familialism.

After sharing many years, or even a lifetime of ups and downs, it was evident that ageing was an exceptionally important life chapter for both the younger and older participants. Many younger participants described being the net beneficiaries of support in terms of exchange within the pairs. This is contrary to how intergenerational relations are often socially constructed in relation to ageing populations. Providing various forms of emotional and practical support was a reciprocal process within most pairs. From the perspective of many younger participants, ageing paradoxically provided an opportunity to reciprocate the support they had received from the older person over many years, especially during their own times of vulnerability and difficulties, such as in childhood and through other life challenges and transitions. For instance, Rosie very much appreciated the support she received from Jean when she suffered from very serious and extended depression: "so I have shared myself with Jean in very black times and at a very life and death level and she's been there through that".

Maria expressed a common and dominant view of many of the younger participants when she stated: “[It’s] not my vocation, it’s not my duty, it’s just what I want to do for my mum, my mum would do it for me – well, she did”. This is consistent within findings from a major Victorian (Australia) study by King et al. (2011, p.6) that found “three quarters of families take care of their older members within their capacity and within an environment of love and trust”.

Despite most participants in this thesis being Anglo Celtic Australians, they do not fit the Anglo Celtic stereotype of Western neoliberal individualism, as suggested in the literature; a view that implies that individuals are separate and independent, with minimal reliance on interdependence between people and across generations (Soosai, 2014). Studies suggest that non-Western cultures value collectivism, interdependence and filial responsibility towards older people and therefore have more positive perceptions of ageing compared to Western Anglo Celtic cultures that are youth and independence oriented (Phelan & Larson, 2002; Yun & Lachman, 2006). However, younger participants in this thesis adhered to familialism and high levels of filial and kin responsibility towards their older adults. Indeed several younger participants normalised their support for their older person, not describing it as work or being in a carer role. For instance, teenager Larry noted, “I don’t think there’s anything to it”, when describing his significant involvement with his grandmother. Such research findings are typically attributed to people from culturally and linguistically diverse backgrounds (CALD) (Carers Australia, 2017). This high level of mutual intergenerational support and commitment for most pairs had occurred throughout the lifecourse, long before the onset of later years. This meant that younger people’s stories reflected a holistic understanding and ability to relate to the whole older person, rather than seeing them as merely an older person. As such, significant younger people in older participants’ lives in this thesis had often had very informed understanding of what was in their older person’s best interest, in comparison to service providers and health professionals. This suggests that service providers and professionals should pay close attention to the views of families and friends, and there was evidence from participants that this did not always occur.

As noted, for many younger participants, the high levels of commitment towards their older adults was not articulated as being an obligation, but rather as a matter of what many described as ‘doing the right thing’, a commitment to returning in some way, the lifetime commitment and support they had received from their older person. Similarly, a cross cultural

ageing study in Australia by Soosai in 2014, comparing Chinese Australians to Anglo Australians, found that Anglo Australians had strong intergenerational commitment, possibly as a result of being committed to the older person by choice, rather than by obligation as in the case of Chinese Australians. Another possible explanation of the high levels of intergenerational commitment in this thesis is the middle to lower socioeconomic status of participants. Self-funded retirees were excluded from the study and as noted in the literature review, a major study in Ireland found higher expectations of familial care in lower socioeconomic groups, whereas older people in high socioeconomic categories expected little from the younger generation, preferring that they focus on their own careers and their own children. It is more likely that affluent older people have more funds to buy care if the need arises. This points to the danger of narrow understandings of Western individualism and independence and homogenising 'The West', as well as subsequent notions of how such societies may deal with ageing. Clearly the Anglo Celtic Australian participants in this thesis break the mould of Western individualism and ideas of separate and independent relationships between the self and others, as described by Cross and Gore (2003).

Ageing – a shared dynamic journey.

Such was the close, committed and shared intergenerational lived experiences of ageing that many participants explicitly articulated stories of being on a profound or amazing journey together through their experiences of ageing. Although not explicitly described in this way by all participants, being on a shared intergenerational ageing journey was implicit in the accounts of all participants, regardless of the dynamics of their relationships. This is a far cry from the divisive language used in dominant negative public discourses. Nevertheless some caution needs to be applied to this finding. In narrative inquiry, Riessman (2015) explains that dialogic performative analysis brings attention to the idea that participants can perform a persona to impress the researcher or for other reasons, such as constructing a particular identity, and this occurred on some occasions. Some younger participants for instance described being involved in a sometimes challenging dynamic with their older person, including experiencing fatigue, frustration and having to place some of their own life on hold, whereas their older person often tended to give accounts of being more independent and having a more carefree relationship with the younger person. This pattern is consistent with a literature review undertaken by Hjalm (2012), which found that older people sometimes overstate harmonious intergenerational relations, compared to younger people. In terms of research rigour and trustworthiness of the findings, Padgett (2008, p. 92) explains that it is

important that participants' or 'respondents' biases', such as those just described, are made explicit. Postmodernism brings attention to the possibility of different perceptions of reality (Farganis, 2011), emphasised by one younger participant in this thesis remarking on his observations of a pattern of younger people being too risk averse in relation to older people's independence, and being over protective to the point of being oppressive.

Ups and downs of caring.

Notwithstanding the high levels of intergenerational commitment, some younger participants expressed carer fatigue; especially where the older people had significant health issues and had high care needs that existed for some time. In such cases, social services were seen as essential to support carers to stay in their caring role. In several pairs, younger participants spoke about having to put their own lives on hold. This included having to limit their social life; postponing holiday plans or plans to move to another geographical area. Despite the challenges of caring, most participants remained committed and felt dignified in this role. Similarly, a 2014 survey by Carers NSW found that there are high levels of rewards in caring such as personal growth, developing new skills, the satisfaction of knowing you have done the right thing and strengthening relationships. The survey also found that twice as many carers actually want to take on the role, rather than feeling they have no choice (Carers NSW, 2016).

Although some younger participants in this thesis were fatigued or frustrated, they remained committed to seeing out the older person's ageing journey as much as they possibly could. Interestingly, caring roles were not gendered towards women in this thesis, with many men involved in full time carer roles. In sum, while caring brings many benefits, it can be tiring, exhausting and frustrating, and this speaks to the continued essential need for the welfare state to provide social support services. A review of the literature by Dykstra and Fokkema (2011) found that welfare state support services for older people enhanced carers' involvement with those older people. However as noted in the findings of this thesis, formal supports need to be provided on the terms of the older person and their significant person, not on the terms of the service provider. The implementation of consumer directed care in July 2015 in Australia has the potential to achieve this end as it transfers significant control to the care recipient (AHRC, 2017; AIHW, 2017). In this model, funding is allocated to the older person, not the service provider and as such an older person can change service providers if they are dissatisfied with the existing provider. However, accessing aged care systems and

services is a complex process in Australia and therefore consumer directed care might have limited effect for older people who have cognitive or other impairments and do not have family or a significant person to advocate on their behalf. In addition, the myagedcare website is an online portal through which almost all referrals for aged care services have to be made in Australia and it is likely there will be some older people who do not have access to a computer or the internet. Advocacy by groups such as the social work profession may have much work to do to address such issues relating to access, equity and self-determination, in a consumer directed model of care context. From a critical social work perspective, empowerment of older people who live alone or have cognitive impairment may only be possible if there is an advocate available to facilitate their empowerment, and social work professionals ought to promote and push their services into these spaces where vulnerabilities exist.

Older people's concerns for future generations

As noted in the literature review, the Australian Government prepares Intergenerational Reports every 5 years. The latest Intergenerational Report was released in 2015 and the then Prime Minister, The Hon. Tony Abbott, made the following divisive remarks: "Reducing the deficit is the fair thing to do – because it ends the intergenerational theft against our children and grandchildren" (Weston and Qu, 2016, p.3). Sadly this type of portrayal of intergenerational relations is all too common in dominant narratives. According to Hitchcock (2016), these comments commonly directed at older Australians, describing them as selfish or 'greedy geezers' are inaccurate and misplaced. This thesis confirms Hitchcock's view. Foucault in particular, focuses attention on how professional and institutional power, control, knowledge, language and surveillance come together to construct negative, oppressive and even false identities of marginalised groups (Calhoun et al., 2012; Irving, 1999). Older participants in this thesis were in fact deeply concerned for younger generations, especially in relation to the cost of buying or renting accommodation. Additionally, rather than older people demanding help from the State or intergenerational relations, younger participants noted that because the older people grew up in tough times, they are mostly conditioned to not seek help from others, the State included, and prefer to take responsibility for themselves and try their very best to remain independent. It is worth thinking of this strong desire for independence through Foucault's concept of the 'technologies of the self', which refers to people working on their minds, bodies, souls and conduct, to achieve an acceptable identity (Foote & Frank, 1999, p.161). Perhaps the older participants are all too aware of the negative

stereotype of the dependent, burdensome older person and are desperately trying to avoid this identity, an identity that can invite professional and institutional surveillance.

Younger participants had been given a window into ageing and because intergenerational relationships were seen to be so important for successful ageing, those who did not have a significant younger person in their own life were very worried about having to face their own ageing alone. Several participants suggested that there is a strong need for older people to have someone who can advocate on their behalf if they become frail or vulnerable and need to interact with institutions. Examples of barriers that were identified included having poor health literacy and having to engage with paternalistic systems or institutions, such as the healthcare and residential care systems. According to the AHRC (2017) health literacy is necessary for enabling good choices and good decision-making. Participants related this point to the importance of intergenerational relations, and where this does not exist, several participants believed professionals such as social workers could step into the void. Research by Kendig and Browning (2016) also highlights the importance and the need for 'key workers' to undertake advocacy for vulnerable, 'at risk' older people. Participants' experiences with social workers in this thesis were mixed, and ranged from very good to very unhelpful. Given that aged care social workers often have heavy caseloads, the stories in this thesis suggest that social workers need to particularly focus on and prioritise their attention to vulnerable older people in institutional settings. In light of these findings, it is also of some concern that there are few social workers employed in aged care facilities in Australia, sites where older people may well need ongoing advocacy.

In relation to dominant public discourses on intergenerational relations and ageing, these mostly paint a picture of intergenerational divisions, with older people seen to be riding on a wave of benefits that will come at a cost to future generations; as if older people are not concerned about future generations. Some younger participants in fact agreed with this view in relation to other older people and appeared to have internalised these dominant narratives on intergenerational divisions. However they stated this did not apply to their own particular intergenerational situation and this can be considered from a Foucauldian perspective. Foucault argues that professions, institutions and government create discourses around social issues and they use their positions of power to indoctrinate people with how they perceive social issues and understand their own identities and this becomes accepted as truth (Wang, 1999). How people think about ageing and intergenerational relations, therefore, can be

shaped by dominant discourses that can be internalised as truth (Wang, 1999). Some younger participants asserted for instance that there were divisions and inequities between older and younger generations and governments need to deal with this problem, however did not relate this to their own situation. Wang (1999), using a Foucauldian perspective, alleges that discourses about intergenerational divisions assist to frame older people as undeserving and this paves the way for the State to withdraw welfare support. Indeed the increase in user pay and marketisation of aged care indicates that this is indeed occurring.

A postmodernist perspective acknowledges that there can be different versions of truth and reality (Heywood, 2007; Liamputtong, 2010) and indeed this thesis provides quite a different perspective compared to discourses on intergenerational divisions. In this thesis, ageing in fact had the effect of bringing younger and older generations even closer together. Ageing was not an individual's sole journey, as neoliberal individualism would suggest, but instead was mostly a shared and deeply meaningful intergenerational journey. There were high levels of reciprocity within the pairs, with younger participants often identifying as the net beneficiaries of intergenerational arrangements, in part because they took a whole of life approach, rather than isolating ageing as a discrete chapter of life. This speaks to the importance of lifecourse theory in understanding how older people experience ageing. Rather than discord between generations, intergenerational relations were seen as a cornerstone to positive experiences of ageing, even if the relationships within the pairs were not always harmonious. This is in stark contrast to divisive media, government and other institutional narratives about ageing and intergenerational relations. Using narrative inquiry to privilege the voice of research participants in this qualitative study, allowed these new understandings to emerge.

Perhaps a more accurate and thickened narrative that acknowledges and validates the strength and contribution of intergenerational relations, and finding ways that Government can join in to support this intergenerational approach to ageing might be a better alternative to government, media and institutional discourses that depict divisions between generations. Rather than trying to categorise intergenerational concepts such as solidarity, conflict and ambiguity, this thesis proposes that although intergenerational relations can be messy, it is important to highlight the significant mutual contribution and mutual productive elements of intergenerational relations, and that ageing can be a time that indeed brings intergenerational relations closer together. What can be described as intergenerational social capital can greatly

enhance the lived ageing experiences of older people and serves as a potential ally to Governments in responding to an ageing population.

Positive and Diverse Ageing

Notwithstanding that ageing brought challenges and losses for some older participants in this thesis - particularly for those with significant health problems, ageing was very much a time of opportunity and opening up positive and diverse experiences. Many younger participants agreed with such observations made by older participants. In keeping with Riessman's ideas about narrative work, the following discussion gives a more complete or 'thicker narrative' (Riessman, 2008; White, 2001) about ageing, to include brighter sides of ageing that are often absent from dominant narratives.

Liberation and contentment of later years.

For participants in this thesis, later life meant freedom from previous responsibilities, such as freedom from raising children and accountability to others, particularly in the workplace. Some older participants felt that they had acquired more power as they got older and could be quite outspoken without fear of recrimination and they were prepared to take advantage of this freedom. Participants provided many examples of this including agitating, and even badgering, local councils and politicians about important social issues. In this regard some participants acknowledged taking advantage of the sympathy afforded by the stereotypes of older people being pitiable and vulnerable, using this as currency to spend on doing advocacy. Despite some older participants acknowledging that ageing brought challenges, and in a small number of cases, major challenges, many older participants spoke about being quite happy with their lives and in most cases younger participants agreed with this. Despite negative stereotypes about dependence, Australian research shows that two thirds of Australians over the age of 75 live in their own home or community and are in good health (Australian Institute of Health and Welfare, 2014). Australian research by Kendig and Browning (2016) also reports that most older people report a good quality of life throughout most of their later life. Australian research by Cummins, Silins, Richardson, Fuller-Tyszkiewicz, Hartley-Clarke and Hutchinsone (2016) that looked at wellbeing across a range of social domains, found that those aged 76 reported the highest level of life satisfaction of all age cohorts, identifying that having financial control, good relationships and a sense of purpose is the 'golden triangle of happiness', even for people with ill-health. Participants in this thesis appear to fit reasonably well into this triangle, however with stable housing seen as

key to psychological and financial security, this looks more problematic in the future, as housing security diminishes. This thesis argues that governments in Australia need to do more in the area of housing policy and how this impacts the lives of older people.

Lifelong learning, sharing wisdom and being role models.

For many older participants, older age provided them with a long-awaited opportunity to more actively pursue their own particular interests. Interestingly, a paper by the Mental Health Commission of New South Wales (2017, p.6) also reported that ageing can actually be a time of increased opportunities to engage with personal interests, family, and to contribute to community life. Many older participants in this thesis expressed having more time on their hands to improve their general knowledge. In particular it was evident that older participants strongly embraced intellectual stimulation and lifelong learning in various forms, and in this thesis this ranged from learning languages, English literature and history, to teaching and learning music, learning about gardening, enhancing computer literacy, allocating more time for reading, travelling, attending talks, learning from radio and television and getting involved with community advocacy and community work. As noted by one older participant, Venice: “my brain doesn’t stop darling... you’ve got to understand what sort of a brain I’ve got because that matters. It never shuts down dear”. Many of the younger participants noted the intellectual sharpness of their respective older person. This is a far cry from stereotypes of older people being vulnerable, dependent or cognitively impaired, as is often constructed in dominant narratives (North & Fiske, 2012). In contrast, negative stereotypes risk viewing older people as being cognitively challenged, which in turn runs the risk of older people not being listened to in some contexts, as evident in some participants’ stories when interacting with institutions, such as hospitals and aged care facilities. Interestingly, on the subject of cognitive abilities, some younger participants noted that their older people could be mistakenly labelled as lacking insight if disagreeing with going into residential care or having services, when in fact it could merely illustrate an expression of choice and preference.

The combination of the older people’s lifecourse experiences, accumulated knowledge and wisdom and ongoing passion for learning were seen by almost all participants as some of older people’s most valuable assets. Many younger participants saw their older people as role models of good citizenship for their own lives, as being sources of inspiration as well as being confidants. This point was illustrated by Larry about his grandmother: “She’s full of wisdom and advice, I guess because of her age and she’s seen a lot, she’s done a lot. Definitely

confront her about something that I haven't spoken to anyone else about, I have before". A 2016 Australian study by Dow et al. (2016) also confirms younger people expressing appreciation for being able to look up to older people for the knowledge they could impart. Reciprocal intergenerational learning and mutual benefits were strongly evident in this thesis, which is in contrast to more dominant binary language that gives a sense of givers and takers. As Venice said about her grandson: "But he's good because he brings the goodness of youth into my life and I give him the good things that go with old age".

Sources of Wellbeing.

Many older participants were positive about their own life and talked about strengths and resilience in later life. Resilience and strengths were particularly attributed by participants to having good relationships, a concept Judith Jordan defines as 'relational resilience' (Hartling, 2008). Relational resilience extends resilience beyond common ideas of resilience being related to internal traits and intrinsic toughness (Hartling, 2008). Again, this highlights the significance of relationships in older people's lives, including intergenerational, intrafamilial and non-kin relations. Many participants discussed the importance of not having financial worries, keeping a sense of humour and not taking life too seriously. Many linked the older person's resilience to the adversity and successes they experienced in their youth and throughout their lifecourse. Brigid, who had described her childhood as lonely, checkered, having an unstable family, often moving from town to town and feeling like she was on the periphery as an only child, reflected on her own life story and said: "I suppose it's why my family is so precious to me". This woman, like many older participants, drew great strength from all of her relationships, particularly intergenerational and intrafamilial relationships. Like so many older participants, this was a great source of her fulfilment, joy and resilience in later life. Healthier older participants talked about being quite happy with later life whilst those with health issues tended to talk more about acceptance of their situation.

Giving back to society.

Many participants were keen to try and make society a better place to live, and to this end a large number of older participants were quite engaged with various community activities. This was a source of great satisfaction to them. Such activities included, in particular, engaging in politics at a local and State level, being involved in election campaigns, undertaking advocacy to improve conditions in their local communities, and advocating for the rights of older people. Later life was not a hindrance to their productive abilities, but

rather allowed them increased opportunity to be involved with such activities. Notwithstanding that social isolation can be a significant issue for some older people (Windsor, Curtis & Luszoz, 2015) participants in this thesis were quite actively engaged in community life.

Busy and productive lives.

In contrast to images of work-free grey nomads driving around Australia (Williams, 2017), older participants in this thesis had very full, busy and productive lives, unless beset by significant health issues. Retirement ages varied, with some participants staying in paid work until their 70s and 80s and doing volunteer work into their 90s. The nature of their volunteer work was not merely some type of feel good work, but rather it was very important work, such as child-minding grandchildren, volunteering to support mothers with twins, delivering meals on wheels, community advocacy work, supporting people living alone, teaching music - to name just a few. Other studies also confirm that older Australians are busy people. A 2015 Australian National Survey found that the average age of carers in Australia is 55, with 90,000 being over 75, often caring for a spouse with a disability, ultimately saving governments over one billion dollars a week through avoidance of expensive residential care (Council of The Aged, [COTA] 2016). In relation to older Australians, the Australian Catholic Justice Statement (2016-2017, p.5) criticises Australian governments for overemphasising paid work as the only measure of participation. It appears neoliberalism is blind to production that falls outside the economic market sphere and this sidelines older people's productive contributions.

Youthful spirits.

As mentioned earlier, in narrative inquiry, researchers are encouraged to look for turning points in narratives (Ryan & Bernard, 2003). Many participants explained they were having a fantastic time in retirement or in later years and this only became problematic with the onset of significant health issues either for the older person or their partner, rather than because of later years per se. Many older participants felt young and acknowledged pushing back on accepting old age as they did not feel part of an ageing cohort. Again, many younger participants agreed this was occurring, but some felt frustrated with their older person taking up this position. In reviewing the literature on ageing, Soosai (2014) also reports that Western cultures promote a youth culture that can lead to older people rejecting or pushing-back on ageing. For many older participants it came as quite a surprise when they realised they were

in an older age bracket. Given the older participant's propensity to push back on ageing and their desire to maintain independence, younger participants had learned through experience that helping their older people on the basis of being older is often met with resistance as it can be experienced as oppressive and paternalistic by their older people. Connected to the issue of feeling young is the issue of receiving care. Fingerman et al. (2013, p.69) highlights a dilemma with receiving care: "receiving support may be harmful if it undermines autonomy, and alternately, providing support can be beneficial". A grandson, Larry observed how his mum interacted with his grandmother and how his girlfriend's family interacted with their grandmother in a similar way, saying it is "just like putting a cage over them and just telling them to not do anything. There's still life to be lived". Great sensitivity was required around this as the older people often felt quite offended by attempts to help them. One can imagine that anyone of us who feel younger than we are would react the same way. It seemed as if Larry had similar views to Foucault in relation to some people being objectified and subjected to negative identities that needed to be subjugated and controlled and put under surveillance (see for example (Calhoun et al. 2012). Like Foucault, Larry respected Venice's (grandmother) resistance as an expression of power against dominant ageist stereotypes and discourses (Wang, 1999 citing Foucault 1977). Indeed with strong narratives about the crisis of an ageing population and the negative identities pushed onto older people, it is of little wonder that the older people in this thesis resisted identifying with old age.

Dignity in decline and the importance of relationships.

In this thesis, adjustment to ageing issues was seen to be required by both the older and younger participants – a recognition of the need to stop over-protecting older people and taking away their autonomy and the need to be more tolerant of the functional declivities that come with ageing. Participants also recognised the challenges that come with adjusting to the need to accept help if it is required. This tension between the community's desire to protect older people and in doing so to potentially oppress them, is also picked up by Croucher (2017), reporting on the many submissions to the 2016 Australian Law Reform Commission into elder abuse. Croucher (2017, no page no.) states:

“We need to respond to the plea that runs through many of the personal submissions, that “someone's got to do something!” [to protect older people]. But, at the same time, overzealousness has to be resisted; otherwise it pushes the balance between the principles too much to the ‘protective’ side. Perhaps where

‘dignity of risk’ was a theme in the Disability Inquiry, ‘dignity in decline’ is one we need to embrace in the Elder Abuse Inquiry”.

Participants noted that accepting support from family or formal services requires considerable adjustment, and time is required to adapt. In relation to formal support services, the nature of the relationship with care workers was central to accepting help or to having a positive experience with services. The approach of the worker was described as being of utmost importance to accepting and engaging with services, particularly because of the very personal nature of the work. There were lots of examples of this occurring and resulting in satisfactory outcomes for the older people. Older participants noted the importance of caring for and working on the worker, to help them feel comfortable. Postmodernism prompts us to think about the different understandings of care work. Consistency of workers was therefore also seen to be crucial, with one older person cancelling the service because of having too many different workers involved. In the case of home services, examples were given of cancelling services or not accepting them, particularly if the interaction between the older person and the service provider was not meeting their needs and/or on their terms; if the pace of having to accept services was too quick; if the personalities of the carer and the cared for, were not compatible; or if there were concerns about trust. Indeed some participants gave examples of home services causing distress and even causing harm. In contrast to this narrative from participants, there is quite a strong narrative in health literature about older people being resistant to having services in Australia (Carers Victoria, n.d.; Konno et al., 2012), a view that tends to point the finger at older people as the problem and problematising them as ‘resistant’. Chambon and Irving (1999), writing about Foucault and critical theory, explains how these traditions are keen to unsettle taken-for-granted understandings, exemplified in simple explanations of blaming older people as resistant to services. Older people may need time to build trust and adjust to the need to accept services, however this may be problematic in a neoliberal context that values efficiency and the economic rationalisation of services.

It is difficult to say why the positive aspects of ageing mentioned above have not gained more traction in dominant discourses about ageing. Kendig and Browning (2016) state that there is a predominance of a biomedical ‘decrement’ construction of ageing in Australia, often promulgated by health professionals, creating a stereotype of degeneration and vulnerability in older people, which although may be experienced by some, is not the case for many. The authors assert that the problem-saturated view of ageing is also a result of research funding in

Australia by the Australian Research Council (ARC) and the National Health and Medical Research Council (NHMRC), who target their grants more-so to medical and health fields rather than the humanities and social sciences. It can be deduced that the effect of this appears to put the spotlight on medical problems and give considerable power to biomedical understandings, interventions and recommendations, rather than psychosocial understandings, interventions and recommendations. Social theories, government policies and markets can also play a role in marginalising positive aspects of ageing. Although disengagement theory, which views old age as a time of withdrawal from society (Johnson & Mutchler, 2014), fell out of favour in the latter part of the 20th century, it seems that institutions such as healthcare, aged care facilities, the media and government discourses, still lean heavily on disengagement theory today. As noted in the introduction chapter, activity theory and productive ageing can problematise older people who through no fault of their own are not active or who are not productive in the workplace (Hatcher & Dixon, 2017; Johnson & Mutchler, 2014). In addition, neoliberal policies that value independence, individual responsibility, reducing government responsibility and the role of the welfare state, frame ageing as a problem. Gleason (2017) also claims that ageing has essentially become medicalised and asserts that markets for ageing products also play a role by tapping into fear about ageing and offering products that are supposed to help fight off ageing. Gleason argues that in such a context, more informed, meaningful and positive understandings of ageing are lost in such discourses. Critical social work cautions against such narrow understandings and the homogenisation of older people. Critical social work looks at ageing in all its diversity and this forms part of the contribution of this thesis. Positive aspects of ageing need to be acknowledged as inextricable components of ageing in contemporary Australian society. From a theoretical perspective on ageing, this thesis promotes a 'social context model of ageing'. This broadens the purview on ageing to include the positive, negative and ambivalent aspects of ageing as outlined in this thesis. A social context model of ageing considers factors that go beyond chronological age and individuals' lifecourse experiences. It critiques the role of markets, government and other institutional discourses and policies, intergenerational relations, access to employment in later life, ageism and internalised ageism.

Giving Voice to Subjugated and Complex Narratives on Planning for Ageing

The promotion of planning for ageing.

Along with the increased attention given to the ageing population in Australia in recent years has come increased encouragement for older people to plan ahead for ageing, particularly in the form of having formal arrangements and legal instruments in place (Australian Government Productivity Commission, 2011; Australian Government, Department of Health, 2017; Advance Care Planning Australia, 2017; AHRC, 2017). Whether the push for older people to have plans in place is about empowering older people, or whether it is about seeing ageing populations as a problem and therefore older people need to be processed efficiently through ageing, is open for debate. Narrative inquiry pays great attention to the temporal nature of phenomena and why certain social phenomena (such as planning for ageing) receive attention and are justified at a certain point in history (Riessman, 2008). On the face of it, and as proclaimed in many of the planning tools described in the literature review in chapter two, formal plans are seen to empower older people, to afford them protection, control and choice in relation to planning for their future. However, the qualitative approach used in this thesis revealed a wide range of nuances, tensions, contradictions and complexities that made this view problematic in the eyes of many of the study participants. For many participants in this thesis, formal and informal planning can produce both positive and negative outcomes, depending on each individual's situation and therefore, notwithstanding the benefits of planning ahead, it should not be assumed that planning ahead results in better outcomes or protection for older people. For many participants there were too many unknowns and too much unpredictability to be able to appropriately make plans. Several participants had limited confidence and trust in legal instruments and institutional processes, compared to having mostly high levels of confidence and trust in relying on intergenerational relations and the flexibility this afforded to make appropriate decisions that would be relevant to specific circumstances that might arise.

In NSW, the home base of this study, in terms of planning tools, there are various legal and non-legal instruments that can be used for planning ahead, such as appointing a power of attorney with authority to manage finances; appointing a guardian to make lifestyle decisions such as accommodation, healthcare and services decisions; or an advance care directive, otherwise known as a Living Will, which is a written document with specific instructions for healthcare and lifestyle choices in later or at end of life. A regular will is only relevant after a

person dies. Some instruments can be made ‘enduring’, meaning that the appointed person has authority to use the instrument if the older person loses capacity to make decisions. As explained in chapter two, the 2011 Productivity Commission inquiry into Caring for Older Australians and the National Framework for Advance Care Directives that was developed in 2011 by the Australian Health Ministers’ Advisory Council, promotes planning ahead and the use of advance care directives in Australia. This is consistent with healthcare research in Australia that suggests if more older people who are living in nursing homes, had specific advance care directives in place, it could prevent unnecessary admissions to hospital (Michael, Callaghan & Sayers, 2017; Waird & Crisp, 2016). Theoretically, these initiatives are based on a modernist framework with strong biomedical and legalistic underpinnings and assumptions of predictability, certainty and confidence in the utility of instruments. A modernist approach to planning is to try and predict what might occur in later life and make formal arrangements or plans to deal with these issues. These initiatives are lacking in postmodern, qualitative, emotional and relationships understandings. For instance, and as will be explained later in this section, participants in this thesis provided examples of the potential for planning ahead to evoke existential angst and anxiety that might come with discussing later life issues and it was noted that great sensitivity is required. Sometimes participants noted that it is not appropriate to have such planning conversations. Yet, for others having formal plans in place provided a sense of assurance.

Uncertainty, complexity and tensions with planning.

Despite the push to privilege formal instruments to assist with planning for ageing, only some participants had put specific advance care plans in place or made legal instruments such as appointing powers of attorney and guardians to make decisions on their behalf if they lost capacity. Mostly, participants emphasised informal arrangements, preferring to rely more on trust within intergenerational relations. Several participants saw present and future circumstances as often changing and unpredictable, and because there was an indeterminable amount of different variables and scenarios that could arise, it seemed planning ahead was often problematic, even risky. Postmodernism accepts this notion that uncertainty can be part of social life and that different actors can have different perspectives or experiences on any particular issue. Accordingly, different outcomes can also be valued differently by different actors (Babie, 2002; Liamputtong, 2010; Payne, 2014). Some younger participants said their older person was not ready to discuss planning issues around ageing, and it was important to respect their position on this. Some participants explained that discussions around planning

could evoke intergenerational or family tension and therefore such discussions were deliberately avoided so as to prevent potential conflict. These themes that arose in this thesis around planning, speak to critical social work and postmodern perspectives. Such perspectives acknowledge the complexity and nuances of social life, that there can be different understandings and many truths. These perspectives also place great weight on people being experts about their own social lives and what is good for them, rather than have this dictated by professionals, experts or policy makers (Chenoweth & McAuliffe, 2015; Payne 2014).

For some participants, resisting making formal or even informal plans was deliberate, as will be explained shortly. For a few others, their understanding about planning for ageing related to how they wanted their estate distributed after they died, and as such, most participants disclosed having made wills. So, despite the push for formal planning in policy documents and sometimes a push from within families and intergenerational relations to have formal plans in place, it seems that Foucault's ideas about acts of resistance (Wang, 1999) were at play, for many older participants in particular. For most participants who had not made formal or even informal plans, they believed they were acting responsibly in protecting themselves and exerting choice in conscious acts of resistance to the pressure exerted on them to have formal plans in place. This resistance to planning fits with Foucault's views that power exists everywhere - with people in positions of power and with those perceived as not having power, suggesting power can be exercised in different directions (Seymour, 2006).

For some of the older people in this thesis, legal instruments and planning tools were seen as useful, yet for others they were paradoxically seen as a process in which choice could be lost, a handing over of power and control to someone else. As Venice, a retired community nurse explained: "we've seen people with financial control under their children who would not – with a lot of money, who would not buy them a pair of pyjamas, would not buy them a cake of soap, would not do any of that, now that may have interfered with my thinking". Indeed these concerns are confirmed by the President of the Australian Law Reform Commission, Professor Croucher (2017), reporting on an inquiry into elder abuse initiated by the federal government in Australia in 2016. Croucher acknowledged that research and submissions to the inquiry cautioned on the potential for misuse of enduring documents to take advantage of older people, whilst at the same time acknowledging that having enduring appointments also have the potential to be beneficial to older people (Croucher, 2017). In other words she

confirms the view of participants in this thesis that legal documents have potential for varied outcomes. In relation to these concerns, it is also worth noting that Miskovski (2014) states there is a concept in Australia known as ‘inheritance impatience’, which describes when the beneficiaries of someone’s estate wishes to hasten access to their inheritance by misusing the authority (e.g. power of attorney) given to them.

It was evident during the interviews that many participants, who had made advanced health care plans, had done so on the back of limited healthcare literacy or knowledge. Participants tended to talk about planning issues using binary images and language. When many participants were asked about making plans for ageing, their immediate thoughts reflected worries about health care, notably about having a stroke and saying they were ‘not for resuscitation’ (NFR) if this occurred. However, when questioned about the degree of the stroke to which they referred, all who had declared a NFR stance had assumed a stroke would be severe. No participants with NFR formal or informal orders had taken into account that strokes range from very mild to very severe and that there are different prospects of recovery. Participants had just assumed they would have a devastating stroke and therefore had informally shared their wish for NFR or signed formal NFR orders, in the case of having a stroke. This appears to be a highly problematic arrangement.

Nevertheless, many participants, in particular older participants, tended to bring a strong postmodernist perspective to planning. A significant number had not undertaken any formal advance care planning in relation to healthcare on the basis that there are too many unknowns and variables when it comes to planning ahead. Some participants were also not confident that they could know how they would respond in a future situation they had not yet experienced. Therefore, there were reluctant to put plans in writing. This was highlighted by a younger participant Rosie, who told a story of her older mother and father being adamant that they did not want to be resuscitated if they had a serious health incident, only to be contradicted by a latter event in which her father, needing surgery, made clear his wish for resuscitation if he had a serious health event during the surgery. The following quote by Rosie raised the issue of not being able to predict how one might react to a situation they have not yet experienced:

“also a question on that, that it raises in my mind is, do we naturally switch when we become in need. Is there something in us that naturally switches that actually makes us perhaps feel differently about the things that we might have stated so strongly

about our desires at the ends of our lives? Maybe that's what was coming up in my father. I think that's a very unknown question". (Rosie)

Another case in point was a participant in her late 90s who constructed a narrative in her interview that she did not want to be resuscitated if she had major health issues; however, her daughter explained that her mum was quite offended when she was asked about being resuscitated on a recent hospital visit. This changing of one's storyline fits with the narrative temporal principle that stories are constructed and influenced by spaces and time (Clandinin & Rosiek 2007). Accordingly, this thesis illustrates that how each individual reacts and adjusts to illnesses are unpredictable, but having conversations with close family, friends and health professionals about general preferences are important. For some participants, formally appointing a trusted person with the flexibility to make important decisions if one loses capacity to do so, was preferable to simply writing down specific healthcare directives, that could be seen as set in stone or could be misinterpreted or misused. Many participants saw stand-alone written planning documents as too literal and risky, whereas a more flexible position was seen to be important.

The influence of intergenerational dynamics on planning.

The dynamics within intergenerational relationships impacted how people thought about planning ahead and therefore, approaches to planning varied from case to case. For instance, in one of the pairs, Mary (76) the daughter of Margaret, was very frustrated at trying to convince her mother to arrange legal instruments. Margaret resisted making legal planning instruments, but eventually conceded to her daughter and organised for her son and daughter to have powers of attorney, but she did not appoint them as guardians to make accommodation, lifestyle or healthcare decisions. This was seemingly understandable, as Mary wanted her mum to go to a nursing home. Major family conflict erupted after Mary discovered the details of her mum's will, and following pressure from her son and daughter; she changed her will in response to their demands. This is a good example in which legal instruments may be a source of conflict, conflict older people may be able to predict and wish to avoid by postponing or disclosing the making of legal instruments. This example also undercuts notions and assumptions about the importance of transparency and efficacy of legal instruments as a means to allow for control and peace of mind for an older person. Therefore, the wisdom of making formal or informal plans needs to be considered in the context of each

individual case and it seems foolhardy to generally recommend to older people they should put legal instruments in place as a way of having control and peace of mind.

Regardless of the levels of trust in the pairs, or whether or not formal or informal plans were in place, several participants confirmed that there had been significant disagreement amongst adult children in their families in relation to making medical decisions, when for example the older person was in hospital. As such, several older participants preferred to convey their wishes as broad principles in casual conversations with their younger person, without going into specific detail. Some also worried written plans could be misused if some individual or some system had an interest in allowing an older person a speedy death, or that someone might try to enforce a written document in a way that was not intended. As Paddy, one of the participants, said about formal documents in relation to healthcare plans: “that does reduce your flexibility, ’cause then someone tries to make it enforceable, or think that they are beyond help, therefore off they go, versus someone who doesn’t think that, you know”.

Interestingly, older participants who had made enduring powers of attorney and enduring guardianship instruments, seemed the least in need of these as they had very strong and trusting relationships with their appointed younger person who they trusted to make appropriate decisions if the need arose. In fact, it appeared that it was their confidence in their younger person that allowed them the luxury to safely execute these instruments. Relying on their younger person to make appropriate decisions was key to how most people approached planning. Only two older participants acknowledged being ambivalent on the issue of intergenerational trust. In these two cases both the older and younger person lived together, and both of the older participants were encouraged to make formal plans by their younger person, but they declined to do so, in acts of resistance. It was evident in interviews with Rob and his younger participant and grandson Flano that there was major conflict brewing beneath the surface between the adult siblings in the family. Rob’s way of containing this conflict was to not discuss any plans and to stay clear of selecting any one of his adult children over another, as a potential substitute decision-maker for ageing issues. Neither of the older participants in these two pairs with low levels of trust appeared to have confidence in advance health care directives. Rob had been through a traumatic experience when his wife had a stroke and was admitted to hospital. The hospital did not want to actively treat his wife and keep her alive, and they only did so under his authoritative direction. Rob noted with concern that if his wife had a formal advanced care plan or a NFR order in place, it would have been

used to sanction his wife's non-treatment and death. Grant, who was ambivalent on the issue of trust with Harrison, said he did not always agree with Harrison's point of view and therefore he did not discuss plans with him, despite Harrison pushing for formal plans to be made. The position of these two older participants to avoid making plans appeared well justified.

Views on euthanasia.

In relation to planning for healthcare, another theme emanating from this thesis is the in-principle support participants had for euthanasia, in cases of people in extreme pain and/or with no hope of recovery. At the time of writing this thesis, euthanasia was legalised in the State of Victoria, Australia in 2017. Using narrative structural analysis as discussed by Riessman (2008) in chapter three, many participants were quite consistent in how they structured their narratives on euthanasia. Many participants began by agreeing with euthanasia in principle and then explained the circumstances in which it could occur, namely for people in severe or irreversible suffering. The conversations then usually turned to a position of not trusting that proper safeguards could be put in place to protect people against the misuse of euthanasia. Some participants admitted to having changed their mind to support euthanasia as they got older and faced their own health issues. Participants worried about this in the context of having experienced ageism in public discourses, experiencing older people having limited voice in institutional settings such as in some hospital wards and aged care facilities. Indeed, these are sites where older people interact with professionals who might have control or oversight of policies, procedures and decision-making on euthanasia. Others felt passive euthanasia was already being practiced and that the euthanasia debate was a 'red herring'. Only one participant who worked in palliative care outrightly disagreed with euthanasia and at the other end of the spectrum one participant felt that euthanasia should be available to anyone. Some worried that an older person living in an ageist society, or a person who is prone to social isolation or loneliness, may have negative experiences of ageing compared to someone living in a society that reveres older people and that this could influence their desire for euthanasia. Some participant's raised concerns that living in an ageist society, compared to a non-ageist society, could influence older people's quality of life and therefore decisions around end of life. Foucault brings our attention to how ageist language can be used to frame people's identities and how this can be internalised and the negative impact this can have (Irving, 1999). On this issue, the language used about older people is of some concern. Descriptions include, older people being a burden on the health

system, on government budgets, on intergenerational equity, and hospital language that sometimes uses language such as ‘bed blockers’, ‘failed discharges’, ‘frequent fliers’ etc. Some older participants expressed strong concern that situations could arise in which the self-interests of an individual, institution or system may become a motivation for hastening an older person’s death. Despite agreeing with euthanasia, but lacking trust in government’s ability to properly regulate euthanasia, Rob made the following point in a raised voice: “It’s costing too much to keep you alive. They’re not going to say that. It’s costing too much money to keep you alive”.

My own critical social work concern on euthanasia relates to health inequalities and the social gradient of health, which provides evidence that people from lower socio-economic status have much poorer health in general, and much poorer access to quality health interventions (Gong & Kendig, 2016; Hatcher & Dixon, 2017). From a critical social work perspective, it is worth considering whether lower socio-economic citizens such as Aboriginal Australians with poor health measures, lower life expectancy and reduced access to quality healthcare, would be more susceptible to accessing euthanasia. Dominant narratives about older people being a burden on the health system, increasing costs of age pensions, and ageism and intergenerational divisions as raised in this thesis, add to the complexity of euthanasia debates. It can be argued that euthanasia debates need to be more contextualised, particularly in relation to social inequality, inequity and ageism.

Accommodation options and housing in Australia.

Many participants expressed very strong views about not wanting to move into residential aged care facilities (RACFs). Two older participants were already in a RACF, because it was the only practicable option available at the time. One was accepting of the arrangement and satisfied with her care whilst the other, who had been in residential care for many years, described a much more problematic situation. One younger participant strongly emphasised the physical risk to her mum who was living at home, and how placement in a RACF would ameliorate this risk, however her mum was very opposed to this. It was clear that the daughter was focussed on physical risk or harm whilst the mum was focussed on psychological and emotional harm, if moved from her home. It is worth noting that there is little mention of psychological or emotional risk or harm in the literature in relation to placement in a RACF. Social constructionism and postmodernism allow us to appreciate that both the mum and daughter in this case can have independent and valid subjective views, as both are

constructing stories that have meaning and makes sense to them (Berger and Luckmann, 1966).

Participants expressed disappointment in Australian governments handing aged care solutions more and more over to for-profit private markets, believing markets would only deliver options based on profit motives. Participants asserted that more non-institutional options should be available, suggestions included a small group of ageing people pooling together to provide mutual support, such as obtaining a very large house in the community with several rooms and bathrooms. Another option suggested was an accommodation style that had two separate independent dwellings, but joined together, as in the case of a one-up-one-down duplex or attached apartment, to facilitate intergenerational living and support, whilst simultaneously affording separateness and privacy to each other. There are many different options occurring overseas such as Co-Housing models and these have already been discussed in the literature review. There is little doubt that Australian governments have promoted market solutions to ageing (Deeming & Smyth, 2016) and it seems unlikely that markets will result in creative options as requested by participants, if such options do not return profits.

Making plans for older participants was not isolated to their own needs but was interlinked with plans and concerns for their succeeding generations. Indeed, research has also shown that older Australians have a strong intergenerational stake in their children and grandchildren's future (Kendig & Browning, 2016). Again, these concerns of the older participants for younger generations is a much thicker narrative to the dominant narrow narrative, constructed by governments and the media, that portray older people as inconsiderately exhausting the resources of future generations. Participants expressed serious concerns about the escalating costs of housing in major Australian cities like Sydney and Brisbane, as well as the difficulty faced by young people buying their first home. As such older and younger participants were keen to keep their home within the family. Participants' concerns are confirmed in research by Angus (2017), which states that an average property in NSW in 2017 costs 10.8 times a NSW average salary, compared to 5.3 times in 1991, putting housing affordability well out of reach for many people. Many participants expressed disappointment with governments' lack of initiative to facilitate creative accommodation options for ageing, compared to some of the creative options available in Europe. This included disappointment about the untapped potential for intergenerational living that could

facilitate older people to remain in their own homes for longer, and dissatisfaction with major increases in the cost of residential aged care in Australia.

Although none of the study participants were renting their homes in the private rental market, many participants raised concerns that it would be impossible for an older person to afford to rent privately in major Australian cities, if relying on the age pension. The 2016 Australian Census reports the median rent in Inner Sydney to be \$550 per week (Saulwick & Martin, 2017), well out of reach for many older renters. Some participants envisaged this would be a major problem in the future with fewer people owning their own homes as they enter later life. There is also a major and ever-increasing undersupply of public housing in Australia's major cities (Shelter, 2016), meaning there will be less public housing available in the future to support older renters. One participant who worked in the finance industry suggested that when non-home owners get older, they might have to move to the far outer suburbs of cities where rent is cheaper. Indeed, this may well transpire in the future with reports showing that there are a significant number of people in their 50s and 60s who will retire as renters or with mortgages, due to factors such as soaring house prices, lack of housing supply, the impact of divorce etc. (COTA, 2016; Jericho, 2017; Ong, 2016; Piggott, 2016). The rapid increase in house prices also meant some of the older people in this thesis were asset rich and cash poor and struggled to keep up with household bills, in particular having to pay ever increasing council rates as land values increased. Some participants had taken out reverse mortgages to fund their survival or in other cases to fund their lifestyle.

Some younger participants had already moved in to support their older person, some were on standby to do this and others had made offers to the older person to move in with them, should the need arise. It is evident in this thesis that generations worked closely together in relation to optimising accommodation preferences, which is a very different situation to that portrayed in dominant discourses about intergenerational relations and ageing. In addition, participants described endless advantages of remaining at home, a 'place' that has meaning beyond an accommodation function, a place with personal history, a place where they belong. Older participants were seen to function much better at home, especially people with dementia. Studies show that 'place', such as home and community is of significant importance to ageing well (Kendig & Browning, 2016). Living in the community was seen to have the benefit of living amongst diversity, in contrast to retirement villages or aged care facilities that are domiciled almost exclusively by older people. One participant

acknowledged how confronting it was to move into a RACF full of older people. Another participant noted that on her many travels she observed that older people are a lot more visible in the community in Europe, compared to North America and Australia. She thought it was very important for older and younger people to be mixed together and that town planners could do more to bring about more social interaction between younger and older generations. This fits with previous Australian research which shows that older baby boomers wish to live in intergenerational and diverse communities, not just with people of their own age (Quine & Carter, 2006), however there is minimal attention given to this in government policy in Australia and to this end participants in this thesis felt let down.

Another participant spoke of reading about a program that facilitated older people to provide free share-accommodation with a young person, for example a university student, in return for providing some company and some support. Homeshare Australia is one such 'volunteer' run organisation that promotes and facilitates young people being provided with accommodation in exchange for providing 10 hours support to an older homeowner. There are some pockets of this program running in Australia (Homeshare Australia, 2017). The Benevolent Society ran a similar Homeshare program in Sydney from 2000-2004 and 2006-2008, however the program no longer operates (Benevolent Society, 2004; Squires, 2017). Such Homeshare and home care support options come at minimal cost to governments, and it is unclear why governments do not fund such programs as they have potential to provide savings for governments. It is unlikely that markets would facilitate providing such non-profit solutions to deal with ageing populations.

Despite the promotion of planning instruments as a means of increasing client-centred choice, control, autonomy and empowerment, it seems government policies that are underpinned by neoliberalism are doing more to empower markets than to empower older people and intergenerational relations. There is evidence of many acts of resistance to neoliberal policies, particularly in relation to participants coming up with their own solutions to accommodation arrangements. Foucault acknowledges that power operates in many directions, not just top down, or to use Foucault's own words: "where there is power, there is resistance" (Duncome, 2008, p. 210). At the time of writing this thesis, it is worth noting that some new intergenerational housing trends are emerging in Australia. A report by Nikas-Boulos (2017) asserts that many building companies in Australia, for instance Masterton Homes, Elderton Homes and Ansa Homes are receiving increased inquiries about home designs that

accommodate intergenerational living and these building companies are starting to develop new house designs in response to requests to meet the needs of intergenerational living.

Finally, from a social constructionist perspective, as noted in the literature review, Southern and Eastern European nations with poor welfare states and minimal services for older people, see it as the responsibility of the family to provide support to older people, resulting in much higher rates of co-habitation. Alternatively, in strong welfare states in Northern Europe, intergenerational or interfamilial co-habitation is much lower and service provision by the State to support older people is much higher (Dykstra, 2010). Dykstra (2010) also found that intergenerational transfers of time and money were much lower in Northern and Nordic European countries, compared to Southern and Eastern European countries. It is hard to predict how this will play out in Australia as more people end up in the expensive housing rental market and as the population gets older. However, in this thesis it appears the research participants are following the Southern European direction, that is intergenerational co-residency or intent to co-reside, which involves high levels of intergenerational commitment and care. Indeed, research in Australia by Easthope, Liu and Judd (2017) found that multigenerational living is on the increase in Australia, due in particular to increased rents and house prices. The next section will discuss the lived experiences of ageing in different contexts.

Different contexts - different lived experiences of ageing

Comparing lived experiences of ageing with dominant narratives.

Participants spoke in detail about their lived experiences of ageing in different contexts. Participants' lived experiences were mixed and ranged from experiencing deep levels of respect to experiencing ageism, with different experiences mostly relating to different contexts. In particular older participants were much more likely to talk about experiencing exceptionally high levels of respect in the context of interacting with family, intergenerational relations, friends, neighbours and in their local community. Older participants had positive experiences with local agencies such as shops, newsagencies and pharmacies and had mostly exceptionally positive experiences with their local doctor and felt they were respected and treated very well by them. In situations where there were issues with their local doctor, older participants simply found another one, which usually rectified the situation. Conversely, when participants spoke about experiencing ageism, neglect, or even abuse, this was mostly associated with institutions. This included negative media and government narratives about

ageing issues, problematic experiences of aged care facilities and some hospital wards, and in employment discrimination as discussed later in this chapter. Participants also expressed concerns that changes to government aged care policies legitimised aged care providers to increase their profits and take advantage of older people's assets in the form of rising costs of entering aged care facilities.

In other words, in this thesis, institutional ageism and in some instances, institutional neglect or abuse, was of significant concern, whereas this was of much less concern in the context of intergenerational relations, family, friends and the local community. This is quite different to more dominant narratives about elder abuse occurring within intergenerational relations or with relatives and neighbours, a view that gives much less attention to institutional neglect and abuse. This may help provide some context as to why so many participants were intent on resisting institutional care and wanting to remain living in the safety of their home and community. This of course is not to suggest that ageism, elder abuse and neglect does not occur within families, intergenerational relations and other close relationships. It is also possible that from a dialogic performative narrative analysis perspective, as discussed by Riessman (2005) earlier, that participants in this thesis might want to save face about their own families and embellish their positive stories about their own kin and non-kin relationships, however my sense was that participants were forthright and honest in the way they discussed intergenerational relations.

Nevertheless, a small number of younger and older participants thought older people might not be treated well within their families, friendships and in their local community. However, they had no evidence to confirm this. Indeed, they had only experienced high levels of respect themselves, in these contexts. Likewise, some younger participants thought 'other' older people experienced disrespect in their immediate contexts, but when questioned about this, it had not occurred within their own pairing. This suggests that younger and older participants are internalising negative media and government narratives about how 'other' older people might be treated within close family and intergenerational relationships or with friends and in the local community. The Australian Government's Intergenerational Report that is produced every 5 years is but one example that asserts intergenerational divisions (Dow, 2015). Narrative inquiry and Foucauldian ideas helped bring these issues into focus.

In keeping with dominant negative narratives, about intergenerational relations and ageing which will be discussed more in the next section, the Australian Institute of Family Studies

(AIFS, 2016, p.1) makes this claim: “most elder abuse is intra-familial and intergenerational”. This particular report inspired the Australian Law Reform Commission (ALRC) national inquiry into elder abuse initiated by the Australian Attorney-General, Senator Brandis in 2016, titled ‘Protecting the Rights of Older Australians from Abuse’ (Australian Law Reform Commission, 2017). Although the Australian Law Reform Commission (ALRC) into Elder Abuse initially focused on interfamilial and intergenerational abuse, it is clear from an initial report handed down in June 2017 that submissions received during the inquiry expanded attention to systemic and institutional issues, requiring the inquiry to look well beyond interfamilial and intergenerational issues. This is evident in its recommendations noted below:

- Improved responses to elder abuse in residential aged care;
- Enhanced employment screening of care workers;
- Greater scrutiny regarding the use of restrictive practices in aged care;
- Building trust and confidence in enduring documents as important advanced planning tools;
- Protecting older people when ‘assets for care’ arrangements go wrong;
- Banks and financial institutions protecting vulnerable customers from abuse; better succession planning across the self-managed superannuation sector;
- Adult safeguarding regimes protecting and supporting at-risk adults
(Australian Government: Australian Law Reform Commission, 2017)

Theoretical work on social constructionism by Berger and Luckmann (1987), narrative work by Riessman (2008) and work by Foucault (2007) all draw attention to the importance of what is absent in dominant discourses. The ALRC initial findings and recommendations are a welcome new focus that is much more in keeping with participants’ concerns in this thesis and to areas that participants want to bring attention to and see changed, particularly in relation to institutional ageism.

Theoretical understandings of lived experiences.

In narrative inquiry, stories according to Riessman (2001) are not facts but are constructed by factors that actors are exposed to and internalise. The opinions that participants in this thesis formed about ‘other’ older people not being treated well, within their families and local networks, are not coming from their own lived experiences, and therefore appear to come

from external social constructs that they have internalised. Pritchard-Jones (2017, p.9) states, “the failure to see ageism is central to its internalisation” and it seems that some participants were unwittingly susceptible to at least some degree of this phenomenon. In keeping with narrative ideas by Riessman (2008), participants’ positive stories of their own lived experiences within their kin and non-kin family and local networks were often seen by participants as ‘exceptions’, in comparison to what happens to ‘other’ older people. In using narrative in the field of counselling, White (2001) argues that people are dismissive of and downplay evidence which contradicts their own internalised dominant narrative. This allows them to hold on to their dominant narrative, regardless of its validity. Indeed, on reflecting on their own interview stories, some participants openly admitted that they may well have internalised and accepted dominant negative public discourses about older people in relation to family and close networks. This dynamic of internalising dominant narratives also reflects Foucault’s assertion that subjects’ identities are created in the discourses of structures and institutions within which they are embedded (Foucault, 1977 in Calhoun et al., 2012; Wang, 1999).

Institutional experiences.

Many older and some younger participants felt despondent about political institutions in general in Australia and thought politicians were not committed to citizens’ interests, but rather were pandering to big business, consistent with facilitating neoliberal market solutions to issues relating to the ageing population. Many older participants believed politicians and parts of the media socially constructed them as a burden. The Australian Catholic Social Justice Statement for 2016-2017 (pp. 4-10) expresses similar concerns, reporting examples of the media and politicians portraying older people as being guilty of ‘intergenerational theft’, as being ‘burdensome retirees’ rather than ‘productive workers’ and being accused of being ‘bed blockers’ in acute hospital wards. All of these descriptions are underscored by an economic rationalist critique and it appears that governments’ neoliberal policies frame and reinforce these labels and perspectives of older people. Berger and Luckmann (1987, p.110) in writing about social constructionism, argue that institutions are central to taking such social constructs and ‘legitimising’ them as objective realities. Neoliberalism is underpinned by values that promote individualisation, independence, competition, new managerialism, privatisation, productivity and a reduction of the welfare state (Chenoweth & McCauliffe, 2017; Gleason, 2017; Nipperess, 2016). Neoliberalism, as a political ideology objectifies and makes legitimate, older people as a problem (Gleason, 2017; Lloyd et al., 2014). Older

participants took a dim view of these portrayals, however the views of younger participants in this thesis were more mixed, with some being sympathetic to governments having to deal with the challenge of an ageing population. The stories constructed by younger participants, again might be explained through their accepting and internalising of dominant negative social constructions about intergenerational divisions and of older people exhausting resources of future generations. This can be seen to be worrying for younger people, especially as it portrays them as potential victims of alleged intergenerational theft. However, younger participants did not connect to this theft within their own intergenerational pairing.

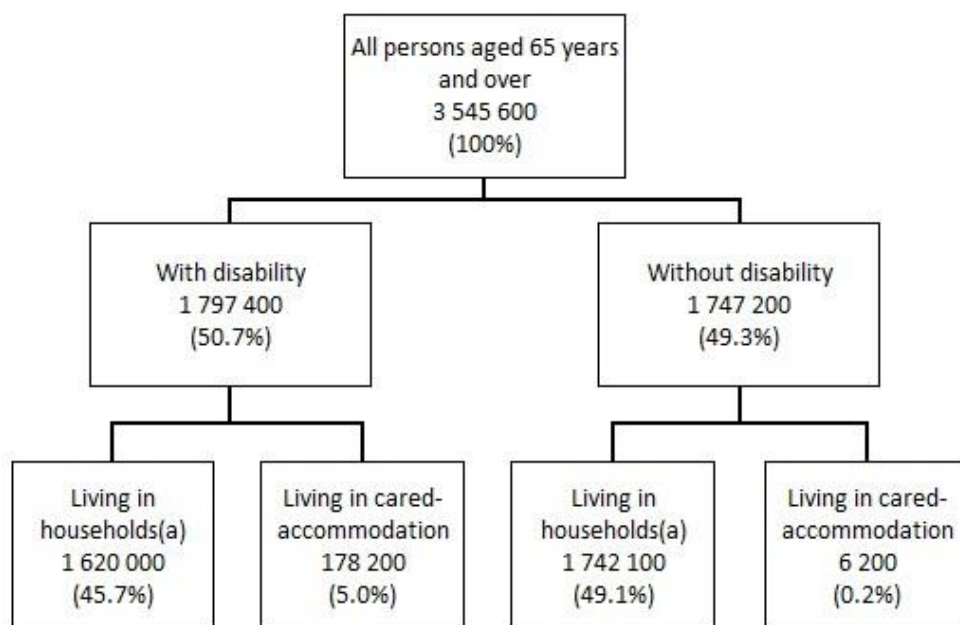
The above scenario sits alongside older people also being seen to be financially comfortable, due to their high rates of home ownership in Australia, a country with a major housing crisis in many of its major cities (Angus, 2017; Piggott, 2016). It could be argued that having socially constructed this intergenerational divide, governments then have cause, or justification, to open the door for markets to step into this space and get older people to pay more towards their own ageing. Evidence of market trends can be seen in the growth of private home help providers, private retirement villages and for-profit and not-for-profit aged care facilities being developed in Australia's major cities in recent years (Bachelard, 2017; Chenoweth & McAuliffe, 2017). Neoliberalism as a dominant contemporary political ideology appears to place little emphasis on the importance of interdependence intergenerational relations. However, participants in this thesis are contesting neoliberal government policies and expressing their own power by working very closely together.

Whilst some participants spoke of receiving very good care in general in hospital, for instance in emergency and cancer wards, some participants spoke of having quite problematic experiences on other wards. One participant, Dotti, spoke of how her mum often felt invisible in her hospital bed as the treating team spoke almost exclusively to her about her mum's health rather than to her mum. Dotti explained that this occurred on multiple occasions. Nevertheless, Dotti noted how her mum resisted this treatment, saying: "like she doesn't let it happen, you know, she is a strong willed person and she will come in if she can". This is just one of several examples of older participants resisting how they are perceived and treated by professionals and indeed sometimes by their own family or friends, displaying what was referred to earlier as 'acts of resistance', described by Foucault (Duncome, 2008, p. 210). Foucault brings particular attention to the growth of disciplines in the eighteenth century and the explosion in diverse techniques used to control certain populations and bring them under

their professional subjugation. Techniques include surveillance, the assessments of subjects, the categorisation and labelling of subjects etc. Foucault termed this 'bio-politics', which is most evident in institutions and in the power bestowed in professionals within these institutions, and this often involves a focus on people's physical and mental states (Foucault, 1976). Concerns raised by some participants about their experiences on some hospital wards, speak to Foucault's concerns about certain groups, such as older people, being subjugated and not having their voices heard, not having their rights to autonomy, privacy and confidentiality respected. Foucault was very wary of such institutional power and surveillance and the problematic identities used by professionals to marginalise certain individuals or groups (Calhoun et al. 2012; Irving, 1999). 'Bed blockers' as mentioned above, is but just one identity. Although participants raised concerns in this thesis about how they were treated in healthcare and residential aged care settings by individual workers, they often perceived the mistreatment that occurred as more to do with the institution or team culture. Margaret, for example, who was left calling out for help to go to the toilet in a hospital aged care ward, said: "so obviously the rules are so strict with these young nurses, they've got to follow". This view appears to be confirmed in other research. A study of acute hospital settings in the U.K. by Rose, Evans, Laker and Wykes (2015) found that nurses expressed frustration about not being able to undertake good therapeutic care due to increased administrative duties and feeling powerless in a managerial and medical hierarchical institution (Rose et al. 2015). Increased new managerialism, which brings high levels of bureaucratic accountability, appears to be prolific in Australia (Creighton, 2017). Creighton (2017) states that there have been a highly disproportionate number of jobs created in managerial type positions in recent years in Australia, compared to jobs for workers operating at the coalface. It seems that many of the concerns highlighted above by Foucault, particularly in relation to institutions, continue to operate. For example, research on attitudes to ageing by O'Loughlin & Kendig (2017) reports that ageism and negative stereotyping of older people by healthcare workers continues to exist, resulting in the devaluing of older people's capacities and capabilities. The Audit Office of New South Wales (2015), Auditor-General's Report, on managing length of stay and unplanned readmissions in NSW public hospitals explains that NSW Health pays particular attention to reducing the length of stay of older and chronically ill patients in hospital and improving bed flow.

Many participants had experiences of aged care facilities, either through direct experience or visiting residents. Whilst a small number of participants gave positive comments about

RACFs, overall participants gave quite negative accounts of RACFs, with some even describing them as ‘depressing’ and ‘horrible’, and places of isolation and loneliness. Whilst the Mental Health Commission of New South Wales (2017, p.7) reports that the majority of older people experience good mental health and live independently in the community, in residential care, over 50% of residents suffer from depression. Lavie, who was in her late 90s and living in a nursing home raised concerns about institutional care but felt she shouldn’t complain as her nursing home had a good reputation. She admitted that she had to wait a very long time for someone to come and help her, and when they did, she said that: “some staff are nasty”. Nevertheless, she too tended to blame the system or institution, stating: “there are not enough staff”. Her story also painted a picture of having minimal interaction with other residents and feelings of isolation and segregation from community life. As such, it cannot be assumed that residential institutional care is the best solution for older people who are living at home alone and experiencing social isolation. Social workers and other professionals ought to keep this in consideration. Similar to hospital research described above by Rose et al. (2015), an Australian study reviewing the literature on residential care, by Walker and Paliadelis (2016, p.E9) found that “that there is an overemphasis on aged care facility staff providing clinical services and completing documentation rather than nurturing social interactions with and between older persons”. In their study, staff in many facilities, did not have sufficient time to engage in meaningful social interactions or relationships, despite this being very helpful for residents’ wellbeing when it did occur. Continuity of staff was seen as essential to achieve this end. Despite participants’ fears in this thesis of ever having to enter residential aged care, only a small number of older people actually reside in residential care. The Australian Bureau of Statistics (2016b, catalogue 4430.0) diagram below in Figure 8.1 shows that 94.8% of Australians over the age of 65, with or without a disability, live at home, with only 5.2% in cared accommodation. Intergenerational and interfamilial relations along with formal services are central to this being the case.



Note:

- estimates have been rounded to the nearest one hundred persons
- due to rounding the sum of sub-totals may not equal totals
- derived from Table 6.1

(a) 'Living in households' comprises all private dwellings and self-care retirement accommodation but excludes cared-accommodation.

Figure 8.1. Disability, Ageing and Carers, Australia (Australian Bureau of Statistics, 2016b, catalogue 4430.0 [2015 survey])

There was no shortage of views from participants in this thesis that nursing homes (Residential Aged Care Facilities, RACF) were problematic places. One participant for instance explained that his wife was refused access to rehabilitation that could have improved her wellbeing, simply on the basis that she was residing in a nursing home. Another younger study participant opened his interview by speaking with a strong sense of urgency that this thesis would be a waste of time if it were not looking to report on institutional abuse and neglect of older people, particularly because of his extensive experiences of aged care facilities with both of his parents over many years. Abuse of older people in institutions is beginning to get some attention. In Wales for instance, the government now sees institutional abuse with older people as such a significant issue that their 'In Safe Hands' policy now includes institutional/organisational abuse as a specific category of abuse (Age Cymru, 2017), alongside other traditional forms of elder abuse such as financial, physical, emotional and sexual abuse. Similarly in Australia, the Australian Law Reform Commission into elder abuse

in Australia in 2016-17 as described earlier, has had to shift the initial focus of its inquiry, to focus more towards institutional neglect or abuse. The work of Foucault (Chambon, 1999) as well as the principles of narrative inquiry (Riessman, 2008) insists that attention be brought to what is absent from dominant narratives and the approach of this thesis has managed to bring more of a focus to institutional ageism, neglect and even abuse.

Challenges to paid employment.

Governments in Australia and overseas are encouraging people to remain in paid work as they age and are implementing social policies accordingly, such as extending the eligibility age to receive an age pension (O'Loughlin & Kendig, 2017). In terms of paid work, some participants spoke about having to deal with age discrimination when looking for work and as such were concerned about governments extending the age to become eligible for an age pension, given the challenges older people were having in finding employment in a rapidly changing technological and sometimes ageist workplace. As Lavie, who was in her late 90s stated: "I think most people think once you are getting old, you can't work anymore, you can't think anymore". Some participants spoke of having to alter their CVs as they got older in order to get jobs and they linked much of this to living in a youth culture. Similar findings about older people's challenges with technological changes and ageism in the workplace have been documented in Australian studies (Deeming and Smyth 2016; O'Loughlin & Kendig, 2017). Participants' concerns are well founded as there is no shortage of evidence that older people face employment discrimination based on age (Adonis, 2017; AHRC, 2015; Deeming & Smyth, 2016). Despite the willingness of older Australians to regain or remain in paid work, Deeming and Smyth (2016) note that policymakers, influenced by neoliberal values, have neglected to address employment issues for older Australians at a policy level. It can be argued that this is mainly because neoliberalism supports minimal interference by governments in society and individuals are seen as responsible for looking after themselves in a market society (Heywood, 2007), including obtaining jobs. However this is of little comfort to participants in this thesis who had experienced age discrimination in relation to work. As stated in 2012 by the Australian Age Discrimination Commissioner, The Hon Susan Ryan: "It appears we have a serious disjunction between the policy of raising the age pension age, the needs of the economy and the persistence of age discrimination in the workforce" (cited in O'Loughlin & Kendig, 2017, p.32).

Government policy, markets and aged care.

With governments giving increased incentives to the market and for-profit providers to enter aged care service delivery, many participants expressed feeling vulnerable to market developments, believing that older people's assets were at risk of being eroded by market arrangements, particularly if the need for residential care arose. Despite government rhetoric to support older people to live at home by providing packages of homecare, by the end of 2017 it had become evident that there were very long waiting times to receive a package of care, with just as many older people on the national waiting list as there were older people receiving packages (Belardi, 2017). This inevitably places older people at risk of needing residential care. Some participants were quite concerned there was not enough government oversight of quality service delivery in residential facilities. As Paddy, who had worked in the finance industry and was attuned to the marketisation of aged care noted: "you gotta watch the bastards closely as they are motivated by profit". Another younger participant who also worked in the finance industry claimed that aged care was an industry where private providers were making big profits. It appears that dominant negative public narratives that socially construct ageing in Australia as a major social problem create space for governments to increase neoliberal policies and increase user pay. The Australian Government's commitment to neoliberal ideas and allowing high cost market solutions to aged care is disconnected with what many participants in this thesis said they want and need, particularly in relation to housing. On the other hand, the availability of social services at home was greatly needed and appreciated. This enhanced participants' quality of life and intergenerational relations, and sustained carers to remain in the carer role. It also helped older people to avoid residential care, which brings significant savings to both governments and older people.

Participants' fears of exploitation by markets appear to have some grounds, evident in the increased cost of entering residential aged care in recent years. In line with soaring house prices in major Australian cities and with older people having historically high rates of home ownership (Ong, 2016), residential accommodation deposits (RAD) required to enter aged care facilities in Australia have increased significantly. Bitar (2017) for instance gives numerous examples of RADs in the Eastern Suburbs and Lower North Shore of Sydney hovering around 1 million dollars, with many facilities also charging additional ongoing fees for extra services on top of regular daily care fees. Residents can opt to pay the RAD as an ongoing daily fee with the interest rate set by the Australian federal government, which was

5.6% in February 2017 (Bita, 2017). As at 30 June 2016, Bachelard (2017) reports that in Australia, “top-tier private aged care companies and big not-for-profits make \$25,000 per bed per year in profits”. Since the federal government introduced major aged care reforms in July 2014 up until March 2016, collectively families in Australia had to find an extra \$3billion a year to move an older relative into residential care, resulting in either having to sell the family home or arrange equity release (reverse mortgage) on the home (Brown, 2016). From, 1 July 2014, up until 30 June 2016, the lump pool of accommodation deposits held by aged care providers in Australia had grown by 40% from \$15.6 billion to \$21.9 billion respectively (Aged Care Financing Authority, 2017). This neoliberal government policy shift facilitates a significant transfer of wealth tied up in housing, from private citizens and families to profit and not-for-profit organisations. Indeed, there was a strong objection from participants in this thesis to the marketisation of aged care and the profit motives of aged care providers. For-profit and not-for-profit aged care providers stand to benefit greatly from the perceived ageing crisis and the ability to charge significantly increased fees. It seems inevitable that private providers will be driven by profit motives as this is their *raison d’être* and they are merely tapping into government neoliberal aged care policies. As mentioned earlier, participants were quite disappointed that governments in Australia have not initiated much in the way of creative and non-profit driven options for aged care issues. However, under neoliberalism, markets are privileged and governments tend to adopt the *laissez-faire* principle of non-interference in economic life (Heywood, 2007 p.452). In addition, it appears that since the aged care sector has been opened up more to increased profit potential, ageing issues have shifted from being a social issue to becoming an industry and an important part of economic life, jobs, productivity and profits. Although older people are supposed to have increased choice and rights through consumer directed care (AHRC, 2017; AIHW, 2017), in a neoliberal context, participants in this thesis asserted that much of these benefits come with a high dollar cost attached.

Contexts of ageism.

Narrative analysis suggests looking out for turning points in participants’ stories (Riessman, 2008; Ryan & Bernard, 2003). In contrast to the older people’s positive lived experiences of ageing in the spheres of family, friends and their local community, participants mainly pointed to institutional spaces such as in the media, government discourses, healthcare, residential aged care settings and employment as locations where ageism, neglect or abuse were experienced. Similarly, research by Minichiello et al. (2012) into how older people are

treated, found that ageism was most pronounced in health systems and employment. Research by the Australian Human Rights Commission (2013), found over half of all Australians believe that older people are discriminated against in healthcare settings, in employment, in government policies and when accessing services. This concern is also backed up in a 2015 Senate Community Affairs Inquiry in Australia which highlighted that older people were particularly vulnerable to institutional violence, abuse and neglect in residential care, due to their age, frailty or disability such as dementia (Senate Community Affairs Reference Committee, 2015). Notwithstanding the good work undertaken by the many institutions caring for older people, for example the care and treatment provided to older people in hospital and residential aged care settings, in government policies that support older people with age pensions and funding home care support services and aged care facilities, it is clear that these same institutions have been identified in this thesis as the spaces in which participants were more likely to experience ageism, neglect or abuse. Because intergenerational relations were strong and relationships with families, friends and the local community were positive in this thesis, this seemed to buffer against participants internalising negative dominant narratives into their own identities. Instead they thought perhaps ‘other’ older people were more exposed to negative experiences of ageing in their immediate environments, but this did not apply to them. Once again, this highlights the important role of intergenerational and other close relationships and how this can help in protecting older people’s own identities and giving them positive experiences of ageing.

Chapter 9: Conclusion

Introduction

This study set out to explore intergenerational lived experiences of ageing in Australia and how intergenerational relations impact this experience. It planned to explore older and younger peoples' perceptions and experiences of ageing and consider this in light of dominant discourses on ageing. The thesis wanted to look at intergenerational expectations of each other in relation to ageing, any arrangements or plans to deal with ageing and costs associated with ageing. It also wanted to examine positive and challenging aspects of ageing. The findings' chapters illustrate that participants had much to say about these areas of exploration. As evident in the findings, participants also raised important points that did not directly relate to the research questions and these are summarised in this chapter.

Contributions to Knowledge

There is little research in the way of giving voices to intergenerational relations in regard to ageing in Australia (Kendig, et al. 2016) and an aim of this thesis was to contribute to this gap in knowledge. This thesis set out to explore ageing from the perspective of younger and older generations, with particular attention given to a number of areas, namely: participants' lived experiences of ageing and considering this in light of how older people are talked about and represented; interactions between generations in relation to ageing; planning for ageing; participants' needs and wants; hopes and expectations; costs associated with ageing; sources of strength in later life and what makes for positive ageing experiences. To achieve this, this study was theoretically underpinned by narrative inquiry and a qualitative methodology, using in-depth narrative interviews. The literature reveals that there are many factors that influence how ageing is constructed, understood and experienced, and as such, social constructionism and postmodernism were important theoretical frameworks to inform the study. Foucauldian ideas have been helpful to consider the influences that professions, discourses, power, knowledge and surveillance, have on the diverse experiences and understandings of later life. Critical social work principles created space to challenge well-accepted assumptions and dominant perspectives on ageing and intergenerational relations, in the hope of improving how later life is experienced in Australia. This thesis has revealed unique insights that are not commonly understood about ageing, older people and intergenerational relations, and these are summarised in the following sections of this chapter.

Dominant Narratives are not Representative of Lived Experiences

This thesis reveals that there are significant discrepancies between the lived experiences of ageing and intergenerational relations, compared to dominant narratives about ageing, older people and intergenerational relations. In contrast to dominant negative public discourses about intergenerational divisions that pit generations against each other and portrays older people as taking resources from future generations, and intergenerational relations being seen as sites of concern for potential elder abuse and neglect (AIFS, 2016; Dow, 2016), older participants in this thesis were instead very worried for future generations. In almost all participant pairs, younger participants acknowledged being the net beneficiaries of support. Intergenerational relations were sites of high levels of commitment, goodwill, mutual benefit and trust. Indeed, intergenerational and interfamilial/kin relations were the backbone to having positive experiences of later life and to remaining living interdependently in the community. The extent of this is rarely acknowledged in government and media reports. These findings are unique, as such high levels of intergenerational involvement and commitment are usually attributed to people from CALD backgrounds, whereas participants in this thesis were all from Anglo Celtic backgrounds.

There was no evidence in this thesis of younger participants exploiting or neglecting older participants, despite the existence of some significant challenges and frustrations with caring roles. Indeed, almost all younger participants' commitment to their older person was expressed with very altruistic, unconditional motives and younger participants had gone to very great lengths to be available to support their older person. Rather than intergenerational relations being sites of concern of exploitation and the like, as is often portrayed in dominant narratives, instead it was in participants' interactions or experiences with institutions, such as the media, governments, healthcare settings and aged care facilities, where they were more likely to experience ageism, elder neglect or even abuse. Concerns about institutions seemed to spill over into views on euthanasia, with almost all participants supporting euthanasia in principle, but they did not trust institutions or others from misusing safeguards that would be put in place. Older participants were particularly concerned about the cost of purchasing or renting a home in Australia's major cities and as their home was often their only asset, they were keen to not have to sell the family home and instead wanted to hand their main asset on to future generations. None of the participants in this thesis were renting in the private rental

market, but participants expressed concern that it would be virtually impossible to rent in Sydney's private rental market if living off the age pension.

Top-down Solutions to Ageing Issues have Limited Appeal to Older People

Participants expressed considerable cynicism towards the marketisation and increasing costs of residential care. This broad finding is set against a backdrop of governments implementing major policy reforms in relation to ageing in Australia, since the Productivity Commission inquiry was released in 2011. From a philosophical perspective, many of these reforms are underpinned by an explicit intention to respond to the issues of an expanding ageing population in Australia, by improving choices, autonomy and self-control for older Australians and to address alleged intergenerational inequity (Productivity Commission, 2011). Despite these stated principles, the participants in this thesis, particularly older participants, were receiving strong messages from others, including health professionals, governments and the media, families and friends, giving them advice and telling them what they should do. For example, older participants had been strongly encouraged to put plans in place for ageing, with an assumption that this is positive and empowering. However, for many of the older people in this thesis, planning ahead was seen to be highly unpredictable and in some cases even quite problematic, depending on each individual's particular situation. There also appeared to be a very strong tendency towards others wanting to protect older people from physical risk or harm and this was often prioritised over psychological risk or harm - that might result from interventions to reduce physical harm. As such notions of choice and control remain hotly contested, despite the rhetoric about empowering older people. Within intergenerational relations, several younger participants had learnt to somewhat step back from providing support and take a more sensitive approach, after realising that providing help could be experienced as disempowering for their older people.

Adjusting to the need to accept assistance is a delicate process that occurs over time. It appears in this thesis that adjustment was required on many fronts, including by younger people and professionals needing to have a greater understanding of the sometimes-disempowering impact that needing to accept help has on older people. The need to move more towards affording older people 'dignity in decline', as has occurred with 'dignity of risk' for people with disabilities', as asserted by Croucher (2017), seems to be a crucial point that needs more embracing. Social workers have an important role to play in this challenging space. Providing information to older people about different options available can be helpful,

but advising them about what they should do is much more problematic. In response to these issues, older participants in particular, resisted recommendations they believed to not be in their best interest. Their resistance took many forms and examples include not accepting help if this was experienced as disempowering or interfering with their autonomy, not making plans for ageing if they perceived this introduced risk, and wanting to avoid institutions such as residential care. Taking a postmodernist perspective allows us to interpret not making plans as an actual plan. Some younger participants felt that older people's expression of choice, decisions to not accept help and desire to remain independent and resilient could be mistakenly interpreted as stubbornness or lacking insight, whereas Foucault's critiques about how language, knowledge, professional interventions and power is understood, can provide quite a more nuanced understanding. Older people's disagreements with advice they are given, does not necessarily indicate a lack of insight or stubbornness and instead may be an expression of their own power and resistance and a desire not to be categorised as old, in light of the negative categorisations of old age.

Given that older people with cognitive deficits were excluded from this study, it is disappointing that older people are not regarded as experts about their own psychosocial wants and needs, despite what is stated in government policies and in the often-used language of 'compassion' and 'care' that is ubiquitous in the mission statements of so many service providers and institutions. Autonomy and choice are further compromised as government policies have turned to markets to provide solutions to deal with the ageing population, resulting in limited options and choices for participants in this thesis. Participants regarded market solutions as driven by a desire for profits, particularly in relation to the cost of entering residential aged care facilities. The discussion chapter verifies the escalating costs of aged care, suggesting that participants concerns are well justified. Many participants were very opposed to residential aged care and instead wanted creative accommodation options, including interrelation or intergenerational living options. Neither markets nor governments are strong in providing these options. Participants feel disappointed and let down by governments and see current policy shifts as merely turning ageing into an industry for business operations and markets.

Later Life as a Profound Life Stage

Dominant narratives that portray older people as vulnerable and weak (AHRC, 2013) do not tell the full story and confuse issues relating to ageing. This thesis helps to deconstruct such

dominant negative narratives about ageing. Even in later life, many of the older participants felt young and thus pushed back on accepting ageing. Contrary to negative views of ageing, later life for many participants was quite a rich life stage, with many older participants leading very busy and productive lives, being engaged in lifelong learning, undertaking diverse activities including advocacy, giving back to their communities and families and friends, and volunteering in important roles. In this thesis, ageing had the effect of bringing intergenerational relations closer together and provided younger people with the opportunity to ‘do the right thing’ and give back to their older person after having received so very much from them over their own lifetime. Committed intergenerational relations added greatly to these positive experiences in later life.

My Positionality and Reflections in the Research Process

The reflections to follow are based on the interviews and field notes taken before, during and after the interviews. In keeping with social constructionism and narrative inquiry, that view reality as socially constructed and that data obtained in research is co-constructed, it was evident that participants were often ‘working’ on me, carefully weighing up how to interact with me, about what to tell or impress on me and what not to tell me. This was influenced by my own ‘positionality’ as a white, educated, middle class male, and university researcher. My accent gave away my cultural background and many participants very much wanted to engage in a ‘social chat’ about this, such as talking about their own Irish ancestry, Irish connections and their travels to Ireland. However, this occurred before recording the official interviews and did seem to facilitate rapid rapport building. A few participants emphasised their Catholic faith and I wondered if this had to do with their awareness of my background being from a very dominant Catholic country. One Rob stated: “It might upset you but I don’t know, I don’t believe in God”. My positionality seemed to influence participants and I therefore felt my theoretical research framework was relevant. Venice for example went to great lengths to impress on me that she was intelligent and had a great brain. Perhaps this forms part of her dominant narrative in daily life, however I wondered if she wanted to impress her intellect on me, possibly because of my positionality as a university teacher and researcher. As an ex-registered nurse she talked about previous meetings with senior health bureaucrats and how the views of nurses were not given much weight. She asserted this was because they were women. It felt evident in her tone that it was really important to her that I heard this message clearly, and I wondered if this was because of my male gender. This is not

to deny that she obviously also wanted this point on gender collected as data, regardless of my gender. Another younger participant, Maria pointed to the many books that she was reading, but for her this appeared to relate to the fact that almost all of the authors were from Ireland, rather than wanting to convey an impression of her intellect, emphasising to me that she was a very ordinary person. Narrative inquiry accepts that these types of dialogic performative phenomena are commonplace in research.

The interview setting also influenced the interviews. Most interviews took place in participants' homes, where I was welcomed and offered tea, with the participants having high levels of control. Whilst I requested privacy when setting up the interviews, often, family members walking past and saying hello during interviews interrupted this privacy. It helped to remind me that my intention to optimise power and control for the participants was real, that I was the guest and I needed to surrender to this. On occasions, sometimes participants whispered their conversations when becoming aware of a family member whom they were discussing was in a room close by, and I also had to respond in a whispering tone. In doing this I was sometimes unsure if I was being respectful of the other person's privacy or if I was colluding with the participant I was interviewing. However, I was sure I was an immersed researcher, co-constructing the data at least in some way. Again, I was satisfied the theoretical framework explicitly acknowledged my position and my influence on the data (Liamputtong, 2010; Sarantakos, 2005).

This leads to another reflection on how different participants interpreted the interview guides that I provided in advance of the interviews. Participants' interpretations of interview guides, primes them with ideas and issues they want to bring to interviews. Noah for example, interpreted and misunderstood parts of the guide and he thought I was undertaking research into institutional abuse. Noah had witnessed institutional abuse or neglect in journeying through ageing with both his parents and this was high on his radar. It seems that he was bringing his lifecourse and lived experiences to his interpretations of what he read and thought about my study. This phenomenon fits within narrative ideas as articulated by Michael White (2001). My own interpretation of readings of 'narrative therapy' writings by Michael White (2001) is that our dominant narratives are like radar we wear on our forehead, with which we scan our universe for issues we are interested in or have concerns with. In doing this, our radar often focuses on messages that confirm and reinforce what we already believe or perceive - our dominant narrative, whilst simultaneously ignoring or dismissing

information that may contradict or thicken out our dominant and more narrow narrative. I imagine that some of these phenomena were at play for Noah. Likewise the work of this thesis has very much involved an attempt to deconstruct and fill out dominant narrow narratives and understandings, or misunderstandings, about ageing and intergenerational relations.

In setting up this study, I was keen to focus on intergenerational experiences and had minimal interest in exploring participants' experiences with healthcare or other institutions. I had worked in healthcare for many years and hoped to focus on something different. However, during the research I discovered this was privileging my own interests over participants' interests. Thankfully my theoretical approach counteracted my own wishes and preferences, as it allowed participants considerable latitude in deciding what they wanted to discuss. This meant participants had space – regardless of my interests - to discuss their experiences of institutions, which turned out to be an important theme of this thesis. Narrative inquiry also allows participants to decide about what they don't want to discuss in interviews. For instance, after I stopped recording an interview with one older participant, she disclosed a very tragic, heart breaking and life-changing event in her life. Despite how this tragic past event was still impacting her current life as an older person, her non-verbal communication suggested the event was off limits for data purposes and I have respected this. However her need to share this story with me seemed quite deliberate and meaningful and it was without doubt a central aspect of her very close relationship with her younger participant. This phenomenon of some stories being off limits has implications for social work practice as will be discussed shortly.

Strengths, Limitations and Options for Further Research

Before making some key conclusions about this study, it is helpful to first discuss the strengths, limitations and options for future research. A key strength of this study is that it provides an intergenerational perspective on ageing in Australia and this is an important, unique and understudied perspective. However on the challenging side, recruiting pairs to participate in an intergenerational study can be quite difficult. After overcoming the challenge of recruiting individual older people, I was then reliant on them recruiting their younger person and often they were unsuccessful in doing this. As I noted earlier, in such cases the older person was not recruited to the study, as they were not allowed to recruit a substitute significant person. Although it was not a deliberate recruitment intention of this study, it is

worth noting that all participants in this study can be identified as Caucasian, thereby excluding understandings of people from culturally and linguistically diverse backgrounds (CALD). On the upside of this, the findings are rich with data about Caucasian intergenerational relationships that challenge dominant stereotypes that perceives Caucasians to have weak intergenerational ties (Weston & Qum 2016). Other intergenerational studies raise concerns that participants with stronger intergenerational relations are more likely to participate in intergenerational studies (Fingerman et al. 2013). However, I found to my surprise that many participants were forthright, often quite outspoken and occasionally quite critical about their partner in this thesis.

Future intergenerational research on ageing in Australia could include participants from CALD backgrounds and participants across a more diverse range of socio-economic groups. Future research could also explore intergenerational relations and ageing among blended families and stepfamilies. Moreira (2013), reviewing literature on intergenerational relations found that older people had a higher percentage of strained relationships with stepchildren, and children of divorced parents had ambivalent relationships with the absent parent, usually the dad. Participants in this thesis had significant interest in alternative accommodation options, including intergenerational and interfamilial living and this is certainly an area of future research worth pursuing. As noted in the literature, in European countries there are strong links between weak welfare States and strong intergenerational commitment, suggesting that government policies influence social norms and culture and vice-versa. It is unclear, if the strong mutual unconditional goodwill within intergenerational relations in this thesis is a response to a gradual retraction of the welfare state and a pushing back on expensive market solutions, or if it is simply reflective of strong evolving intergenerational relations.

A limitation of this study is that it excludes a broad range of people who experience ageing, including older people who may give or receive care to a spouse, partner or older friend and older people who are estranged from intergenerational relations and older people who may be socially isolated. For such older people, it might well be the case that they become more vulnerable when faced with disability, frailty and at risk of neglect or even abuse. It is important that social research, social policy and human/social services pays attention to and explores the needs and wants of these groups of older people. Additionally, none of the participants in this study were in the private rental market and it is evident from this study

that older people who rely on the age pension would be seriously disadvantaged and at risk of poverty and even homelessness, particularly if they do not have intergenerational relations or connections, and therefore ought to be a focus of future studies. Their ageing experiences and their foci of concern may be very different.

Despite the diversity of participants in this study, it is worth noting that older participants in this study were all eligible to receive a full or part age pension. As such the findings may well be class-based and intergenerational perceptions and experiences around ageing issues may well be different in higher social classes. It will be interesting to track how intergenerational relations and commitment track longitudinally with neoliberal policies, a retraction of the welfare state and lengthy waiting times to receive support services. This study provides significant in-depth insights that open up ageing to different perspectives and understandings. However, it should be noted that the findings of this qualitative study are not generalisable.

Implications for Social Work Practice and Education

In this thesis, ageism and oppression of older people mostly came into play when participants discussed experiences of institutions, such as in government discourses and policies; in media discourses and when interacting with some hospital wards and residential aged care facilities. This sends a clear message that social workers need to avoid being co-opted into oppressive practices and discourse of these systems and to stand strong in their social work role as advocates. This can be quite a challenging task, particularly as teamwork can be central to aged care social work as well as the fact that older people can be seen as a burden on the health system. Pressure to reduce the 'length of stay' of older people in hospital and to expedite discharges can be high. Australian research by Greenslade (2015) into social work in contemporary social work settings, found that social workers often found it unsafe to undertake overt acts of resistance to oppressive aspects of systems and as such many resorted to what Greenslade termed 'covert activism'. This does not involve poor or unethical practice, but rather is about doing subtle, strategic and creative activism and not bringing attention to such action. This thesis demonstrates that understandings about ageing, older people and intergenerational relations are often misunderstood and the role of social workers ought to involve using their social work knowledge to bring other professionals to more informed understandings of ageing issues. This work can be done in subtle ways when having conversations about clients, or this can also be undertaken by more formal means such as presenting social work perspectives at hospital grand rounds when professionals come

together to discuss particular cases and medical issues, or at professional development sessions or other such forums.

There can be significant tensions between balancing social work values and the rights of older people with organisational demands. Older people that have family or intergenerational support may be able to undertake self-advocacy and provide acts of resistance in these settings if necessary, however it would seem clear that older people who do not have this support may rely almost exclusively on social workers to fill this role. Therefore social workers may need to give particular attention to older people who are living alone, socially isolated or without available supports and advocates. It needs to also be remembered that well-meaning interventions can sometimes be experienced by older people as oppressive, and great sensitivity is required around balancing risk to older people with their rights. Social workers can empower and make older clients and/or their significant persons aware of their rights to make decisions that they believe are in their best interests, in situations where they may not have the personal resources to question or challenge professional 'expert' advice. There are few social workers employed in aged care facilities in Australia and therefore there is no data on this. However it appears that there is great opportunity and need for social work to expand its services into residential aged care facilities.

Clients' untold stories that are off limits can often be blind spots that hold the key to a greater understanding of what has meaning in people's lives and this was a concept that came through in this thesis. Maria, the daughter of Maggie explained that she would not disclose to health professionals about the various traumas that her mum had endured throughout her life and which bonded them both so tightly together and led to her undying commitment to give back and care for her mum at home. Maria acknowledged surprise that she had disclosed her mum's many traumas to me in the interview. Similarly, I could only imagine the challenges and abuses experienced by Grant as a gay man born around 1931 and how this might still impact his later life, however he did not disclose his sexual identity to me and therefore I did not discuss this with him. This disclosure came from Harrison, his younger participant. Likewise, in social work practice, I often felt that the most important stories that shaped people's lives are not disclosed to professionals, including social workers and counsellors in healthcare and other settings. When by chance, these hidden stories are revealed, they often lead to much more empathic understandings. Because of these hidden stories, the assessments, understandings and conclusions social workers and other professionals make

about clients, can sometimes be problematic. Hidden stories demand that workers need keep a very open mind and position of accepting that we cannot be confident that we know the whole story or have an accurate understanding of our clients.

As noted earlier, social work students and practitioners have limited interest in studying ageing or working with older people. This is based on misinformed assumptions that this work is not interesting or restorative, and perhaps students or social workers' own ageism also plays a role in this lack of interest. This thesis has attempted to illustrate that the study of ageing and social work practice with older people and the significant people in their lives is indeed a very dynamic and interesting area of education, research and social work practice. In light of ageing populations there is a growing demand for social workers and other professions in the field of aged care and it would seem important for universities to include studies on ageing as core social work subjects. Without in-depth knowledge in this area, it will be challenging for social workers to engage with critical social work practice. My own experience of teaching ageing in my current role at an Australian university is that studies of ageing have quite a positive transformational and inspirational impact on students at a personal and professional level, resulting in more students wanting to work in this sector.

Theorising Ageing and Links to Policy

The introduction of consumer directed care and other policy initiatives to empower older people, sounds like a positive theoretical shift away from previous arrangements whereby service providers have dictated what older people need and how this would be delivered (AIHW, 2017). However, the implementation of these policy shifts coincides with increased neoliberal policies that are rolling back the responsibilities of the welfare state and looking to market solutions. As a result, at the time of completing this thesis in late 2017 there were increasingly very long waiting times to receive government supported home care packages, meaning older people were missing out on receiving the help they need (Belardi, 2017), and this in turns put them at risk of needing to enter what has become expensive residential care, which is not the desired destiny of the vast majority of participants in this thesis. Likewise, neoliberal policies and markets are not delivering the choice of accommodation options that older people want. As such, theoretical principles of promoting choice and control and empowering older people are often limited to rhetoric. This thesis theorises that there is an inherent conflict of interest in terms of markets and profit driven aged care providers being charged with empowering older people and expanding their preferred options, choices and

control. It will be interesting to observe the impact that the marketisation of aged care and a gradual reduction in the welfare state, will have on intergenerational relations and Australian society in the years ahead.

Given the multiple factors that impact on the experience of ageing as highlighted in this thesis, and as is also evident in the literature review, this thesis promotes a 'social context model of ageing'. Such a theory expands attention beyond seeing ageing through chronological age and the experience and responsibility of an individual's own journey. A social context model sees ageing as influenced by a broad range of positive, negative and ambivalent factors that operate within social contexts. Such considerations can include the role or absence of intergenerational relations; the influence of ageism; dominant discourses on ageing; insufficient acknowledgement of the significant social and intergenerational contribution of older people; ability of older people to access appropriate affordable housing and quality affordable residential care; ability to access quality and timely healthcare and home care services; having sufficient income; the impact of government ideologies such as neoliberalism including the valuing of individualism and independence; the emphasis on paid employment participation and economic productivity; markets and youth culture; sexism and lifecourse experiences, just to name a few. Having a greater appreciation of these influences has the potential to help all of us view ageing populations and older people, not from an apocalyptic perspective, but in a more diverse, positive, holistic and informed light. This can help to afford older people a fuller experience of their rights and dignity in what has the potential to be a profound and positive life stage, a destiny that awaits most of us.

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**Appendix 1 -
Interview Guide, Significant Person**



Social Work and Policy Studies

Faculty of Education and Social Work

Ethics Approval No. 2015/921

Study Title/Question

Exploring intergenerational experiences of older people's ageing in Australia and future planning, from the perspectives of older people and a person they identify as a significant person in their life who is from a younger generation.

The following questions and topic areas will act as a guide for the interview and you will also be able to discuss topics that you feel are important to this area of study:

- What are your experiences of growing old in relation to the older person in your life who is in this study
- Comment on your interactions with the older person in relation to this?
- From your involvement with the older person who has identified you for this study, how do you think older people are represented and talked about in Australia
- How does this fit with your own experience of the older person's ageing?
- Have you considered or made plans in relation to the needs and wants of the older person and have you done this separately or together?
- What are your hopes and expectations of each other as the older person ages?
- Have you given thought to, or discussed the costs involved for the older person living through old age?
- What are the strengths you draw on and challenges you face to help you support the older person to adjust to growing old?
- What do you think is essential to enhance the experience of old age?

After the interviews are transcribed you will be offered a copy of the interview for you to check that it accurately reflects the information you expressed in the interview. After the study is completed you will be offered a summary of the study.

**Appendix 2 -
Interview Guide, Older Person**



Social Work and Policy Studies

Faculty of Education and Social Work

Ethics Approval No. 2015/921

Study Title/Question:

Exploring intergenerational experiences of older people's ageing in Australia and future planning, from the perspectives of older people and a person they identify as a significant person in their life who is from a younger generation.

The following questions and topic areas will act as a guide for the interview and you will also be able to discuss topics that you feel are important to this area of study:

- What are your experiences of living your older life?
- Comment on your interactions with your significant person in relation to this?
- How do you think older people are represented and talked about in Australia?
- How does this fit with your own individual and intergenerational experience?
- Have you considered or made plans in relation to your needs and wants in growing old and have you done this separately or together with the younger person?
- What are your hopes and expectations between you and your significant person in your older life?
- Have you given thought to the costs of living through your older age?
- What strengths do you draw from within and outside yourself, to add to your experience of growing old?
- What do you think is essential to enhance the experience of old age?

After the interviews are transcribed you will be offered a transcript of the interview for you to check that it accurately reflects the information you expressed in the interview. Accepting or responding to this offer is optional. After the study is completed you will be offered a summary of the study.

**Appendix 3 -
Participant Consent Form**



Social Work and Policy Studies

Faculty of Education and Social Work

Chief Investigator: Dr. Joanne Clarke

Room 734

Faculty of Education and Social Work

University of Sydney

Email: joanne.clarke@sydney.edu.au

+61 2 9351 2281

Ethics Approval No. 2015/921

Title of Study

Exploring intergenerational experiences of ageing in Australia from the perspectives of older people and a person they identify as a significant person in their life who belong to a younger generation.

PARTICIPANT CONSENT FORM

I, [PRINT NAME], agree to take part in this research study. In giving my consent I state that:

- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- I understand that being in this study is completely voluntary I can withdraw from the study at any time.
- My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of Sydney.
- I understand that if unforeseen issues arise in the course of the interviews in relation to my own wellbeing or safety, the researcher would need to raise this with his supervisor and I could be withdrawn from the study.
- I understand that I may stop the interview at any time and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study.
- I understand that I may refuse to answer questions.

**Appendix 4 -
Participation Information Statement**



Social Work and Policy Studies

Faculty of Education and Social Work

Ethics Approval No. 2015/921

ABN15211513463 _____

Chief Investigator: Dr. Joanne Clarke

Room 734

Faculty of Education and Social Work

University of Sydney

Email: joanne.clarke@sydney.edu.au

+61 2 9351 2281

Exploring intergenerational experiences of ageing in Australia from the perspectives of an older person and a person they identify as a significant person in their life who belongs to a younger generation.

Participant Information Statement

What is the study about?

You are invited to take part in a research study that will examine experiences of ageing from the perspectives of an older person and a person they identify as a significant person in their life. This intergenerational that has the potential to provide understandings about how growing old is constructed, experienced, negotiated and planned for, between older and younger generations and as such I am interested in what you have to say. You have been invited to participate in this study because an older person has identified you as a significant person in their life and you are at least 16 years younger than the older person. Interpreters will not be used in this study and as such you are satisfied that you can understand and express your views sufficiently in the English language. You are aware that people who

have dementia or other cognitive impairment will not be recruited to the study and that people who are blind will not be recruited, as I will be interviewing participants alone and want to avoid any risks associated with this. If you have poor hearing you will be required to use hearing aids, alternatively I can provide a hearing loop. This Participant Information Statement will help you decide if you want to take part in the research. Participation in this research study is voluntary and it's up to you whether you wish to take part or not.

By giving consent to take part in this study you are telling us that you:

- ✓ Understand what you have read.
- ✓ Agree to take part in the research study as outlined below.
- ✓ Agree to the use of your personal information as described.

You will be given a copy of this Participant Information Statement to keep.

Who is running the study?

The Chief Investigator/Supervisor is Dr. Joanne Clarke, the Auxiliary Supervisor is Associate Professor Fran Waugh, Social Work and the PhD research student is Francis Duffy. All are employed at Social Work and Policy Studies, University of Sydney. Francis Duffy is conducting this study as the basis for the degree of PhD at The University of Sydney. This will take place under the supervision of Dr. Joanne Clarke.

What will the study involve for me?

You will be asked to participate in a 60-90 minute one-on-one interview and this interview will be recorded. The interview will take place in a venue of your choosing, including your home if this is your preference and it is envisaged interviews will occur around early 2016. To afford respect and confidentiality to you a quiet location is preferable. You will be offered the opportunity to check a summary of the interview after the researcher writes it up. In the event that the researcher requires further exploration or clarification of the information you provided a second interview with you will be requested.

Do I have to be in the study? Can I withdraw from the study once I've started?

Being in this study is completely voluntary. Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of Sydney. If you decide to take part in the study and then change your mind later, you are free to withdraw at any time or to stop the interview at any time and unless you say that you want us to keep them, any recordings will be erased and the information you have provided will not be included in the study results. You can do this by advising the

research student Francis Duffy or the principal research supervisor, Dr. Joanne Clarke as per the contact details listed above. You may also refuse to answer any questions that you do not wish to answer during the interview. If you decide to withdraw from the study, we will not collect any more information from you. Please let us know at the time when you withdraw what you would like us to do with the information we have collected about you up to that point. If you wish, your information will be removed from our study records and will not be included in the study results up to the point that we have analysed and published the results.

Are there any risks or costs associated with being in the study?

Aside from giving up your time, we do not expect that there will be any risks or costs associated with taking part in this study. However when discussing issues about personal experiences around ageing there is some potential for emotional discomfort. The researcher has a list of community services, including social work services that can provide support to address issues should the need arise. The researcher is familiar with policies and procedures around elder abuse and neglect and agencies and organisations that can respond to these issues should you disclose such issues during interviews. If exceptional issues arise during the interview that indicate it is unsafe for your wellbeing or inappropriate for you to be in the study, you may be asked to withdraw from the study.

Are there any benefits associated with being in the study?

We cannot guarantee or promise that you will receive any direct benefits from being in the study. However the findings may help to influence social policy in this field of study and improve human service practices with older people and their families, friends and carers.

What will happen to information about me that is collected during the study?

The researcher will collect information relating to the topic areas covered in the interview guide provided. You can also provide information on topic areas you deem to be important for this study. Interviews will be recorded, transcribed and eventually analysed. The findings of the study may be published, for example in journals or books or may be presented at conferences, workshops or in educational settings. You will not be identified or be identifiable in any publication of the findings. Your personal information will be stored separately from the data and kept confidential and would only be made available in exceptional circumstances, for example by court order or subpoenas. After the study is completed the interview recordings will be securely stored at the University of Sydney for a period of 7 years after which time the recordings will be destroyed. The data will only be accessible by the researcher and his supervisors. By providing your consent, you are agreeing to us collecting personal information about you for the purposes

of this research study. We will keep the information we collect for this study, and we may use it in future projects and would seek ethics approval for this. By providing your consent you are allowing us to use your information in future projects. We don't know at this stage what these other projects will involve.

Can I tell other people about the study?

Yes, you are most welcome to tell other people about the study and invite them to participate in the study if they so desire.

What if I would like further information about the study?

When you have read this information, Francis Duffy will be available to discuss it with you further and answer any questions you may have. If you would like to know more at any stage during the study, please feel free to contact Francis Duffy, Social Work and Policy Studies, University of Sydney, phone 93513410 or email francis.duffy@sydney.edu.au

Will I be told the results of the study?

You can tell us if you wish to receive a summary of the final report by ticking the relevant box on the participant consent form and this summary will consist of a few pages of a lay summary.

What if I have a complaint or any concerns about the study?

Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study has been approved by the HREC of the University of Sydney, protocol number 2015/921. As part of this process, we have agreed to carry out the study according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect people who agree to take part in research studies. If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the university using the details outlined below. Please quote the study title and protocol number.

The Manager, Ethics Administration, University of Sydney:

- **Telephone:** +61 2 8627 8176
- **Email:** ro.humanethics@sydney.edu.au
- **Fax:** +61 2 8627 8177 (Facsimile)

This information sheet is for you to keep

Appendix 5 - Ethics Approval from the University of Sydney



Research Integrity
Human Research Ethics Committee

Monday, 14 December 2015

Dr Joanne Clarke
Social Work & Policy Studies; Faculty of Education & Social Work
Email: joanne.clarke@sydney.edu.au

Dear Joanne

I am pleased to inform you that the University of Sydney Human Research Ethics Committee (HREC) has approved your project entitled **“An exploration of intergenerational experiences of ageing in Australia and future planning, from the perspectives of older people and a person they identify as a significant person in their life who belongs to a younger generation.”**.

Details of the approval are as follows:

Project No.: 2015/921
Approval Date: 10 December 2015
First Annual Report Due: 10 December 2016
Authorised Personnel: Clarke Joanne; Waugh Frances; Duffy Francis;

Documents Approved:

<u>Date</u>	<u>Type</u>	<u>Document</u>
08/12/2015	Participant Info Statement	Participant Info Statement-Significant Person, version 2
08/12/2015	Advertisements/Flyer	Research Advertisement Direct Appendix 5.1 version 2
08/12/2015	Participant Info Statement	PARTICIPANT INFORMATION STATEMENT – Older Person, version 2
17/10/2015	Participant Consent Form	PartICIPANT CONSENT FORM Appendix 1.0
17/10/2015	Recruitment Letter/Email	Participant Recruitment, Appendix 4.0
17/10/2015	Advertisements/Flyer	Research Advertisement to Organisations, Appendix 5.0
17/10/2015	Participant Consent Form	Consent to Contact Significant Person, Appendix 1.1
17/10/2015	Interview Questions	Interview Guide, Older Person, Appendix 3.0
17/10/2015	Interview Questions	Interview Guide – Significant Person, Appendix 3.1

HREC approval is valid for four (4) years from the approval date stated in this letter and is granted pending the following conditions being met:

Condition/s of Approval

- Continuing compliance with the National Statement on Ethical Conduct in Research Involving Humans.

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ABN 15 211 513 464
CRICOS 00026A



- Provision of an annual report on this research to the Human Research Ethics Committee from the approval date and at the completion of the study. Failure to submit reports will result in withdrawal of ethics approval for the project.
- All serious and unexpected adverse events should be reported to the HREC within 72 hours.
- All unforeseen events that might affect continued ethical acceptability of the project should be reported to the HREC as soon as possible.
- Any changes to the project including changes to research personnel must be approved by the HREC before the research project can proceed.
- Note that for student research projects, a copy of this letter must be included in the candidate's thesis.

Chief Investigator / Supervisor's responsibilities:

1. You must retain copies of all signed Consent Forms (if applicable) and provide these to the HREC on request.
2. It is your responsibility to provide a copy of this letter to any internal/external granting agencies if requested.

Please do not hesitate to contact Research Integrity (Human Ethics) should you require further information or clarification.

Yours sincerely

**Associate Professor Rita Shackel
Chair
Human Research Ethics Committee**

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research (2007), NHMRC and Universities Australia Australian Code for the Responsible Conduct of Research (2007) and the CPMP/ICH Note for Guidance on Good Clinical Practice.

**Appendix 6 -
Participant Demographical Information**

Participant Pair names	Age	Gender	Retirement Age	Relationship	Living Arrangement
Venice Larry	80 18	F M	61 Student	Grandmother Grandson	Venice lives alone in own home in Queensland, Larry close by
Jean Rosie	79 ?	F F	72 Working	Ex-same sex partners	Jean lives alone in own home in Sydney, Rosie lives in neighbouring country to Australia
Margaret Mary	97 76	F F	93 61	Mum Daughter	Margaret lives in own home in Sydney, Mary is 2 hours away
Rob Flano	87 22	M M	65 Student	Grandfather Grandson	Rob lives in own home in Sydney, Flano, siblings and mother moved in with him
Maggie Maria	93 70	F F	85 68	Mother Daughter	Both live alone in same block in public housing in Sydney
Betty Sonja	74 45	F F	70 Working	Mother Daughter	Betty lives with husband in own home in Sydney, Sonja bought the house next door
Lavie Noah	97 ?	F M	Undisclosed Working	Mother Son	Noah lives in the Middle East, Lavie lives in Sydney RACF
Erin Paddy	87 ?	F M	50s Retired	Mother Son	Erin lives alone in own home in Sydney, Paddy bought a house a few doors away
Brigid Dotti	91 63	F F	Undisclosed 62	Mother Daughter	Brigid lives in RACF in Sydney, Dotti lives 2 hours drive away
Jacky Della	82 ?	F F	60 Carer pension	Mother Daughter	Jacky lives in own home in Sydney with husband who has dementia, Della moved in from US
Kane Kitty	83 59	M F	62 Working	Father Daughter	Kane lives with wife in own home in Sydney, Kitty lives interstate and plans to move in with parents if need arises.
Grant Harrison	86 34	M M	60s Dis. Pension	Gay Friends	Harrison moved in to support Grant in Sydney public housing
Bob Ronan	78 ?	M M	70, now Volunteer	Father Son	Bob lives with wife in own home in Sydney, Ronan lives in Sydney

**Appendix 7 -
Participant Planning Information**

Pair name	Home Ownership	Guardianship (lifestyle)	Power of Attorney (money)	Advance care directive	Will	Informal Plans	Trust younger person
Venice Larry	Venice owns home in Qld.	No	No	No	Yes	Yes	Yes
Jean Rosie	Jean owns home in Sydney	Yes- friends, not Rosie	Yes, appoint other friends in Sydney	Yes	Yes	Yes	Yes +
Margaret Mary	Margaret & Mary own, own home	No	Yes- Mary and her son	No	Yes	Yes	Yes +
Rob Flano	Rob owns home, Sydney	No	No	No	Not disclosed	No	Unsure with Daughter (grandson in study)
Maggie Maria	Both in public housing	No	No	No	No	Yes	Yes
Betty Sonja	Betty and Sonja own, own home	No	No	No	No	Yes	Yes +
Lavie Noah	No, in RACF Son - unknown	Yes - Noah	Yes - Noah	Yes, with Noah	Yes	Yes	Yes +
Erin Paddy	Both own home in Sydney	No	No	No	Not disclosed	Yes	Yes +
Brigid Dotti	Dotti owned home	No	Yes - 2 sons	NFR	Not disclosed	Yes	Yes +
Jacky Della	Jacky owns home Della, unknown	No	Yes - Della	No	Yes	Disputed between Jacky and Della	Yes +
Kane Kitty	Kane owns home Kitty, home interstate	Yes - appointed son	Yes - appointed son	NFR	Yes	Yes	Yes
Grant Harrison	Grant and Harrison in public housing	No	No	No	Not disclosed	Not disclosed	Unsure
Bob Ronan	Bob owns home Ronan unknown	Yes, appointed son	Yes - son	Yes, with son	Yes	Yes	Yes +

Appendix 8 -

NVivo Qualitative Analysis Data Software: Snapshot of Parent Nodes

(Drop down menu from parent notes has child nodes and grandchild nodes)

Nodes

Name	Sources	References
Ageing brings families together, opportunities	1	1
Ageing models overseas	2	2
Ageism	7	13
Carer issues and experiences	2	2
Communication advances and technology	5	19
Diversity and importance of I.R., I.R. language, dynamics	2	2
Employment	10	31
Expectations within pairs	17	62
Experiences of Institutions	1	1
Finances	26	90
Government discourses and policy	22	63
Housing and accommodation	17	46
How older people are treated, lived experiences	0	0
Independence and complexities around receiving help	4	16
Impact of health issues	0	0
Impact of study	7	13
Importance of Relationships with services, Prof. family etc	0	0
Importance of routine	1	1
Incongruent narratives	3	3
Lifecourse	14	30
Media messages about ageing and I.R.	10	20
Older generations worry about younger generation	5	9
Older peoples' rights, sharing information, privacy, confide	3	8
Overall experience of ageing	24	71
Planning ahead, complexity and impact of I.R.	12	26
Positive and diverse ageing	0	0
Privatisation and marketisation of aged care	4	8
Pushing back on ageing and adjusting to ageing	6	11
Reciprocity	11	22
Research process, reflection on study	0	0
Residential Care	0	0
Retirement, employment, productivity	2	2
Risk issues	5	14
Services	16	72
Social Work	7	20
Volunteering and advocacy work	7	10
Window into ageing for younger person	6	11
Young people's views on how older people are treated	4	8

Appendix 9 - Express Scribe Transcription Software

The screenshot displays the ExpressScribe Transcription Software interface. At the top, the menu bar includes: ExpressScribe, File, Control, View, Notes, Bookmark, Preferences, Tools, Window, and Help. The status bar shows '0:00:00.0 Express Scribe Transcription Software'. Below the menu bar is a toolbar with icons for Sync, Load, Load & Delete, Dock, Dispatch, Done, Scribe Mini, and Preferences. The main area features a table with the following columns: Dictation Name, Sender, Date, Time, Duration, Priority, Deadline, and Notes.

Dictation Name	Sender	Date	Time	Duration	Priority	Deadline	Notes
Betty	Unknown	2014-09-07	04:29:30	66:58	Normal		
Brigid	Unknown	2014-09-22	02:21:24	80:30	Normal		
Della	Unknown	2014-08-27	02:34:16	63:31	Normal		
Dotti	Unknown	2016-03-18	15:59:00	73:01	Normal		
Erin	Unknown	2014-08-14	23:06:06	65:55	Normal		
Flano	Unknown	2016-06-15	12:48:36	0:00	Normal		
Grant	Unknown	2016-05-13	14:50:30	68:12	Normal		
Harrison	Unknown	2016-05-13	13:15:10	75:36	Normal		
Jacky	Unknown	2014-08-27	03:44:04	25:01	Normal		
Jean	Unknown	2016-05-13	17:38:32	87:42	Normal		
Kane	Unknown	2014-09-09	04:12:38	68:13	Normal		
Kitty	Unknown	2016-04-25	12:29:32	56:33	Normal		
Larry	Unknown	2014-08-26	22:12:52	41:59	Normal		
Lavie	Unknown	2014-09-21	23:27:44	48:53	Normal		
Maggie	Unknown	2016-03-11	17:30:13	63:53	Normal		I
Margaret	Unknown	2016-06-13	13:07:48	0:00	Normal		
Maria	Unknown	2014-09-15	05:22:02	67:01	Normal		
Mary	Unknown	2014-10-20	09:26:42	66:25	Normal		
Noah	Unknown	2014-09-09	06:31:48	58:06	Normal		
Paddy	Unknown	2014-08-15	00:23:56	76:02	Normal		
Rob	Unknown	2016-06-15	11:24:48	75:15	Normal		
Ronan	Unknown	2016-07-07	16:11:17	0:00	Normal		
Rosie	Unknown	2016-06-09	21:12:05	93:40	Normal		
Sonja	Unknown	2014-09-07	06:07:16	47:15	Normal		
Venice	Unknown	2014-09-04	08:47:18	101:13	Normal		
Will	Unknown	2016-07-03	13:45:21	84:18	Normal		

Below the table is a text area with the prompt: <Type notes for the currently selected dictation here>. At the bottom, there are playback controls including a speed slider set to 112%, a volume control set to 0dB, and a progress bar showing 0:00:00.0. The footer text reads: Express Scribe Transcription Software v 5.82 © NCH Software.