

Tell us how you deal with major change in society and the environment as an older South Australian

The Plug-in, an initiative of COTA SA, would like to invite you to take part in our newest project – an opportunity to share your story and improve everyday life for older South Australians.

The Plug-in is supported by Office for Ageing Well and Wellbeing SA to undertake research into the impacts of major events and social changes on South Australian communities.

The following survey explores how you may have navigated major events in your community such as bushfire, drought, economic change, and social changes due to COVID-19. It will also ask you general questions about your wellbeing and access to services.

Your contribution to this project will help inform local programs across South Australia and be shared with decision makers in State Government, Local Health Networks, Local Council, and not-for-profit organisations.

If you would like to participate in this project, please post your completed survey by Tuesday 31st August to:
The Plug-in C/O COTA SA, Reply Paid 85717, HUTT STREET SA 5000

Please ensure you complete all the questions in the survey so that we can accurately record your answers.

If you have any questions, please don't hesitate to contact us.

Thank you,
Elyse Lloyd
Project Officer, The Plug-in

Phone: 8232 0422 (Free call for Country Callers: 1800 182 324)

Email: connect@theplugin.com.au

Instructions for completing the survey:

Please complete each question by marking the relevant boxes, as shown right.

If a question does not apply to you or you do not wish to answer, please select 'N/A' or 'Prefer not to say' – this will help us to complete our data entry accurately.

Mark the box to the left of the item you are selecting:

☒₁.....Yes ☐₂.....No ☐₉₉.....Prefer not to say

Mark 'Prefer not to say' or 'N/A' as needed:

☐₁.....Yes ☐₂.....No ☒₉₉.....Prefer not to say

Firstly, please tell us a bit about you:

1. Please select your age:

- | | |
|---|---|
| <input type="checkbox"/> ₁ ... 50-54 | <input type="checkbox"/> ₂ ... 55-59 |
| <input type="checkbox"/> ₃ ... 60-64 | <input type="checkbox"/> ₄ ... 65-69 |
| <input type="checkbox"/> ₅ ... 70-74 | <input type="checkbox"/> ₆ ... 75-79 |
| <input type="checkbox"/> ₇ ... 80-84 | <input type="checkbox"/> ₈ ... 85-89 |
| <input type="checkbox"/> ₉ ... 90+ | |

2. Do you live in...?

- ☐₁... Metropolitan Adelaide
- ☐₂... Regional/Rural/Remote SA

3. Please record your postcode:.....

4. Which of the following best describes how you identify?

- ☐₁... Man/male
- ☐₂... Woman/female
- ☐₃... Non-binary
- ☐₇₇... Other (please specify):..... ☐₉₉... Prefer not to say

5. What cultural background or ethnicity do you identify with?

.....

6. Please select the answer that best describes your current living arrangement:

- ☐₁... I live independently in my own home with another person/other people
- ☐₂... I live independently in my own home on my own
- ☐₃... I live independently in a retirement village
- ☐₄... I live with others (family/friends) who care for me
- ☐₅... I live in a residential aged care facility
- ☐₇₇... Other (please specify):.....

.....

7. Which of the following best describes your current working status?

- ☐_{1....} Working full-time
- ☐_{2....} Working part-time or casually
- ☐_{3....} Seeking work
- ☐_{4....} Retired
- ☐_{5....} In the process of retiring
- ☐_{77..} Other (please specify):.....
-

8. Are you currently involved in any volunteering?

- ☐_{1....} Yes
- ☐_{2....} No
- ☐_{99..} Prefer not to say

9. Are you part of any community groups (e.g. clubs, social groups, interest groups, etc.)?

- ☐_{1....} Yes
- ☐_{2....} No
- ☐_{99..} Prefer not to say

10. Do you act as a carer for someone else (e.g. spouse, children, grandchildren, etc.)?

- ☐_{1....} Yes
- ☐_{2....} No
- ☐_{99..} Prefer not to say

11. Do you have mobility challenges, sensory issues or vision impairment?

- ☐_{1....} Yes
- ☐_{2....} No
- ☐_{99..} Prefer not to say

We are looking to understand the impacts of technology change on the community. The following questions are about how you use technology.

12. Which of the following technology items do you use at least once per week?

Please select all that apply.

- ☐ 1.... Computer (desktop/laptop)
- ☐ 2.... Tablet device (e.g. iPad, Galaxy tab)
- ☐ 3.... Smart phone (can access internet)
- ☐ 4.... Wearable device (Fitbit, smart watch, etc.)
- ☐ 5.... Smart TV (connected to internet)
- ☐ 6.... Smart speaker (e.g. Echo, Alexa, Google Home, etc.)
- ☐ 7.... Home automation products (video doorbell, security, automated lights, etc.)
- ☐ 77.. Other devices (please specify):

.....

.....

- ☐ 98.. Not applicable – I do not use products like this

13. When it comes to new technology, which of the following best describes you?

Please select one option only.

- ☐ 1.... I like to be one of the first to try new technologies
- ☐ 2.... I will normally try new technologies once they are widely available
- ☐ 3.... I am normally the last person in my social group to start using new technologies
- ☐ 4.... I don't use technology for anything unless I have no other option
- ☐ 98.. Unsure / Not applicable

14. What has assisted you to use new technology when you have needed to?

Please select all that apply.

- ☐1....Personal experience (e.g. long-term use)
- ☐2....Formal education programs
- ☐3....Skills development through work/volunteering
- ☐4....Support from friends and family
- ☐5....Support from technology service providers
- ☐6....Support from other organisations
- ☐7....Intuitive design of technology/online services
- ☐8....Self-education materials
- ☐77..Other (please specify):

.....

.....

.....

.....

- ☐98..Not applicable – I do not use products like this

15. Thinking specifically about people over 50 years who live in your area, is there anything that would help you and others to make better use of technology?

.....

.....

.....

.....

.....

.....

The following questions are about events you may have experienced recently.

16. In the past five years, have any of the following community-wide events impacted you personally? *Please select all that apply.*

- ☐_{1....} COVID-19 ☐_{2....} Bushfire
☐_{3....} Drought ☐_{4....} Flood
☐_{77..} Other (please specify):

17. Has anything about the economy in your community changed in the past five years? *Please select all that apply.*

- ☐_{1....} Major employer(s) left the area
☐_{2....} New major employer(s) in the area
☐_{3....} Major changes to the types of businesses in the area
☐_{77..} Other (please specify):
☐_{88..} No – have not noticed any changes

18. Thinking about major community-wide events that may have occurred in the past 5 years (including bushfires, effects of climate change, COVID-19, and economic downturn), which of the following negative outcomes have you experienced as a result of these events? *Please select all that apply.*

- ☐_{1....} Injury or physical illness
☐_{2....} Property damage or loss
☐_{3....} Stress, sadness, anxiety, or depression
☐_{4....} Declined living circumstances
☐_{5....} Loss of work or volunteering opportunities
☐_{6....} Reduced work or volunteering opportunities
☐_{7....} Increased cost of living
☐_{8....} Missed events (e.g. weddings, parties)
☐_{9....} Changed or cancelled travel
☐_{10..} Loss of access to services
☐_{77..} Other (please specify):
☐_{88..} Have not experienced any negative outcomes
☐_{98..} Not applicable to me

19. And thinking about those same events as before that have occurred in the past 5 years, have you experienced any positive outcomes as a result? Please select all that apply.

- ☐1....Increased connectedness with family/friends
- ☐2....Greater community involvement
- ☐3....Improved wellbeing and mental health
- ☐4....Increased opportunities for work/volunteering
- ☐5....Reduced cost of living
- ☐6....Improved living circumstances
- ☐7....Increased access to services
- ☐77..Other (please specify):.....
-
-
- ☐88..Have not experienced any positive outcomes
- ☐98..Not applicable to me

20. Thinking about the area where you live, how would you rate the change (if any) in your community on the following aspects over the past year? Please select one option per line.

	Mostly worsened	Stayed the same	Mostly improved	Unsure/ N/A
Community spirit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
Access to services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
Economic outlook.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
Opportunities to take part in activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
Opportunities for all in the community to have a say.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98

Now we would like to ask you more about you as a person. While the following questions are personal in nature, these will help us in assessing overall how well each community is performing in the wake of the events described above.

The next few questions are about how you rate your general wellbeing. On a scale of 0 to 10, where 0 means 'not at all' and 10 means 'completely'...

21. Overall, how satisfied are you with your life nowadays? *Please select one option only.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-	1	2	3	4	5	6	7	8	9	10-
Not at all										Completely
									<input type="checkbox"/>	99.....Prefer not to say

22. Overall, to what extent do you feel the things that you do in your life are worthwhile?

Please select one option only.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-	1	2	3	4	5	6	7	8	9	10-
Not at all										Completely
									<input type="checkbox"/>	99.....Prefer not to say

23. Overall, how happy did you feel yesterday? *Please select one option only.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-	1	2	3	4	5	6	7	8	9	10-
Not at all										Completely
									<input type="checkbox"/>	99.....Prefer not to say

24. Overall, how anxious did you feel yesterday? *Please select one option only.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-	1	2	3	4	5	6	7	8	9	10-
Not at all										Completely
									<input type="checkbox"/>	99.....Prefer not to say

25. How available to you is the information that you need in your daily life?

Please select one option only.

☐ 1....Not at all

☐ 2....Not really

☐ 3....Somewhat

☐ 4....Mostly

☐ 5....Completely

☐ 98..N/A

26. To what extent do you feel you have the opportunity for leisure activities?

Please select one option only.

- ☐₁....Not at all
☐₂....Not really
☐₃....Somewhat
☐₄....Mostly..
☐₅....Completely
☐₉₈..N/A

27. How satisfied are you with your access to... Please select one option per line.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
Transport.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₈
Health services.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₈
Social activities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₈

28. In general, how would you describe your financial security? Please select one option only.

- ☐₁....I mostly struggle to make ends meet
☐₂....I am normally able to meet my living costs
☐₃....I mostly have more than enough money
☐₉₉.....Prefer not to say

Please rate to what extent you agree or disagree with the following statements as a description of you. Please select one option per line.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
29. I look for creative ways to alter difficult situations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₈
30. Regardless of what happens to me, I believe I can control my reaction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₈
31. I believe I can grow in positive ways by dealing with difficult situations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₈
32. I actively look for ways to replace the losses I encounter in life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₈

33. What, if anything, helps you to cope when you experience challenges or changes in life?

Please select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> 1....Positive attitude, optimism | <input type="checkbox"/> 2....Reflection, mindfulness or meditation |
| <input type="checkbox"/> 3....Working towards goals | <input type="checkbox"/> 4....Staying informed |
| <input type="checkbox"/> 5....Engaging in physical activity | <input type="checkbox"/> 6....Being out in nature |
| <input type="checkbox"/> 7....Spending time with friends or family | <input type="checkbox"/> 8....Spending time in the community |
| <input type="checkbox"/> 9....Engaging in arts or cultural events | <input type="checkbox"/> 10....Engaging in hobbies or learning |
| <input type="checkbox"/> 11....Faith or spirituality | <input type="checkbox"/> 12....Inspiration from the work or effort of others |
| <input type="checkbox"/> 13....Staying in routine | <input type="checkbox"/> 14....Keeping busy with work and/or chores |
| <input type="checkbox"/> 15....Giving to others (e.g. time, resources, acts of kindness) | |
| <input type="checkbox"/> 77..Other (please specify):..... | |
| | |
| | |
| <input type="checkbox"/> 88..I don't use any of these coping strategies | <input type="checkbox"/> 98..Not applicable to me |

34. What, if anything, makes things harder for you to manage new challenges in life? Please select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> 1....Physical/social isolation | <input type="checkbox"/> 2....Difficulty accessing services |
| <input type="checkbox"/> 3....Stress due to work, chores or other obligations | <input type="checkbox"/> 4....Lack of time |
| <input type="checkbox"/> 5....Struggles with mental health | <input type="checkbox"/> 6....Struggles with physical health |
| <input type="checkbox"/> 7....Lack of meaningful connections with others | <input type="checkbox"/> 8....Lack of community activities |
| <input type="checkbox"/> 9....Uncertainty about living circumstances | <input type="checkbox"/> 10..Lack of financial resources |
| <input type="checkbox"/> 11...Lack of employment opportunities | |
| <input type="checkbox"/> 12...Lack of communication from providers/agencies | |
| <input type="checkbox"/> 13...Changes to the physical environment | |
| <input type="checkbox"/> 14...Difficulty using technology | |
| <input type="checkbox"/> 77..Other (please specify):..... | |
| | |
| | |
| <input type="checkbox"/> 98..None of the above apply to me | |

Thank you for completing this survey!

As part of this project we are also conducting Focus Groups and phone interviews. Would you like to attend a Focus Group or a one-on-one phone interview to talk to us more about your experience of community-wide change?

A Focus Group is a casual discussion with 6-8 people talking about their experience of how they have navigated changes that have happened in their area. By participating in a Focus Group you will receive a \$40 gift card and for participating in a one-on-one phone interview you will receive a \$30 gift card in recognition of your involvement.

I am interested in being a part of:

- ☐ An in person Focus Group at one of the below locations
- ☐ A one-on-one phone interview

Focus Groups will be held in several locations across South Australia. If you would like to be involved, please select which of the below locations you would like to attend.

Please select as many locations that are convenient to you and you would be happy and able to travel to.

Or, if you are interested in taking part in a phone interview, please select which of the below locations is closest to where you currently live.

- | | |
|--|--|
| <input type="checkbox"/> In the Playford Council area | <input type="checkbox"/> Peterborough |
| <input type="checkbox"/> In the City of Onkaparinga area | <input type="checkbox"/> Strathalbyn |
| <input type="checkbox"/> Tanunda | <input type="checkbox"/> Whyalla |
| <input type="checkbox"/> Kadina | <input type="checkbox"/> I am unable to attend these locations |

Please fill in your contact details below so we can contact you regarding focus groups in your selected location/s.

First name: _____

Phone: _____

Email: _____

Postcode: _____

This survey was conducted on behalf of Office for Ageing Well and Wellbeing SA by COTA SA's market insights social enterprise, The Plug-in. At The Plug-in we connect South Australians aged 50+ with business and industry to generate insights that improve products, services and policies.

We are always looking for more people aged 50+ to join our Plug-in research community to be a part of studies like this one.

If you would like to register to be a part of the Plug-in, please complete your details below and provide your consent.

Name: _____

Phone: _____

Email: _____

Postcode: _____

The Plug-In Registration and Consent

By registering with The Plug-in, I consent to the collection and use of my personal information in accordance with Australian Privacy Principles, for the purposes of contributing to research conducted by The Plug-in.

I consent to The Plug-in contacting me for the purpose of research in accordance with the Privacy Act 1988.

I understand The Plug-in will not release or disclose my information to a third party.

☐ Yes, I consent

☐ No, I do not consent

**Please send your completed survey
by Tuesday 31st August 2021 to:**

**The Plug-in C/O COTA SA
Reply Paid 85717
Hutt Street, SA, 5000**