Commissioner
for **Senior**
Victorians

Royal Commission into Victoria's Mental Health System

Submission

VICTORIA
State
Government

Contents

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Commissioner for Senior Victorians

Gerard Mansour was appointed Victoria's first ever Commissioner for Senior Victorians in August 2013. The Victorian Government created this role as part of its response to the Victorian Parliamentary *Inquiry into Opportunities for Participation for Victorian Seniors*.

At the end of 2016, as part of the Victorian Government response to the Family Violence Royal Commission, the Commissioner was asked to play an additional role as Ambassador for Elder Abuse Prevention.

In May 2019 the Victorian Government announced the reappointment of Mr Mansour as the Commissioner for Senior Victorians for another four years. **(refer Attachment 1 – Terms of Reference)**

The Commissioner for Senior Victorians provides advice to the Victorian Government on issues relevant to senior Victorians and positive ageing and participation, as well as being an independent public voice to educate the community on seniors' issues, actively promote the positive contribution of seniors and encourage seniors to fully participle in our community.

A key component of the role is to actively advocate for a "seniors' perspective" in government deliberations on issues relevant to senior Victorians including positive ageing, participation, and the needs of vulnerable, at risk and disadvantaged seniors.

The Commissioner meets regularly with seniors and seniors' organisations from across Victoria to discuss a wide range of matters relevant to people as they age, provides an independent public voice to educate the community on seniors' issues including prevention of elder abuse, actively promotes the positive contribution of seniors, encourages seniors to fully participate in our community and seeks to building greater respect for the rights of older people.

The Commissioner also promotes community awareness and understanding of other matters such as advance care planning, powers of attorney and loneliness and isolation.

In 2016, the Commissioner published the report Ageing is Everyone's Business – a report on isolation and loneliness among senior Victorians **(Attachment 2)** which has informed the government's response to the issue of isolation and loneliness. The Victorian Government response to the Commissioner's report is contained at **Attachment 3**, as well as an Evaluation Report regarding key projects funded by the Government **(Attachment 4)** and the recently announced further funded projects **(Attachment 5.)**

As the Ambassador for Elder Abuse Prevention, he has provided significant policy advice on the prevention of elder abuse, and the importance of supporting multicultural and emerging communities.

Introduction

As the Commissioner for Senior Victorians, I hear first-hand from older people about their experiences regarding the 'journey of ageing'. That is, the experience from turning 60 years of age as people aim to continue to live their life to the full.

My policy role commences from the time that adults become entitled to the Seniors Card, which is at the age of 60 in Victoria.

Ever since my appointment in August 2013, I have ensured that a significant part of my time is spent out in the community listening and talking with older people, in small groups, larger groups of 80 to 100 and one on one. I travel extensively across Victoria in metropolitan areas, regional centres and in rural communities. Because of my extensive interaction and communication with older people, I have been able to build a broad knowledge about the range of issues that impact on people as they age.

Sometimes older people raise matters with me regarding their own life experience, sometimes it is in their capacity as a carer or supporter of others such as family members and at other times it is from 'younger' senior Victorians who are concerned about the capacity of their mother or father to remain safely at home.

My submission to the Royal Commission

I have two key reasons for my submission to the Royal Commission.

The first of these is to point out to the Royal Commission just how important it is for you to focus, as part of your inquiry, on the lived experience of older people more broadly and the operation of the aged persons mental health system in particular. The reality is that we have an ageing population, and as we move forward more people than ever before will live into their seniors' years. As a result, it is important in my view that the Royal Commission take a whole of life approach and give appropriate priority to the lived experience of those adult with mental health needs who age and thus move into the aged persons mental health system. In addition, there are the significant number of older people who, after turning 60 years of age, experience the debilitating consequences of mental illness either for the first time, or the first time for many years.

The second key reason for my submission is that older people are not just 'recipients' or 'consumers' of an aged persons mental health system. The have a much wider and vitally important role in caring for, or supporting, those with lived experience across all age groups. That is, by providing support or care for a partner, for adult children, for grandchildren or even great grand-children.

Due to my role, I have the privilege of hearing from so many older people first hand as well as many of those who were providing support or care.

Yet my observation is that many people, including older people, still find it very challenging to talk openly about mental health issues. Consequently, I decided to supplement my existing knowledge of the 'journey of ageing' by more specific knowledge about the various roles that older people play regarding the mental health system, that is, as someone with lived experience, or as a carer of someone or as a supporter.

I make a distinction between the roles of carer and supporter. There are many occasions where an older person has a key support role for someone in their family who is experiencing mental health issues, but they may not technically be regarded as a carer, or this support may be in addition to that of the carer. In some cases, the role by an older person as a carer or supporter occurs as a point of last resort when almost no other resources can be made available or that the person with mental health issues, such as an adult child, refuses to accept treatment.

This is indeed a very complex area.

To embed my contribution in the real-life experiences of older people, I brought together a specific group of people to provide input into my thinking. I convened a Mental health and older people - Consumer and Carer Workshop to guide my contribution to the Royal Commission.

This workshop was held in June 2019 and was managed by a professional facilitator to maximise the contribution of participants. With the active support of various organisations, I brought together a diverse group of older people and carers who comprised the majority of participants. In addition, several key professionals with extensive knowledge of the mental health and wider support systems were in attendance.

I would like to thank the individuals who participated in the workshop and shared their stories of lived experience and interactions with Victoria's mental health system and services, as consumers and as carers/supporters/advocates for people living with mental health issues. I hope this submission captures the essence of your contributions.

My contribution in this paper builds on the knowledge I have obtained in my role since 2013, is consolidated by the priorities identified at the workshop, and is supplemented by some of quotes of those in attendance.

Importantly, this contribution does not just focus on the aged persons mental health system.

Given the reality that many older people are carers or supporters for those receiving support in other parts of the system, older people are key stakeholders in the development of a robust and effective mental health system that is universal across all age groups.

Feedback about the wider mental health services system

This submission needs to be read in the context that participants of the workshop reflected on both:

- aged persons mental health services, and

- the wider mental health system, particularly adult mental health services.

It is very clear that older people, in the roles of carers and supporters of others, provide assistance to:

- people 65 years and over who receive aged persons mental health support

- people of all ages, including adult children, who are cared for across the spectrum of mental health services.

It is particularly significant to bear this in mind when reading quotes and comments in this submission. While many of these relate to aged persons mental health services, some of the observations and reflections of those present at the workshop refer to experiences of caring for someone who is a client of adult mental health services.

Limitations of this submission

This submission is not intended as a comprehensive review and analysis of the aged persons mental health system nor other interfacing elements.

Rather, it is intended as a contribution that can potentially aide the Royal Commission identify priority areas for investigation as it focusses on the aged persons' mental health system, and the role of older people of carers and supporters of others within the system.

1. Positives to build on

"A knowledgeable mental health worker can make all the difference, particularly with referral to good services."

"The new Victorian Government Carer Strategy has the opportunity to provide some much-needed additional support."

"The interpreter services and cultural training as well as training for the police have all been important."

"Having specialist aged mental health mobile supports teams to assist older people in the community are vital, but more are needed."

[Above quotes from participants at the Consumer and Carer Workshop]

The participants at the workshop were asked to identify the nature of strengths within the current mental health system, both in relation to the overall system as well as the aged persons components, that could be strengthened and built on over time.

Feedback about the positive aspects of mental health services related to both the adult and aged persons mental health services. Some participants attending the workshop were receiving support as a client of aged persons mental health services; other were carers/supporters of someone within the aged persons system, for example their partner/spouse; some others were carers/supporters of people of varied ages, for example an adult child.

It also became clear during conversations at the workshop that many of the strengths of the current system were also the same areas that the participants identified as being under resourced and needing additional investment.

Some key areas identified as strengths are listed below. References to Victorian Government services apply to aged person and adult mental health services, as well as other relevant services which may be utilised by carers of a person with a mental illness.

<u>Victorian Government</u>

- Aged Persons Mental Health specialist aged care mental health inpatient, residential care and community treatment teams.

- Crisis Assessment and Treatment Teams (CATT) are viewed as important for older carers supporting adult children but can be hard to access due to demand and service configuration.

- Carer consultants within adult mental health system are valued and need to be extended to cover Aged Persons Mental Health services.

- Training for police in responding to mental health issues, paramedic training regarding suicide and Police, Ambulance and Clinical Early Response (PACER) teams, which are very responsive and respectful, although there can be disparity in performance.

- Models of consumer participation and peer workforce/lived experience workforce in adult mental health services.

- Interpreting services and cultural training of the mental health workforce is important and needs, like other areas, to be expanded.

- The Victorian Community Visitors Program, with volunteer Community Visitors who visit Victorian accommodation facilities for people with disability or mental illness to monitor and report on the adequacy of the services provided.

- The Victorian Carer Strategy 2018-22 with continued commitment to rolling out the strategy.

- Elder abuse prevention and response services.

Commonwealth Government

- General practice mental health plan sessions are positive where utilised (noting these need additional professional and funding resources).

- Commonwealth Home Support Program (CHSP) Access and Support Program providing short-term one-on-one support for individuals to access information, assessment and services, and home care packages and services for carers including respite care.

- The Commonwealth funded Community Visitor Scheme, with volunteer visitors supporting isolated older people in residential aged care or in receipt of home care, and the National Disability Insurance Scheme (NDIS) are very positive for those who do obtain support.

Community initiatives and services

- Lifeline, mental health carer helpline (Mind Australia), the carer support fund to help carers with financial support (Tandem - funded by the Victorian Government) and community education and training programs for people with mental health issues and their carers i.e. mental health first aid.

2. Reflections on the current system

"There is a lack of forward planning in the light of our ageing population. There will be much more demand for aged persons mental health services."

"Ageist prioritisation and triage results in lack of consistency and poor discharge planning."

"You have to hit rock bottom before services are offered."

"Families are not actively engaged by the system and it depends on the approach by individual practitioners."

[Quotes from participants at the Consumer and Carer Workshop

The participants at the workshop were asked to reflect on the current mental health system and respond to the question:

'How well is the current mental health system supporting older people with lived experience as well as carers or supporters of those with mental health issues?'

It is important to note responses in Section 2 of this submission arise from the differing and interwoven roles that older people typically have regarding mental health, that is:

- Those older people who have lived with mental health issues over an extended period of their life. This could mean the older person has been reliant on, or engaged in some way with, the mental health system for many years.

- Those older people who after turning 65 years of age, have identified mental health issues for the first time, or for the first time for many years. Data tends to indicate that the most common forms

of mental health concerns for these older people are depression and anxiety disorders. According to the Australian Bureau of Statistics older people are especially at risk of anxiety and depression particularly where there are co-occurring physical health issues, dementia and disability or for those experiencing bereavement, loss of independence or social isolation. [1]

- Those older people identify as informal carers of others who are living with mental health issues. In this context, the person they are caring for may be from any age cohort across the spectrum of mental health, that is, child and adolescent services (0 – 18 years), adult services (16 – 64 years) and aged persons services (65 years plus).
  However, most of those in attendance as carers were currently providing support to a person engaged with either the adult services or aged persons services.

- Those older people who identify as a supporter of someone with mental health issues. As with carers above, the person they are caring for may be from any age cohort across the spectrum of mental health, that is, child and adolescent services (0 – 18 years), adult services (16 – 64 years) and aged persons services (65 years plus). While not identifying as a carer, they provide a range of supports from housing, to financial, and as the 'backstop of last resort'. Sometimes the distinction between the role of 'carer' and 'supporter' related to the willingness of the person they are assisting to themselves identify that they have a mental illness, for example the challenges that can arise if they refuse to take medication.

- Finally, it is important to note that some participants had multiple roles. That is, they have been a carer or supporter for someone with a mental illness for many years, and now themselves are also dealing with their own mental health issues.

> As a result, the feedback in this submission covers both the Aged Persons Mental Health system plus feedback of older people who are caring for someone in other parts of the mental health system, particularly Adult Mental Health services.

2.1 System architecture, funding and co-ordination

"We don't look systematically – we look at things programmatically."

"Lack of overall investment in mental health service system."

"Service model is not appropriate and sufficiently responsive from community based to crisis response."

"Need for a system that intervenes earlier in cases. Compared to the youth system, there is less of a prevention and early intervention focus in aged persons mental health."

"The Mental Health Act 2014 needs to be reviewed. Should these be removed – seclusion, ECT, restraint of older people. Is the Mental Health Tribunal remit right?"

"We need a Commission that oversees the system architecture, from prevention to early intervention to acute and crisis care."

[Quotes from participants at the Consumer and Carer Workshop]

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[1] Department of Health and Human Services (2015) *Mental health and wellbeing of older people – 10 -year mental health plan technical paper.*

Participants considered there is a lack of co-ordinated support from all elements of the system. There is inadequate information, connection and referral across the different parts of the service system. The sense is that each element, and professionals within each element, tend to operate too much in isolation.

There is a disconnect between the private and public systems. Feedback from participants indicated there are times when practitioners in the private system seem not to sufficiently refer patients to supports available under the public mental health system. It was perceived that a consequence of being in the private system is a lack of access to other parts of the service system.

There was a lack of clarity about the extent to which each of the Departmental regions reflect an overarching system design. There was a lack of confidence that regions are implementing similar approaches, services and care models. There seems to be variations in the experiences of participants from different geographic areas about the nature of the service mix, and gaps, within their locations. For example, there was inconsistent feedback about experiences related to community-based crisis responses; the nature of sub-acute responses; access to short-term professionally supported residential accommodation for older people who are experiencing a mental health problem but don't need to be admitted to acute care.

In addition, compared to other areas of the mental health system, there was an insufficient focus on prevention and early intervention for older people. Questions were raised about the appropriate approach to oversight of the whole system, and whether an independent entity should be created to fulfil this role.

Consequently, the Royal Commission is asked to consider what would be an appropriate approach to oversee the mental health system overall. This includes a greater focus on prevention, the pathways for those moving from the adult system to the aged persons system, as well as the experience of those moving into the aged persons mental health system for the first time. In the light of our ageing population, this was considered to be a priority.

2.2   Age delineation at 65 years and planning

"We need to re-vision the model across the spectrum of illness the episodic nature of mental illness and the division between age cohorts. Services are less accessible for people aged over 65 and there is a lessening of the range of supports available, including a decline in psychosocial rehab services."

"My needs don't suddenly change when I turn 65."

"De-stigmatisation for older people by discussing mental health with older people regularly as part of planning and assessment for health, retirement and aged care services."

[Quotes from participants at the Consumer and Carer Workshop]

At an overall level, there are various concerns about moving from the adult system of mental health to the aged persons system. There are concerns such as:

- As a person receiving support under the adult system turns 65 years of age, there are fears access to some services under the adult system will be withdrawn

- How appropriate is it that someone can be in the adult system, turn 65 years of age, but remain receiving the same adult system services rather than transferring to the aged persons system?

- Lack of forward planning for the transition of people from the adult to the aged persons system

- There are navigation issues given the complexity of the interplay between NDIS, state funded mental health services and the aged care system funded by the Commonwealth.

It was acknowledged that it is important to build on, and not to lose the existing strengths of, the aged persons services.

In addition, there is the opportunity to focus on prevention and early intervention as a part of the transition into the seniors years, including at retirement planning and key transition points like becoming a carer or accessing care services.

Hence a key issue for the Royal Commission is to identify the range of and mix of services needed within the aged persons system for the future, how to better prepare older people to address mental health issues as part of their transition into the seniors years, at what age point these should commence.

2.3 Access to information and care

"Human rights need to be embedded in care both for consumers and carers."

"For 55-75 year-olds, you almost must be fully broken down before help is provided, and sometimes this is a complete family or financial loss."

"Need for a system that intervenes earlier in cases. Compared to the youth system, there is less of a prevention and early intervention focus in aged persons mental health."

"Systems don't support episodic changes in people's circumstances."

"The funding for community health services that has been re-directed to NDIS has led to a decline in community-based services, particularly for older people."

[Quotes from participants at the Consumer and Carer Workshop]

At an overall level, the participants consider the service system is not sufficiently person-centred, and services tend to be siloed and divided. To become more person-centred, it would also be necessary to have a greater focus on multi-disciplinary approaches.

While there is clear evidence of good practice in different agencies and locations, service quality and experiences were felt to be too ad-hoc.

There are major life transition points, for example loss of a partner or becoming a carer, where the system could intervene proactively much earlier. Feedback from participants indicated there times where support only occurs after a life breakdown or a significant loss. Too often people are discharged from hospital with limited or no support.

One of the most common concerns expressed at the workshop is the view that the system is too "crisis driven". Often appropriate supports only become available once a situation reaches crisis point. At times the family violence system comes into play as a last resort mechanism in the absence of early interventions that would have addressed a problem before it became a crisis.

The system assumes people will be able to navigate its complexity. Older people provided feedback that it can be challenging to find out what supports are available from within the mental health system.

2.4 Access to social supports

"We needed support to re-enter social and work environments, but no support was available."

"There is social isolation due to stigma and lack of money."

"We need more social program support to connect to the community and a more social model."

[Quotes from participants at the Consumer and Carer Workshop]

Isolation and loneliness are major public health issues facing older people. The potential impacts on older people are significant, with just some of the associated risks including increased rates of cognitive decline, mental health and wellbeing issues and increased risk of heart disease and stroke. The impacts of isolation and loneliness are serious for older people with a mental illness who live in the community but have very limited forms of social connections or interactions. This can be complicated by declining mobility and other health challenges.

Participants at the workshop considered changes over the last few years have significantly reduced access to psychosocial programs. Feedback identified two areas of concern:

- Adult program changes due to NDIS implementation
- Aged persons with mental health issues who need social support programs.

The Royal Commission is requested to investigate the impact of these changes and the degree to which the psychosocial needs of those within the mental health system will be met in the future.

The importance of maintaining social connections over the life course was one key finding of my 2016 report *Ageing is everyone's business – a report on isolation and loneliness among Senior Victorians.* Tackling isolation and loneliness amongst older people requires a coordinated response across local, state and commonwealth government, communities and service sectors. **(refer Attachments 2,3,4,5)**

It is vitally important that people with mental health issues retain sufficient levels of social and community connections in order to avoid the serious health risks that result from significant levels of isolation and loneliness.

Not only does this have a significant detrimental impact on older people with mental health issues, it also has a detrimental impact on their role as carers and supporters for others who are missing out on these programs. The pressure can fall onto carers and supporters to fill this gap.

2.5   Carer needs are often invisible in the system

"Carers deliver so much but are invisible at the point of assessment and treatment planning."

"Need for a better balance between people who have free will and consent and the effect of their behaviour directly on others. Needs to be a risk framework applied as it's only at the point of a crisis that intervention occur, and often this is an intervention order."

"Carers themselves are ageing and themselves have issues that need to be addressed."

"Increase respect for older people."

[Quotes from participants at the Consumer and Carer Workshop]

Participants at the workshop expressed concerns that carers find it difficult to navigate the system, and their own needs are often invisible to the system. Carers are expected to provide support –but the pressure takes a toll.

Participants expressed the view that it was not easy to find information about what services are available, including the challenge in having their own health and wellbeing needs as carers recognised. We cannot assume carers know about the role and support available from various peak bodies and support organisations such as Tandem, Victorian Mental Illness Awareness Council, Carers Victoria, COTA Victoria, Dementia Australia Victoria.

The carer is expected to "be there" to provide care and support, but feedback was provided that they can feel excluded at key times and in decision-making. There can be a "confidentiality barrier" for carers and supporters where there is not enough notice taken of their input and role when dealing with the patient, but then expected to fill the gaps. This can result in a fracturing of other relationships and isolation.

2.6   Issues related to diagnosis

"When people are discharged, there is no holistic communication across services and referrals for example, rehabilitation, drug and alcohol, community care etc."

"A holistic approach is needed to make sure we get the right diagnosis."

"Remove ageist related diagnosis and labelling of older people, and remove systemic issues that can label an older person with dementia."

[Quotes from participants at the Consumer and Carer Workshop]

The Australian Institute of Family Studies has identified the challenges in identifying and diagnosing mental illness in older people when changes are seen as just part of ageing. This means that targeted supports are less likely to be sought or offered.[2]

It is important that diagnoses of mental illness are accurate and reviewed over time. Diagnoses that are years old can continue and not be challenged or reviewed in the system.

Participants expressed concerns with the diagnosis and treatment of dementia, but the nature of these concerns varied. There were examples where the complexity of changes arising from the onset of dementia was not accurately diagnosed early enough which resulted in older people being unnecessarily pushed into the mental health system. On the other hand, examples where a dual diagnosis was appropriate, that is both dementia and mental illness, yet access to the mental health service system was unnecessarily delayed.

Participants questioned whether there is an issue of ageism at play to explain their perceived lack of investment in aged persons mental health services. That is, does the limited investment in aged persons mental health result from inadvertent ageism in system design?

Participants commented that people with cultural, gender identity or diversity needs are not able to access sufficient levels of specialist support. In some services, there is a lack of awareness for the importance of cultural appropriateness aspects of care for Aboriginal and Torres Strait Islanders, people from lesbian gay, bisexual, transgender and intersex (LGBTI) communities, culturally diverse individuals, people with disabilities and so on.

> *"There are many family tragedies for older people where they have tried to support one of their children with mental health issues. Unless you can convince the adult child to seek assistance, you cannot intervene. Older parents end up providing a lot of support and care but then their other children can distance themselves from the parent's situation. But the older person feels compelled to help their child with mental health issues. The sad consequence is that the older person then loses support of their well-functioning children. This ends up isolating the older person, from their other children, grandchildren, other family members and from society."*
>
> *[Quote from participant at the Consumer and Carer Workshop]*

2.7   Access to other systems as needs increase

"Need for greater data sharing as at times various elements of the service system are all dealing with the same people, that is family violence, mental health, drug and alcohol services"

"The Commonwealth vs State divide of services and support creates navigation issues. In addition, the aged care system doesn't have sufficient competency and support for those with mental health issues."

"Lack of focus on the 'whole body' experience of someone living with mental illness and this includes the long-term impact of medication."

"There are key issues for ageing carers, who are looking after a person with a disability and/or with mental health issues. There is a real fear of what will happen to their children as they age, as there is a lack of confidence there are the residential care systems that are needed when the older person can no longer provide this care."

"Knowledge empowers."

[Quotes from participants at the Consumer and Carer Workshop]

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[2] Australian Institute of Family Studies (2019) *Normalising mental illness in older adults is a barrier to care.*

There were a range of issues raised by participants at the workshop about the importance of access to other service systems as the needs of those with mental illness changed over time.

Many participants spoke about their challenges in navigating or accessing other supports, for example, from NDIS, family violence, aged care, drug and alcohol services. People with mental health issues are ageing with increased frailty and need support both from the mental health system and other systems such as Commonwealth funded aged care. The feedback from participants is that increasing delays arise when the older carer themselves becomes frailer and need additional supports. Consequently, gaps in pathways and navigation support into other key systems were identified.

Feedback from participants was the mental health system has an important role to play in proactively aiding referrals and navigation into other service systems. For example, the aged care system was considered to be particularly challenging to navigate, with extended waiting lists, and so it is important for referrals and navigation assistance to occur as early as possible.

There are pressures on older parents who are caring or supporting an adult child. For example, an ageing carer with increasingly serious health issues who questions what will happen to their adult children after they are gone.

2.8   Role of GPs and the wider private system

"GPs focus too much on medication rather than general health and wellbeing. They are time poor to help patients with mental illness."

"GPs should make referrals for carers to access their own support."

"A vulnerability is that private psychiatrists may only be dealing with their patient including medications and not referring for the support needs of the carer."

[Quotes from participants at the Consumer and Carer Workshop]

There was varied feedback about the private system, while some felt there were less silos others considered it is too dependent on the skills of individual professional and/or team providing support.

An area for the Royal Commission to investigate is how extensively, and effectively, people with mental health issues access supports available through the private system but also the role of GPs in providing support. There may be opportunities to explore the interface between Victorian-funded and Commonwealth-funded mental health services such as the degree to which older people utilise the Better Access (to Psychiatrists, Psychologists and General Practitioners) initiative by gaining greater clarity about older people's use of mental health plans.

3. Key Focus areas re those with lived experience

This section of my submission summarises key areas the participants at the workshop wanted to bring to the attention of the Royal Commission. While a number of key areas have been identified above, this section of my submission outlines responses of participants to the question 'What priorities would you like to bring to the attention of the Royal Commission?'

The identified priority areas are listed below.

3.1   Decision making processes

It is important to consider whether the *Mental Health Act 2014* appropriately embeds the rights of both consumers and carers within its Guiding Principles.

Feedback from participants indicated there are practical challenges in balancing the privacy rights of the client with the support role of carers, including their involvement in decisions about assessment, treatment and recovery.

3.2   Overarching approach to mental health

A priority identified at the workshop relates to the need for a greater focus on the overarching system design to ensure greater consistency in services. This was considered to require a greater investment in funding, workforce development and programs across the mental health system, including aged persons mental health. At the same time participants believed there are many strengths within the current system that can be built on over time.

The expressed view was that professionals and practitioners at all levels need more time to listen and engage. That is, with the patient, carer, their family and key support people in the lives of the person with mental health issues.

It was unclear to what degree the longer-term determinants of mental health wellbeing, including social determinants, are being addressed. This is relevant in strengthening the approach to prevention.

Participants at the workshop are clear that the current systems, that is, both the mental health system and other service systems, suffer from elements of ageism that need to be identified and addressed. For example, that mental health issues can at times be glossed over and put down to 'that's just the ageing process'.

One of the other key issues identified was the difficulties that can arise in obtaining an accurate diagnosis, and the complexities that can arise in those instances of dual diagnosis such as dementia. This would benefit from further investigation.

3.3   Model of care

"A multi-disciplinary and holistic approach is required to get the correct diagnosis, right medication, identify side effects, look at physical wellbeing and need for other services like alcohol and drug."

"Track the lived experience of people using the system, not just numeric data, to understand what is working and what is not."

"The model needs to be person and relationship centred, holistic, recovery oriented, human rights based, trauma informed. There needs to be rural, regional equity too."

"Make the service system more accountable to deliver a family inclusive response to mental health clients, and carers need to be included."

[Quotes from participants at the Consumer and Carer Workshop]

Participants at the workshop considered improving 'models of care' to be a priority focus area. This includes how to better integrate the approach to the whole of life experience of those with mental health issues, strengthen knowledge about evidence informed practice, and better connect with those who provide both informal care and support. It should take into a wide range of factors including physical health, social connections, family context, employment needs and financial capacity

This practice needs to be person centred, trauma informed, and a greater focus on shared learnings to embed systemic practice change.

The models of care need to build on family centred practice, and this includes the point of triage to better engage with the person, their carer or supporters, family context, their diversity needs and acceptance of who that person identifies as their carer.

The models of care need a greater focus on early intervention and prevention, including for those aged 65 years and over. There is often an oversight when thinking about prevention that it only involves those of a young age. Someone who is just turning 60 years of age will on average still have about 25 years of life left to live. The concept of prevention remains relevant for aged persons mental health.

In addition, it is important to strengthen the focus within the model of care regarding pathways to recovery. This would have the added benefit of playing a role in seeking to prevent or limit subsequent crisis situations as well as improving quality of life outcomes for older people.

There is also the need for greater mental health system integration, to think about concepts such as a 'one stop shop' or 'no wrong door' so that people can better access the right supports in a timely manner.

3.4   Interface with other systems

"The new aged care mental health mobile support teams are a good addition to support older people in residential aged care."

[Quote from participant at the Consumer and Carer Workshop]

Some of the most complex issues for older people, either as the person with mental health issues, or as the carer and supporter, arise at the time of life when they need additional supports from other service systems to maintain their overall health or improve their quality of life. For example, the ability to access treatment for physical health conditions or the ability to navigate entry to the aged care system.

This means the interface and connections with other support systems are essential, including for example NDIS, disability, drug and alcohol, aged care, police and so on.

The Royal Commission is asked to consider how to improve service coordination between mental health services and the range of other support systems, so that timely and appropriate supports are available when needed.

3.5   Inclusion and equity

The Royal Commission is asked to consider diversity, culture and identity issues when reviewing the aged persons mental health system. Diverse communities may have different experiences and there is a need to address structural barriers regarding disadvantage.

The Victorian Government recently released its long-term vision, *Everybody Matters*, for the creation of a family violence system that is more inclusive, responsive and accessible for all Victorians. This aim of 'inclusion' and 'equity' is also relevant for the mental health system. *Everybody Matters* recognises:

"Individual characteristics that inform our social identity do not exist independently of each other."

"People have many layers .. multiple characteristics that are interconnected or intertwined …"

"We need to build a system based on inclusion and equity."

"An inclusive system is demonstrated by attitudes, behaviours, policies and practices that enable full and equal participation for everyone."

"Increase access to interpreter services and improve cultural competence of all workers."

Everybody Matters: Inclusion and Equity Statement

3.6   Strengthen social support programs

A key gap identified by workshop participants relates to the availability of appropriate psychosocial support programs.

Isolation and loneliness are major public health issues facing older people. The potential impacts on older people are significant, with just some of the associated risks including increased rates of cognitive decline, mental health and wellbeing issues and increased risk of heart disease and stroke.

The risk of isolation and loneliness are serious issues for those with mental health issues including older people. The risks of isolation and loneliness are also serious issues for carers given the high levels of support they often provide to those with mental illness.

As detailed in my 2016 report *Ageing is Everyone's Business*, the causes of isolation and loneliness are complex. Tackling isolation and loneliness amongst older people requires a coordinated response and the mental health system has an important role to play. The risk of isolation and loneliness occurs across the life course and so access to appropriate social programs and community connections, is a priority irrespective of age.

A particular priority relates to the need for greater access to specialist pyschosocial programs (see 2.4). One of the more recent developments worthy of further investigation is the use of 'social prescriptions' by GPs and other health practitioners as an alternative, or supplement, to the prescription of medication.

3.7   Mental health and elder abuse

There are situations where the impact of mental illness is a potential risk factor for elder abuse. There is an increasing body of evidence that some of the perpetrators of elder abuse also have serious mental health issues. An example of the professional training developed as part of its elder abuse response is available at **Attachment 6.**

For example, there situations where an adult child with a mental illness has a level of reliance on their parent/s to provide support. Crisis situations can occur, or tensions build up over time, as a result of the mental health issues not being effectively managed. For example, a psychotic episode, where mental illness is poorly managed, where treatment is refused, or mental illness goes undiagnosed.

The Royal Commission is asked to identify the impact of mental illness on the risk of elder abuse, and to consider prevention, early intervention and response strategies.

3.8   Needs of those without carer support

Participants at the workshop, when identifying the key role played by carers or supporters of those with mental health issues, also noted the significant issues that arise when necessary levels of informal care and support is not available.

This is considered to significantly increase the level of vulnerability of those with mental illness. This is exacerbated when combined with other risk factors such as other health conditions, limited friendship groups or social networks.

The Royal Commission is asked to identify how well the current system meets the needs of those who are more vulnerable and at risk.

4. Key focus areas for older people as carers/supporters

4.1   Greater supports for carers and supporters

> *"Provide early intervention family support for carers to assist with planning before a crisis. Plan ahead how to avoid adult children refusing treatment, and plan to deal with a crisis to help prevent suicide."*
>
> [Quote from participant at the Consumer and Carer Workshop]

The participants at the workshop considered the needs of those providing care and support for someone with mental health issues. Several areas of focus are suggested for the Royal Commission to consider.

Firstly, the need for additional resources to be made available to better support the role of carers. The expressed view is that there are often insufficient resources available or that the existing supports are not sufficiently well publicised.

Secondly, the need for higher levels of support in certain situations. That is, at times the financial and personal drain on the carer is such that have to almost 'give up their own life' to fill the gap between what the system can provide and the needs of the person they are seeking to support. There were specific suggestions such as increasing funding available through the Carer Support Fund; improve access to support prior to a crisis occurring; review whether the key services are available across all regions and areas; greater access to peer support and buddy systems.

Thirdly, additional investment in workforce development is important, including how to implement appropriate levels of family centred practice. It is perceived that the life experiences of carers and supporters is often not fully understood by the mental health and allied workforces. For example, LGBTI carers not being appropriately recognised, supported and acknowledged as being the carer rather than being classed as a friend.

One of the common challenges for carers relates to the availability of respite care to give carers a break, both more often and for longer periods of time.

4.2   Risk of burnout – the carer could be the next client

"Consultation with the older carer before an adult dependent is discharged back into their care. Assessment of what support and information is needed for the carer to continue in this role – if they want to."

[Quote from participant at the Consumer and Carer Workshop]

There is a high risk of carer burnout, particularly for those who are older and been a carer or support person for many years. One of the common themes from the workshop is that if the carer or support person does not receive timely and appropriate support, the risks increase that they themselves will come under increasing pressure, and in turn suffer from their own mental health issues. This risk was often compounded by the financial burden placed on many carers and supporters in trying to 'be there' in many ways as a back stop.

The risk is the pressure on the carer to 'fill the gaps' eventually takes its toll, becomes so great, that the 'carer' becomes the future 'client' of the mental health system. Some of the suggestions to ensure access to more timely support include: availability of Step Up Step Down services; availability of acute beds for the required length of stay; access to services for the carer as a client in their own right as an early intervention approach.

ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM SUBMISSION BY CRICKET VICTORIA

Cricket Victoria is pleased to make a submission to the Royal Commission into Victoria's Mental Health System.

Cricket's role in building stronger, healthier communities

Sport plays an important role in our communities by bringing people together with shared goals and a sense of purpose. Our role in regional and rural communities has long been recognised as fundamental to the social fabric of towns and regions where the community comes together around their love of sport.

Cricket's significance in these areas is broader than on-field participation – it is a crucial support network and a nexus for community cohesion, events and activities.

Sport can also be an important support network for people of all backgrounds. The World Health Organisation in its report '*Social Determinants of Health – The Solid Facts (2nd ed.)*' notes that social support helps give people the emotional and practical resources they need. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, valued and encourages healthier behaviour patterns.

Cricket clubs in Victoria and around Australia provide this social and support network and is at the heart of our aim to be a sport for all and to unite and inspire communities through cricket.

Cricket's participation base and diverse demography

With Victoria's total participation figure of 448,608 contributing to the national total of 1,650,030 - the largest number of participants recorded in the history of the sport in Victoria and Australia - our clubs and associations are playing a vital role in the health and wellbeing of Australians.

Together, Cricket Victoria and Cricket Australia are focussed on making our sport an inclusive and safe space for people from all backgrounds. This helps foster a strong sense of community at our clubs and to provide people with a broader network of contacts that they can turn to for support.

The current data demonstrates a significant increase in the number of women and girls playing cricket, and sport in general, over the past five years which is testament to the commitment we have to making cricket a sport for all.

In a diverse cricket community, almost 30% of players in Victoria are female, while 87,135 participants are from a multicultural background. 8,863 people living with a disability and 4,985 Aboriginal and Torres Strait Islanders chose to participate in Victorian cricket.

The strategic focus on inclusion

Victorian and Australian cricket respects and promotes the importance of social inclusion as a determinant of health and in supporting that strategy have made significant investments in both the disability sector and LGBT+ sector.

In a report commissioned in June 2019 by Cricket Victoria which examined the health and social impact of participation in cricket for people with intellectual disabilities, the survey findings and player interviews revealed a number of physical, mental and social benefits associated with their participation in cricket.

Players experienced a range of positive psychological and emotional outcomes from their involvement in the game, including enhanced feelings of wellbeing, increased self-confidence and self-esteem. For many of the respondents, cricket also facilitated the development of meaningful social connections for players.

In addition, Cricket Victoria continues to lead LGBT+ research nationally and internationally and has published several research projects to address barriers to participation and fan engagement in cricket.

This included the release of our *Trans and Gender Diverse Participation Guidelines* which has set the standard for inclusion in cricket in Victoria. These guidelines state that people have the right to participate in community cricket in the gender category they identify with or feel most comfortable participating in. These guidelines are now part of a broader program of activity with cricket clubs and associations to further develop sustainable participation now and into the future.

Cricket Victoria was also awarded the Highest Ranking State Sporting Organisation for the second year running at the Pride in Sport Awards. The Pride in Sport Index™ (PSI) is an initiative of the Australian Human Rights Commission and Sport Australia and is the first and only benchmarking instrument specifically designed to assess the inclusion of Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI+) people within Australian sport and sporting organisations.

Using our public profile to empower conversations

The major sporting codes are also now beginning to take a leading role and community voice in understanding the effect and impact of mental health on elite athletes and how to support these cases in a working environment.

In cricket, as in the AFL and other codes, high profile players are now beginning to be more confident and feel supported in referencing mental health challenges and to take time away from their professional responsibilities to manage their mental health. Cricket Victoria currently employs staff dedicated to player development and mental wellbeing, servicing both the Victorian Men's and Women's Teams. This includes access to psychology and other support services and forms part of a wider program of personal and professional development of our elite and pathway athletes.

With its high public profile, sport becomes an important role model for other sectors and individuals in destigmatising mental health in the community.

Our opportunities for development

While cricket has much to be proud of, there is still more to be done in our sector.

The importance of sport championing inclusion and diversity at all levels is seen in the Equal Play study (*Symons, O'Sullivan, Borkoles, Andersen, & Polman, 2014*). Funded by depression and mental health initiative beyondblue, it aimed to determine the mental health impact of homophobic bullying on same-sex attracted and gender diverse Australians aged between 14-23 years old in sport and physical education. The results revealed that more frequently experienced verbal

homophobia led to higher scores on depression, anxiety and stress in both physical education and sport environments.

Sport and physical education-based homophobia can have a significant impact on the mental health of LGBT+ youth, and Cricket Victoria's partnership with the Proud2Play organisation is one way cricket is trying to reduce barriers to participation and developing welcome and inclusive clubs and competitions for LGBT+ participants and volunteers.

Research undertaken by Roy Morgan Research for Cricket Australia revealed that a significant proportion of girls and their parents who did not play cricket tend to have a negative view of cricket clubs as somewhere that is not an enjoyable environment for girls or supportive of women participating. This perception has been driven by a combination of inadequate resources for female cricket, lack of appropriate club and changeroom facilities and a need increase the representation and visibility of women at clubs and in leadership positions.

Our education footprint

As previously noted, making cricket an inclusive and safe sport is a key priority for both Cricket Victoria and Cricket Australia and the change process is well underway.

Cricket Victoria's Girls Leadership Program provides Year 7 and 8 Girls with the opportunity to develop their leadership skills via an interactive online program and a face-to-face forum. The aim of the program is to encourage young girls to continue their leadership journey through the early years of secondary school enabling them to become positive role models as they develop into future leaders. In the four years Cricket Victoria has conducted the program, more than 1,000 students have participated.

Cricket Australia has a community partnership with Movember to help raise awareness of men's health issues, with mental health an increasing focus for the organisation as awareness of the mental health crisis impacting men has gained focus. The partnership uses cricket's profile and reach into the community and through the Australian Men's Team to build awareness of the campaign and to reach the target market of young males and reducing the stigma around talking about mental health issues.

Cricket, at every level, is committed to improving mental health for all Victorians who engage with our sport and for the broader community.

Cricket Victoria is happy to make itself available to the Commission, through additional written submissions or interviews, if further information is required.

Andrew Ingleton
Chief Executive Officer
Cricket Victoria

Commissioner for Senior Victorians

Terms of Reference 2019-23

Purpose

The Commissioner for Senior Victorians (the Commissioner) provides independent advice and advocacy to the Victorian Government on issues relevant to senior Victorians. This involves the broad range of issues and matters relevant to senior Victorians participation including positive ageing, with a focus on the needs of vulnerable and disadvantaged seniors. The Commissioner provides an independent public voice to educate the community on seniors' issues including prevention of elder abuse, actively promoting the positive contribution of seniors and encourages seniors to fully participate in our community.

Role of the Commissioner

The Commissioner will:

- advise the Victorian Government on current and emerging issues, on relevant research and on the impact of government policies and programs on senior Victorians, where they impact on:
  - the ability to live healthy, dignified and productive lives
  - social engagement and empowerment of senior Victorians
  - capacity to participate and inclusion in society regardless of age, sex, ability, background, sexuality and gender identity or location

- report to the Minister for Disability, Ageing and Carers (the Minister) on priority policy issues related to senior Victorians as agreed annually with the Minister

- actively advocate on issues that impact on senior Victorians, including those who are marginalised, at risk, vulnerable or disadvantaged

- identify key advocacy issues regarding the involvement of other levels of government in providing services and support to senior Victorians

- as the Ambassador for Elder Abuse Prevention provide advocacy and advice regarding prevention and protective measures

- actively engage, liaise and consult with older people and relevant stakeholders on the range of issues and needs relevant to senior Victorians

- provide an independent public voice to educate the community on seniors' issues

- provide information to seniors and the wider community through various communication channels including Seniors Online

- chair any committees as requested

- prepare an annual report on activity and achievements.

Commissioner for Senior Victorians

Ageing is everyone's business

a report on isolation
and loneliness among
senior Victorians

January 2016

Ageing is everyone's business

a report on isolation
and loneliness among
senior Victorians

January 2016

Commissioner for Senior Victorians
50 Lonsdale Street Melbourne 3000

Contents

Acknowledgements

Executive summary

A key role of the Commissioner for Senior Victorians is to advise and report to the Victorian Government on priority policy issues affecting senior Victorians. This year, the Minister for Housing, Disability and Ageing, Martin Foley MP, requested consideration of the issue of loneliness and isolation of older people, including the role of volunteering in addressing this.

The objectives of this project were to:

◗ establish the evidence base for isolation and loneliness for senior Victorians

◗ identify the causes and drivers of isolation and loneliness

◗ identify the major impacts of isolation and loneliness on the health, wellbeing and quality of life of senior Victorians

◗ consider the impacts of disadvantage and vulnerability on the incidence and consequence of isolation and loneliness for senior Victorians

◗ examine the role of volunteering, both in supporting and empowering isolated and lonely senior Victorians

◗ identify potential policy and program responses to mitigate the negative impacts of isolation and loneliness.

A set of six 'building blocks' has been identified as the basis for an integrated approach for action to address social isolation and loneliness among older people from state and local government, funded services, community-based organisations and community members. Consequently, an integrated and coordinated approach is proposed, in partnership with a broad range of key stakeholders including local government, businesses, peak bodies and community organisations. The aim is to enhance the benefits to the state of Victoria associated with our ageing population at the same time as reducing the risks and costs associated with premature decline in individual wellbeing and capacity caused by loneliness and isolation.

Coordinated action across all six areas would deliver a comprehensive response to social isolation and loneliness among older people, including those who are vulnerable and/or disadvantaged, centred on supporting older people in their homes and communities in recognition that 'ageing is everyone's business'.

In responding to the social isolation and loneliness of older Victorians, actions in the six building block areas would:

◗ reaffirm the Victorian Government as a key continuing player and advocate in seniors policy and service delivery, in light of the transfer of responsibility for assessment and Home and Community Care services for people over 65 years old to the Commonwealth Government

◗ promote the meaningful roles, value and purpose of seniors as they age

◗ increase opportunities for seniors to join, attend and participate in existing clubs, groups, organisations or activities, both seniors-specific and generic

◗ focus on socially excluded seniors, including the special needs of seniors who are carers, and the importance of life transition or trigger points, for example, loss of a partner or moving to live in a new area

◗ increase older people's knowledge of the importance of maintaining and strengthening their levels of social participation and promote what is available through streamlined information and community education

◗ address personal mobility and local transport issues by building on existing networks to facilitate seniors' access to services and involvement in local activities.

Figure 1: Building blocks for action

There are different roles to be played by different stakeholders in achieving outcomes through these six areas. No one sector can do this work alone, and the state government is particularly well placed to take a leadership role, in partnership with local government and other sectors. This could be achieved by applying an integrated and coordinated approach across government based on a seniors ageing action plan predicated on the building blocks mentioned above.

There are also important roles to be played by local government, peak bodies, business and community organisations, as well as seniors themselves, in taking action to address social isolation and loneliness. It is important that this work is integrated across the different sectors and coordinated with the participation of key players.

There are existing models of coordination that could be referenced to create a state-led multisectoral coordinating group to inform the Victorian Government on priorities, actions and outcomes for a seniors ageing action plan.

Arising from the research and consultations undertaken in this project, priorities could include:

◗ developing place-based initiatives working with local government, funded services and community organisations to strengthen service responses to socially isolated and lonely older people, increasing the age-friendliness of local clubs, groups and organisations and assisting local seniors organisations to maintain their viability

◗ addressing the digital divide that threatens to increasingly leave seniors disconnected from access to information and services, through initiatives that provide more comprehensive levels of training and support for seniors to navigate the growing online service environment.

1 | Introduction

One of the key roles of the Commissioner for Senior Victorians is to advise and report to the Victorian Government on priority policy issues affecting senior Victorians.

This year, the Minister for Housing, Disability and Ageing, Martin Foley MP, requested consideration of the issue of loneliness and isolation of older people, including the role of volunteering in addressing this.

1.1 Project objectives

The objectives of this project were to:

◗ establish the evidence base for isolation and loneliness among senior Victorians

◗ identify the causes and drivers of isolation and loneliness

◗ identify the major impacts of isolation and loneliness on the health, wellbeing and quality of life of senior Victorians

◗ consider the impacts of disadvantage and vulnerability on the incidence and consequence of isolation and loneliness for senior Victorians

◗ examine the role of volunteering, both in supporting and empowering isolated and lonely senior Victorians

◗ identify potential policy and program responses to mitigate the negative impacts of isolation and loneliness.

1.2 Methodology

In this report 'older people' and 'seniors' are defined as people 60 years old and over.

There were four key stages in the development of this report:

◗ a literature review into social isolation and loneliness

◗ a listening tour of Victoria

◗ advisory group input

◗ stakeholder consultations.

1.2.1 Literature review

The literature review was conducted to identify the key issues relevant to social isolation and loneliness and to provide a framework for developing intervention strategies aimed at fostering greater levels of participation and social connectedness among older Victorians.

The literature review provided an overview of existing Australian and international research examining the issue of social isolation and loneliness among older people.

The following key questions were used to guide the review of existing literature:

◗ What are the key risk factors that can lead to the experience of social isolation and loneliness in later life?

◗ How prevalent is the experience of social isolation and/or loneliness among older people, and what are the common pathways or trajectories associated with these experiences?

◗ What are the consequences of social isolation and loneliness for older people and the community more broadly?

◗ What interventions have been found to be effective in reducing loneliness and encouraging participation and social connectedness among older people?

1.2.2 Listening tour

The purpose of the listening tour was to hear firsthand from seniors and those organisations that support seniors in the community about:

◗ the social wants and needs of older adults as they age

◗ the causes and risk factors of isolation and loneliness

◗ the impact of isolation and loneliness

◗ how to identify isolated and lonely seniors

◗ how to address isolation and loneliness.

The listening tour was held in June and July 2015, supported by the Department of Health and Human Services. Listening tour consultations were held in:

◗ Altona (City of Hobsons Bay)

◗ Ballarat (City of Ballarat)

◗ Broadmeadows (City of Hume)

◗ Echuca (Shire of Campaspe)

◗ Safety Beach (Shire of Mornington Peninsula)

◗ Springvale (City of Greater Dandenong).

Local councils facilitated the listening tour consultations by bringing together local seniors, seniors' groups, service providers and community support organisations. More than 150 people attended the listening tour consultations, and 22 subsequently provided written feedback.

1.2.3 Advisory group

An advisory group provided advice by considering the issues and possible solutions, and by contributing to the development of the final report. Members brought knowledge and expertise from a range of perspectives to add value to the information obtained through the literature review and listening tour. The group met twice and considered issues and priority areas for possible action. (See the acknowledgements page for a list of advisory group members.)

1.2.4 Stakeholder consultation

The literature review and the listening tour identified key themes and issues for further investigation in the context of addressing isolation and loneliness. The issues were followed up though individual and group stakeholder consultations and included:

◗ the role of volunteering

◗ age-friendly communities

◗ assessment and referral mechanisms

◗ building personal and community resilience

◗ strengthening connections at the local level

◗ information and planning.

Seventy people representing a wide range of services and agencies attended a forum to receive an update on the project findings and to identify practical opportunities and priorities to address the issues associated with isolation and loneliness.

2 | What the research tells us

2.1 Definitions and incidence

Although often used interchangeably, loneliness and social isolation are distinct concepts. Loneliness is a subjective, unwelcome experience of lack of or loss of companionship. An important aspect of loneliness is that it does not refer simply to the experience of 'being alone' or 'living alone' but to the degree to which these experiences cause a negative perception and experience of the situation.

In contrast to the subjective experience of loneliness, social isolation relates to the overall level of integration into the wider social environment in which people live, and is often seen as an objective state in which a person has minimal contact with others and low involvement in local community life. Social isolation is caused by a lack of functional social support, including as a result of geographic isolation, and can lead to loneliness.

While social isolation may be considered to be either a voluntary or involuntary situation, the state of loneliness is almost always involuntary and unwelcome. The distinction explains why someone can be 'alone but not lonely' or 'lonely in a crowd'.

For the purposes of this report, the following definitions are used:

Loneliness is 'a subjective, unwelcome feeling of lack or loss of companionship or emotional attachment with other people'.[1]

Social isolation is 'an objective state of having minimal contact and interaction with others and a generally low level of involvement in community life'.[2]

2.2 Australian and international research

Loneliness can manifest in older people in different ways as a result of their individual experience. Some people are lonely throughout their lives and bring this experience into their senior years. For others, loneliness is brought on by 'trigger events' such as the loss of a partner or a series of life events. Research has identified five interrelated dimensions of loneliness as experienced by older people:

1 Loneliness is a private experience that is unique to each individual and often difficult to describe and talk about. It can be exacerbated by the stigma and shame associated with talking about loneliness, with some people afraid to speak up about loneliness for fear of being viewed as weak or defeated.

2 Loneliness is relational. Meaningful relationships can prevent or reduce loneliness, while poor-quality relationships is a defining feature of loneliness.

3 A sense of connectedness to local communities, and of belonging to others, is an important antidote to loneliness for many older people. In contrast, a feeling of disconnection from community, and of feeling like a stranger or an outsider, is associated with loneliness.

4 Loneliness may be temporal and might change over the course of a day, emerge at particular times during the year, or shift between different stages of life such as in response to the loss of a loved one.

5 Loneliness can be influenced by periods of readjustment following major life events in older people's lives, such as retiring from the workforce, losing a loved one or facing one's own mortality.

Loneliness in later life can be a continuation of previous experience, or newly experienced as a result of a trigger event. The experience of loneliness is often of a private and hidden nature, therefore obtaining accurate data in relation to the prevalence of loneliness in older populations is difficult and varies depending on the definition adopted and outcome measures used.

Listed below are some of the prevalence estimates from recent research regarding the proportion of older people who experience chronic or significant isolation and loneliness that impacts significantly on their health and wellbeing:

◗ Research conducted to inform the United Kingdom's *Campaign to End Loneliness* estimated a prevalence of loneliness (either all or most of the time) of about 10 per cent of the general population over 65 years of age.[3]

◗ Research commissioned by COTA Victoria cites several studies including research in Perth where seven per cent of seniors reported severe loneliness, with higher levels of loneliness reported by single participants, those who lived alone, and those with self-reported poor health. A national study of veterans found that 10 per cent were socially isolated and that another 12 per cent were at risk of social isolation.[4]

◗ The Canadian Government National Seniors Council's literature review to inform its *Report on the social isolation of seniors 2013–2014* noted that the Centre for Addiction and Mental Health reports that loneliness affects approximately 10 per cent of older adults.[5]

◗ A literature review prepared for the Department of Health and HIACP Collaborative Hume Region stated 'Social isolation studies consistently find that approximately seven to eight per cent of older people are socially isolated'.[6]

◗ Research conducted for the Queensland Government found that it is 'likely that 10 per cent of people 65 years of age or older are socially isolated and a further 12 per cent are at risk of social isolation, where social isolation was defined as including the experience of loneliness'.[7]

◗ A meta-analysis review in 2011, drawing on an English longitudinal study of ageing, found that nine per cent of those 51 years of age or older were 'often lonely' and a further 25 per cent were 'lonely some of the time'. For 10 per cent of the older population in Britain, loneliness is a chronic feeling and heavy burden.[8]

Research findings also indicate the group of older people who experience isolation and loneliness is likely to be larger than that indicated, as older people experience loneliness at different stages in their lives. It is not consistently a particular group of older people.

The research indicates the prevalence of chronic loneliness among older people to be typically in the range of 7–12 per cent. However, most researchers note that the prevalence rate increases when more in-depth research is conducted, for example, face-to-face interviews compared with written questionnaires. In addition, the research has also found that loneliness is likely to be under-reported due to the associated stigma.

Based on a review of the Australian and international research evidence, for the purposes of this report an average of 10 per cent is used to estimate the proportion of Victorian seniors for whom isolation and loneliness have significant detrimental impacts.

2.3 Risk factors for social isolation and loneliness

There is wide acknowledgement in the literature that good social networks and the ability to sustain positive personal and social relationships are protective factors against loneliness. The 2015 Australian Wellbeing Index identified good personal relationships as one of the key essential indicators of happiness for all people. Access to support and resources in early life to build capacity for productive and sustaining relationships may account for the resilience to loneliness that some older people demonstrate, whereas others have limited capacity to engage in similar protective behaviours. Despite this, the research shows that the risk of social isolation increases with age, as older people experience significant and ongoing life changes that require continual adjustment. While a range of factors can compound the risk of isolation and loneliness, in many cases particular factors can be both risk and protective factors.

2.3.1 Relationships and social contact

Quality of relationships sits alongside social contact in importance as a protective factor against social isolation and loneliness. The loss of peers and a spouse in later life commonly lead to reduced social networks. This can be exacerbated for people in later old age, who are increasingly likely to outlive friends and siblings, and where physical or mental incapacity either of their own or within their social networks imposes difficulties in maintaining social contact. An individual can also be lonely in a crowd if their significant social network is lost. This can often be the case in settings such as long-term residential care facilities where individuals can be disconnected from meaningful social interaction with people who are important to them.

However, ageing does not always result in social losses, and there are often important relationship gains in late life that can reduce loneliness. These may be new partnerships after widowhood or divorce, new commitments post-retirement and more interactions with children following the birth of grandchildren. Fostering new relationships in later life is particularly important in protecting against isolation and loneliness.

2.3.2 Life transitions, events and role changes

Life transitions which are common in later life can weaken or diminish social roles that provide personal value, belonging and attachment. Retirement or redundancy is often the first major transition of later life. The research suggests that up to one-third of retirees have difficulty adjusting to the reduced income, loss of work-based social connections and altered social role and entitlements that retirement brings. Change in marital status through divorce or bereavement can result in loss of companionship, changed social status, lower self-esteem and reduced social interaction. Transitioning to living alone through bereavement, divorce or loss of a partner through their relocation to aged care are significant transitions that increase the risk of loneliness.

An older person might relocate several times during older age in response to changing circumstances. The research shows that where it involves the disruption of longstanding connections to networks of informal support and resources, relocation is a risk factor for isolation and loneliness. Relocation may be especially difficult for those who are already isolated, as they make fewer social connections in their new location and experience more sustained emotional and physical health difficulties.

In addition, a range of other life events or experiences can impact on the ability of older people to build and maintain social connections. For example, events such as loss of a driver's licence or being a victim of crime or elder abuse can directly increase the level of isolation and loneliness.

2.3.3 Functional health

Poor physical and mental health, and needing care, can lead to loss of confidence and withdrawal from social engagement. Health issues such as sensory loss, impaired vision or hearing, onset of dementia, mental illness and disability are risk factors, and the research indicates that the more health issues an older person has, the higher their risk of isolation and loneliness.[9] Older adults with four or more chronic illnesses are 1.7 times more likely to be socially isolated than those with fewer than four chronic illnesses.[10] In turn, increased social isolation can have a negative impact on a person's health, with higher illness and mortality rates among lonely people. Issues for these people include managing treatment regimens, controlling symptoms, preventing and managing crises, managing the illness trajectory, funding the costs of healthcare and preparing for an uncertain future.

On the other hand, research affirms that good-quality social relationships offer protective health effects through, for example, providing meaningful roles that provide self-esteem and purpose to life, and through the modelling of healthy behaviours. Relationships buffer the negative impact of life changes that occur as one ages. The literature is clear that socially active older people are happier and healthier than those who are not socially active, and that socially active older people, through continued participation, have reduced risk of social isolation and its negative health consequences.

2.3.4 Local neighbourhood

The research identifies 'place' as an important consideration for the social participation experiences of older people. The quality of neighbourhood locations such as parks, cafés and shops, and the transitory zones people pass through during their daily activities, influence social participation and general life engagement. Poor-quality neighbourhood conditions, such as discontinuous or broken footpaths, poor or no public transport, lack of street lighting and high traffic levels, limit older people's ability to connect and interact. These barriers to community engagement are more prevalent in socioeconomically disadvantaged neighbourhoods.

The importance of the neighbourhood environment for wellbeing is especially pertinent to older people, given the preference of many older adults to 'age in place' at home, the increasing number of older people who will do so into the future, the number of older people reliant on the aged pension and the increasing number of older people living alone, particularly women. As the population ages, the role of local government and other key stakeholders, including peak bodies and local community organisations, in creating age-friendly neighbourhoods is increasingly important for promoting social participation and maintaining quality of life for older adults.

2.3.5 Mobility and transport

Australian research shows a clear link between transport options, social connection, community connectedness and psychological wellbeing. The evidence shows that people with strong social networks travel more than others, so access to transport is a key factor for community participation. There are a range of older people who are at risk of social exclusion through lack of transport options, for example, people on low incomes, people with disabilities, older women, those living with dementia or chronic health conditions and people living in rural areas.

2.4 Specific populations at risk of isolation and loneliness

2.4.1 Disadvantaged groups

Research has identified that the considerable diversity of seniors' life experiences and backgrounds impacts on the risk of isolation and loneliness. Older people at particular risk of social isolation and loneliness include those:

◗ on low incomes

◗ living with a disability

◗ living in low socioeconomic and/or rural areas

◗ living with housing stress or homelessness

◗ who are single, childless or living alone

◗ who are vulnerable and at risk of elder abuse

◗ with low levels of literacy where this reduces their access to information and services

◗ with limited or no information and communication technology skills, where this reduces their ability to locate and access services.

2.4.2 Aboriginal populations

Older Aboriginal people may have their experience of loneliness exacerbated by loss of cultural identity and lack of cultural sensitivity from service providers. In addition, Aboriginal populations face specific issues associated with poor health status and the impacts of life-long disadvantage and intergenerational disadvantage in health and welfare.

2.4.3 Cultural and linguistic diversity

In Australia in 2011 around 20 per cent of people over the age of 65 years were born outside of Australia, a figure expected to rise to approximately 30 per cent by 2021. The older culturally and linguistically diverse population consists over 50 countries of birth, 34 languages and 30 religions. Moreover, owing to migration patterns, there are some cultural groups in which more than 60 per cent of their population is 65 years of age or older.[11]

The research suggests a number of themes in relation to loneliness and isolation common among culturally and linguistically diverse older people. Refugees and people from culturally and linguistically diverse backgrounds who migrate to Australia at an older age have higher rates of adverse health and social outcomes. Even for those who may have been resident in Australia for many years, a sense of loss of one's home culture and values can emerge for culturally and linguistically diverse older people. For those with immediate family members living in Australia, such feelings can be exacerbated when intergenerational change has reduced the older person's cultural connection with their immediate family. For culturally and linguistically diverse people without family members living in Australia, old age can bring with it changes in mobility and capacity that can impact on their ability to access culturally appropriate activities and services.

Older people from culturally and linguistically diverse backgrounds, particularly those with limited English language proficiency, can experience difficulties in accessing health and social services. For example:

◗ reluctance to access services due to cultural beliefs regarding self-sufficiency and resilience

◗ different understandings of certain conditions, such as cultural stigma attached to dementia

◗ lack of exposure to aged care services and systems.

This interplay of issues among older culturally and linguistically diverse Victorians creates an additional level of complexity to their needs and risks compared with those identified among older people more generally.

2.4.4 Gender and sexual diversity

Australian and international research suggests that lesbian, gay, bisexual, transsexual and intersex older people may be at a higher risk of loneliness than their heterosexual peers. While it is important to recognise the diversity within the lesbian, gay, bisexual, transsexual and intersex community, it is generally true that some older people are likely to have smaller family networks than other older people, both due to isolation from their own families and lower rates of child-rearing. In an Australian survey, lesbian, gay, bisexual, transsexual and intersex older people reported greater reliance on their partners, friends and care agencies for social support than heterosexual older people.[12] Consequently, potential reasons why older lesbian, gay, bisexual, transsexual and intersex people experience greater levels of loneliness are that they may have smaller social networks and less access to biological family relationships.

Due to the historical stigma and oppression experienced by older lesbian, gay, bisexual, transsexual and intersex people, there may be reluctance to engage in 'mainstream' social activities, fearing rejection and judgement by heterosexual older people, medical professionals and service providers. This can mean that they are not only likely to be at higher risk of loneliness and isolation, they may also be less likely to seek help or assistance.

2.4.5 Older people with a caring role

Another specific population at risk is those seniors who undertake roles and responsibilities related to being a carer. Australian Bureau of Statistics data shows that more than 12 per cent of people 60 years of age or older are carers, compared with around eight per cent of people under the age of 60. Older carers are considered particularly at risk of social isolation and loneliness due to the all-consuming nature of the caring role, and the impact this can have in shrinking their social network. Causes of social isolation related to caring include not being comfortable talking to friends about caring, not having the time or financial resources to participate in social or recreational activities and not being able to leave their house due to the medical condition of the person they are caring for, such as the behavioural and psychological symptoms of dementia.

Older carers are more likely to be financially disadvantaged and experience chronic health difficulties. These circumstances can further exacerbate their isolation, as they have limited resources available to arrange respite care or to invest in their own health and wellbeing. Recent Australian research has found that carers have the lowest wellbeing of any population group.[13]

Some older people providing care for others may not identify themselves as being in a 'caring' role and therefore may not be aware of or receive support from carer programs. This may be particularly relevant for some culturally and linguistically diverse older people based on cultural beliefs regarding self-sufficiency and resilience. Some may also be expected to provide care for grandchildren, may not speak English or may be disconnected from the whole community.

2.4.6 Place-based disadvantage

Particular locations of disadvantage include:

◗ rural areas with small populations in isolated locations with limited transport and service options

◗ areas experiencing high growth, including growth in the population of people 60 years of age or older, and with limited social and community infrastructure, particularly outer metropolitan fringe areas

◗ areas with low socioeconomic measures across the population, and with intergenerational disadvantage.

2.5 Impacts of isolation and loneliness

Isolation and loneliness have impacts at both the individual and the societal level. International research has consistently identified that the experience of loneliness for an older person is a significant risk factor for morbidity and mortality, comparable to other high risk factors such as smoking, alcohol consumption and obesity.

The health impacts of loneliness include:

◗ ill health and risk-taking health behaviour such as an unhealthy diet, heavy alcohol consumption and physical inactivity

◗ high blood pressure

◗ poorer quality and quantity of sleep

◗ disability onset

◗ mental health and wellbeing issues such as anger, depression, worthlessness, resentment, pessimism and suicidal thoughts

◗ increased rates of cognitive decline and higher risk of cognitive progression towards Alzheimer's disease

◗ increased risk of heart disease and stroke.

Recent research from the United States has demonstrated that loneliness triggers physiological responses that make people ill, and experiencing extreme loneliness can increase a person's chances of premature death by 14 per cent.[14] The research emphasises the importance of good relationships for older people to develop resilience and the ability to deal with adversity and stress.

> 'The consequences to health are dramatic, as feeling isolated from others can disrupt sleep, elevate blood pressure, increase morning rises in the stress hormone cortisol, alter gene expression in immune cells, increase depression and lower overall subjective wellbeing.'[15]

The wider community and societal impacts include lost productivity, increased healthcare service use and increased healthcare costs including hospitalisation and re-hospitalisation. Consequently, addressing social isolation and loneliness through preventive effort can help manage the costs of delivering health services.

2.6 Interventions to reduce social isolation and loneliness

There is strong evidence in the literature that older people who are socially engaged are happier and healthier than those who are socially isolated, and that the socially engaged have better levels of health and wellbeing that, in turn, enable continued social activity. Consequently, policies and strategies that promote healthy and active ageing and age-friendly communities are key to addressing isolation and loneliness.

The research literature identifies a range of strategies to address isolation and loneliness among older people. These include legislation on ageing and older people, multidisciplinary, cross-portfolio government ageing policies, programs that set targets specific to older people and providing general support services such as transport, housing and age-friendly infrastructure. There are also examples of targeted activities aimed to overcome loneliness by providing direct support and specific interventions such as home visits.

Actions that have been commonly found to successfully address social isolation among older people include access to health and aged care services, recreation, leisure activities, volunteering and life-long learning. Examples of successful approaches to address social isolation include mentoring, involving older people in service planning and design, and emphasising home care, ageing in place and good communication strategies.

2.6.1 Social networks

The literature suggests quality of social support, rather than quantity, is key to addressing social isolation and overcoming loneliness, and that having access to a range of social support opportunities increases the likelihood of developing a strong social network. In addition, integrated, holistic models such as intergenerational community networks or person-centred models of care and referral services can strengthen local community responses to social isolation.

2.6.2 Group interventions

Group activities, mutual support and discussion groups have been found to be effective in reducing feelings of loneliness among older people. However, the research notes the importance of group activities targeted at the particular life interests of individual older people. For example, participating in cultural, sporting or artistic activities can strengthen social networks while also providing a sense of meaning and purpose. At a local community level, arts activities have been shown to generate social cohesion and improve community members' perceptions and feelings about their community.[16]

2.6.3 One-to-one interventions

The research identified one-to-one interventions aimed at providing direct support as including counselling, assessment, information and referral. These interventions also include interacting with volunteers or professionals through home visits, telephone support or specific activities. Overall, one-to-one interventions were found to be inferior to group-based interventions in addressing isolation and loneliness, mainly due to their inability to widen social networks or encourage community participation.[17]

2.6.4 Information and communications technology-based interventions

Information and communications technology-based interventions are an emerging area of research given the enhancements in internet communications and other technology. While the lack of information and communications technology proficiency among many seniors remains a barrier to such interventions, the take-up of new technology among some seniors is growing.[18]

There is research evidence that new technologies have the potential to bridge a number of the challenges associated with social engagement in later life, such as decreased physical mobility and loss of a driver's licence.[19] However, evidence regarding the effectiveness of these technologies in reducing social isolation and loneliness is mixed.

2.7 Policy considerations

Over recent decades, social policy, health and technological advancements have combined to change the way people view the experience of living beyond the age of 60 years. The next generation of seniors who approach retirement are likely to continue the trend to work for longer, live more years in good health and be able to live better with chronic health conditions. However, there will also be those who experience significant challenges such as living with disadvantage or living in their own homes with greater levels of frailty or with some disability.

The prevalence and impacts of isolation and loneliness in the older population warrant recognition as a key policy issue.

There is a need for increased public awareness – and awareness among health and other service providers – that loneliness is a significant health and wellbeing issue, noting that its identification, assessment and provision of support are complicated by its stigma.

Best practice social policy approaches to population ageing include:

◗ the life course framework, which links the influences of life experiences to late life outcomes and vulnerabilities

◗ active ageing strategies that emphasise setting in place the conditions that enable older people to live active lives for sustainable ageing

◗ age-friendly cities and communities that create enabling environments for active ageing.

These approaches aim to address vulnerabilities among older people by:

◗ emphasising the importance of building internal capacity and personal resilience over a lifetime and into later life

◗ empowering older people to maintain independence and capability

◗ enabling ageing in place by creating environments conducive to older people's needs and vulnerabilities.

They require coordinated actions to create resilience to protect against isolation and loneliness at the individual, family, neighbourhood and societal levels.

2.7.1 Life course experience

Social connectedness characterised by high-quality relationships promotes positive and protective health and wellbeing behaviours. Preventive strategies with interventions designed to build social connectedness throughout the life course do provide protections against social isolation and loneliness. It is vital that ageing population policies promote the importance of extending the time spent experiencing active and healthy ageing, that is, aiming to keep people above the threshold of poor health and disability.

The life course approach recognises the importance of social investment early in life to boost personal resilience and offset the negative impacts of the ageing process. It also emphasises the importance to individuals and government of investing in protective strategies and interventions in adult and later life to maintain independence and reduce dependence on services and supports.

This is demonstrated in Figure 2, where maintaining good health and high levels of functioning during adult life, combined with maintaining independence for as long as possible in later life, can extend functional capacity and prevent dependency for longer in the life span. Figure 2 also refers to the existence of a 'dependency threshold' where a combination of external and environmental factors can extend or decrease dependency. The dependency threshold is higher when barriers such as poor urban design, inadequate public transport, hard-to-access information and lack of social support are prevalent.

Figure 2: Active ageing – a life course approach
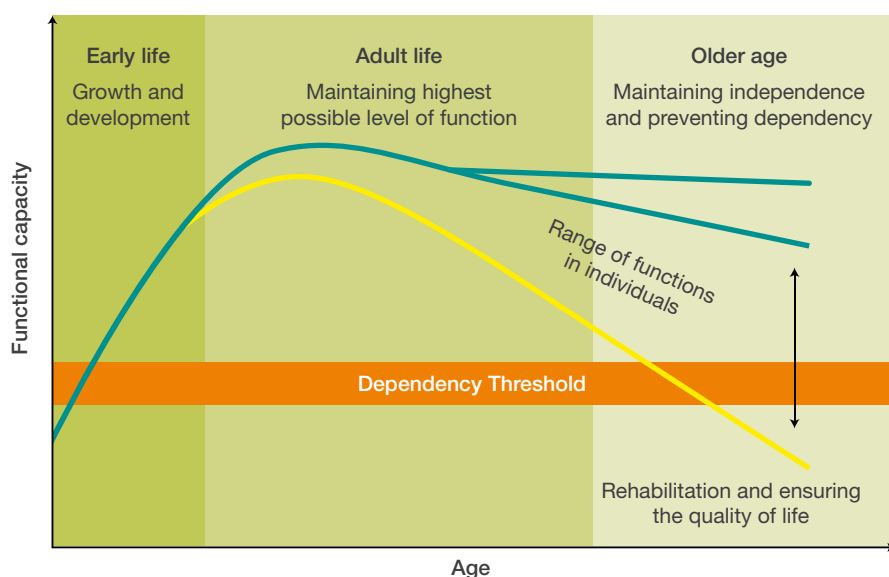
Source: Plouffe L 2015, *Active ageing: a policy framework in response to the longevity revolution*, International Longevity Centre Brazil, Rio de Janeiro.
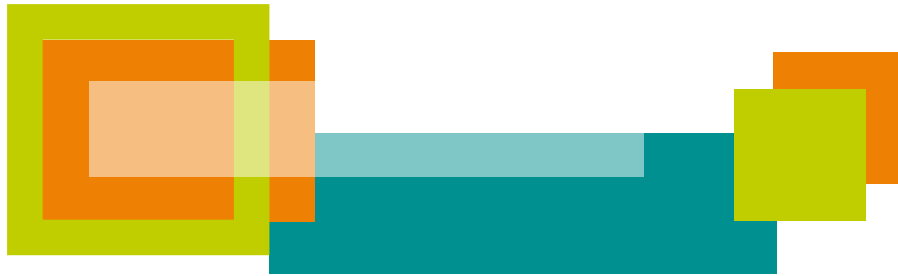
The World Health Organization has identified that a key policy priority is to ensure as far as possible that each individual maximises their capacity for healthy and active ageing in order to maintain functional capacity for as long as possible. This is a significant policy driver given the ageing of our population.

It is a policy priority to ensure that lifestyle and external and environmental factors promote a long and independent life in good health. Equally important is a focus on preventive health strategies so that each individual can maximise the period of their life where they remain healthy and active. Combining preventive health strategies with age-friendly planning and design interventions can facilitate independence and reduce the dependency threshold.

A key policy risk is the significant cost to both the individual and the health system if older people become dependent or experience declining functional capacity in situations where this could have been prevented. This also brings a significant opportunity cost, where the positive contribution from many older people is lost due to the inability to participate fully in their community.

2.7.2 Life course approach and disadvantage

One critical point is that while early intervention is important across the full life course to enhance individual and community wellbeing, there are significant economic, social and fiscal consequences when disadvantaged or vulnerable people cross the 'dependency threshold' earlier than necessary as they get older.

Older people whose lives have been marked by continuing disadvantage or dealing with challenges they have experienced through their life course (such as mental health issues, homelessness, chronic illness and disability) are particularly vulnerable.

It is important that policies and strategies target the delay of loss of functional capacity for people as they age, and specifically target those within communities who are at higher risk of premature ill-health and dependency.

2.7.3 Healthy and active ageing

International research and evidence clearly demonstrate that public health responses to ageing should ameliorate the losses associated with older age, as well as reinforcing resilience and psychological growth. Healthy ageing is identified as 'the process of developing and maintaining functional ability that enables wellbeing in older age'.[20]

One goal of healthy ageing policies is to maximise functional capacity as people age, including those with:

◗ relatively high and stable capacity

◗ declining capacity

◗ significant loss of capacity.

The functional ability of all three groups can be enhanced through actions to align health systems to older populations, develop systems of long-term care, create age-friendly environments and improve measurement, monitoring and understanding.

The international evidence clearly identifies the importance of providing opportunities for all people as they age to continue to contribute to their communities and to retain as much autonomy for decision making as is realistic and possible. Consequently, responses to the issue of isolation and loneliness need to be closely linked to strategies and approaches that will strengthen opportunities for healthy and active ageing during the life course.

The World Health Organization identifies the importance of involving older people themselves, as well as organisations who represent them, in the development and evaluation of policies to ensure relevance.

The recently released World Health Organization 2015 *World report on ageing and health* concludes that 'Embedding healthy ageing in policies in all levels of government [is] crucial, as is coordination that spans multiple sectors and levels of government'.[21]

3 The Victorian context

It is important to consider the issue of isolation and loneliness in the context of both the structure and changing nature of the Victorian population.

3.1 The senior population

3.1.1 Population ageing

Victoria's population is growing. The population at June 2011 was 5.5 million. By 2014 this had grown to 5.8 million, with an annual average growth rate of 1.8 per cent. From 2014 to 2031, the population of Victoria is projected to grow to 7.7 million, at a rate of 1.6 per cent per annum.

As shown in Table 1 and Figure 3, Victoria's population is also ageing, and this is projected to continue. In 2011, 19.4 per cent of Victorians were 60 years of age or older. This had grown to 20.1 per cent by 2014, and is projected to grow to 24.1 per cent by 2031, representing an annual average growth rate of 2.75 per cent – almost double the rate of overall population growth. It is therefore timely to consider preventative measures to both manage the financial and social impacts across society and to offset the risks of increased social isolation in the older population.

Table 1: Victoria's population 2011 and 2031

Population group	Number of people 2011 (actual)	% of total population	Number of people – 2031 (estimated)	% of total population
Total population	5,537,816		7,701,109	
Population aged 60+	1,075,083	19.4	1,859,621	24.1

Source: *Victoria in Future 2015: Population and household projections to 2051*, The State of Victoria Department of Environment, Land, Water and Planning.

Figure 3: Victoria's population 60 years of age or older as a percentage of the total population
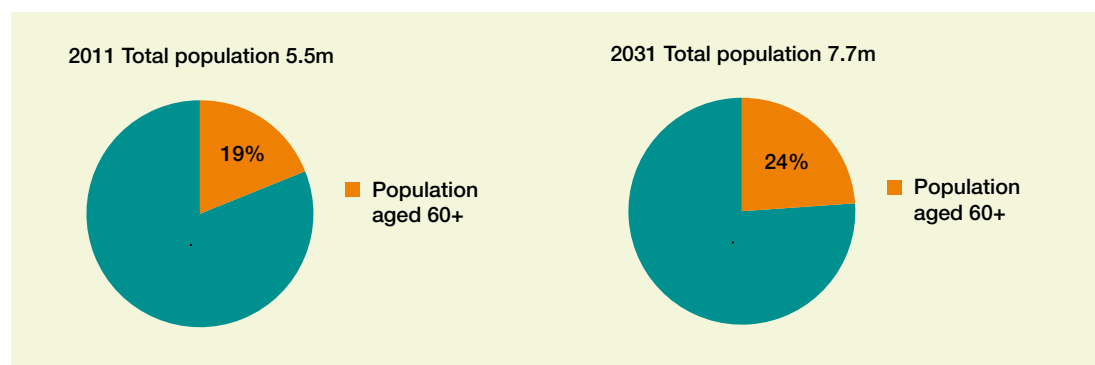
Source: ibid.

3.1.2 Seniors economic and social contributions to the community

The considerable economic and social contributions of seniors, now and into the future, should be acknowledged. This includes participation in the paid workforce, provision of support for others as unpaid carers and volunteerism in the community.

In 2011, more than 12 per cent of the population over 60 years of age in Victoria were providing unpaid care to another person. This included assistance with self-care, supervision of mobility and transport support provided for a partner, parent, adult child or other person who was ill, frail or had a disability.[22]

In 2012, the annual economic value of volunteer support in Victoria provided by people 65 years of age or older was calculated to be $681 million. The real value is not just in dollars.[23]

Volunteering provides significant social benefits for both the volunteers and the community, including health and wellbeing benefits through maintaining connections with others.

An Australian study has shown that in 2011 grandparents provided 34 per cent of child care, and that grandparent care was the predominant form of child care for two-parent families, exceeding formal long day care and family day care.[24]

3.1.3 Prevalence of loneliness in Victoria

As discussed in section 2, based on international research evidence, this report assumes a baseline prevalence rate of 10 per cent for isolation and loneliness among people 60 years of age or older. Due to the ageing of the population, by 2031 (in only 15 years' time) the number of lonely older people is anticipated to grow by 73 per cent, from 107,508 to 185,962 (see Table 2).

Table 2: Estimated prevalence of loneliness among seniors in Victoria

Victorian population aged 60+	2011 (actual)			2031 (projected)		
	Number	% of total population	Number of lonely people estimated	Number	% of total population	Number of lonely people estimated
Males	499,261	9.01	49,926	871,003	11.3	87,100
Females	575,822	10.4	57,582	988,618	12.8	98,862
Total	1,075,083	19.4	107,508	1,859,621	24.1	185,962

Source: ibid.

3.2 Isolation and loneliness in the Victorian context

Specific population groups at higher risk of isolation and loneliness include those living alone, those with limited English and people who provide unpaid care for others.

3.2.1 Living alone

Australian Bureau of Statistics data shows that people living alone were almost three times as likely as people living with others to say that they would prefer to spend less time alone (29 per cent compared with 11 per cent).[25]

Older people are more likely than younger people to live alone. In Victoria in 2011, 15 per cent of people 60–64 years of age and 18 per cent of people 65–69 years old lived alone. Twenty-seven per cent of people 75–84 years old lived alone, rising to 34 per cent (one in three) of people over 85 years of age. This compares with eight per cent of people between 15 and 59 years old living alone.

Living alone is more common for older women. For example, 17 per cent of women 60–64 years old, 19 per cent of women 65–74 years old, 31 per cent of women 75–84 years old and 38 per cent of women over 85 years old lived alone in 2011. The percentage of older men living alone rises from 13 per cent of men 60–64 years old to 24 per cent of men 85 years old or older (see Figure 4).

Figure 4: Victorian population living alone by age and sex 2011
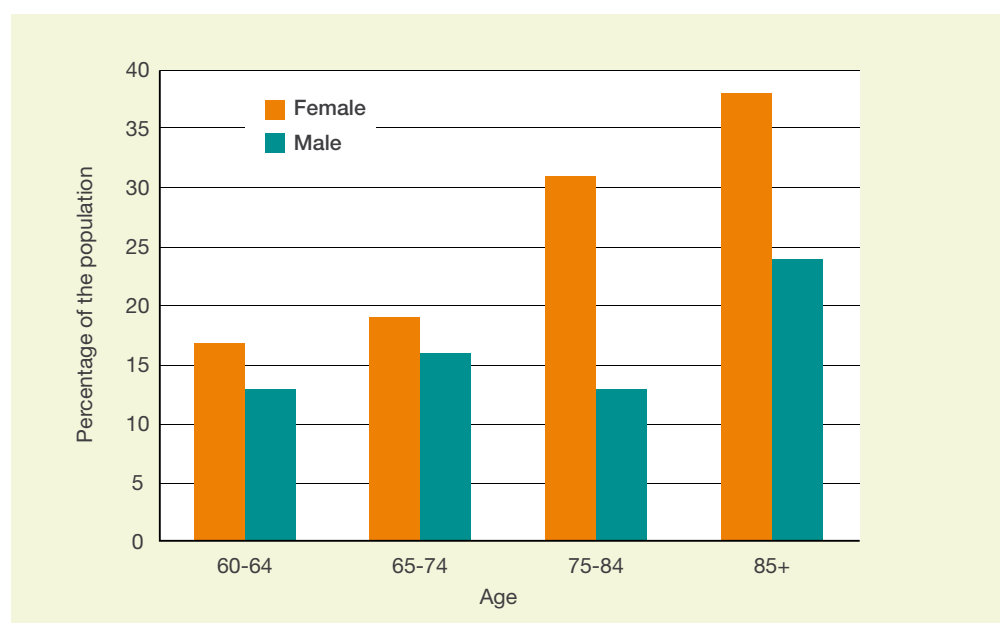
Source: Australian Bureau of Statistics (ABS 2011 Census)

As identified in the literature review, people living on their own are at higher risk of social isolation and loneliness. The data shows increasing numbers of older women will face a higher risk of isolation and loneliness. This is of particular relevance for those living with dementia or other chronic health conditions that may impact on their social connections, including those with family or friends.

3.2.2 Culturally and linguistically diverse groups and English proficiency

The literature review identified that for culturally and linguistically diverse populations there are factors such as poor English language skills that can limit their access to services and support used by other older people. Of the population who were 60 years old or over in Victoria in 2011, more than one-quarter were born in a non-English speaking country.

In addition, the literature review has identified there are culturally and linguistically diverse population groups that are ageing at a more rapid rate than the general population.

For example:

◗ 74 per cent of those born in Italy are over 60 years old

◗ 71.5 per cent of those born in Greece are over 60 years old

◗ 67.3 per cent of those born in the Netherlands are over 60 years old.

Experiences of isolation and loneliness can be exacerbated by lack of English proficiency. In many cases, these same groups have higher proportions of older people with low English proficiency. For example:

◗ 43.3 per cent of those over 60 years of age from Macedonia have low English proficiency.

◗ 43.2 per cent of those over 60 years of age from Greece have low English proficiency.

◗ 39.1 per cent of those over 60 years of age from the Russian Federation have low English proficiency.

◗ 28.8 per cent of those over 60 years of age from Italy have low English proficiency.

3.2.3 Carers

As identified in the literature review, being a carer increases the risk of social isolation and loneliness due to the all-consuming nature of the caring role, and the impact this can have in shrinking the carer's social networks. Just over 12 per cent of Victoria's older population were providing care for another person or persons.

3.3 Regional and rural areas

The literature review identified older people living in rural areas as one of the groups at higher risk of social isolation due to transport disadvantage and reduced access to services.

Population ageing is more pronounced in regional Victoria than in metropolitan Melbourne. In 2011, 18 per cent of Victorians living in the Greater Melbourne area were 60 years of age or older, compared with at least 23.5 per cent in regional Victoria. In 2031, these ratios will increase to 22.4 per cent in the Greater Melbourne area and 29.6 per cent in regional Victoria (see Figure 5).

Figure 5: Victorian regional and metropolitan populations 60 years of age or older, 2011 and projected for 2031
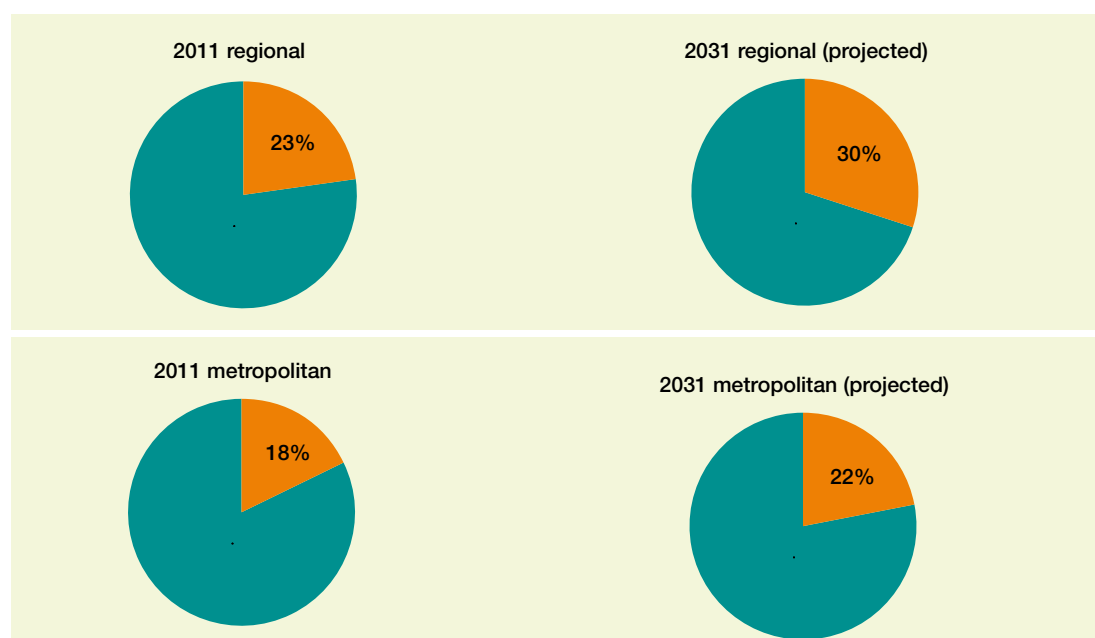
The ageing of the population in regional Victoria is exacerbated by the shift of younger people from regional and rural areas into more highly populated metropolitan regions. This has left many rural communities with fewer resources and services available to support the remaining older population.

Consequently, the incidence of social isolation and loneliness in the older population caused through living alone, lack of transport and lack of access to services or support is likely to be more pronounced for rural areas.

In addition, not only do some rural local government areas (LGAs) in Victoria currently have a higher proportion of their population over 60 years of age, this trend is predicted to increase in the years ahead.

Table 3 shows that, as at 2011, of the 10 regional LGAs with the highest proportion of older people who are over 60 years of age, the proportion is between 30 and 40 per cent. By 2031 the proportions of older people who are over 60 years old is predicted to continue to increase to between 40 and 50 per cent in these areas.

Table 3: Top 10 regional Victorian LGAs with a population 60 years of age or older, 2011 and projected for 2031

2011 (actual)		2031 (projected)	
LGA	% of population aged 60+	LGA	% of population aged 60+
1. Queenscliffe	40.9	1. Queenscliffe	52.3
2. Strathbogie	33.4	2. Loddon	46.9
3. Central Goldfields	32.8	3 Central Goldfields	43.4
4. Loddon	32.2	4. Strathbogie	41.8
5. Yarriambiack	31.8	5. Buloke	41.0
6. Buloke	31.6	6. Mount Alexander	40.5
7. East Gippsland	31.4	7. Alpine	40.2
8. Gannawarra	31.4	8. Benalla	39.9
9. Pyrenees	30.2	9. Hepburn	39.3
10. West Wimmera	29.8	10. North Grampians	39.3

Source: *Victoria in Future 2015*, op cit.

In addition, significant increases are predicted in the older population for some outer metropolitan areas over the next 20 years. Table 4 provides information about predicted changes in the proportion of residents 60 years of age or older in outer metropolitan areas. This data forecasts a significant increase in the proportion of the population 60 years of age or older in outer metropolitan areas.

Table 4: Population ageing in six outer metropolitan Victorian LGAs, 2011 and projected for 2031

2011 (actual)			2031 (projected)		
LGA	Population aged 60+	% of LGA population	LGA	Population aged 60+	% of LGA population
Mornington Peninsula	42,277	28.3	Mornington Peninsula	66,990	35.2
Casey	34,005	13.0	Casey	94,322	21.7
Knox	28,350	18.3	Knox	52,606	29.4
Yarra Ranges	27,580	18.5	Yarra Ranges	49,834	29.0
Hume	23,371	13.4	Hume	55,007	18.8
Whittlesea	24,634	15.3	Whittlesea	58,999	18.6

Source: ibid.

3.4 Financial status

The minimum eligibility age to receive the Australian Age Pension is 65 years. Almost 70 per cent of people who are 65 years of age or older in Victoria receive the Age Pension, including those on a part pension – a total of 609,444 individuals (see Figure 6).[26]

Figure 6: Age Pension recipients in Victoria, 2015

69%

■ Age Pension recipients (as % of total population aged 65+)
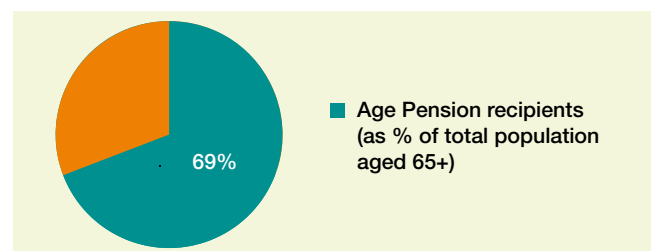
Almost 20,000 people who are 65 years of age or older receive other Commonwealth Government income support payments including the Carer Payment and the Disability Support Pension. More than five per cent of people 65 years of age or older receive a Carer Allowance (46,564) – an income supplement for carers who provide additional daily care and attention for someone with a disability or medical condition, or who is frail aged.

There is a longstanding correlation between old age and poverty in many developed nations around the world, including Australia.[27] In later life people on a fixed income are particularly vulnerable to changes to their income situation. Many individuals receiving income support do not have substantial savings or other assets. The impact of this lack of discretionary spending is that a significant proportion of older people are excluded from fully participating in a social life due to limited financial resources, which can in turn lead to isolation and loneliness.

4 | What seniors told us

A key aspect of understanding isolation and loneliness was to hear firsthand from seniors about their experiences and to give them an opportunity to share their stories and those of their friends. For this reason, the listening tour provided highly relevant and extremely useful firsthand information from seniors, which has contributed significantly to the conclusions reached in this report.

4.1 Social needs and wants

At the beginning of each listening tour meeting, we commenced our conversations by asking those present to provide their initial responses to the question: 'What is it that older adults want and need socially as they age?' Their answers are summarised below and provide strong evidence about the importance for seniors to have meaningful roles and a sense of purpose in life as they age.

4.1.1 An intrinsic value and purpose in life as we age

Seniors spoke with real fervour about the importance of continuing to have life interests that are meaningful. Clearly there is enormous diversity in the life experiences of Victorians as they age – their family background, heritage, personal beliefs, values and spirituality.

In addition, at every meeting seniors spoke passionately about the importance of mutual respect for people as they age, to have the opportunity to be heard and to have their views canvassed and considered important. At every meeting seniors present expressed their sincere appreciation for the fact that the Commissioner had come to hear about their views, aspirations and experiences.

As they move through their journey of ageing, seniors want to be able to have a meaningful role and continue to contribute to society, for example, as volunteers. However, many participants spoke about the, at times, subtle age discrimination they felt where there was a sense (often unspoken) that just because they were getting older they had less to offer or contribute.

4.1.2 Importance of inclusion not discrimination

Seniors spoke about the importance of being valued and having opportunities to continue to make a meaningful contribution with an emphasis on mutual respect, having the opportunity to be heard and not being considered 'too old to count'.

4.1.3 Desire for respect

In addition to the feedback regarding age discrimination, seniors also expressed the view that the process of ageing could be linked to feelings of loss of respect. That is, a sense of being 'out of sight and out of mind' as well as a sense that because they were older our community did not demonstrate appropriate levels of respect towards them. To balance this discussion, other seniors pointed out the importance of this needing to be two way, that is, from older people towards younger people and vice versa.

4.1.4 Desire for independence and control

Seniors spoke with strength and commitment about the vital importance of being able to exercise as much decision making as possible as they age. At every meeting some seniors shared their stories about situations where wishes or aspirations were not adequately understood or considered by those around them, including friends or family, as well as organisations that provide services such as Home and Community Care or aged care.

4.1.5 Family, friendship, companionship, relationships

One of the most compelling drivers of a sense of value and purpose in life was directly related to the experiences of friendship, family, companionship and relationships more widely. Where these relationships were functioning in a positive manner, they provided a real sense of value to people as they age. However, many seniors spoke about the serious challenges they and others feel due to the global nature of our world, the rapid growth of technology and the changing nature of community. These matters, when combined, were a key factor in their experiences of isolation and loneliness.

We cannot assume that the experience of ageing is accompanied with retention of key family and friendship relationships. Children or relatives may move interstate or overseas. Friends may move to new areas. The communities in which we live continually change in their composition and make up.

We heard from a man who had retired and moved from interstate to a flat in Melbourne. He knew no-one in his local area and became very isolated. The local council did a letterbox drop with information about a 'friendly neighbour' program inviting people to attend an informal get-together in a local café.

From this small beginning, he now receives personalised letters advising him about what's on, attends a range of activities and knows people to say hello to at the local supermarket. He told us about the difference this has made in his life where instead of 'sitting at home in my flat', he is now happily connected to his local community.

4.1.6 Importance of a sense of community

At each meeting, seniors spoke with passion about the vital importance of feeling part of their local community as they age. While there were consistent and positive examples, others bemoaned what they felt as a 'loss of community spirit'. There were concerns that all too often today people are so busy that they simply walk by and don't take an interest in those around them, including seniors.

Yet it is clear that many seniors desire significant connections at their local community level and prefer local opportunities for social participation.

4.1.7 Security and safety

At each meeting personal safety was raised as an important basic want and need for people as they age. In particular, it was expressed that older people feel most 'vulnerable' during the evening.

4.1.8 Physical health, health limitations and active ageing

There was strong recognition that good physical health and active ageing have a central role to play in enabling people to remain connected to the world around them as they age. Likewise, living with multiple health conditions, mobility restrictions or chronic illness all had limiting impacts on the capacity of people to remain socially connected. Mental health was considered by seniors to be just as important as physical health. People living with dementia may be left out of social gatherings, sometimes due to stigma, further exacerbating isolation and loneliness.

4.1.9 Living with disadvantage including financial hardship

During each of the listening tour meetings there was very real recognition that the journey through the senior years was often closely tied to experiences of disadvantage at some points. For some, their senior years continued or exacerbated challenges they experienced throughout their lives such as physical disability, financial hardship, family violence, homelessness, drug or alcohol addiction or at-risk behaviours including gambling. For others, the journey through their senior years created new life challenges such as the onset of disability, becoming a carer, loss of a partner or loved one, the onset of mental health concerns, mobility issues, dementia or loss of social connections due to moving to a new neighbourhood.

4.1.10 Adapting to change

At each meeting seniors acknowledged the need to retain the ability to adapt to the changing world as we age. They considered this to be linked to personal resilience because the journey of ageing inevitably throws challenges and 'curve balls'.

4.2 Causes and risk factors

Seniors who attended our listening tour meetings confirmed that the causes and risk factors of isolation and loneliness are very complex, and the experience of isolation and loneliness for an older person will most likely be the result of a culmination of more than one factor or set of circumstances. Isolation and loneliness can occur as a result of both the cumulative effect of the 'daily hassles of life' and more acute 'stressful life events'.

Importantly, a number of factors affecting isolation and loneliness can be both risk factors and protective factors. A prime example is health, whereby poor health (such as loss of hearing) can limit one's ability or confidence to be socially active, while good health can contribute to healthy and active ageing. There was broad consistency in both the literature review and the listening tour of the key risk and prevention factors for isolation and loneliness. Some of the common causes of isolation and loneliness identified by participants are outlined below.

4.2.1 Personality and personal preferences

Participants noted different expectations, wants and needs regarding social interaction as people age. For example, they spoke about friends who desire and need lower levels of social interaction than others. They also pointed out that being involved in a group did not necessarily bring a sense of inclusion and fulfilment because we can also 'feel lonely in a crowd'.

Seniors were clear that we must not assume that just because someone has limited social contacts, they feel isolated and lonely. It is important to take time to consult with people, understand their wishes and provide opportunities for social participation.

However, they spoke with a deep sense of passion about the feelings of not being included, or being actively excluded from opportunities to participate, and how significant this was in denting their confidence.

4.2.2 Poor health and/or disability

Frailty, physical limitations, pain and/or poor physical or mental health can cause isolation as older people lose confidence, become self-conscious and withdraw from social engagement. This can occur because they are not physically able to travel to, attend or participate in social activities. It can also occur because they perceive that they will slow down or hinder a group activity.

Chronic pain, lack of physical strength and susceptibility to falls, incontinence, hearing loss, reduced vision and dementia were specifically raised as conditions impeding the ability or confidence of older people to be socially active.

Some seniors explained the difficulty they have participating in group activities and conversations with others due to hearing loss. In other cases individuals had hearing aids but still experienced difficulty; for example, they did not know to how to use them properly but found it difficult to ask for assistance.

'I used to go to a local community group, but my hearing deteriorated and I couldn't hear what people were saying, so I stopped coming.'

4.2.3 Chronic health conditions

Seniors at the listening tour meetings also spoke about the impact of the onset of chronic health conditions. While there was acknowledgement that some support was regularly available to help manage such conditions, there was recognition that the struggle to maintain personal health can lead to withdrawing from social networks and gradually lowering the level of social engagement.

4.2.4 Disadvantage, including financial hardship and housing

Seniors identified many examples of disadvantage that arose as they progressed through their senior years, for example, the significant impact of financial limitations on their affordability to participate in, or join, social or other activities.

> One of the women in attendance said she lived in a rural area and relied on her local community bus. However, a recent price increase in the cost of bus travel meant she had to go without something in order to still use the bus to get to her weekly seniors activity group that she valued highly. She said this was a difficult financial decision for her.

Numerous participants expressed the view that they were particularly vulnerable to changes in their financial situation. They spoke about the impacts on discretionary spending, such as the cost of participating in clubs, groups and organisations or attending activities that provide an opportunity for social participation.

They expressed concern about the number of older Victorians who are excluded from full participation in a social life due to their limited access to economic resources, which can in turn lead to isolation and loneliness.

4.2.5 Loss of personal confidence

As noted above, erosion of personal confidence has an enormous and direct impact on the capacity of individual seniors to seek out opportunities for social participation.

4.2.6 Cultural, linguistic and gender diversity

At each of the listening tour meetings, seniors spoke about the significant impact and challenges that can arise due to differing cultural expectations, language barriers and different value systems.

4.2.7 Life events, traumas and transitions

Participants acknowledged how life could be affected by 'life transitions' during their senior years. They spoke about the impact of retirement, relocation to a new area, adjustment to loss of a partner, the onset of health conditions, the changes in life associated with becoming a carer or the loss of one's driver's licence.

4.2.8 Moving into a new community

One particular example of a 'life transition point' is relocation to a new geographic area either as part of retirement planning or at some point during the later years. There were positive examples where the proactive decision to move to an area provided better housing choices, as well as better access to community resources and services. However, there were also examples where moving to a new area had a negative impact on social participation due to subsequent life events.

One participant at the listening tour meetings shared her experiences of moving into a new area. She and her husband chose a new location because of its appeal as a lifestyle area, and they moved while aged in their late 60s. However, her husband was then diagnosed with a terminal illness, but she did not have the friendship or other networks to draw upon in her new area and the experience of being a carer was a significant challenge.

4.2.9 A growing digital divide

In addition to the challenge of obtaining information about what is available for seniors in their local community, at each of the listening tour meetings some participants spoke with fervour about the major challenges that technology now brings for them. Increasingly, the online world is a barrier to access for many older people who have limited skills to interact or communicate in a meaningful way through online or social media.

While some seniors had good levels of internet skills and competency, others with more basic levels of computer or technology literacy expressed concern that the rapid nature of information technology change is an increasing challenge for them.

4.2.10 The digital divide and access to services

Participants spoke about the challenges many seniors face due to the increasing number of businesses, government departments and community organisations that use the internet as the entry point for access to information, services, support or resources. There were concerns that the more vulnerable seniors may be at risk of missing out on access to services and support. There were concerns that seniors with limited or no technology skills could be locked out of access to information and basic services.

4.2.11 Becoming a carer or loss of a partner

Another key life transition point raised at each of the meetings was the experience of becoming a carer or losing a partner, and the particular challenges of then maintaining social connections and opportunities for meaningful social participation.

Participants outlined how becoming a carer, particularly when providing high levels of caregiving, could result in a greater risk of isolation and loneliness. The demands of caring are significant, and participants spoke about the gap between the resources available to them and the needs of the person they were caring for. They also spoke about the tendency of the person providing care to put the needs of the person they are caring for first, even when this had a detrimental impact on their social connections and own health. The personal commitment of the carer to their loved one meant they put their own needs last, and any available resources or offers of additional support were directed towards the person they were caring for rather than their own needs.

In other cases participants who were providing care did not access services or support because they did not see themselves as a 'carer'.

> 'I am not a carer. I just look after my husband.'

Participants spoke about the challenge of providing care in the home to other seniors with higher levels of frailty or disability or health and mobility issues.

4.2.12 Impacts of living alone

There were participants at each meeting who identified the challenges of living alone, including after the loss of a partner. Those who are living on their own are considered to be at particular risk of isolation and loneliness.

Participants spoke about the compounding impact of living alone while at the same time experiencing health challenges. They spoke about the importance of being able to access in-home support or care, and the challenge of maintaining their social connections. There was a particular concern from those in rural areas about whether they would be able to access appropriate information, services and support in their own homes as they age and become frail.

> 'A lady in our local community had her husband pass away. She couldn't drive so she was out on the farm all by herself.'

4.2.13 Social contact and relationship quality

Seniors spoke about how the 'ageing journey' was often accompanied by changes in their friendship networks, family relationships and local community involvement. On the one hand were experiences where substantial challenges occurred trying to maintain social connections. Others identified that ageing did not always result in social losses and there may be relationship gains later in life that can reduce loneliness.

4.2.14 Nature of community organisations

Participants shared quite diverse experiences, both positive and negative, about accessing activities or support or participation opportunities in local community groups and organisations. While there were very positive stories of active inclusion and effective involvement of seniors, there were also experiences reflecting barriers to participation such as relevance of activities, unwelcoming group dynamics or a culture that did not support the participation of older people.

One of the men who attended the listening tour meetings told us he had lost his wife some years earlier and shared his experience of isolation and the enormous impact it had on his own confidence. He spoke about how he built up the courage to attend a local group but that after going on two occasions he did not feel he was included or acknowledged and so stopped attending.

As a result of the conversations at the listening tour meetings, it is clear there is widespread change in the nature and type of participation by older people in local groups and organisations. That is, some of the more archetypal forms of seniors' participation opportunities seem to be in decline. For example, various seniors clubs or senior citizens groups have declining numbers or are questioning their viability. Some of the local groups that are experiencing a decline in levels of participation cited negative community perceptions and questions about the relevance of activities.

At the same time, other local groups and organisations shared their experiences of sustained or even rapid growth, for example, the University of the Third Age, Men's Sheds and Life Activities Clubs. There were many examples of local community organisations providing seniors with positive social participation opportunities. However, there were also occasions where local community groups were experiencing difficulty in their level of engagement with seniors. For example, one of the more practical issues raised in each meeting was what seniors viewed as the 'barriers to entry', such as group dynamics that they felt effectively excluded new members.

The loss of personal confidence has an enormous and direct impact on the capacity of individual seniors to seek out opportunities for social participation.

4.2.15 Access to appropriate information

While some participants spoke in positive terms about the information that is available from their local council, library or community organisations such as a neighbourhood house, others spoke about how difficult it is to access information about opportunities for participation in their local community or supports that are available.

Many seniors expressed a lack of clarity about where they would access information or find out about opportunities for a greater level of participation at their local community level. This included discussion about local organisations that did not seem to encourage the ongoing participation of people once they became older.

4.2.16 Mobility and transport

Participants commented that personal mobility and/or access to localised transport play an important role in supporting opportunities for social interaction. Thus, low levels of mobility or lack of transport options are key risk factors for isolation and loneliness. Seniors were clear in their view that there is a strong link between mobility and/or access to transport and social participation. A concerning moment expressed by older people was the point at which they lose their driver's licence.

4.3   Impacts on health, wellbeing and quality of life

There was an overwhelming consensus among participants that isolation and loneliness was a significant issue for older Victorians.

However, the direct link between being alone and being lonely should not be assumed; some older people are happy to be alone.

Seniors' comments mirrored the impacts of isolation and loneliness identified in the literature review, speaking about:

◗ reduced quality of life as a result of a lack of meaningful personal relationships

◗ mental health issues including depression, which can lead to further isolation when it limits the capacity or confidence of older people to remain socially active

◗ ill health, which can also limit an older person's capacity or confidence to be socially active

◗ decreased sense of self-worth, low self-esteem and loss of confidence making it harder to reconnect socially

◗ adopting risky behaviours such as gambling, smoking, drinking and drug abuse

◗ elder abuse occurring when seniors are isolated from their communities.

> 'Loneliness is a big issue. Our community don't see it,
> but it is there. What we do see is the tip of the iceberg.'

4.4 Identifying those at risk

It was recognised that, in many instances, it is difficult to identify isolated and lonely older people. A number of channels to identify and reach older people at risk of, or affected by, isolation and loneliness were identified:

◗ through the healthcare system including general practitioners, community health centres, pharmacists, hospitals and district nursing services

◗ home care and home support, respite and residential aged care assessment services and providers

◗ community organisations including Universities of the Third Age, senior citizens clubs, sporting groups, churches and other religious organisations

◗ family, friends and neighbours

◗ self-identification, although a lack of confidence and feelings of shame from the negative perception attached to loneliness may deter people from actively seeking support themselves

◗ libraries

◗ other professionals including real estate agents, police and veterinarians.

Having an understanding of social support services and having systems and processes in place to connect people with and refer people to these services was seen as being as important as identifying isolated and lonely people. In addition, supporting people to attend services and supports, at least on an interim basis, was identified as being important.

4.5 Interventions aimed at reducing isolation and loneliness

It was recognised that isolation and loneliness is a complex issue to address, particularly given the large number and multidimensional nature of risk factors and causes. Participants put forward a range of ideas for addressing isolation and loneliness.

4.5.1 Community groups and sporting clubs

Local organisations such as senior citizens clubs, sporting clubs, neighbour-hood houses and community groups were identified as having an important role to play in providing opportunities for older people to be socially active and thus protect against isolation and loneliness. However, it was felt some clubs and groups are not being fully utilised, with declining participation levels being put down to:

◗ the negative perception of 'senior citizens clubs' and 'senior activities'

◗ lack of engaging activities

◗ groups not encouraging and welcoming new members.

A number of examples were provided of groups that are reversing this trend at both the state and local levels. A key feature of these successful groups is that they provide innovative and creative opportunities for social interaction targeted at what people actually want to do.

> A 72-year-old man with Parkinson's disease participates in a community singing group. A friend in the group commented 'He can be distressed when he is not singing. Singing brings out the best in in him. It is his therapy and gives him something that he can still do well.'

Seniors suggested that additional support could be provided for these groups to help reinvigorate them with more and younger members, make them more relevant to older people and reduce the negative stigma attached to some seniors clubs and programs. An organisational health check template was one example of a tool that has been used to help some groups grow and thrive.
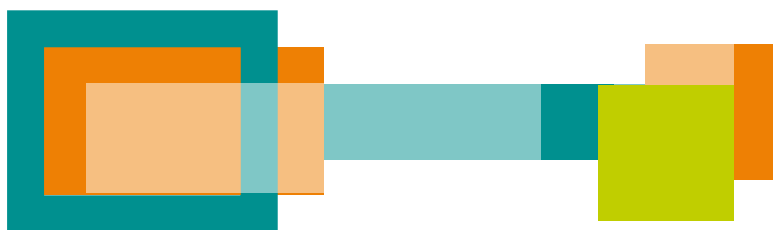
4.5.2 Community information and communication

A consistent theme among participants was the need for better communication to older people about the range of programs, activities and supports available to them in the community. This could help address isolation and loneliness where these services and supports are accessed by older people in the community. It was suggested that information could be provided through local community information hubs supplemented by online information. Establishing these community information hubs in places where older people frequent, such as shopping centres, pharmacies or libraries, would also increase community awareness of this information.

An innovative suggestion for providing information on social interaction opportunities involved using correspondence from utility bills, Centrelink and other government services supplemented with social support information.

4.5.3 Community connections

It was suggested that isolation and loneliness could be addressed by improving community spirit. This could be achieved by connecting different groups of people in the community. It was noted that many older people enjoy being around younger generations and that intergenerational interaction is an important element of social connectedness for older people. Examples of successful intergenerational programs included linking older people with mothers and babies groups and school-based programs where children either learnt from or taught older people. It was felt that these types of programs benefit both older and younger people.

The concept of 'good neighbouring' was also identified as a protective factor for isolation and loneliness. The Neighbourhood Watch program was mentioned as an example of a program that achieved 'good neighbouring' by establishing connections and fostering community spirit. Local councils could also support this concept by connecting older people who retire to a new area through newcomers groups, providing information and opportunities for informal social interaction between long-term and newer residents.

Several other ideas were identified as having the potential to address isolation and loneliness. These included:

◗ addressing community attitudes, including ageism

◗ building personal resilience

◗ utilising community registers

◗ considering innovative approaches to housing

◗ participation in interest-based activities such as music and arts.

4.5.4 Mobility and transport

Personal mobility and access to transport were acknowledged as barriers to social participation and participation in community programs, particularly in rural areas. Participants felt that isolation and loneliness could be assisted by improving the availability of public, community and volunteer transport. Options identified to improve access to transport for older people included:

◗ more frequent public transport services (especially on weekends)

◗ coordinating timetables for different modes of public transport

◗ placing public transport service stops close to the most used facilities

◗ training or support to improve understanding of, and confidence in using, public transport

◗ additional community transport

◗ more availability of volunteer transport.

4.5.5 Transitioning and life planning

As isolation and loneliness can be brought about by 'trigger events', participants recognised the value of planning for, rather than reacting to, crisis situations. There were opportunities to avert isolation and loneliness by thinking ahead and obtaining information about opportunities to participate socially and about the support services that may be needed in the future. It was noted that the Seniors Card program provides an important vehicle for accessing information about planning for the future as we age.

Retirement is a key 'trigger' event, in many cases the first one faced by many older people. It is an important transitional period in which an older person may need to redefine their identity. Providing information and education for the workforce on the services and activities available in the local community could help reduce isolation and loneliness following retirement. One option suggested for providing social support and social participation information and education was through superannuation funds. This could help ensure life planning is recognised alongside financial planning as a key issue facing retirees.

4.6 Role of volunteering in the lives of senior Victorians

Volunteering was seen as an important part of addressing isolation and loneliness, both for volunteers and those people receiving support from volunteers. Volunteering and unpaid work provide a sense of value and purpose to seniors as they age, and can help replace social networks lost through retirement from paid work.

It was noted that some older people want to continue in paid work on a part-time basis. It was suggested that encouraging individuals to volunteer while still in the workforce would provide ongoing social connections that could protect against isolation and loneliness once paid work ceases.

> 'I started volunteering after I left work as most of my friends were work colleagues who didn't live in the area. I joined the local Probus Club and the Country Women's Association and met people who will be friends for life. Now I am on a number of committees, I write newsletters and I provide haircuts for isolated people. Most of all, I love being able to use the skills I have developed throughout my life.'

A number of actions to increase rates of volunteering were suggested on the basis that volunteering protects against isolation and loneliness. The suggested actions included:

◗ increasing the awareness of volunteering opportunities

◗ linking volunteers to opportunities that make use of their professional skills

◗ actively seeking out volunteers, noting that some people want to be asked, rather than offer, to volunteer.

Interestingly, some volunteers did not see themselves as 'volunteers'. Instead, descriptions such as 'working without pay' and 'supporting the sort of community I want to live in' were used. In this context, in addition to seeking to increase the number of volunteers it may also be worthwhile thinking about volunteer messaging.

5 Addressing isolation and loneliness

5.1 An integrated and coordinated response

Emerging strongly from the consultations with community members and stakeholders is the need for greater opportunities to participate in the cultural, civic and social aspects of our community. These opportunities provide older people with a variety of meaningful roles that:

◗ value and honour their skills

◗ promote feelings of self-worth and belonging

◗ address negative community perceptions towards ageing

◗ act as a safety net for vulnerable people at risk of loneliness.

In response to isolation and loneliness among older people, responsibility for creating, building, and promoting opportunities for older people's social participation resides with everyone. It is multijurisdictional across the three levels of government, crosses portfolios within governments and involves the business, community and service sectors. There are many existing policies, plans, programs, services, groups and volunteers that all contribute to addressing the issue in some way. Across all sectors, we need to capitalise on what we do well, make improvements and work better together where we can, and look at service and opportunity gaps to make sure we meet the needs of isolated and older people in the community.

In doing so, and based on the consultation and research findings, attention needs to be given to important principles that underpin actions. Actions need to:

◗ empower senior Victorians to play an active role in their local community so they can participate in their community as much as possible

◗ empower senior Victorians to have a meaningful role, value and purpose as they age, including personal resilience as well as active social engagement and participation

◗ include interventions that respond to key life transition points such as the move into retirement, loss of a partner or the entry of a parent or partner into aged care

◗ identify and respond to the needs of vulnerable seniors and those who are at risk of falling through the cracks in our current service and support system

◗ maximise each individual's capacity to be active, healthy and have meaning in life as they age, so they remain for as long as possible above the functional disability threshold. Importantly, aim to avoid premature decline below the functional disability threshold (refer to section 2.7.1 and 2.7.2).

This approach is supported by the recently released World Health Organization *World report on ageing and health*, which concludes that there are five strongly interconnected domains of functional ability that are essential for enabling older people to do the things they value.

These are the abilities to:

◗ meet their basic needs

◗ learn, grow and make decisions

◗ be mobile

◗ build and maintain relationships

◗ contribute.

> 'Together these abilities enable older people to age safely in a place that is right for them, to continue to develop personally, to contribute to their communities and to retain their autonomy and health.'[28]

5.2 The benefits of taking action now

As described earlier in this report, there is a disproportionate increase in Victoria's population of people over the age of 60 years. Older people who are as healthy and active as possible are a huge asset to Victoria, and there are benefits in targeting supports to delay functional decline and a shift into dependency. There are direct benefits to the Victorian Government in leading efforts to ensure social connectedness among senior Victorians.

As a key planner and provider of health services, transport, urban infrastructure, housing and other social supports, the Victorian Government stands to gain by utilising the assets of our ageing population, and better manage health costs if loneliness and isolation among older people is reduced.

Recent research into the impacts of loneliness on older people concludes that loneliness not only makes people sick, it increases an older person's chances of premature death.[29] As noted earlier, it is anticipated that by 2031, due to population ageing, the number of older Victorians experiencing loneliness will increase by 73 per cent. Already in Victoria, 48 per cent of public hospital patients are over 60 years old, and typically stay longer than younger patients. Addressing loneliness can help reduce the impact on the health system over time. Policy settings that respond to population ageing include healthy and active ageing approaches that try to limit unnecessary costs to health and welfare services.

Older people who experience disadvantage and/or social disconnection after they enter their senior years – for instance, through the transition into retirement, relocation to a new home or through loss of a loved one or from becoming a carer – can become vulnerable. On the other hand, those for whom the journey into ageing means a continuation of disadvantage or challenges they have experienced throughout their life course, face the risk of moving prematurely into ill-health or dependency.

What this means is that two streams of effort are needed. The first stream is to target policies and strategies to promote healthy and active ageing for the majority of Victorians as they get older. The second stream requires more focused targeting of the people within communities who are at higher risk of social isolation and loneliness.

The functional capacity of each individual, social participation levels and contribution through volunteering are all policy success measures in this framework.

Australian and international literature, as well as feedback from the listening tour, point clearly to the need for integrated and coordinated approaches that build on existing activities.

There is enormous opportunity to leverage and build on the work that is underway in many communities across Victoria. Outcomes for older people in addressing isolation and loneliness will be maximised by taking a coordinated and strategic approach.

5.3 Building blocks for action

The research and findings have emphasised the importance of an integrated, whole-of-community approach to strengthen the roles and value of older people in our community, and at the same time, ensure there is scope and commitment to reach out to those vulnerable to social isolation and at risk of loneliness.

The following set of six building blocks (Figure 7) would provide an integrated approach requiring action from the state and local governments, funded services, community-based organisations and community members.

Integrated and coordinated action in all six building block areas will enable a focus on the needs of vulnerable older people within a broader context, based on supporting older people in their homes and communities.

In the context of responding to social isolation and loneliness by older Victorians, the actions represented by the building blocks will:

◗ reaffirm the state government as a key continuing player and advocate in seniors policy and response and seniors service delivery, in light of the transfer of responsibility for assessment and Home and Community Care services for people over 65 years old to the Commonwealth Government

◗ promote the meaningful roles, value and purpose of seniors as they age

◗ increase opportunities for seniors to join, attend and participate in existing clubs, groups, organisations or activities, both seniors-specific and generic

◗ focus on more socially excluded seniors, including the special needs of seniors who are carers, and the importance of life transition or trigger points, for example, loss of a partner or moving to live in a new area

◗ increase older people's knowledge about the importance of maintaining and strengthening their levels of social participation, and promote what is available through streamlined information and community education

◗ address personal mobility and local transport issues by building on existing networks to facilitate seniors' access to services and involvement in local activities.

Figure 7: Building blocks for action

Integrated and coordinated seniors action plan

Personal mobility and local transport

Role, value and purpose as we age

Building blocks of action

Community education and access to information

Strengthening seniors inclusion at the local level

Referral pathways and professional practice
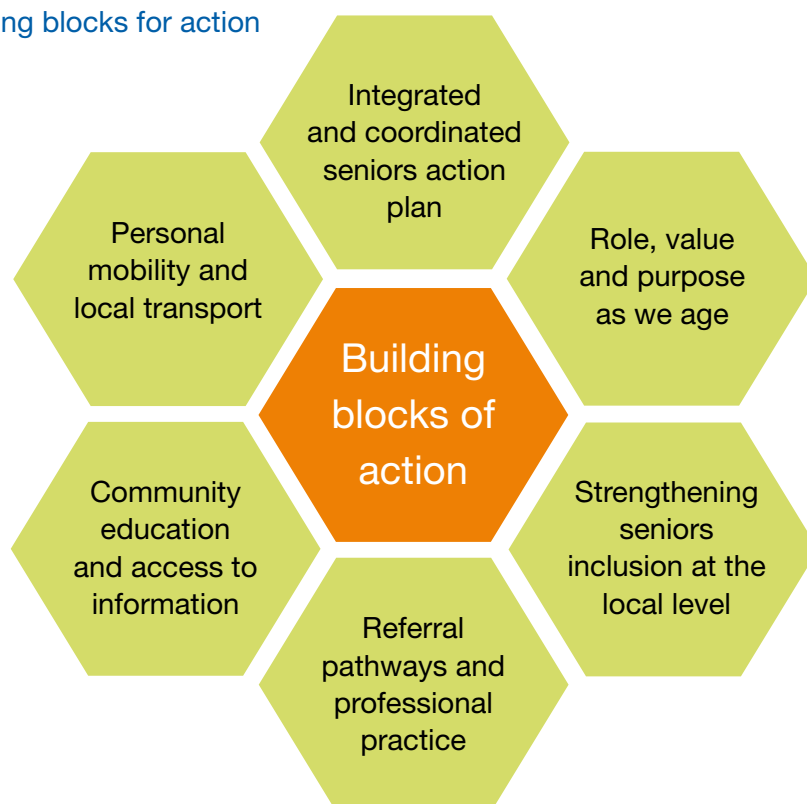
There are different roles ideally played by different organisations in achieving outcomes through the above six areas. No one sector can do this work alone, and the Victorian Government is particularly well placed to take a leadership role, in partnership with local government and other sectors. There are also important roles to be played by local government, peak bodies, business and community organisations, as well as seniors themselves.

Roles for the Victorian Government include as:

◗ supporter of seniors participating in activities

◗ policy leader and enabler to bring together organisations that have an interest in, or contribution to make, to social participation by seniors (in particular, local government has an important role to play in actively involving seniors in decisions that affect them, as a referral and information access point to guide seniors to services or supports that are available, and as provider of funding and access to venues for community organisations)

◗ advocate to the Commonwealth in representing the interests of the Victorian community in policy areas such as aged care, home support and in-home programs

◗ community capacity-builder to maximise, in collaboration with local organisations and local government, the positive values and sense of community that are important to Victorians in general and older people in particular.

Local government is accountable for delivering municipal health and wellbeing plans, and older residents are a key group in this regard. Councils are also ideally placed to convene local partnerships and alliances, as well as offer accessible sources of information through public facilities, including libraries, and through networks of supports and services in their area.

Peak bodies, businesses and member associations all have a vital role in engaging individual seniors (including those playing a caring role) and in building greater community awareness as well as supporting age-friendly practice by community organisations and businesses.

5.3.1 Integrated and coordinated seniors action plan

One of the key findings of this project is that Victoria is now in the early stages of the fundamental shift towards an ageing population that will predominate for at least the next two decades. In addressing the isolation and loneliness of older people, a strategic approach is needed, where existing and future resource allocations for an ageing population are considered in a planned, coordinated, integrated and consistent manner across all government departments. The elements of such an approach include integrated and coordinated policy objectives, priorities and outcomes in a four-year seniors ageing action plan.

The plan would set priorities for seniors across portfolio areas promoting and improving opportunities for seniors' participation.

Key priorities of the seniors ageing action plan include individual government departments, organisations, businesses and service providers actively supporting the transition of older workers, including those who are underemployed and unemployed, into their retirement years, and setting seniors' participation within a community context.

In addition, it is important that collaborative actions by stakeholders within local government, non-government, community and relevant business organisations are included and well coordinated.

5.3.2 Role, value and purpose as we age

As noted, isolation and loneliness are best addressed in the context of integrated and coordinated responses to population ageing. As many older people are vulnerable to loneliness at different stages throughout their life course and during the ageing process, it is vital that approaches to prevention, which include addressing the roles and purposes for older people, are designed for all older people.

The listening tour revealed that many seniors feel that ageism underlies their feeling of loss of value and purpose. Building on existing positive mechanisms that promote the contribution and value of seniors can assist in eliminating ageism across our community. However, addressing ageism is a much wider community issue that links to other priorities such as addressing domestic violence and elder abuse. The wider community (including service and local community organisations) has a vital role to play, and the Victorian Government can continue its work with community organisations to foster positive change in community attitudes towards older people.

As a result of the direct feedback from seniors through the listening tour, it is evident that the stronger their sense of roles and purpose, the greater opportunity there is to ensure seniors remain active members of their community and consequently avoid the risk of chronic isolation and loneliness. This is one of the most important prevention measures.

Through a whole-of-person approach, strategies can be developed to identify and address personal barriers to participation such as negative attitudes to using assistive devices such as hearing aids, unwillingness to seek assistance and adoption of at-risk behaviours such as self-medication and gambling as coping mechanisms.

Roles for older people

More could be done to investigate methods of valuing, strengthening and promoting the roles of seniors as volunteers and the benefits received by older people who are assisted by volunteers. This will maximise and enhance opportunities for volunteering among seniors and provide meaningful social participation for the growing number of seniors at risk of isolation and loneliness.

In framing responses to isolation and loneliness, it is important to recognise the enormous diversity of life experiences, skills and capacities among those over 60 years of age. While many people retain high levels of capacity until a late age, for others their wellbeing and capacity may deteriorate earlier. The varied roles, interests and diverse participation needs of individual seniors need to be clearly understood in the design of services and programs.

The role of older people, both as volunteers and as beneficiaries of volunteering, could be specifically considered within government consultation and engagement arrangements with the volunteering sector.

Other opportunities to develop strategies to affirm the positive contributions of older people include through community building, 'better neighbours' schemes and other local capacity-building activities.

Intergenerational programs

One of the clear messages coming from the research is that, due to the range of issues that contribute to social isolation and loneliness of older people, it is important to encourage a whole-of-community approach that builds connections across the generations, for example, through volunteering. While there are a significant number of government programs, services and funding or grant programs that contribute to active ageing, there is scope for increased work with the youth and education sectors to develop a universal platform for intergenerational volunteering and to identify, support and promote a range of options for intergenerational participation.

5.3.3 Strengthening seniors' inclusion at the local level

One of the most important findings from this report is that social participation opportunities for Victorian seniors have a strong place-based element. Seniors identify very strongly with their local community activities, meeting places and their communities of interest including culture, sporting and life-long learning. A priority for current as well as the next generation of seniors is to have face-to-face opportunities for social participation.

There is significant opportunity to strengthen the role of existing local organisations and networks to enable greater seniors' participation and activity, without seeking to limit or exclude:

◗ senior citizens organisations

◗ neighbourhood and community houses

◗ libraries

◗ Universities of the Third Age

◗ Men's Sheds

◗ Life Activities Clubs

◗ Country Women's Association branches

◗ RSL clubs

◗ local service clubs

◗ Probus Clubs

◗ sporting clubs or organisations based on particular interests or activity including arts and craft.

Strengthen governance of community organisations including alternative models

Not all older people identify with what is offered by seniors groups and organisations. There are some organisations, clubs and groups who face declining memberships and will need to adapt to ensure their longer term survival through approaches such as membership renewal and refocusing of purpose. Seniors-specific community organisations need to be able to grow and expand. In some cases, it may be necessary for them to rationalise their governance and operating structure, for example, where management committees are experiencing difficulty in recruiting office bearers. There is

enormous opportunity to strengthen the governance of many groups through sharing resources such as governance toolkits, best practice recruitment models, succession planning and professional education.

There is also an opportunity to consider 'micro-organisations' – that is, smaller groups that provide access to benefits without the need for administration of an incorporated association structure. For activity groups offering low-risk, low-maintenance activity, there may be an opportunity to explore the use of alternate ways for organisations to auspice or support activity. Such arrangements could also enable the processes and administration of fundraising permits, relevant insurances and Working with Children and police checks to be streamlined.

Increase opportunities for seniors' participation at the community level

The research has identified a clear need to strengthen, streamline and allow innovation in local community groups, organisations and activities to enable increased access by older people. This could be through strengthening the senior-friendly nature of local organisations, for example, creating an inclusive culture, active recruitment of new members, membership across age groups and by enhancing outreach models, that is, 'go and find them' as well as 'they come to us'.

In addition, in many local communities there exists an opportunity to build more seniors-inclusive organisations by creating community partnerships and more effective models of local networks that enable coordination of effort and shared learnings across organisations.

There may also be particular roles that local government, peak bodies, neigh-bourhood houses, community health centres, libraries and local community organisations can play in creating age-friendly environments and in supporting the more disadvantaged older people, in particular people who may be at risk of multiple disadvantage or who are experiencing multiple risk factors. In doing so, it is important to develop evidence-based strategies that enhance social inclusiveness and age-friendliness.

Local government has a vital role as an enabler of joined-up local community responses to isolation and loneliness and connecting local needs with local resources such as volunteering, use of venues and coordination support. This can link with the focus on building more age-friendly communities including providing infrastructure and environments that facilitate and support social participation for older people.

5.3.4 Referral pathways and professional practice

With Home and Community Care service delivery responsibilities for older people transferring from the Victorian Government to the Commonwealth Government in 2016, it is important that linkages and referral pathways, as well as cross-referral and promotional opportunities, across the broad range of services that support older people are strengthened and maintained. Relevant services include Home and Community Care services, aged care services, community health services, hospitals, general practitioners and Primary Health Networks, as well as generalist community services such as neighbourhood houses, libraries and local government. Regional offices of government departments also have a role to play.

There is an enormous opportunity within this broad range of services to provide much clearer and effective pathways and referrals to improve personal resilience and reablement and to meet social inclusion and social participation needs. Such referral pathways need to be based on key principles including:

◗ promoting professional practice within organisations that encourages partnering with people to give seniors as much control over their life decisions as possible

◗ promoting organisational and professional practice based on a whole-of-person approach. That is, person-centred practice where the complex needs of older people, including social participation needs, are identified early and a system response is provided

◗ building on existing interventions and pathways that promote personal resilience and social connectedness

◗ ensuring an appropriate focus on those seniors who are at risk of disadvantage, social exclusion, multiple risk factors and elder abuse.

Approaches for those at risk of disadvantage and social exclusion

It is important to develop place-based and targeted capacity-building initiatives for those at highest risk of exclusion and disadvantage, by enhancing existing activity for a range of interventions. For example, geographically targeted initiatives to address loneliness could, in a particular location:

◗ assess disadvantage, social exclusion and loneliness among older people

◗ identify and strengthen referral locations, routes and resources

◗ link to and support related community-based organisations to build on existing activity for a range of interventions including those focused on building personal resilience.

Approaches for those at risk of elder abuse

Elder abuse is one of the identified risk factors for isolation and loneliness. The abuse of older people occurs through a broad spectrum of settings including within family and friendship networks, within institutional care settings such as aged care facilities or hospitals and acts by strangers. Protection for older people is found across a range of legislative and regulatory remedies and agencies including the Commonwealth Government, Victoria Police, the Department of Health and Human Services and local councils.

Identifying the precursors of elder abuse is an important aspect of prevention. In particular, ageism and the social isolation of older people can be key risk factors in elder abuse. In some cases, isolation is used by abusers as a strategy to control and dominate an older person's life, and can lead to all of the defined types of elder abuse: physical, sexual, financial, psychological, social and neglect. Well-connected communities, with older people who are aware of their rights, can provide a protective factor, and this can help reduce the abuse and neglect of older people.

The listening tour found there is a low level of understanding about strategies that can be set in place to minimise the risk of elder abuse. There is scope to increase community understanding of services such as Seniors Rights Victoria and to build awareness among individuals about risk minimisation approaches such as use of powers of attorney. It is important that all service provider organisations are able to identify those at risk of, or experiencing, elder abuse, and provide appropriate support and referral to assist.

With this in mind, strengthening referral pathways would enhance the resources and support for individuals at risk of elder abuse, and this would require further professional development of workers who engage with seniors. There is a need to design and implement targeted programs that strengthen professional knowledge about seniors' rights, enhance referral pathways to support services, and ensure practitioners can better link seniors to social participation opportunities.

5.3.5 Community education and access to information

Given the importance of local opportunities for participation by seniors, including as a safety net against isolation and loneliness, it is important that seniors know what is available to them. This report has found there is a significant disconnect between lower levels of individual knowledge held by older people about services, support and opportunities for social participation, as compared with the range of opportunities made available in many local communities.

There is an opportunity to strengthen and increase the information provided directly to seniors through local government, in partnership with other information channels such as the Seniors Card program, Seniors Online and local libraries.

In addition, localised communication strategies utilising local groups could increase knowledge of the benefits of healthy and active ageing and community participation, and opportunities for older people to participate.

An integrated, cross-department community education program could be developed so that seniors can be provided with access to timely information during their journey through their later years. Such a community education program could leverage:

◗ existing communication and media opportunities, for example, the Victorian Seniors Festival, funded programs, membership of peak bodies, seniors publications, and healthy and active ageing programs

◗ the Seniors Card program communication to approximately one million Victorian seniors.

Life planning and health promotion

It is important that older people are assisted to realise their potential value and opportunity to contribute, and to not assume they are unable to contribute due to inability or incapacity. For many people, their journey through the senior years can all too often lead to a sense of 'disconnection', which is then one of the key elements triggering isolation and loneliness. This report has concluded that many of the challenges or risks that will confront individual seniors as they age can be planned for, predicted or ameliorated.

A fundamental requirement is for individuals themselves to acknowledge the ageing process and plan for the change in roles that will accompany their journey through the senior years, with associated impacts on health, housing,

financial capacity, wellbeing, social participation and risk of more significant life challenges. In particular, life course planning needs to be built on specific life transition points, for example, moving to retirement, becoming a carer, changing housing status and the onset of health conditions.

There is an opportunity for the Victorian Government and key stakeholders to build on the current development of online life planning tools, how-to guides, rights information, and links to support and information agencies to help seniors plan for critical issues in later life. This includes information about opportunities to maintain connections within the community, and health promotion information developed for and targeted to older people.

Service delivery and the digital divide

Data on the level of information technology capacity among individual Australians regularly finds that those over 70 years old generally possess the lowest level of digital literacy in comparison with other adult age groups. There is a substantial difference between the level of skill required to use a mobile phone or digital device compared with those skills required to navigate complex websites.

At the same time, businesses, government departments and community organisations are increasingly using online platforms for their business or service transactions. Government programs at all levels from local government information to federally funded aged care services frequently require individuals to navigate complex websites such as Centrelink or My Aged Care. Local government, membership organisations and other services or activities are all embracing online communication as their core method of access and communication, including internet banking, online shopping and access to transport.

Participants in the listening tour meetings expressed serious misgiving about how the increasing move to online platforms means an increasing number of seniors are being locked out of access to key information as well as services. In light of the capacity for the digital divide to effectively limit access to services for those who are likely to be at higher risk, a more sophisticated approach to addressing the digital divide is now a priority activity for the Victorian Government.

5.3.6 Personal mobility and local transport

Establishing an integrated and coordinated response to isolation and loneliness through a seniors action plan would provide opportunity for personal mobility and local transport options such as:

◗ age-friendly transport, for example, by including age-friendly criteria in the review of local bus routes and timetabling to ensure that buses stop at key seniors activity centres such as libraries, shops, neighbourhood houses, community health centres and other services

◗ training and support to improve understanding of and confidence in using public transport

◗ local community transport, in particular in collaboration with local government and service providers at a local level, especially in outer urban growth areas

◗ localised 'micro transport' options including use of volunteers as one element of linking older people in particular geographic locations with social participation opportunities.

5.4 Taking action

The research and findings of this report emphasise the importance of an integrated and coordinated approach to strengthen the roles and value of older people in our community and, at the same time, ensuring there is scope and commitment to reach out to those vulnerable to isolation and the risk of loneliness.

In responding to the needs of seniors who are at risk of isolation and loneliness, it is recommended that the Victorian Government address the needs of the growing number of Victorian seniors at risk through an integrated and coordinated response and action on the six building blocks identified in this report.
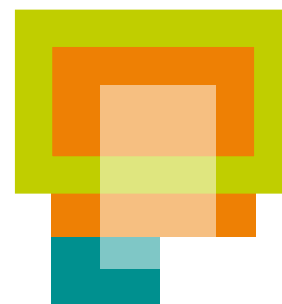
Action across all six areas will enable a focus on the needs of vulnerable older people within a broader, role-affirming context centred on supporting older people in their homes and communities.

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Strengthening Seniors Inclusion and Participation (SSIP) in Local Communities

Evaluation Report

VICTORIA
State Government

Health
and Human
Services

Strengthening Seniors Inclusion and Participation (SSIP) in Local Communities

Evaluation Report

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Section 1: Background

The Strengthening Seniors Inclusion and Participation in local communities (SSIP) initiative was commissioned as a place-based program response to the 2016 report by the Commissioner for Senior Victorians: *Ageing is everyone's business – a report on isolation and loneliness among senior Victorians*[1], which identified social isolation and loneliness as an emerging public health and wellbeing policy issue.

Ageing is everyone's business defined loneliness as "the subjective, unwelcome feeling of a lack or loss of companionship or emotional attachment with other people", and social isolation as "an objective state of having minimal contact and interaction with others and a generally low level of involvement in community life". While there is limited consensus about the best ways to prevent, or respond to social isolation and loneliness, and a lack of clarity as to who is responsible for dealing with it, there is a high level of government, community and stakeholder interest in this issue.

In ageing societies across the world, enhancing social inclusion and participation is a health promotion and prevention theme of escalating importance. The World Health Organization's *Age-friendly Cities framework* [2]highlights social inclusion and participation as a key enabler to longevity. The value of "social prescribing" - whereby GPs referring patients into social activities to encourage investment in friendships and social activities to enhance wellbeing and longevity[3]   - has been profiled in British media[4]. The Campaign to End Loneliness [5] is a recent UK government initiative addressing loneliness in partnership with community and civil society as a key health determinant. The campaign includes the appointment of a Minister for Loneliness.

The recent *Aging in the shadows* report provides an update on social isolation among older adults in New York City. The report identifies the impacts of social isolation on older people and outlines the importance of meaningful social participation as being an essential element of preventing isolation.

In Victoria, related work through the *Age-Friendly Victoria* initiative includes the signing of the *Age-Friendly Declaration* by the Victorian Government, local government and other organisations including businesses, peak bodies and community agencies to raise the profile of the need to better plan for the impact of ageing populations and related issues of healthy and active ageing.

Based on Australian and international research, *Ageing is everyone's business* estimated that 10 per cent of Victorian seniors experienced significant detrimental impacts from isolation and loneliness, and identified that older people felt socially connected primarily in the area in which they live. While there are many ways and means to maintain connections with friends and family, local community participation appears to be important.

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[4] www.theguardian.com/society/2013/nov/05/social-prescribing-fishing-group-doctor-ordered

[5] https://www.campaigntoendloneliness.org

[6] http://www.bbc.com/news/uk-42708507

[7] United Neighbourhood Houses: Ageing in the Shadows – An update on Social Isolation Among Older Adults in New York September 2017

Section 2: Placed based projects

This section describes the projects funded in the seven municipalities and outlines the outcomes and lessons learnt.

Age-friendly organisations

Latrobe City Council sought to reduce isolation and loneliness of older members of the community by developing a network of 'Welcoming & Age Friendly' community groups with a recognisable brand, and through individual referral pathways.

This project:

- held a workshop to define what being welcoming and age friendly meant to individuals and then created resources to support groups to develop and maintain an inclusive environment
- established a network of groups and clubs to support people to re-engage with their community
- provided a broader understanding of the health impacts of social isolation and loneliness
- developed an identifiable brand with localised recognition
- developed promotional tools with older people, including a library campaign in an accessible, comfortable environment
- raised awareness of available community involvement opportunities.

Key lessons included that:

- face-to-face contact motivates groups, increases understanding of the benefits of the project and ensures future interaction
- no two groups are the same – each group offers something more than just their scheduled activities
- each individual referral is effective because it is based on the person's interests and capabilities
- most community groups could relate to the benefits of the project, and had engaged with socially isolated seniors
- the majority of community members, even if they are currently disconnected, believe that community involvement is important
- clubs and groups respond very well to peer evaluation
- developing a network of welcoming and age-friendly groups can establish promotional avenues.

Members of the Morwell Historical Society reflected on the benefits of the Age-friendly proposition common to many clubs: *"We're always looking for new members. The Forum offered benefits to the club: Improve our status, fees and funds, wealth of knowledge. Make sure there is enough information on reducing isolation ("I twigged") "How might new members assist in the administration at the club, roles people could take e.g. sweep the floor; make a slice?"*

Case Study

Welcoming and Age Friendly Clubs: Latrobe City Council

The Intervention

The Latrobe City Council project developed and awarded clubs with a "Welcoming and Age Friendly" brand. The aim was to support individuals to engage in the community in a safe and inclusive environment, using a peer-audited self-assessment process to ensure clubs and activities are welcoming and age-friendly.

Context and Nature of SSIP Partnership

The Project Leadership Group supported by a part-time Project Officer engaged key local clubs and several individual community members to advise and champion the project.

Rationale for Intervention

With many clubs and activities available in the region, the view was taken that individuals might not be aware of local activities, but that once informed of opportunities, if they did attempt to participate they may not experience an inclusive welcome by well-established groups.

Summary of Intervention, including aims

The intention was for individuals to have greater knowledge of activities and for those supported to get involved to feel less isolated. New individuals would be identified and connected to groups and activities. For the participating groups, the aim was for greater vibrancy and growth in membership.

Steps involved in designing Intervention

The process used the principles of co-design. Consultation with groups was steered by a local Project Leadership Group and included a discussion on what "Welcoming & Age Friendly" means to individuals, as well as a broader understanding of the health impacts of social isolation and loneliness on individuals in the community

Resources were developed to support groups to develop and maintain an inclusive environment through self-auditing of their group or club, and to work with peer organisations to cross-check the accessibility of another group.

Steps involved with implementing the Intervention

The project ran training with 54 well-established groups, and 24 groups participated in the first round of self-assessments.

A network of groups and clubs was developed, to support individuals to re-engage. Collaborative practice between groups and understanding/sharing of best practice was a priority.

A brand and promotional tools were developed to enhance localised recognition and enthusiasm to participate. The Mayor awarded the first round of clubs who had met the accreditation requirement at a ceremony, and this positive recognition was accompanied by other rewards for buy-in, such as links to grant applications associated with the "Welcoming & Age Friendly" accreditation.

Key outcomes from interventions (for seniors/community)

Promotion of the project raised awareness of what community involvement opportunities are available and provided an opportunity for isolated people to re-connect with community activities.

A local community member with significant health issues was referred to the project and is now in regular contact. Diane said, *"getting older means when I walk along the street, I smile at people and nothing comes back. Having Christy ring me was very meaningful. I am noticed – I am still here."*

After getting involved, she was thinking of setting up a "cuppa" group to meet in a local café to engage people living locally who were also very isolated and living on low incomes with poor health.

Key Learnings re Design and Implementation

Benefits of individualising contact with face to face - Groups are more motivated and can understand the benefits of the project through personalised interaction.

No two groups are the same – each group offers something different on top of the 'activities' that they offer.

Each individual referral is effective, as they are personalised based their interests and what they currently capable of mentally, physically and financially.

Most community groups can relate to the benefits of the project, often having at least one member of the group who can testify to having experienced loneliness and or isolation prior to joining the group.

Community members recognise that community involvement is important even if they are currently disconnected

Clubs/groups respond very well to being evaluated by a peer

Post SSIP impacts (sustainability)

The success of the project led into new Council processes so that all aged care assessments from 1 July 2018 include an option for referral to the W&AF contact point within Council, who refers participants out to W&AF clubs, who in turn gain ongoing promotion and support by Council.

Tools and Resources

• Educational material on social isolation and loneliness targeted at community groups
• Materials to assist groups to self-assess their accessibility and welcome
• Peer audit process for one group to audit another
• The welcoming and age-friendly brand and promotional material for libraries, community groups and media outlets

Local community connectors

The Community Connector Project in the Frankston and Mornington Peninsula region trained volunteers to deliver one-on-one support to alleviate barriers to accessing social activities. Via a relaxed phone conversation or face to face, Community Connector volunteers would identify the activities community members would like to be involved in and provide them with information on how to access those activities. Volunteers could also accompany community members to an activity or group to help them settle in.

A focus on building capacity in existing clubs and groups to provide a welcoming and friendly environment for new members helped to retain and increase membership. It also meant that Community Connectors could refer people to activities, and be confident that they would be warmly welcomed.

Through this project the group:

- developed a high-quality social inclusion volunteer Community Connector training package
- recruited a project leadership group from 12 key community agencies across Frankston and the Mornington Peninsula
- held two large community consultations to determine the project scope, attended by 90 people
- delivered the Community Connector training package to community members
- recruited 17 Community Connector volunteers across the Frankston and Mornington Peninsula region, and provided ongoing support and training for volunteers
- raised awareness of the importance of social inclusion for health. This occurred at community and agency levels
- increased partnerships within communities
- developed a resource kit to enable seniors clubs and groups to implement welcoming policies and procedures
- committed to providing ongoing support and training for volunteer committees of management to help them develop their club or group
- strengthened relationships between the clubs and groups and council, and also strengthened the relationship between the two partnering councils
- brought together representatives of 58 clubs from across the region to attend a Seniors Clubs and Group Forum in November 2017 to network and discuss what it means to be a welcoming club
- developed a publication for clubs and groups about how to develop and maintain a welcoming culture
- increased relationships between local government and local seniors clubs and groups resulting in ongoing support and training programs being offered to committees of management.

The Whittlesea Seniors Linkup project established a network of volunteer Community Connectors who support socially isolated and lonely seniors to participate in activities that meet their needs and interests. The project also promoted and encouraged age-friendly approaches for community groups.

Commencing with a mapping exercise of activities for seniors in the municipality, the project built a searchable online database of activities and information.

This project involved:

- an information workshop and two training sessions for Community Connectors
- regular networking opportunities for connectors and a facility and activity tour to familiarise volunteers with available activities
- developing a volunteer Community Connectors training package, including a contact report and referral pathway information
- supporting, via the work of the Community Connectors, more than 18 people to link to a range of activities including golf, Tai Chi, a walking group, a seniors club and walking football.
- A major outcome of this project was bringing to light the many areas that can be improved. An important lesson was that simple actions like creating brochures, checking in with people who have stopped attending, and improving communication can make a big difference.

Case Study

"Community Connector" network development: Mornington-Frankston and Whittlesea

Nature of Intervention

Building a network of voluntary "community connectors" to connect socially isolated people with groups and activities in their locality in a way that suits the volunteer connector and the isolated person.

Context and Nature of SSIP Partnership

Led by local government positive ageing staff with Project Leadership Groups including local community organisation leaders.

Rationale for Intervention

The "Community Connector" project in Frankston/Mornington Peninsula and the "Seniors Link-Up" in Whittlesea both started with the assumption that there are many activities available in a locality but that isolated people may feel disconnected, experience a range of barriers, and need some additional support to get involved in what may then become a regular program of involvement and participation.

Summary of Intervention, including aims

The aim was to inspire and sustain connections with existing programs and activities by isolated residents, using community volunteers, brokered by local Council staff.

Steps involved in designing Intervention

The key ingredient was the engagement of a vibrant location-based project leadership group, hosted by local government, with a diversity of community volunteers, active clubs and groups (e.g. Seniors' Clubs, U3A, Probus, Lions, sport and recreation groups); and service providers (including neighbourhood houses, libraries, aged services and volunteering organisations) represented on the group. The leadership groups required several meetings to brainstorm ideas, followed by time to implement, then to review the program, over the 12 month period.

Steps involved with implementing the Intervention

- Production of awareness raising material and training sessions for local community members interested in responding to social isolation and loneliness. Training topics included barriers to social inclusion, correlations between isolation and gambling, providing volunteers with resource kits, information on the effects of isolation on health;
- Policies and role expectations for "community connectors" once recruited and inducted (whether as a volunteer in their "home" club or as part of a "non-aligned" network supported by the project);
- A referral process (tested in some detail to ensure sensitivity to the individual and fair expectations on the Connector) and clear sources of referrals, including council newsletters, walk-ins, internet, promotions at the library and word of mouth;
- Targeted education and awareness for clubs and groups about the importance of being welcoming, for clubs and groups – which in some cases generated specific MOU type arrangements for volunteers that accompany new members (e.g. Plenty Valley Arts Centre now offers a free entry card comparable to a companion card to Seniors Link-Up volunteers to facilitate their accompaniment of isolated community members);
- Active facilitation by the project lead to address any issues and re-negotiate the welcome for new members when there were any difficulties.

Key outcomes from interventions (for seniors/community)

In Whittlesea, over just a 3-month period, senior community members were referred and connected into programs from Oct 2017 to Jan 2018 including golf, walking football, seniors' clubs, tai-chi exercise, walking group, water aerobics, gentle exercise, LEAP trip, Morning Melody show, Twilight Program and Golf Trip.

In Frankston and Mornington Peninsula, senior community members trained as Community Connectors, gaining increased knowledge on social inclusion and social isolation, privacy, confidentiality and boundaries, barriers to social inclusion and building relationships. Community Connectors engaged an average of 3 people each and referred them to social activities, including physical accompaniment and or encouragement.

Connectors valued being well resourced with information on the issue of social isolation and loneliness and on current programs. *"I saw a huge difference in a 64 year old man who I connected to a volunteer position. I saw a difference in how he dressed and talked and he said to me that I had no idea what I had done for him and the role has saved his life"*

Key Learnings on Design and Implementation

The organisation's expectations on busy volunteers can be managed with the offer of time limited "assignments" and regular information on events and opportunities in an area of interest to the volunteer. A clear, ongoing, well known point of contact was essential for volunteer retention.

There was an initial intention to enable home visits by Connector volunteers to meet the isolated person. However, after testing options, the City of Whittlesea Positive Ageing staff contacted the community member. In Frankston and Mornington Peninsula, similar work was undertaken to enable a Council contact point for initial interview with individual community members with a follow up where a volunteer would meet them at a café or at the activity.

Post SSIP impacts (sustainability)

Whittlesea Ageing Cluster is continuing to develop partnerships and new program ideas. The referral process will continue.

Participants in the Mornington Peninsula area indicated an increased understanding of the importance of social inclusion for seniors and how this project aims to promote this. Thirty-three out of the 39 evaluations (84%) stated they were inspired to make changes following the discussion and presentation of materials at the forum. U3A Southern Peninsula Tutors are now encouraged to have a class assistant to help with welcoming new members and managing other position requirements.

Tools and Resources

- Frankston and Mornington Peninsula training material for clubs and groups
- Whittlesea - Welcoming letter template, a welcoming club charter, information on appointing a welcoming officer and their role, how to boost club membership and how local government can support clubs.

Co-designing with older people

Using co-design methodology to strengthen seniors participation at City of Maribyrnong, this project surveyed older people to understand their needs and aspirations for lifestyle and community wellbeing. Socially isolated older people, particularly those who might not use regular programs and services were consulted, to find out what activities they would like to see in their local area.

Working with local community leaders, the project examined gaps in opportunities and barriers to access. The project leadership group then identified five short-term prototypes for delivery during the Victorian Seniors Festival.

This project:

- developed a model for engaging with older people to co-design service activities
- provided opportunities for older people to tell agencies what they would like to see
- increased the civic participation of older people within the City of Maribyrnong
- provided vibrant intergenerational and intercultural activities that older people want to be a part of
- created clear, measurable and sustainable outcomes for older people.

During the consultation and prototype stages of the project, lessons included:

- 78 per cent of participants wanted to feel more connected to people and activities in their community. While more than 80 per cent had lived in the area for 10 or more years, only a small proportion felt strongly or very strongly attached to their community
- transport was a common concern. Leading to consideration of providing a community bus, volunteer driver service, improved access to public transport, or information on parking options
- affordability was a key factor. Therefore undertaking cheaper activities that involve less infrastructure, equipment or paid staff time would be beneficial
- that older people desire contemporary, future-oriented services, opportunities and support programs
- it is important to provide engagement and participation for seniors and involve older people in project design and decision making.

 "*As I get older I don't want to be shut away in senior citizens' clubs. I want to be valued and active in my community*" (Survey Respondent Maribyrnong).

"*There are many of us out there over 50 who do not work in paid employment anymore and are not interested in PAG groups or bus trips or senior citizens' groups but want to be involved with people our own age in interesting, fun and informative classes or groups around our own age, and want to laugh and get out of the house and not feel patronised as we are older*" (Survey Respondent Maribyrnong).

"*Too many assumptions that older people need boring activities. Even if they have a health problem, they can still laugh and have a good time. Old age is not a disease*" (Survey Respondent Maribyrnong).

Building sustainable local partnerships to drive change

enliven is a health promoting charity and primary care partnership. As lead agency, enliven brought together an alliance of local area health and human services to improve care of older people in the community. The project created meaningful partnerships across the agencies, and engaged with older people who were not currently accessing services.

In March 2017, local agencies participated in a workshop to identify ways of trialling engagement and re-engagement activities for seniors. This led to the following initiatives:

- a survey of South Eastern Legacy clients in Greater Dandenong to inform future offerings by that organisation
- a partnership between the Dandenong Neighbourhood House and the City of Greater Dandenong Library (Dandenong branch) to establish a homework club where seniors mentored year 6–12 students and facilitated peer to peer support

- a robotics class for older adults using EV3 LEGO robotics kits who had little or no computer skills to build confidence in using computers (held at the Library as a partnership between Dandenong Library and Dandenong Neighbourhood house)
- a review of technology needs and the development of a digital literacy class, which pioneered an innovative teaching format (run through Dandenong Neighbourhood House).
- Key lessons included:
- primary care partnerships are well connected facilitators to tackle isolation and loneliness in older people
- enliven acted as a conduit between organisations to expand opportunities to engage seniors in activities and initiatives
- bringing different community groups together resulted in meaningful and sustainable partnerships and unexpected outcomes
- engaging seniors to support and mentor youth and their learning (ie. the homework club) invigorated and energised older people
- trialling different approaches to engage and support seniors in technology is crucial. Further research on this approach would be valuable
- the robotics class improved participants' confidence to explore other digital technologies, such as mobile phone and computers.
- common interests bring people together regardless of where they live, even if beyond municipal boundaries.

"I didn't know how to turn on a computer, I didn't want to use a computer. I started the basic and beyond basic computer courses then started the Robotics course. We didn't get to finish the course because of a room issue but I will be starting it again next term. Working with the computer and robotics is good for the brain!" Mike, 76 years old

Making seniors everyone's business

The City of Greater Bendigo and Shire of Loddon project worked with local community groups and organisations to create awareness of the needs of older community members so that these needs could be included in program planning and delivery. It also strengthened local connections and referral pathways by building community capacity and interagency partnerships.

A Wellbeing Team was established in the Bendigo U3A to work with vulnerable U3A members. The team developed a movie morning to bring together people who had trouble accessing the commercial cinema. The Wellbeing Team also tackled nutrition by hosting lunch after the movie morning.

The Bendigo -Loddon project also included library site activation and engagement, and digital literacy programs in Axedale, Inglewood, Elmore and Boort.

Museums Victoria helped to develop reminiscing kits, which the project used to connect seniors with younger members of the community. Author tours and book clubs will be developed in the future.

Training was also developed for clubs, libraries and volunteers to improve understanding of the service system, referral pathways, and accessing My Aged Care. Meanwhile PLG member Sports Focus met with clubs around Bendigo and Loddon and targeted clubs that have an older demographic. Two sporting clubs also participated: Woodbury Bowls Club and Eaglehawk Croquet Club.

Key achievements of this project were:

- training sessions to help groups and volunteers identify the needs of seniors, and refer people to other supports
- Wellbeing Team formed at U3A Bendigo
- use of the reminiscing kit training from Museums Victoria leading to establishment of a working group to plan programs for seniors, including a 'memory café' and outreach reminiscing sessions
- a group of socially isolated seniors were provided transport to enjoy a 'memories of childhood' session, followed by afternoon tea. They loved the reminiscing, sharing of stories and connection with others.

There were different views on how to build a focus on "ageing is everyone's business." This was illustrated by a conversation about the nature of language by PLG members in Bendigo-Loddon, where a focus on encouraging welcoming behaviour at a sports club highlighted inclusive behaviour as "everyone's business" rather than creating a specific "welfare officer" role; whereas a "wellbeing" focus with a dedicated wellbeing team was created within the U3A.   Both approaches suited their local context.

Reflections from Sports Focus:

We started with "active participation" but have now morphed into "keep people engaged" as "it's not about expecting people to do 100 star jumps"

The message is that "Engagement is still a priority even when you no longer play."

"We need to see the barriers – grandparents come to watch their grandchild but when little Johnnie leaves so do they. The nomination process is exclusionary in some clubs and it feels like you need a character reference to get in".

"There is a need to have a conversation – people are suspicious of single or isolated older people. Need to build confidence then see and celebrate the difference."

Sports Focus encourages clubs to be "the best club you can be". There is interest emerging re "how do we identify trigger points?" If a club wants to get to the next level, they ask how do we keep new people and re-engage people who have dropped off".

Goldfield Libraries Corp: "*We appreciated the opportunity to focus on program potentials for the growing elderly population in our community, often unseen, unvocal and under the radar yet so vulnerable and with great needs. A significant impact was an increase in staff's awareness of the isolated elderly and potential ways in which we can connect, engage and create a sense of community in our library spaces."*

Section 3: The Strengthening Seniors Inclusion and Participation in local communities initiative

The Strengthening Seniors Inclusion and Participation (SSIP) in local communities initiative aimed to contribute to the vision of a more accessible and inclusive community for people as they age by building on the limited existing evidence base about how to best address the challenges of isolation and loneliness for senior Victorians.

Purpose

Ageing is Everyone's Business identified that the causes and risk factors of isolation and loneliness of older people are complex and often multifaceted. For example, isolation and loneliness may be triggered by life events such as retirement, relocation, illness, loss of a partner or a combination of events. Importantly, there are also protective factors that can limit the risk of becoming isolated in the first place. The aim of SSIP was to better understand social isolation experienced by older people and to develop place-based interventions that would assist with prevention and response, and how these might be developed, sustained and replicated in other settings.

Funding model

The project funding model was a one off grant ($80,000) distributed to seven local government areas ($560,000) to support interventions that would contribute to sustainable change over time. In this sense the measures of success were less about the particular number of older people who participated in each intervention, and much more about testing which interventions demonstrated successful approaches and degrees of sustainability.

Projects were run in seven local government areas, selected on analysis of socio-economic status, proportion of older people in the population and to cover a variety of metro, regional/rural and urban interface locations. The locations were:

- City of Greater Dandenong
- Latrobe City
- City of Whittlesea
- Shire of Mornington Peninsula
- City of Frankston
- City of Greater Bendigo and Shire of Loddon
- City of Maribyrnong.

Local government led most of the SSIP projects and feedback from community partners indicated councils were generally seen to offer a sustainable "honest broker" role trusted by the community. Other community agencies also enjoy high levels of trust and have capacity for cross-sectoral leadership with positive, inclusive vision, as demonstrated by the leadership of the City of Dandenong project by the Primary Care Partnership, enliven.

Furthermore, $200,000 was allocated over the life of the project for development and dissemination of resources and tools and provision of social planning support and evaluation.

Focus areas

Four focus areas for effort were identified:

Service offerings

The report 'Ageing is everyone's business' identified the important role local and community organisations have in providing social participation opportunities. It identified the capacity for organisations to consider how they could strengthen the opportunity for older people to be involved. For example, organisations may identify opportunities to grow attendance levels or membership, review program offerings and seek to enhance participation levels by seniors. In addition, a range of practical opportunities may exist for local and community organisations to offer

services or programs at new locations, re-orient activities to enable people with different levels of mobility to participate, or consider access and inclusion offerings – such as coordinating car pools.

In most locations, service and program offerings were researched, re-designed, reconfigured and refreshed. Examples included the Dandenong Technology for All and robotics classes; Maribyrnong research and co-design of events for the Seniors Festival; and initiatives in libraries in Bendigo-Loddon.

Organisational Culture

The culture of an organisation is a key factor in maximising participation by senior Victorians. For example, the culture of an organisation or network may feel unwelcoming to an older person who is new to the area or to the organisation. Adoption of "inclusion" measures such as specific processes for welcoming new participants, addressing visual and hearing requirements, offering outreach to new members or delivering more accessible online communications that suit members with limited mobility may assist organisations to improve their membership and relevance to local seniors.

Organisational culture as a barrier and enabler to social participation was analysed and new approaches tested in several projects. Examples included the Whittlesea Seniors Link-Up training and awareness component; Latrobe City's Welcoming and Age-Friendly clubs education and peer-based accreditation project; and City of Bendigo and Shire of Loddon club training "Curriculum for Change."

Local connections and referral pathways

Longstanding community organisations could consider opportunities to build or strengthen connections and referral pathways for new members. Participating organisations would have the opportunity to identify and strengthen mutual referral pathways with other organisations, sharing local community facilities and joining together with other organisations to share offerings across memberships to maintain viability.

Examples of projects focused on strengthening community networks, awareness of "what is out there" and referral pathways between Council and other organisations included the Latrobe City Welcoming and Age-friendly clubs referrals; the Frankston and Mornington Peninsula Community Connectors; Whittlesea forums; and Dandenong networks across different sectors represented within the Project Leadership Groups.

Community organisation governance

Different organisations are likely to be at varied stages of organisational growth and capacity. For example, given the ageing of the population and changes in the age composition of local communities, some community organisations may be experiencing declining membership or participation levels while others may be going through a growth phase. The project provided the opportunity to refresh governance arrangements, consider succession planning or other engagement processes, and identify and develop governance and other resources to aid organisation capacity in the longer term.

While participating organisations within the project had an opportunity to consider their governance arrangements as well as matters related to their organisational life cycle, it did not emerge as an overt focus of any of the SSIP interventions. However, the pain point of "over-reliance on too few people" was recognised as a factor in relation to existing organisational culture and making clubs more welcoming for new members.

Outcomes

Based on the four focus areas, the expected outcomes in each location were:

- **Increased social participation by older people**, including isolated older people, in local community activities and programs, including through membership of community organisations, volunteering and participation in events and activities

- **More sustainable community-based organisations** through improved organisational governance, participation in organisation networks, strengthened succession planning and alternative government arrangements, for example auspice models.
- **Strengthened working relationships between community organisations at the local level** focused on improved seniors participation including supported referral pathways.
- **Increased community awareness of the importance of social participation of older** people and how to maintain and support community participation of older people.

Structure

At each location, **lead agencies** were funded to work in partnership with local community based organisations. Lead agencies played a role as agents of change and networkers in collaboration with their project partners and community. They ensured the priority focus areas were based on reported community need, project timelines were generally met and the expected outcomes could be delivered.

Each Lead Agency established a local **Project Leadership Group** (PLG) whose role was to plan, oversee and champion local project activities. Frankston and Mornington Peninsula chose to establish one PLG across the two locations as their close proximity meant they had common stakeholders and community based partners. In all location, efforts were made to ensure the design of local components was ceded to older people in the community, through inclusion of active older community members in the PLGs, alongside council staff and community partner representatives. Local community partner organisations were those which were well placed to engage residents likely to experience isolation and loneliness as they get older. They included intergenerational organisations such as Neighbourhood Houses and libraries as well as services and groups catering to older age groups – such as Legacy, U3A and local seniors clubs (including ethno specific groups/clubs).

Project leads were the managers and project staff responsible within the project lead organisations. As well as engaging partners locally to plan and deliver the work, project leads were required to participate in a state-wide Community of Practice and encourage attendance of local project partners in Community of Practice meetings.

All seven local project lead representatives met via teleconference once a month to share information, ideas and drive ownership of the overall project priority focus areas. These regular meetings aimed to create a unity of purpose and shifts in critical thinking enabling progression of project plans and implementation ideas. The evaluation indicated that this network was essential to the creation of an overall project identity and to help ensure Project Leads were clear on the intent of the project and its priority focus areas.

A **Community of Practice** was managed at state level, with an open invitation to all members of the local Project Leadership Groups and the state-wide Reference Group. The Community of Practice meetings were to share resources and work in progress, share insights as the activities were implemented, inform the design of the communities of practice events and inform the design of a state-wide forum held at the end of the initiative to share learnings with a broader group of stakeholders.

The Community of Practice was highly valued as a source of ideas and connections across the whole program. The meetings provided valued peer support and helped support the transition from project planning to implementation and from implementation to review and setting future directions.

A description of the methodology of the Community of Practice is at Appendix 1.

A **Statewide Reference Group** of departmental representatives and peak bodies with an interest in social inclusion and participation of older people met three times to advise on overall assumptions and priorities underpinning the initiative, theories of change, the evaluation approach, systemic issues of state-wide relevance; and helped share information between their state-wide networks and local member organisations.

An **external consultant,** Changesmith Consulting, was engaged to coordinate the development and dissemination of resources and tools, run face-to-face events, provide social planning support and undertake the evaluation of the initiative. Additionally Changesmith Consulting co-authored this report with DHHS.

A **Project Management Group** (PMG) met monthly consisting of the Commissioner for Senior Victorians, the planning and evaluation consultant and the DHHS contract manager. The PMG enabled regular communication

and follow-up between the local sites and the department, enabling Project Leads to undertake phases of the project within tight timeframes e.g. expression of interest submissions within four weeks, engaging partners, and creating project leadership groups within four weeks of receiving funding.

A **State-wide Forum** of over 200 interested stakeholders was held at Darebin Arts Centre in April 2018. The forum was to showcase the projects and range of tools created to address loneliness of older people and to obtain feedback on next steps and future priorities.

The structure of SSIP is illustrated at Figure 1.

The local SSIP site activities ran from early 2017 through to March 2018, with a state-wide forum in April 2018. While the starting points for SSIP varied in the different locations, the common denominator was to understand and test different approaches to building community capacity to respond to isolation and loneliness, and to identify the features for future sustainability of effort.

Detailed project methodologies were developed at the seven locations. Different activities were considered, developed and tested at each site, with the overall aim being to prevent the social isolation and loneliness of local older residents. Ultimately most projects focused both on demand and supply – i.e. working with clubs and groups to enhance their "welcome" of older people, especially those with different vulnerabilities and attributes, and working with older people at risk of isolation to engage and refer them into accessible and welcoming clubs and activities.

The project booklet Strengthening Seniors Inclusion and Participation in local communities details the projects in each location, information on community partners in each Project Leadership Group, and specific learnings identified within each project and is available on www.seniorsonline.vic.gov.au/get-involved/grants/ssip

The Statewide Forum at the end of the initiative in April 2018 indicated a high level of interest in further awareness and education activity. Appendix 2 provides details of the table discussions and ideas generated to inform future priorities at the forum. The word cloud below shows the individual actions 100 respondents were planning to take following the Forum.

Figure 1: SSIP structure


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┌─────────────────────────┐              ┌──────────────────────────────────┐
│ Commissioner for Senior │              │                                  │
│ Victorians              │              │               DHHS               │
│ Provides strategic advice│             │                                  │
└─────────────────────────┘              └──────────────────────────────────┘

            ┌─────────────────────────────────┐    ┌──────────────────────────────────┐
            │ State-wide Reference Group      │    │ Project social planner and evaluator│
            │ Members comprise of representatives│  │ This role provides social planning │
            │ from state wide agencies. Provides advice│ advice to the project leads and the│
            │ and input into the project.     │    │ local leadership group and will    │
            │                                 │    │ evaluation the overall project.    │
            └─────────────────────────────────┘    └──────────────────────────────────┘

                    ┌────────────────────────────────────────────────────┐
                    │ Project leads teleconference                       │
                    │ Members comprise a representative from all seven local project│
                    │ leadership groups                                  │
                    └────────────────────────────────────────────────────┘
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| Maribyrnong Local project leadership group. Members comprise of representatives from lead and partner agencies. | Whittlesea local project leadership group Members comprise of representatives from lead and partner agencies | Frankston local project leadership group. Members comprise of representatives from lead and partner agencies. | Mornington Peninsula local project leadership group. Members comprise of representatives from lead and partner agencies. | Bendigo/Loddon Shire local project leadership group. Members comprise of representatives of lead and partner agencies. | Latrobe local project leadership group. Members comprise of representatives of lead and partner agencies. | Frankston local project leadership group. Members comprise of representative of lead and partner agencies. |

Community of practice
All local project leadership groups meet to discuss project priority objectives and share learning and plan evaluation activities through peer group discussion.

Section 4: Evaluation outcomes

Alignment between state-wide and local government priorities

The objectives of the Strengthening Seniors Inclusion and Participation (SSIP) initiative were aligned with local government Health and Wellbeing Plans and Positive Ageing Plans and provided opportunity for participating councils to consider a different approach to working with and interacting with their older community members from a service provision model. This is particularly important for local governments as they recalibrate their role in response to Commonwealth reforms to in-home aged care. By the end of the year, it became evident that some Councils used SSIP very strategically, to inform the transition to the reformed system of in-home care.

If collaborative partnerships are to become an effective element of health and wellbeing plans or Positive Ageing strategies by state or local government, it was critical for the methodologies to enable the empowerment of local groups and networks to analyse the issues in each local area and to inform, and ideally steer, local responses. The Maribyrnong SSIP project was designed to test and develop a co-design approach using trained volunteer community leaders/peer engagers to engage isolated older people and develop activities that reflected their interests and required levels of comfort. This, by its nature, meant that the deliverables within the project plan took some time to define.

The SSIP initiative offered an opportunity to access extensive community development expertise, networks and local social knowledge that is not available within government agencies. At a state-wide level, SSIP demonstrated that it cannot be assumed that social participation by older people can be achieved without engaging them directly in the processes and decision-making.

Local Project Leadership Group formation and effectiveness

The quality of partnership within the PLGs was considered important by the project leads. For example, the Whittlesea PLG used the Vic Health partnership analysis tool6 to build partnership. The snapshot (which was positive) informed future discussion and priorities for the group.

Good collaborative relationships take time to develop. Pre-existing working relationships or collaborative arrangements provided a good platform for SSIP (albeit noting new and fresh networks was a strength noted by several PLGs). A common comment from PLG project leads was the importance of getting the right people on the PLGs with the right focus – an interest in the wider benefit - not there to primarily benefit one's own organisation.

Engagement of community leader/volunteers into project leadership would always require significant effort, as the PLGs are best led by busy, active people, but busy people are also running their own organisation, and as volunteers may also have family and travel commitments.

The Dandenong PLG was particularly self-propelled in terms of enthusiastic local leadership, but also the hardest to keep track when partners went overseas or needed time out due to illness.   The risks associated with exceptionally busy voluntary leadership were also experienced by Bendigo-Loddon, Whittlesea, Frankston/Mornington Peninsula and Latrobe. This reliance created a risk for SSIP as a one-off initiative, but for a longer-term approach, the risk of relying on busy local volunteer leaders would clearly be outweighed by the benefits of relationship continuity and sustainability. Indeed, if an initiative of this kind couldn't engage local community leaders in a way that suits their busy lives, it would fail to maintain momentum.

PLG effectiveness was based on:

- **Vision:** A wide, inclusive vision with common purpose and collaboration; with a structure that can sustain itself after a one-off project

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6 https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool

- **People:** People who can think beyond their own organisation/client group/membership, with strong local networks and relationships and ability to engage/ get buy-in from older people within their community
- **Local champions**: A capacity and appetite for leadership - to lead conversations, led by partners in the community and within their networks
- **Data:** Based on life experiences, knowledge and curiosity that builds on local stories/narratives and wide practice knowledge and experience, access to sources of "hard data" and utilisation of data for learning and improving.
- Key attributes of an effective lead agency were:
- **Partnership capacity:** to create and utilise a Project Leadership Group and work in partnership; ability to build on local achievements and learning; openness to build new relationships and partnerships and to innovate; ability to co-design and build capabilities within partner organisations;
- **Executive sponsorship** from within their organisation
- **Community connections**: to design and develop place based working approaches and to forge strong inter-agency connections; access to data for learning and improving
- **Greater good:** focused on pathways supporting prevention of social isolation and loneliness of older people rather than reinforcing or protecting the interests of their own organisation.

The role of local knowledge and networks

Some key sectors and groups were represented in several different project locations, presumably indicating the positive cultural inclination of these sectors, such as Neighbourhood Houses, libraries, U3A, ethno-specific groups and networks, and highly localised but longstanding groups such as sports clubs (Croquet and Bowls) and active seniors groups.

Appreciation of local context and networks was key to design of the awareness, education and or volunteer training programs, and the promotion of activities. Examples of useful material customised through PLG involvement included a session on building confidence in responding to dementia and a facilitated conversation about personal boundaries - defining what is "too close, too distant or just right" (Bendigo/Loddon and Mornington Peninsula).

In some cases, the local PLG built strong relationships where people hadn't worked together before (e.g. Bendigo/Loddon, Latrobe, Dandenong) and in others, strengthened networks where they were pre-existing (e.g. through basing the Whittlesea SSIP within the Community Futures Ageing Cluster).

The Frankston and Mornington Peninsula projects demonstrated the importance of relationships in that the Frankston project lead was a long-term staff member who already knew local networks and had already trialled various strategies for engaging isolated people over the years.

The importance of PLGs holding and leading an inclusive vision

The roles of local Project Leadership Groups (PLGs) were invaluable in leading implementation activity. Most PLGs developed into cohesive working groups focused on the priority objectives of the overall initiative. All project leadership groups spent time brainstorming the issues and priorities for their community. There was robust discussion in early stages, and in some cases the kernel of the action plan required significant changes during the year, thus demonstrating a high commitment from the partners.

"*We thought we'd find connectors and then go and find isolated people. In fact, the connectors have links to the people; what's required is to educate and train people who are already connected*". (Whittlesea PLG member)

Community partners used SSIP to impact the culture of their clubs and networks, with the formation of new approaches within clubs and groups such as new communication protocols, the formation of wellbeing teams, and new partnerships and approaches between clubs and groups in different sectors.

For several ethno-specific/cultural groups involved in the project leadership groups, there is a history of social exclusion. Partners commented that this has acted as a barrier to community members joining mainstream clubs and activities in the past and while it can sustain the specific club itself, the experience can lead to an inward-looking culture. Discussion in the project leadership groups indicated that some mainstream groups (for example, Rotary Clubs, Country Women's Association or University of the Third Age) may not appreciate the historical experiences of groups excluded from participation opportunities in their community (for example LGBTI specific groups or ethnic specific groups).

The value of PLGs taking a strong inclusive position was affirmed by numerous PLG members during the year – in particularly described by the Whittlesea and Latrobe PLG evaluation workshop discussions. This reflected both the perspective of ethno-specific clubs such as Orthodox Greek Welfare in Morwell and several culturally specific clubs in Whittlesea as well as mainstream groups such as the U3A and CWA.

Other access and inclusion issues that came up were the importance of LGBTI inclusion (e.g. Mornington Peninsula and Maribyrnong), and the recognition of social exclusion dynamics where people are quite unwell and or living in transitional housing (e.g. Whittlesea, Dandenong).

Section 5: Effectiveness of SSIP activity against the intended outcomes

Aside from considerations of the local and state-wide structure and the methodology of the project, the key question for the evaluation was the extent to which the activities met the intended outcomes.

Enhanced participation of older people at local community level

All the local projects effectively engaged with isolated older people in numerous settings, whether at home or through referrals and active outreach.

Early in the initiative, there were expectations about people being "hard to reach". While there are indeed many people in the community facing complex situations, project leads and project leadership group partners commented on a degree of "surprise" and ease in getting people engaged into ongoing programs and activities that were valued and enjoyed by the participant. There were numerous examples where all that was needed was a conversation with an isolated person in a shopping centre, a phone call, an invitation, or an offer to accompany a person to an event or program.

The opportunities to learn more about the factors driving isolation, and the ways to be more welcoming, drove significant cultural change among key partner organisations, and has created a desire to do more, especially where collaborative structures are ongoing or have potential to be ongoing. For some of the individuals engaged, they see great value in the initiative, and are now becoming "ambassadors" themselves – becoming club Welcomers, local Community Connectors or referrers for their network or street.

The clear majority of participant surveys and Project Leadership Group reflections reinforced that the SSIP initiative has been worthwhile. There was a small minority of community members who participated in surveys or conversations and did not seek to participate locally, or, in follow-up surveys or questionnaires, didn't feel more connected after being engaged. There were also some busy community volunteers who were not able to commit as much as they might have intended but did gain greater awareness from the initiative. This reinforces the need to work with the people who do seek to participate and be open to many and varied methods to do this.

 "We all want to be helpful in some way. Getting older means when I walk along the street, I smile at people and nothing comes back. This project means "I can be worthwhile somewhere not useless and a drain on people" (Diane used to be a foster carer, a dog rescuer and a bus driver for people with disabilities, Latrobe)

Organisation sustainability

In terms of community organisation sustainability, there was less focus on governance than had been expected, and more on participation in awareness building, education, training and capacity building for inclusive practices and what makes a "welcoming" club or group. Training and awareness activity targeting groups and clubs was run in four locations and feedback was consistently positive, with follow-up sessions run in several cases.

Strengthened working relationships

Working relationships and referral networks were strengthened across the collaborative structures at each site, between key networks, community partners and project participants.

Some of the Project Leadership structures were pre-existing and others were designed for SSIP. Both were effective in different ways in building cross-sectoral networks of interest. Examples included pre-existing collaborative structures, such as the Whittlesea Ageing Cluster of the Community Futures forum, and new structures, such as the Latrobe City "Welcoming and Age-Friendly" Project Leadership Group which grew out of previous older persons' consultative structures. Locally, there was positive impact on community networking and an increased level of interest in what other organisations provide.

Local PLG members in numerous sites spoke of a heightened awareness and enthusiasm to refer people into other organisations as a result of knowing more about them.

Community awareness

The SSIP initiative ensured that raising awareness of the detrimental impacts of social isolation was accompanied with opportunities to act. Rather than a media campaign with a focus on the perils of isolation, there were easy and positive actions that could be taken as a result of becoming more aware of the impact of loneliness and isolation on fellow residents. In terms of raising community awareness of the value of social participation, the common refrain from participants was "It's about the conversations" with a view that inclusive behaviours at community level are underpinned by education and awareness-raising activity.

The main approach to building community awareness was through diverse face-to-face connections rather than seeking mainstream media coverage. This assumed that isolated people would respond better to face to face contact than newspaper articles. With some exceptions entailing newsletter articles and web-based promotions, the primary awareness activity was targeted activity with venues, clubs and group members rather than communications to one conflated audience.

Building awareness and confidence to act made a difference among community partners and volunteer community connectors. Feedback across all the sites where volunteer connectors or club members were educated or organised, made it clear that the more people know about the impacts of isolation and the more they see the positive impact of participation, the more motivated they were to behave in more inclusive ways and or invest effort to make their club or network more welcoming and inclusive. Feedback also indicated that, when made aware of opportunities, participation by older people who were feeling isolated was enhanced.

Section 6: Overall Findings

Validation of an issue of growing importance

The SSIP initiative validated the findings of the *Ageing is everyone's business* report that social isolation and loneliness is a significant issue to local communities and one that requires further attention. The interest and participation of over 200 stakeholders at the SSIP Statewide forum also demonstrated the importance of this issue to local communities.

The SSIP initiative identified many key learnings that can be transferred to future place based initiatives.

Local level place based initiatives are effective in addressing social isolation and loneliness

Experience throughout the initiative confirmed the lessons from the *Ageing is Everyone's business* report i.e. that older people do seek opportunities to participate in a variety of local activities, and will participate if supported and welcomed. The initiative showed that a focus on creating welcoming and inclusive community organisations can have a profound impact on isolated people.

Local governments are well placed to respond to social isolation and loneliness. As local governments recalibrate their role in in-home care during the major national reforms underway, this initiative has shown they are well positioned to re-focus their support and engagement of older community members with a positive ageing lens.

Participants in the initiative indicated that the contributing enablers that make a difference and encourage seniors to take up opportunities are self-awareness of their situation and prioritising one's own wellbeing.

The local nature of participation was strongly encouraged in the initiative. Seniors contacted project volunteers and sought to access local activities and opportunities however some felt somewhat or significantly disconnected in their local community. Therefore it is important to understand that a lack of participation may not be due to a lack of seeking or valuing participation, rather it is a reflection of existing barriers that prevent participation and diverse needs of seniors that need to be understood and responded to, to create local opportunities.

It was important there was support for additional effort by volunteers from their club, group or by a staff member in a lead organisation such as volunteer resources centres, neighbourhood houses, libraries or Council officers, especially as the PLG structure reinforced a more inclusive "whole of community" focus rather than a focus on specific club or group needs. Such wider focus is a key contributor to creating a more welcoming community.

Older people hold the networks and knowledge

Seniors are keen to participate and have the knowledge and networks required to generate ideas and solutions to address social isolation and loneliness in their local communities. The most successful local project structures engaged this knowledge and enthusiasm effectively.

Numerous activities were tested and developed during the SSIP initiative, however, the efficacy needed to be validated by those who understand being isolated and lonely. Finding ways to evaluate and reflect on activities with that perspective is critical to the long term success of newly created opportunities.

The initiative's assumption was that everyone will experience social isolation and loneliness at some stage of their life; however it was important to ensure that people with recent or current experience gained a voice in the local projects and that their needs and lived experience would inform the priorities.

Essentially, building sustainable partnerships and collaborative structures to create more welcoming communities is more successful when the priorities are determined by older people themselves, not by the needs of service delivery organisations or clubs' internal requirements.

Partnerships and collaborative approaches are important and effective and are a key enabler of sustainability

An intended outcome of the program was for strengthened working relationships between community organisations at the local level, focused on improved seniors participation, including supported referral pathways.

Examples that illustrate the importance of different collaborations between partner organisations that did not include the lead agency are; the partnership between U3A and Brotherhood of St Laurence in Whittlesea; the partnership between Legacy and Bolton Clarke in Dandenong; the valuable relationships generated via the 'peer accreditation' in the Latrobe's "Welcoming and Age-Friendly" clubs and groups training program.

The additional value-add of investing in these working relationships cannot be over-stated. Numerous examples were given by project participants about how regular meetings enabled sharing of information and ideas which offer the promise of sustained effort after the project is officially completed.

Important enablers of effective and sustainable local partnerships include:

- **A diverse range of perspectives and knowledge** about the local context. Culturally competent awareness and responses are a priority. There is a need to consider cultural inclusion and to enable as much choice of activities as possible for older people, both inside a specific cultural or language community and within the mainstream community.
- **Time to plan and ensure the right partners and individuals are at the table.** Inviting a range of local community based agencies to meet and learn about each other's work and priorities is an important step to facilitate an environment where partnerships can form. The timeline and duration of the EOI offered only four weeks to enable people with many commitments to commit. Subsequently, several of the projects needed to reframe the partners and the project to get the right people around the table, with a realistic project plan. It is possible that a longer timeframe to develop an EOI might have given more momentum to the work sooner.
- **A shared inclusive vision, with a focus on achieving outcomes for the whole community.** When agency and community partners understand each other's perspectives and priorities, there is an opportunity for shared vision and responsibility when working on outcomes that will benefit the whole community.
- **Relationship continuity among the key community partners.** The importance of investing in continuity of relationships in local communities was critical to SSIP outcomes, this includes investment by key staff and organisation leaders, which appears to be directly relevant to the effectiveness and sustainability of local place based approaches.
- **Creation of the right atmosphere to inform and change attitudes and behaviours.** Generating culture and behaviour change by an organisation or club requires creation of a positive incentive or encouragement to inspire the organisation or club to move out of their comfort zone and try something different.

In theory, leadership succession and ensuring sustainable collaboration structures are a priority, but the reality is that key individuals make the difference, even when the structures and resources are set in place.

Some of the most successful partnerships created for SSIP linked to existing steering/reference groups within local government and the Primary Care Partnership and have enhanced the opportunities to continue to increase seniors inclusion and participation in their community post the life of the initiative.

Some of the sustainable outcomes from SSIP are:

- The U3A in Bendigo has developed a wellbeing team model that has been picked up by the U3A state- wide association to replicate across Victoria.
- Peninsula Transport Assist has engaged with Community Connectors to provide transport for older people to go on outings.

- Assessment Officers from Mornington Peninsula now use Community Connectors to refer, encourage and support isolated seniors try out clubs and groups.
- Shire of Mornington Peninsula is offering sessions to local community organisations on recruiting volunteers, governance and being welcoming to older people.
- Latrobe Regional Assessment Team will now refer clients to their support team who will support and accompany the interested seniors to a nominated group, club or social activity.
- The Latrobe Council Welcome and Age Friendly brand that can be recognised by seniors wanting to join a group or club is replicable in other locations.
- U3A in Mornington Peninsula is looking at delivering programs into individual homes of seniors who are isolated.
- Training and education resources have been developed and are available for any club or group to use e.g. the awareness raising material developed and used in Frankston/Mornington Peninsula and Bendigo and the material delivered in Latrobe are available for any club or group to use.

An additional contributor to sustainability at the local level would be to ensure resources are made available in a central location. Several partners suggested it would be helpful to set up an "Ageing is Everyone's Business" statewide hub to coordinate and resource social inclusion activity within local government and community networks. The Department of Health and Human Services is developing a Toolbox of interventions that will be available resource to download from their website.

The importance of connecting people to improve social participation

The SSIP local projects focussed on making personal connections that increased the likelihood of increased participation of isolated and lonely seniors. At the core of many projects was a commitment to engage people to find other people who might be lonely or isolated. The projects did this in various ways i.e. through recruitment and training of Community Connector volunteers, engaging existing seniors leaders and champions within the community, cross referrals through agencies, buddy systems and warm referrals to support an individual's introduction to a new activity.

Social isolation and loneliness in older people can be gradually reduced across a community when connecting one person at a time. What might be considered a small intervention, to connect one person, was repeated in many instances across the initiative, leading to positive outcomes that have had a lasting impact on multiple senior individuals and groups within a community.

The importance of age-friendly and welcoming organisations and communities

The four statewide priority focus areas aligned with a level of partner interest, especially where there was an ability to design the components at the local level. There was strong interest in using one-off funding for new approaches to enhancing participation, and the organisational culture of clubs, groups and networks, and refreshing the offerings and referral networks of clubs and groups. It was felt that organisational governance is a priority but not necessarily the top priority for investment of these one-off grants. Aside from sustainable club governance, "welcoming" clubs were seen to be more successful. The development of well-being teams, education/awareness of the importance of offering a welcome, and the benefits of inclusive activities were reinforced during the project.

To foster inclusion the creation of the right atmosphere to inform changed attitudes and behaviours is important. Generating culture and behaviour change by an organisation or club requires an appetite for change, a degree of positive incentive or encouragement, and some removal from ones "comfort zone" especially as many groups see themselves as already being highly welcoming and friendly. A new member, a peer auditor or a person who feels they lack key attributes needs to experience the inclusion. The most successful projects educated, persuaded and inspired individuals and organisations to generate accessible and inclusive change.

The importance of cultural diversity and intergenerational activity

It is important to note the different cultural and cross cultural perspectives on loneliness and that we cannot assume that a whole community thinks about social isolation and loneliness of older people from an anglo-celtic perspective. Older people bring a wealth of cultural diversity into the community. The history of culturally and ethnically specific Seniors Clubs and Aboriginal Elder Care community responses are to some extent a result of exclusion from mainstream community activities, as well as a choice to connect with people with a common cultural perspective. Discussion at the Statewide Forum illustrated the need to consider cultural inclusion and to enable as much choice of activities as possible for older people, both inside a specific cultural or language community and within the mainstream community.

For seniors' clubs in areas where migration patterns have changed there is clearly a challenge in that younger/second generation residents may not seek to participate in a culturally specific club when they retire, they may prefer to join a sports club or reading group. Whereas in areas with large numbers of first generation migrants there is evidently still a strong desire to gather as part of a cultural or language-specific community group.

Older people also want to be able to choose to participate with their peers in "seniors" activities as well as ensuring a range of intergenerational participation options are available. There was strong feedback on this from program participants. There was a high level of initial interest in intergenerational projects, which relied on the right mix of community partners. The realisation of this priority depended on the partners involved, such as Neighbourhood Houses, libraries and sporting clubs. The Dandenong intergenerational homework club was a useful SSIP project in that older volunteers enjoyed supporting young people with homework at the library. Overall, the SSIP initiative, through its intergenerational projects showed that social isolation and loneliness is "everyone's business", not just a priority for seniors clubs or senior focused organisations.

English language computer literacy is particularly challenging for low income people, with limited English literacy. Ethno-specific groups involved in the projects in Maribyrnong, Whittlesea, Dandenong and Latrobe discussed the challenges for older people who start to retreat to their first language just as they get to the point of needing to access more systems online. This is a key issue for consideration by service system designers. There is a common assumption that young people are better at computer and digital engagement than older people, and that a good focus for intergenerational engagement is with digital engagement and use of social media. However the SSIP initiative didn't reach a conclusion on whether intergenerational approaches are more effective than peer-based approaches with older people regarding use of digital platforms.

A policy framework for preventing social isolation and loneliness could influence and directly address some of the key systemic barriers and enablers

The SSIP initiative highlighted the role of state government in seed funding projects to address social isolation and loneliness and has demonstrated that this should be a priority area for future funding. In addition to continuing place-based initiatives, there is need for a broader policy framework to guide future actions in a systemic manner.

A range of systemic barriers and enablers were revealed during planning and implementation of the local projects, which in some cases drove the design of local projects and in other cases surfaced issues for attention if a holistic approach to preventing and reducing social isolation and loneliness is to be achieved. The SSIP initiative confirms that a local focus on social isolation and loneliness alone cannot improve systemic barriers, instead it requires the support of a policy framework that engages both local and state government to collaborate and strategically address and reduce systemic barriers, while improving enablers to social participation.

Below is a list of the systemic barriers identified during the initiative.

- **Respond to the digital divide.** The moves to digital environments by government for example, My Aged Care and the need to navigate online service systems are a key challenge for older people. A follow-up from the SSIP initiative might be a focused effort to support community committee members with computer skills and help build confidence to lodge forms as well as show others how to access websites. This is a particular challenge for older people who start to retreat to their first language just as they reach the point of needing to access more systems online. This is a key issue for consideration by online service system designers.
- **Access to affordable, accessible transport.** Access to transport was a system-wide issue that was canvassed regularly, including gaining the highest rating mention in the final Statewide Forum feedback on future priorities. Community buses are highly valued. Initiatives to plan more integrated use of all local sources of community transport could be further encouraged, as part of a place-based approach to strengthen the social participation of older residents
- **Consumer Directed Care.** Service delivery models and funding streams to older people are increasingly person centred, which may act as a barrier to collective activities funded through the mainstream system. Indeed, several community partners reported cuts to active outreach/social inclusion programs that were previously resourced through Home and Community Care (HACC) funding.
- **Barriers to social inclusion within residential aged care.** The Whittlesea project revealed a flaw in the belief that residential aged care offers social inclusion for residents. In fact, residents of residential aged care are excluded from access to community transport, and this further isolates these people from access to programs and activities in the community.
- **User pays models are challenging when participants are on low incomes**. Low income levels mean that user-pays cannot cover the full cost of activities that engage people, to prevent social isolation and loneliness. As a positive example of addressing affordability barriers for volunteer Connectors, Plenty Valley Arts Centre offered a free "companion card' ticket to Connectors as an incentive to bring older people to the Arts Centre.

Appendix 1: Community of Practice

Two statewide Community of Practice meetings were held, the first focusing on the program logic and theories of change for the respective projects to synthesise a common theory of change. The aim was to clarify outputs and outcomes to assist in prioritising opportunities as they arose during the project, in terms of the overall scale of the issue being addressed (reducing social isolation across the community) commensurate with the changes that each project leadership group had the capacity to influence.

Figure 1 shows the combined priority matrix, containing the five nominated outputs and outcomes from each site. Each group of PLG representatives developed their own theory of change and logic chart as a consequence of this work. An example of one site's logic chart is at Figure 2.

The Community of Practice also developed a big picture vision:

- More Victorians value the social participation of older people and take actions to maintain and support social or community participation of older people
- Project outcomes influence council planning regarding service and program provision to seniors, and influence community engagement practices in local government
- Community-level engagement projects recognise the need for systemic responses to social, economic, age-based and spatial inequalities
- More Victorians consider social and emotional wellbeing as well as financial considerations when planning for their own retirement.

The second Community of Practice meeting was run by popular request and wasn't in the original project plan. It was timed towards the end of the implementation phase, when the six project leadership groups were considering next steps and how to sustain the achievements across the seven sites. The agenda focused on progress reports and consideration of learnings and future directions for the work, and a highlight was hearing from a formerly isolated community member who had become involved in the Latrobe City project and felt confident to come and talk to the larger group.

The Community of Practice was essential to create a cohesive program and body of knowledge, and to integrate the seven individual local projects into a larger action-research initiative with specific objectives.

Feedback from project leads was that the Community of Practice was invaluable as a way to build momentum and maintain focus, and for volunteers on the project leadership groups it provided a welcome opportunity to build their networks and enthusiasm to sustain the work after the completion of the project.

Figure 2: Combined priority matrix developed 5 May 2017.

Low

Our capacity to effect change (in mindset, behaviours, etc.)
Maribyrnong **Whittlesea** **Dandenong** **Bendigo/Loddon** **Latrobe** **Frankston/Mornington**

High

Figure 3: Example logic from one site.

SSIP Mornington /Frankston logic

Issues/ local context	What activities, which participants	Immediate consequences (outputs)	12 month project consequences / outcomes	Medium to longer term indicators (beyond life of this project)
Social Isolation of seniors Access to existing programs and groups Lack of: • One on one personal referrals (warm referral) • Information and awareness of what is out there • Welcoming culture in groups/ programs • Insight of clubs regarding their 'welcoming' culture • Clubs focus on member numbers instead of member experience • Silo thinking between clubs, groups and organisations	Recruit existing volunteers as a social connector: • Forums • Meetings • Volunteer group talks • C.A.G Testing concept with groups through discussions Training developed (co-designed with community) Deliver training Ongoing support of connectors: • Informal morning teas • Project lead support • Further training pathways	Better relationships between groups, agencies and people Project better defined Stakeholders engaged and embedded more Increased reach of concepts/project as discussions were had Training delivered Increased capacity for volunteers Volunteers become more connected	More skilled volunteers in the community People at risk of social isolation have a referral pathway into local programs, clubs and groups Volunteer training of social connectors embedded in wider volunteer programs Resource kit developed Cultural change of groups Organisations are more aware of creating a welcoming culture Organisations, agencies, groups and clubs become aware of connector program and how to access it, or allocate a social connector in their club	Relationships/networking between agencies and programs Communities are more aware of the need for social engagement and live in an inclusive community More inclusive and diverse clubs, groups, agencies and communities Trust is established and maintained between community

Appendix 2: Participant feedback - SSIP Statewide Forum 20/4/18

Out of 220 participants at the Forum, about half of the people filled out a feedback form suggesting individual and organisational 'next steps" and suggestions on future priorities. One hundred forms were collated and summarised. The feedback on "your top 2 priorities for the future" is collated below.

Transport (30 comments mentioned transport)

- Need more low cost transport options, especially in rural areas, to enable senior citizens to access communities, programs and activities
- A minibus would help seniors access different groups and volunteers could pick clients up from home
- Ensuring that transport is senior-friendly - many move around with wheelie frames, walking sticks etc.
- Transport needs to be regular and affordable, with easy access to timetables
- Ways to transport people in rural areas - cabs for seniors program (Brisbane Cabs), door to door transport
- Making sure there is transport available for those who can't or don't drive.

Funding (20 comments mentioned funding)

- Encouraging the government to invest money in a prevention model and increasing initiatives for social inclusion at all ages
- Investing money into advertising services and responding to the needs of senior citizens
- Ongoing funding from government to reduce isolation by encouraging community action "support should be inclusive rather than intrusive. Also need to be ongoing rather than 'flavour of the month' to ensure results".
- Funding community services such as libraries
- Funding should be provided to sustain successful programs that have been addressing social isolation, as well as networks and organisations that have been sharing knowledge.

- Feeding money from gambling support funds to recreational activities as a way of preventing social isolation and gambling addiction
- Create age-friendly grants which target the inclusion of senior citizens across Victoria and supports community organisations working collaboratively to come up with innovative ideas
- Provide resources and funding to support volunteers connecting socially isolated seniors.

Communications

- Developing promotional tools such as videos, posters and brochures to raise awareness of social isolation
- Ensuring that we communicate and promote services and supports for senior citizens and focus on the community driving what it looks like, rather than bureaucracy dictating
- Encourage an Australian campaign to end loneliness and isolation
- Campaigning around intergenerational respect and caring for elderly lonely people
- Asking and listening to multicultural communities in terms of what they need from us when it comes to leadership - mastering two-way communication
- Sharing success stories from SSIP to dispel myths and share learnings
- Look at advertising in local newspapers, community and commercial radio about the effects of isolation on people in communities
- A "Take care of your neighbour" campaign to encourage people to look out for one another
- Promotion of activities with an intergenerational focus or that encourage families to spend time with older members
- Support for government and health services to understand and develop palliative care services in an easily understood and accessible relevant form.

Awareness and Education (9 comments mentioned 'awareness')

- Talking about loneliness and acknowledging that it's everyone's issue and affects a wide range of people in different ways
- Educating all in the community about the need to address social isolation and the problems it can cause - both for people who are socially isolated and communities
- Making people aware of their social responsibility to look after their neighbours, through television campaigns, social media, radio
- Stressing the importance and benefits of social inclusion to service providers and the public
- Changing the discourse around ageing from being a problem to being an opportunity - to do new things, meet new people etc.
- Encouraging younger family members to help older members deal with being lonely, access services and support networks that are right for them
- Making sure communities are aware of the right information on where to go, who to talk to, welcoming practices at social groups - particularly through health service providers who can spot social isolation
- Educating and upskilling health professionals to recognise the harms of social isolation and provide information on social connectivity to patients.

Intergenerational/Intercultural (10 comments mentioned intergenerational)

- Understanding the diverse ways that loneliness manifests itself - especially for diverse groups - indigenous people, LGBTI people, and people from CALD backgrounds. Ensuring that ALL communities have a voice in the social isolation and loneliness conversation.
- Encouraging intergenerational projects and programs so that younger and older generations engage with one another - this could be outings, meals, digital literacy etc.
- Building the capacity of CALD seniors through formal and informal training, leadership training, working with organisations

- Encouraging intercultural relationships to share learning - especially of languages
- Take an intersectional approach
- Create intercultural/intergenerational hubs where diversity is encouraged, individuals can come for information and to interact with a range of generations and cultures
- Talk about cultural differences between the old and the young, with the aim of closing the gap
- Host programs with a CALD/LGBTI focus for those communities
- Advertising programs and services in other languages on community radio to ensure the message is spread to CALD groups
- Recognise the diversity in community and work across it
- Ensuring speakers at your events are diverse and properly represent the communities of Victoria - CALD, Disabilities, LGBTI, regional, Indigenous.

Mobilise networks

- Working collaboratively with other services in order to share information and opportunities and find solutions
- Supporting partnerships in this space - especially those which target vulnerable groups
- Ensuring organisations work better to address the issue - broader community approach involved everyone from church groups to school communities
- Developing networks between service providers, which helps with referrals
- Creating a combined approach with general practitioners, which helps GPs refer those who are isolated and lonely to the relevant groups or support networks
- Build links with Australian Centre for Loneliness (Swinburne).

Engage and listen to older people

- Working with older people in the community to ensure we offer the best solutions to their problems. This could be through face to face consultation or asking for feedback from clients to ensure continuous improvement.
- The key point to consider is constantly asking those who are socially isolated or lonely what their needs are and how we can address them.
- Engaging, listening and responding accordingly.

Project ideas

- Creating a statewide 'Safe houses' campaign (like in Manchester, UK) in retail outlets that could offer isolated senior community members a place to drop in, sit and chat. Similar to those offered for school children, but for seniors in shops and community services.
- Marking places as 'Age Friendly' with a cup of tea on the sticker
- Creating "sit and chat" buddy benches in public spaces and shopping centres. When you sit there you are open to a conversation, similar to how they operate in schools for kids.
- Creating a Seniors Hub or an age-friendly drop in centre which caters to the needs of seniors - open spaces with public toilets, close to where people live, accessible transport
- Ensuring that local councils have designated staff to address the social and emotional needs of seniors/ageing community e.g. Positive Ageing Officer to encourage partnerships with clear direction and policy in response to "Ageing is Everybody's Business"
- Creating an organisation which assists local government with setting up SSIP Programs and incorporating it into what they already do. Advice from those who have done it before and connected different networks and groups, rather than having to start from scratch.
- Look at pokie venues and how they are successful at attracting older people into their venues - cheap meals, free tea and coffee, door to door transport, great heating and cooling, fun venue, sense of heading out and going to a community venue, open to all demographics.

Build on the SSIP projects:

Community Connectors

- Creating more opportunity and capacity for people to be trained as "community connectors", but ensuring that the right people are chosen with screening and support.
- Encouraging and supporting seniors to sit on boards and run clubs in order to create a peer support model.
- Connectors and buddy schemes work, so develop more training resources for volunteers in terms of creating connections and relationship building.
- Supporting the initial contact and referring individuals to community organisations
- Using data from SSIP to target connections to these groups and continue connection work with those already identified.

Welcoming & Age Friendly

- Rolling out Latrobe's Welcoming and Age Friendly campaign across the state with a wider community focus to encourage a feeling of belonging and acceptance for seniors.

Community development rather than new services

- Encourage a more active community where we make it easier for neighbours to engage with one another through community projects and encourage social responsibility
- Solutions often lie within the community rather than with creating more services - create opportunities for communities to discover and promote these solutions and make decisions to drive the change
- Helping to build people in the community/volunteers' capacity to engage with older people and welcome them into the community
- Providing people in the community with tips on how to support and engage with others and encourage a more connected community. This could range from looking after one another's pets to sharing food etc., but all encouraging a shift in attitude.

Education and prevention

- As a society, we need to recognise that the effects of loneliness can be as damaging as smoking in terms of health, and put funding into prevention
- Start talking to people at a younger age to help them prepare to transition into retirement - gauge what they might like to do post-work in terms of activities, hobbies, living arrangements etc. Encourage people to think about being active in old age.
- Ensuring seniors have access to the information they need in order to engage in the community, support options, programs and groups
- Working with businesses and organisations to link service delivery of aged services to pre-retirement employees. Give employees opportunities and advice on preparing for their future beyond work in terms of how they spend their time, keeping well etc.

Engage Clubs, Groups, Activities

- Encourage good mentoring programs at activities for senior people, to ensure inclusion into groups. Promote these to lessen anxiety over joining!
- Support for local and state government for clubs and groups, to help them get lonely and isolated people to join
- Encourage members to talk to new people, gain confidence, have fun and in turn, feel less isolated
- Provide clubs and groups with the training and resources they need to engage older members and make sure they have structures to welcome them and make sure no members feel excluded. Also ensuring training covers governance and sustainability.

- Work with community groups, libraries, schools etc. to find out the gaps in activities and how they can be improved.
- Providing more accommodation and space for groups to use within Council areas
- Promote the importance of a friendly welcoming face when joining a new club or activity
- Work with community facilities to negotiate reduced fees for seniors (senior card discounts as well).

Local government priorities

- Recruitment of a few more senior people in the senior service delivery workspace in councils rather than purely as part of a volunteer pool
- Improve communication, connection, building friendship e.g. Welcoming and Building Relationship, Trust Building
- Develop LGA working group - issues, opportunities, workshop on key business
- Urban planning to support inclusive communities
- Work with community facilities to negotiate reduced fees for seniors (senior card discounts as well).

Fix big system issues

- Lack of knowledge of IT
- Digital link without fear of getting virus attack on the machine!
- Lack of access to internet (bank, Centrelink)
- Fix homelessness
- Sorting out the "murkiness" of aged services reform and losing sight of people's needs in service provision and change service provides
- Universal access and design of facilities also needs to be promoted!

Research and evaluation

- Finding out what works in addressing existing problem
- Research to better understand the barriers and enablers and how to find the hand to reach and what is the connection to social inclusion/exclusion
- Need to do more research, continue to support similar programs and ensure that positive ageing agenda is not lost within the Aged Care reform process
- Broaden the discussion to reflect the issue being shared amongst all age groups, as mentioned by Dr Julianna from Brigham University
- Understanding what the key barriers are
- Electoral rolls - Families of potentially isolated people, "isolation census".

Understand the needs of individuals

- Ensure that both partners in a relationship are enjoying a meaningful and enjoyable life (i.e. neither are isolated)
- Identify where to meet individuals
- Not all people want to leave home and join a group
- Improving communication skills that assist with drawing out needs and inspirations of the isolated.

Other themes

- **Taking a multi-pronged approach to address the issue**. Not one project or program is going to address the issue. With inclusion added to the agenda of every organisation, conducting mutually reinforcing activities, hopefully we can begin to make an impact in this space. Need to consider policy at all levels, physical environments, social environments.

- **Elder abuse.** How can you support or make aware that family members are abusing their elderly parents. Elderly parents do not realise or want to admit that this is happening. Many not aware that it is elder abuse.

-