Royal Commission into
Victoria's Mental Health System

WITNESS STATEMENT OF MATIU BUSH

I, Matiu Bush, Founder of One Good Street and Deputy Director of The Health Transformation Lab at RMIT University, of 124 La Trobe Street, Melbourne, say as follows:

Background

Please detail your background and experience, including your qualifications.

1   I am the Founder of One Good Street, a social networking platform to encourage neighbour-initiated care for older residents at risk of social isolation and loneliness.

2   I am also the Deputy Director of the Health Transformation Lab at RMIT, designing towards cultures of innovation and creativity in healthcare. I started in this position on 1 July 2019.

3   Prior to that, I was employed as a Senior Strategist; Business Innovation at Bolton Clarke, an Australian aged and community care provider.

4   I have a Master's degree in Public Health and broad clinical and managerial nursing experience, including working in Tijuana, Mexico with Nobel Prize Laureate Mother Teresa in international border aid, and as an emergency, oncology, intensive care nurse and as a sexual health Nurse Practitioner.

5   I contribute to health system innovation through my involvement with Better Care Victoria as a board member, and as Chair of the Emerging Leaders Clinical Advisory Committee.

6   I am a Rotarian and a member of the Health Informatics Society of Australia (**HISA**). I also mentor the next generation of undergraduate and postgraduate science students through the Melbourne School of Population and Global Health Mentoring Program.

7   Attached to this statement and marked '**MB-1**' is a copy of my curriculum vitae.

Current role and responsibilities

Founder of One Good Street

8   One Good Street is a registered charity that aims to reduce social isolation and loneliness in older people. As the Founder, my role is to set the strategic direction of the charity and I report to a Board of Directors on One Good Street's activities.

Deputy Director of The Health Transformation Lab

9   The Health Transformation Lab (**the Lab**) is an Australian-first applied and interdisciplinary collaboration anchored and founded by RMIT and Cisco Systems. It brings together design (including human-centred design), systems thinking, technology and communication process transformation. The Lab aims to become the place where health and innovation leaders come from across Australia, and around the globe, to tackle their thorniest questions of health system reform, transformation, technology and value. My responsibilities include all aspects of the Lab's operations and consulting on healthcare projects.

Community resilience and connectedness

From your perspective, how does loneliness impact on the mental health of individuals?

10   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]

11   Loneliness is a significant risk factor for a wide range of mental and physical health problems, including depression, high blood pressure, sleep problems, reduced immunity, cognition in the elderly and mortality. The health consequences 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 well-being.[3]

12   Research has shown that lonely people are 60 per cent more likely to use emergency services than the non-lonely, while lonely older people are twice as likely to be admitted to residential aged care.[4] Studies have found that older people who experience 'extreme loneliness' are up to 26 per cent more likely to die prematurely.[5] Research on loneliness has focussed on older people, as they are especially vulnerable to loneliness, due to loss of friends and family, loss of mobility or loss of income.

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[1] Commissioner for Senior Victorians. Ageing is everyone's business: a report on isolation and loneliness among senior Victorians. Melbourne: Department of Health and Human Services; 2016.

[2] Steptoe A, Shankar A, Demakakos P, Wardle J. Social isolation, loneliness, and all-cause mortality in older men and women. Proceedings of the National Academy of Sciences. 2013;110(15):5797-5801.

[3] Pettigrew S, Donovan R, Boldy D, Newton R. Older people's perceived causes of and strategies for dealing with social isolation. Aging & Mental Health. 2014;18(7):914-920.

[4] Abel J, Kingston H, Scally A, Hartnoll J, Hannam G, Thomson-Moore A et al. Reducing emergency hospital admissions: a population health complex intervention of an enhanced model of primary care and compassionate communities. British Journal of General Practice. 2018;68(676):e803-e810.

[5] Holt-Lunstad, Julianne, Timothy B. Smith, Mark Baker, Tyler Harris, and David Stephenson. "Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review." Perspectives on Psychological Science 10, no. 2 (March 2015): 227–37. doi:10.1177/1745691614568352.

13   Lone person households in Australia are predicted to grow from 2.1 million in 2011 to close to 3.4 million in 2036.[6] A new national picture of demand for community aged care services is emerging. This changing demand is being driven by greater absolute numbers of older people within the population, and also an increased preference to continue to live and receive support within the home.

14   Loneliness and social isolation can be experienced as a product of mental ill-health, yet they can also be a precursor to the development of anxiety and depression. In my experience, older people who have fewer social connections may not be getting the care they need. For instance, no one is urging them to eat well or to take their medicine, or to plan for the future or a crisis, no one is there to check in on them or to help them out. Loneliness is most commonly researched in the context of depression, but evidence from large population studies demonstrates that suffering from social anxiety also increases the chance of feeling lonely.[7] This impacts on an individual's mood and outlook, and their motivation to survive, thrive and flourish.

What is the role for technology in reducing social isolation?

15   The best interventions to tackle loneliness include a combination of tactile and digital approaches, often in combination.

16   Social platforms for sharing things of value in exchange for non-monetary thanks, as a by-product increase social connectedness. The result is that more people in neighbourhoods know one another, as they have borrowed from each other or collected items locally. These include Facebook community groups such as the Good Karma Networks[8] and food sharing platforms such as Casserole Club.[9]

17   Digital technologies play a vital role in reducing social isolation, as they help with the administrative aspect of coordinating a large range of activities and volunteers. Several volunteering platforms make accessing and coordinating volunteers easier and mostly digital. Two examples of these platforms are Future Smith[10] and Vollie[11]. They reduce the onboarding time, which enables individuals to start volunteering more quickly.

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[6] Australian Institute of Health and Welfare 2017. Australia's welfare 2017. Australia's welfare series no. 13. AUS 214. Canberra: AIHW.

[7] Lim M, Rodebaugh T, Zyphur M, Gleeson J. Loneliness over time: The crucial role of social anxiety. Journal of Abnormal Psychology. 2016;125(5):620-630.

[8] http://www.goodkarmaeffect.com

[9] https://www.casseroleclub.com.au

[10] https://www.facebook.com/futuresmith.com.au/

[11] https://www.vollie.com.au

From your perspective, how do you see the role of technology in reducing social isolation evolving in the future, as Victoria's population grows and changes?

18 Victoria's population is ageing. With the increased desire and funding for older residents to "age in place", and for people to recover in the community, the start-up ecosystem that produces wearable technologies with a focus on reducing social isolation and loneliness will offer greater value to our communities. Victoria has a thriving start-up scene with an estimated 2,000 start-ups, over 150 co-working spaces, and 25 accelerator programs, as well as a growing social impact movement.[12] Both of these groups have the potential to make best use of the internet and of device driven solutions. A portion of the start-up ecosystem is health focused and mental health focused, and the solutions produced may positively impact on loneliness and social isolation. As our homes become "smarter" with non-invasive device connectivity, there is great potential to pre-empt changes to routines, and to provide intervention more rapidly for older people.

19 Some Victorian examples of technological innovations which are targeted at reducing social isolation are:

 (a) Sofihub - is a home assistant and carer notification system for seniors and people with disabilities;[13]

 (b) Gabriel cares - is a tablet on wheels that makes communicating with loved ones easier, it also detects falls and pain;[14]

 (c) Umps Health - is non-invasive monitoring that alerts family and friends if there is a change in the person's routine;[15]

 (d) Lumin - is a simplified tablet for older people to improve communication;[16] and

 (e) CaT Pin – which I describe in further detail below.

20 Curating and valuing the stories of older people is an emerging area of focus for families and care providers. Platforms exist that enable the curation of life stories so that individual value, and family value, is made tangible. Examples include: simple book templates to genealogy services and documentary film makers.[17] These services ensure that the person's voice is not lost in the care system, and this will increasingly become standard practice as the sector evolves to be more person-centred.

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[12] https://startupvictoria.com.au/

[13] https://sofihub.com

[14] https://ourgabriel.com/for-home/

[15] https://www.umpshealth.com

[16] https://mylumin.org

[17] For example: https://mywordcts.com, https://bookform.com.au, and https://www.threadcare.com.au

21   The cost-savings that preventative technological initiatives may have on the wider health system includes a reduction in ambulance transport, ED presentations, and GP utilisation. Both machine learning and artificial intelligence offer significant opportunities to predict potential mental and physical health issues in someone's life, as well as to notice them before family, neighbours and healthcare professionals.

What is CaT ("Conversation as Therapy") Pin?

22   The CaT Pin is a discreet, low-cost wearable device to detect loneliness. In the form of a lapel pin or brooch, the CaT Pin detects the presence or absence of conversation. It is founded on the premise that loneliness is manifest in a poverty of conversation. It uses the number of words spoken in a day as a surrogate marker for social isolation and loneliness.

23   The CaT Pin records the number of words spoken per minute by the wearer, and correlates this with a baseline figure for healthy interaction rates. When the wearer drops below a certain number of words per hour, or words per day, a text message will be sent to a loved one, volunteer phone service or healthcare worker. This provides a nudge for that person to make a phone call or drop around for a conversation, helping to ameliorate the experience of loneliness.

24   The form of the CaT Pin can be customised to suit the style and aesthetics of the wearer by imprinting its surface with cherished jewellery, medals or textiles. Thus the CaT Pin becomes a treasured possession that is also a mnemonic device, reflecting the wearer's personal identity.

25   Attached to this statement and marked '**MB-2**' is a visual representation of the CaT Pin in action.

How does it operate?

26   A contributing factor to loneliness is a lack of social interaction. People who live in conversation rich environments speak between 7,000-20,000 words per day. Yet elderly people living alone in the community have fewer opportunities for conversation and social interaction. Often the only engagement that elderly people who live alone have is 30 minutes with a community nurse or care worker who may visit them for specific services. In this case, the nurse or care worker are task-focused and the conversation is shaped by the tasks that are being performed.

27   The impact of the CaT Pin is threefold. Firstly, the socially isolated older person may have their loneliness reduced due to the CaT Pin. This is achieved through real time monitoring of their daily word count, linked with services that respond in a timely manner to build social connection and resilience.

28   Secondly, research into social isolation and loneliness in older people is at its early stages, and the impact of the CaT Pin would be to contribute to the emerging body of research. This would include mapping the conversational geography of an older person's week, and linking increased conversation opportunities with validated loneliness assessments.

29   Thirdly, there are wider health system benefits. On review of the research, studies have identified strong evidence of an association between weaker social relationships and increased rates of readmission to hospital. After the heat waves in Paris, Chicago, and the events in New York in 2001, reviews of elder deaths highlighted the importance of social isolation and connection in preserving the lives of isolated older people. Socially isolated older persons had higher mortality rates during times of environmental stress.

Who was it designed for?

30   Technology that is co-designed and human-centred has great potential in reducing loneliness and social isolation in older people. User-friendly devices such as the CaT Pin place minimal demand on the individual to learn new technology or interface with tablets or smart phones. This is an important consideration with subsections of the older demographic. Interventions that support older Australians to stay healthy and happy in their homes for as long as possible, are consistent with government policy and research recommendations. Interventions that have multiple impacts are preferred.

31   Research has demonstrated that older adults are mostly accepting of wearable activity trackers when they have a clear understanding of its value for their lives.[18] Wearable activity trackers were considered more personal than other types of technologies. The CaT Pin has considered equipment characteristics including comfort, aesthetics, and the impact on acceptance by older people.

One Good Street

What is One Good Street?

32   One Good Street is a neighbourhood social networking site that aims to reduce loneliness and social isolation among seniors. A sense of connectedness to local communities, and of belonging to others, is an important antidote to loneliness for many older people.

33   One Good Street seeks to create opportunities for residents to make a positive difference in the lives of their senior neighbours. The One Good Street online platform is

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[18] Kononova A, Li L, Kamp K, et al. The Use of Wearable Activity Trackers Among Older Adults: Focus Group Study of Tracker Perceptions, Motivators, and Barriers in the Maintenance Stage of Behavior Change. JMIR Mhealth Uhealth. 2019;7(4):e9832. Published 2019 Apr 5. doi:10.2196/mhealth.9832

a support architecture for the tangible expression of a local resident's desire to do something positive for their older neighbours. One Good Street aims to reduce loneliness in older residents, one street at a time.

34   Streets within a suburb sign up to the One Good Street website and work together to achieve accreditation as a good street for older people to live in. Content is curated for the members including ageing in place, reducing isolation, supporting people with dementia, end of life care in the community, and creating positive activities to reduce social isolation. Achieving accreditation involves receiving educational content and participation in individual and group initiatives. The street changes colour on the website's Google map as a way of rewarding the social value that the members have created.

35   One Good Street acknowledges the latent capacity that exists in streets regarding care, compassion and practical skills to help older residents age in place. One Good Street will provide a support architecture around the older person by improving the pro-social activities on the street, and raising awareness of loneliness and social isolation through a partnership with the neighbourhood networks. Neighbourhoods are well-placed to be part of the solution for support and care for older residents.

36   Attached to this statement and marked '**MB-3**' is a document from last year which provides further detail on One Good Street's activities.

What prompted its development?

37   I visited a 103-year-old woman, along with a nurse, on her birthday, and I realised that we were the only people that went to visit her that day. I brought some flowers, the nurse brought some hot cross buns, and we had a morning tea together. I empathised deeply with her sense of loneliness, the thinness of her social market. Then I came home and saw the thickness of my social network, my social life with Facebook, and everything else that I have, how much interaction I have with the community. I realised that I have a duty to design better outcomes for people who experience social isolation and loneliness.

38   One Good Street was informed by examples in the United Kingdom, where suburbs had been activated to care for older people, and this impacted ED presentations of older people. There was a 14% reduction of ED presentations in Frome in the UK.[19] The Open Works research project in Lambeth, in the United Kingdom, had evaluated its

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[19]   Abel J, Kingston H, Scally A, Hartnoll J, Hannam G, Thomson-Moore A et al. Reducing emergency hospital admissions: a population health complex intervention of an enhanced model of primary care and compassionate communities. British Journal of General Practice. 2018;68(676):e803-e810.

impact on the neighbourhood using robust evaluation methodologies and demonstrated a strong return on the investment for local communities.[20]

39   I knew that social capital and intentional neighbouring had a flow on effect to the healthcare system. The emphasis of the examples from Frome and Lambeth was on an ecology of activity, this is different from the current state, which often is a network of single initiatives working in isolation. I saw a system of community and tertiary health organisations, volunteer groups and not-for-profit organisations that were not organised to make the most of a community's ideas and strengths.

40   I also provide assistance to an older gentleman in my street, supporting his ageing in place, through small but meaningful activities. Many of us provide this neighbour initiated care which is given freely, and is considered to be part of our community responsibilities. It also makes our neighbourhoods better places to live. We make our streets good streets to live and age in.

41   When I work in the community with community nurses, we go into people's homes. They might be 83 years old, and I had a realisation that we might be the only people that visit them that day. Or that if their family is estranged and they don't have a large support network, often their neighbours are helping them out. I could see a gap where streets aren't rewarded for the work that they do with older people in their own neighbourhood.

What are the objectives of One Good Street and how does it work?

42   One Good Street involves an online platform for neighbours to come together and, through coordinated activities, help to reduce isolation and to improve the social connectedness of older citizens that live in their neighbourhood. I acknowledge that for One Good Street to succeed, it should solve several problems: it must strengthen all of the links in the chain that keep older people independent in their own homes for as long as possible. Those links in the chain include family members, friends and carers, community nurses, GP's and home support services.

43   One Good Street is set up to help elderly people who are suffering from social isolation and loneliness in Australian communities. In particular, it focuses on seniors over 80 years of age, who still live independently, and are suffering from those hardships. One Good Street achieves this by providing a number of services.

44   Firstly, by providing a platform for members of the wider community, to offer their help to in-need aged members of the community, and to also connect aged members with each other.

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[20] Designed to scale Participatory City [Internet]. Participatory City. 2015 [cited 15 March 2019]. Available from: http://www.participatorycity.org/report-the-research/

45   Secondly, by providing resources, skills and knowledge about healthy ageing practices to aged community members.

46   Thirdly, by hosting and supporting a library of second-hand care equipment and products, that allows equitable access to equipment and goods, in order to increase the quality of life for elderly community members.

47   Fourthly, by implementing an accreditation program to promote the best streets, suburbs and communities for an elderly person to live in.

48   Finally, by matching in-need elderly community members together in order to reduce feelings of isolation and loneliness.

What are some examples of member-led initiatives?

Library of Care Things

49   Library of Care Things is the product of an idea that came from family members during interviews. Families commented that community nursing and care providers would not take donated products or equipment once their older relative died or went into aged care. Families either donated equipment and supplies to local charity shops, or reluctantly disposed of them. The Library of Care Things is part of One Good Street. It is an online platform that aims to share care equipment (walking frames, bed rails, occupational therapy equipment) with those who need them free of charge. Currently there is no website for free care equipment in Australia.

50   The first donated item was an electric scooter which was matched with a person who was unable to afford one. The lending site is for people in need, their carers, and family members who are looking after loved ones in their own homes. The Library of Care Things reduces the cost of care for families when supporting their parents to remain at home for as long as possible. The Library of Care Things also enables government funded packaged care to be spent on other activities, instead of equipment hire. Equipment is lent out free of charge to families through the lending portal, as well as throughout network of occupational therapists, physiotherapists and social workers.

51   Attached to this statement and marked '**MB-4**' is a document which provides further detail on the Library of Care Things.

Ride to End Loneliness

52   The aim of the Ride to End Loneliness initiative is to reduce loneliness and social isolation in older residents by reconnecting them to their wider community. It does this by giving them access to places that are familiar to them, that they may not be able to access due to impaired mobility. One Good Street raised money to purchase a modified bike from Cycling Without Age,[21] as seen below:

Can you provide some examples of community partnerships which have involved One Good Street?

53   One Good Street has been involved in the following relationships, which involves referring people in need to One Good Street and participating in forums, conferences and events run by:

(a)   Bolton Clarke – a community and aged care provider, which works closely with nurses, social workers, physiotherapists, occupational therapists to support their most disadvantaged clients in Melbourne;

(b)   Australian Coalition to End Loneliness – One Good Street aligned with the Coalition's aims and objectives and support their initiative's and policy work;

(c)   Good Karma Network – One Good Street regularly works with the Good Karma Network of neighbourhood Facebook groups to support neighbours in need; and

(d)   Kensington Flemington Rotary – One Good Street works closely with Rotary to provide food hampers for pensioners during Christmas and Rotary support Ride To End Loneliness.

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[21] https://cyclingwithoutage.org

What has been the impact of One Good Street?

54   We estimate that $30,000 of care equipment has been reallocated to people in need free of charge.

55   We have 738 members in the One Good Street Facebook group, and we are active in four suburbs: North Melbourne, West Melbourne, Kensington, and Flemington.

56   One Good Street posts other groups' volunteer opportunities, and research initiatives, to the members of the One Good Street Facebook group.

What are some of the challenges that have been faced in implementing One Good Street?

57   One of the major challenges is the ability to measure, assess and remedy loneliness and social isolation through the local community, as well as through primary and tertiary healthcare. For the most part, clinicians are not assessing people for loneliness via the use of loneliness scales. They are also not exploring with their patients the range of opportunities within communities that are available to them.

58   Social prescribing of activities is yet to be accepted as a normal part of clinical practice. However, there are promising pilots underway and the technology exists for social prescribing.

59   A lack of creativity of thinking within the healthcare and community sectors poses a challenge. We may not need more money to solve community problems, but what could work is a reorganisation of the resources. Across the primary health, tertiary health, community and volunteer sectors we have not aggregated all of the net benefits of all the different parts of the health system. We have rigid models of care that are resistant to change. The rigidity of the current models of care limits the possibility of more creative opportunities to deliver healthcare within the community.

Based on your experiences with One Good Street, what are your reflections on the strengths of such model?

60   It demonstrates how the health sector and citizens can collaborate to build resilient communities. The understanding of, and practice in, emerging value economies and participation cultures is new territory for the health sector.

61   The strengths include:

(a)   building a dense participation ecology at scale is achievable as people are motivated to make their neighbourhoods better places to live in, which includes supporting their neighbours;

(b)   many of the resources required for the success of these models already exist, however, they are not presently coordinated to aggregate their net benefit for local communities;

(c)   volunteerism when made easy, through electronic platforms, has significant capacity to support lonely and socially isolated people;

(d)   micro-participation in neighbour-initiated care by local people has impacted on ED presentations and health utilisation of older people;

(e)   initiatives that are successful and that rely on volunteers are evolving to create better volunteer experiences. The activities are practical, with only a low commitment required, the commitment is flexible, there are minimal barriers to participation, and they have a high amount of variety; and

(f)   the cost to implement represents a low percentage of public spend in this area.

Is there potential for broader applicability in other communities? Why or Why not?

62   The ecosystems that have been developing place-based initiatives, which work with local government-funded services (both private and public) and community organisations, and which have designed implementation of programs of work, that strengthen service responses to socially isolated older people are the world's best examples of what is possible.

63   An understanding of scale-up methodology, and the development of capability within the sector, is essential to move from pilot phase to scale-up. Strategic planning for the expansion and institutionalisation of successfully tested innovations is essential but seldom takes place. Thus, effective new system innovations and solutions remain underutilised.

64   One Good Street is part of a model that fosters civic participation, which is then coordinated and mobilised to meet the needs of members of the community who experience mental and physical ill-health, disability, and loneliness. One Good Street could be scaled-up by providing support and mentorship models for new initiatives. We have already received expressions of interest from a range of rural, non-metropolitan and metropolitan areas.

65   Scaling social innovation faces challenges due to the fact that access to online platforms and digital literacy varies across regions. Often, local communities have many examples of citizen-led local projects and numerous organisations, for instance Rotary Australia, Lions Clubs, Probus Clubs, and online platforms via sporting or social activities. These are the essential ingredients for One Good Street to be successful in other locations.

Are there any early lessons or other factors that should be taken into account when considering replicating similar models in other communities?

66   There is a tension in how the government assists in scaling-up the social capital/urban renewal movement. The scale-up model has to be sensitive to the government's propensity to over-assert itself in what is fundamentally an organic community process.

67   Social trust is an important value to nurture and create with, rather than extract from communities.

68   Charitable interventions for those at the margins of society can, and should be, brought closer to the urban renewal/social capital movement and be a driving force for civic connection. The energy and motivation to improve the environment in which we live is, and should, expand to include those at the margins of society, including older people who are isolated and lonely. This is achieved by evolving the vocabulary of urban renewal to include health outcomes for the local community.

69   Groups working on loneliness are often competing for the same funding and resources and competing to attract the same pool of local volunteers. At times, they are competing to attract the same older person to their initiates alongside other groups, as referral pathways are not established via alternative methods such as GPs, hospitals or community nurses. Community heroes describe the unintended consequences of segmentation and targeted funding on them and their organisations. For example, a focus on, and funding for, older women results in older men, who have extremely high suicide rates, and the organisations that work with men, being left out.

70   Several research papers were reviewed by me during the writing of this statement which clearly demonstrated a cost reduction on health, and positive benefits to lonely and socially isolated older people, but had failed to be translated into standardised practice by the ecosystem. One such project, involving telephone peer support to improve older patients' quality of life after ED discharge, clearly demonstrated a 68% per cent of patients experienced reductions in depressive symptoms, and 53% experiencing reduced feelings of loneliness in older people.[22] The decisional architecture and mechanisms of funders and government are unclear when it comes to what research gets further funding to scale-up.

71   The real risk is that proven solutions sit waiting for acknowledgement with the potential to be obscured by the optics of seemingly more exciting technologies.

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[22] Lowthian JA, Lennox A, Curtis A, et al. HOspitals and patients WoRk- ing in Unity (HOW R U?): protocol for a prospective feasibility study of telephone peer support to improve older patients' quality of life after emergency department discharge. BMJ. 2016;6(12):e013176.

sign here ► *Matiu Bush*

print name Matiu Bush

Date 18 July 2019

Royal Commission into
Victoria's Mental Health System

ATTACHMENT MB-1

This is the attachment marked 'MB-1' referred to in the witness statement of Matiu Bush dated 18 July 2019.
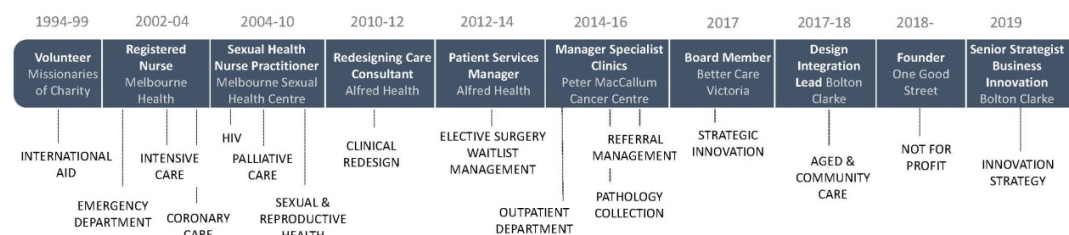
MATIU BUSH Career Portfolio

My aim is to transform healthcare cultures through creative innovation and original thinking. I use an experience design approach, incorporating patient insights into every step of the improvement and innovation cycle. I teach clinicians to develop a deeper sensitivity to how patients experience our health care ecosystem and how to intentionally design for better experiences.
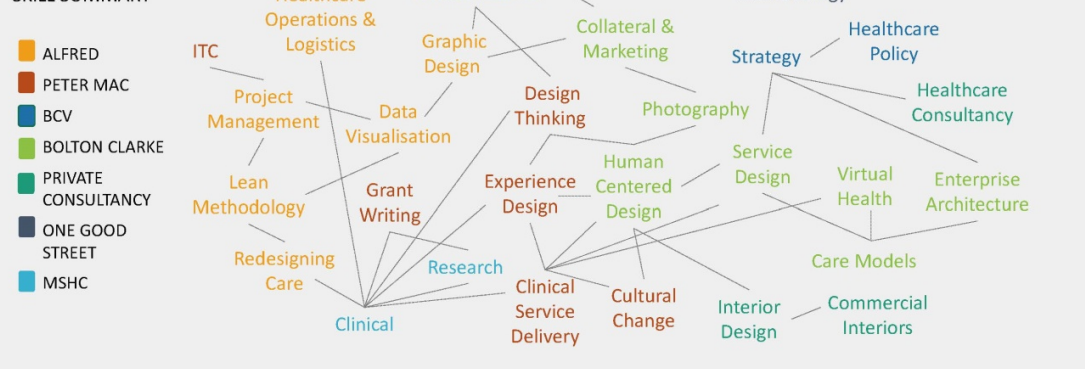
CAREER SUMMARY

1994-99	2002-04	2004-10	2010-12	2012-14	2014-16	2017	2017-18	2018-	2019
Volunteer Missionaries of Charity	Registered Nurse Melbourne Health	Sexual Health Nurse Practitioner Melbourne Sexual Health Centre	Redesigning Care Consultant Alfred Health	Patient Services Manager Alfred Health	Manager Specialist Clinics Peter MacCallum Cancer Centre	Board Member Better Care Victoria	Design Integration Lead Bolton Clarke	Founder One Good Street	Senior Strategist Business Innovation Bolton Clarke

- INTERNATIONAL AID
- INTENSIVE CARE
- EMERGENCY DEPARTMENT
- HIV
- PALLIATIVE CARE
- CORONARY CARE
- SEXUAL & REPRODUCTIVE HEALTH
- CLINICAL REDESIGN
- ELECTIVE SURGERY WAITLIST MANAGEMENT
- OUTPATIENT DEPARTMENT
- REFERRAL MANAGEMENT
- PATHOLOGY COLLECTION
- STRATEGIC INNOVATION
- AGED & COMMUNITY CARE
- NOT FOR PROFIT
- INNOVATION STRATEGY

ACADEMIC SUMMARY

1999-2002	2003	2007-2009	2014-2015
Bachelor of Nursing University of Canberra	Post Graduate Certificate of Critical Care Nursing University of Melbourne	Master of Public Health University of Melbourne	Post Graduate Certificate of Health Service Management Monash University

SKILL SUMMARY

- ALFRED
- PETER MAC
- BCV
- BOLTON CLARKE
- PRIVATE CONSULTANCY
- ONE GOOD STREET
- MSHC

Visual Communication · Entrepreneurship · Startup Methodology · Social Impact · Healthcare Operations & Logistics · ITC · Graphic Design · Collateral & Marketing · Strategy · Healthcare Policy · Project Management · Data Visualisation · Design Thinking · Photography · Healthcare Consultancy · Lean Methodology · Grant Writing · Experience Design · Human Centered Design · Service Design · Virtual Health · Enterprise Architecture · Redesigning Care · Research · Clinical Service Delivery · Cultural Change · Interior Design · Commercial Interiors · Care Models · Clinical

MATIU BUSH Career Portfolio

EXPERIENCE

July 2019 – current

RMIT UNIVERSITY

Deputy Director of the Health Transformation Lab

The Health Transformation Lab is an Australian-first applied and interdisciplinary collaboration anchored and founded by RMIT and Cisco Systems. It brings together design (including human-centred design), systems thinking, technology and communication process transformation. The Lab aims to become the place where health and innovation leaders come from across Australia, and around the globe, to tackle their thorniest questions of health system reform, transformation, technology and value.

2019 – June 19

BOLTON CLARKE

Senior Strategist Business Innovation

Driving innovation and contemporary care strategies within Bolton Clarke. The role includes using expanding innovation, human centered design and business development across the three business streams of at home support, retirement living and residential aged care.

Key Achievements
- 2019 Rising star Award Victoria/ Tasmania
- Nomination for three Ageing Asia awards
- Virtual reality staff education program

2018

MAP

Melbourne Accelerator Program –Velocity (6 months)

Participated in the velocity program with my social impact start up One Good Street. MAP provides mentorship and start up support provided to early social impact founders

Key Achievement
- Winner MAP Velocity pitch event

2017 - 2018

BOLTON CLARKE

Design Integration Lead, Bolton Clarke (2 years)

Innovator in residence at various Bolton Clarke sites in Melbourne and Brisbane. Applying human centered design principles to build capability and improve culture within the community and aged care business.

Key Achievements
- "One Good Death" Development of Palliative Care framework for 26 Aged Care Facilities
- Digital Wall in a dementia Unit
- CatPin – worlds first wearable to detect loneliness

2018 - Current

ONE GOOD STREET

One Good Street – Founder

One Good Street is a social impact start up that seeks to create opportunities for local residents to make a positive difference in the lives of their senior neighbours. One Good Street aims to reduce loneliness in older residents, one street at a time.

Key Achievements
- Secured $50,000 seed funding
- Live with 632 members in 4 suburbs
- Established Australia's first Library of Aged Care Things

2017 - Current

BETTER CARE VICTORIA

Better Care Victoria - Board Member

The independent Better Care Victoria Board advises the Minister for Health and the Secretary of the Department of Health and Human Services on health sector innovation. The Board provides recommendations on the most effective ways to invest the Better Care Victoria: Innovation Fund to drive improvement.

2016 – Current

BETTER CARE VICTORIA

Better Care Victoria –Chair: Emerging Clinical Leaders Committee

The Emerging Leaders Clinical Advisory Committee comprises of next generation clinical leaders advising the Better Care Victoria Board on innovation and improvement capability priorities, as well as embedding cultural change in the health sector.

2015 – Current

Patient Experience Consultant

Creating innovative patient UX experiences within healthcare settings.

Key Achievements
- Interior design for Cancer Specialists Private Practice
- Consultancy to Private Health Insurance industry

2014 - 2017

Peter Mac

Manager Specialist Clinics, Referral Management, Specimen Collection, Patient Accommodation and Specialist Nurses

Operational responsibility for the Specialist Clinics, where an average of 400 patients are seen daily including;
- Facility management of 96 clinic rooms, stakeholder relationship with 22 clinical services, and associated resource management
- Improving the employee experience for 60 nursing and administration staff
- Oversight of 16 patient accommodation apartments
- Mentorship and coaching of Specialist Cancer Nurses
- Operational responsibility for Outpatient Pathology Service
- Change lead for service enhancement and new technologies
- Achievement of Quality and safety standards and associated regulatory compliance

Key Achievements
- Delivery of wellbeing initiatives including "Michelin Star" waiting rooms
- Successful relocation of Specialist Clinics from East Melbourne to Parkville Campus
- Peter Mac Team Award for Best Cancer Care 2015
- Project Lead for 'Ready for Care' project 2016
- Introduction of virtual reality technology to Peter MacCallum Cancer Centre

2012 - 2014

theAlfred

Patient Services Centre Manager,

Operational responsibility for Perioperative Services and Specialist Clinics;
- Delivering against organisational KPI's for elective surgery targets
- Oversight of elective surgery waitlist management by 11 surgical coordinators
- Oversight of referral management and processing for Specialist Clinics
- Elective Surgery Access Policy adherence and internal auditing

Key Achievements
- Implementation of process redesign to comply with the Specialist Clinics Access Policy
- Implementation of standard surgical preparation tools for elective surgery waitlist management
- Streamlined Pre Admission Clinic flow and improved patient experience

MATIU BUSH Career Portfolio

EXPERIENCE

2010-2012

the Alfred

Redesigning Care Consultant, Redesigning Care Unit,

The Redesigning Hospital Care Program (RHCP) was based on process redesign, which was originally developed by product industry and consisted of the fundamental rethinking and radical redesign of business processes to achieve dramatic improvements in performance. Process redesign included mapping, reviewing and redesigning the patient journey to meet demand while balancing care that is safe, effective and efficient.

Key Duties

- Deliver on strategic quality improvement initiatives
- Project management using various lean methodologies
- Coordinate and facilitate workshops on change management
- Provide advice and mentoring to project teams
- Develop organisational reports to Department of Health Redesign Program

Key Achievements

- Project Manager for National Emergency Access Target (NEAT 4-hour target)
- NEAT A3 report was used an an exemplar report by Department of Health
- Development of 5S tools and publications for Alfred Health
- Developed data visualisation capability within Alfred Health

2005-2010

MSHC
MELBOURNE SEXUAL HEALTH CENTRE
Part of AlfredHealth

Sexual Health Nurse Practitioner, Melbourne Sexual Health Centre

Key Duties

- Detection and treatment of sexuality transmitted infections
- Training and education of clinical staff
- Clinical leadership and mentorship

Key Achievements

- Endorsement as Victoria's second Nurse Practitioner in sexual health
- First Nurse Practitioners in Australia to prescribe HIV antiretroviral medication
- Changing policy to allow low risk patients to receive their results by phone
- Introduced rapid no wait screening, reducing wait times from 45 mins to 12

1994-2005

LA TROBE
UNIVERSITY

The Royal Melbourne Hospital

Registered Nurse, Alfred Hospital, HIV/AIDS Palliative and Respite Care. 2004- 2005

Clinical Nurse Educator, La Trobe University/Alfred Hospital. 2004

Registered Nurse, Royal Melbourne Hospital, Emergency, Cardiology, Intensive Care Unit. 2002–2004

Student Assistance Officer, University of Canberra. 2001- 2002

Volunteer, Missionaries of Charity, Calcutta, India/ Tijuana, Mexico. 1994-1999

CURRENT RESEARCH

Chief Investigator - A compassionate community addressing risk of falls in elderly people
NHMRC Submission 2019

Chief Investigator - Community Ageing
The University of New castle
NHMRC Submission 2019

Principle Investigator -Evaluation of Digital Wall and the effects on dementia residents in a memory support unit.
Bolton Clarke Research Institute 2019

Principle Investigator - Conversation As Therapy – exploring effectiveness of a wearable to detect loneliness
RMIT and Bolton Clarke Research Institute 2019

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CONFERENCE PRESENTATIONS

2019

Ageing Asia Innovation Summit, Singapore
One Good Street and CatPin wearable to detect loneliness

Bolton Clarke Symposium on Social Connection in Older Age Melbourne/Brisbane
One Good Street

Melbourne Design Week
1. Co-designing the Futures of Aged Care
2. Brave Streets – intentional neighboring

Golden Age Summit, Hong Kong
One Good Street

Department of Health & Human Services
One Good Street

RMIT Engaging for Impact
Of Care and Ageing – towards a human and relevant future

2018

Australian Loneliness Dialogue
One Good Street

Leading Aged Services Australia
1. Key Note Address: One Good Street
2. Innovation in Aged Care
3. Death and Dying in Aged Care

World Hospital Congress – Brisbane
Poster Presentation: *Loneliness is a serious public health issue*

RMIT Activator
Aged Care Innovation

Northern Health Research Forum
One Good Street

Gertrude Berger Oration Australian College of Nursing
Innovation in Nursing

Catholic Health Symposium
One Good Street

Melbourne Knowledge Week
Future of Care

Health XL Global Gathering Melbourne
New Models of Care

2017

3rd Digital Hospital & Healthcare Innovation Summit
Human Centred Design in aged and community care

HISA Health Informatics Conference
User Centred Design in Connecting Care

Agency for Clinical Innovation
Human Centred Design in Aged Care

European Congress of Radiology: Vienna
Poster Presentation: *Virtual reality use to improve patient's experience in stereotactic breast biopsy: preliminary findings from the implementation of new technology*

2016

APAC Forum: Sydney
Michelin Star Waiting Rooms. Experience design in the healthcare setting

2012

2nd Victorian Integrate Cancer Services Conference: Melbourne
Innovative waiting room redesign to improve the patient experience

COMMITTEES & REPRESENTATION

2019

Leading Age Care Services Association Summit – Organising Committee
Flemington Rotary -Rotarian
Melbourne School of Population and Global Health - Mentoring program

2017

University of Melbourne Science Industry -Mentoring program
Better Care Victoria - Board Member
HISA UX Community of Practice Health Informatics Society of Australia

2016

Better Care Victoria, Emerging Leaders Clinical Advisory Committee -Chair

2015

Pinnacle Foundation – Mentor

2010

Australian Journal of Advanced Nursing- Reviewer
Australian Sexual Health and HIV Nurses Association – member, Contact Tracing Expert Writing Group

2009

Victorian AIDS Council
"Protection" and "Drama Down Under" Reference Group

2008

Better Health Channel - reviewer

LECTURES

The University of Melbourne	Masters of Nurse Practitioner Master of Nursing
RMIT	Masters of Design Futures Masters of Social Work

MATIU BUSH Career Portfolio

JOURNAL PUBLICATIONS

2018 *Outpatient and family- initiated calls to cancer nurse coordinators in an Australian Comprehensive Cancer Centre: Could volunteers play a role?*
Shane Mahera, Jodi Acornleya, Madison Sharpa, Matiu Bush Meinir Krishnasamy. Australian College of Nursing. 2018, https://doi.org/10.1016/j.colegn.2018.03.007

2015 *Developing and evaluating Robocare; an innovative, nurse-led robotic prostatectomy care pathway.*
Birch E, van Bruwaene S, Everaerts W, Schubach K, Bush M, Krishnasamy M, Moon DA, Goad J, Lawrentschuk N, Murphy DG. European Journal of Oncology Nursing. 2016 Apr; 21:120-5. doi: 10.1016/j.ejon.2016.02.002. Epub 2016 Feb 23.

2010 *HIV is rare among low risk heterosexual men and significant potential savings could occur through phone results.*
M Bush, H Williams and C K Fairley. Sexual Health 2010 Volume 7, p495-497, 2010.

Use of computerised medical records to determine the feasibility of testing for Chlamydia without patients seeing a practitioner.
A Yeung, M Bush, R Cummings, C S Bradshaw, M Chen, H Williams, I Denham and CK Fairley.
International Journal of STD AIDS Volume 21, November 2010.

Australian men who have sex with men prefer rapid oral HIV testing over conventional blood testing for HIV.
M Y Chen, J E Bilardi, D Lee, R Cummings, M Bush and C K Fairley.
International Journal of STD & AIDS Volume 21, June 2010.

2009 *Men who have sex with men prefer rapid testing for syphilis and may test more frequently using it.*
Lee D, Fairley C, Cummings R, Bush M, Read T, et al. (2010) Sex Transm Dis 37: 557–558.

What men who have sex with men think about the human papillomavirus vaccine.
D Simatherai, C S Bradshaw, C K Fairley, M Bush, S Heley, M Y Chen. Sexually Transmitted Infections. 2009; 85: 148-149.

2008 *Risk profile of walk-in triage compared with an appointment-based phone-triage evening clinic.*
S Jongeling, M Y Chen, M Bush, C S Bradshaw and C K Fairley. International Journal of STI and AIDS 2008, 00:1-3.

Human Papilloma Virus vaccine for men who have sex with men.
Matiu Bush
Australian Nursing Journal 10/2008; 16(3):33.

Nurse practitioner pilot clinic.
M Bush
Australian Nursing Journal 10/2008; 16(3):31

Nurse Practitioners: A Fresh Approach to Sexual Health.
M Bush, D Lee.
Australian Nursing Journal: Volume 16 Issue 5, Nov 2008

Hustling to health--a nurse led outreach service.
M Bush, L Moss, S Wallis
Australian Nursing Journal 11, 2006; 14(4):35.

CONTENT

2019 **Wild Health 2019**
Is this man just a little bit crazy

Wild Health 2019
Patient-centric-is-still-largely-a-shitful-experience

SBS online
The new platform building a community for elderly neighbours

The Age
More of us live alone, so how can we counter the effects of loneliness?

Daily Care
The library of Aged Care Things

Bolton Clarke – Media Release
Library of Aged Care things changing lives

The Senior
Library of Aged Care Things changing life of home care clients

RMIT
Wearable tech lends an ear to lonely elderly

Aged Care Online
Bolton Clarke wins Telstra Designing for Ageing Well challenge with wearable loneliness technology

Hellocare
Conversation as Therapy Pin Monitors Social Interaction
Digital Wall Brings delight to Aged Care

2018 **Grey Matters**
Loneliness is a plague for Australia's seniors, but all it may take is One Good Street

Bolton Clarke Media Release
Tackling Social Isolation one street at a time

ABC Life
How technology can help combat loneliness and social isolation

Aged Care Insite
Virtual reality improving wound care

Aged Care Guide
Designing towards the best death possible

PODCASTS

2019 The Medical Republic Podcast
Patient Centered Design

This is HCD
Life, Death, and using design in health and aged care

ABC Radio This Working Life
The keepcup and living in one good street

2018 Impact Boom
How Human Centred Design can positively impact the health and aged care industries
UX-pod
Designing the best death possible
All Good In The Hood
One Good Street
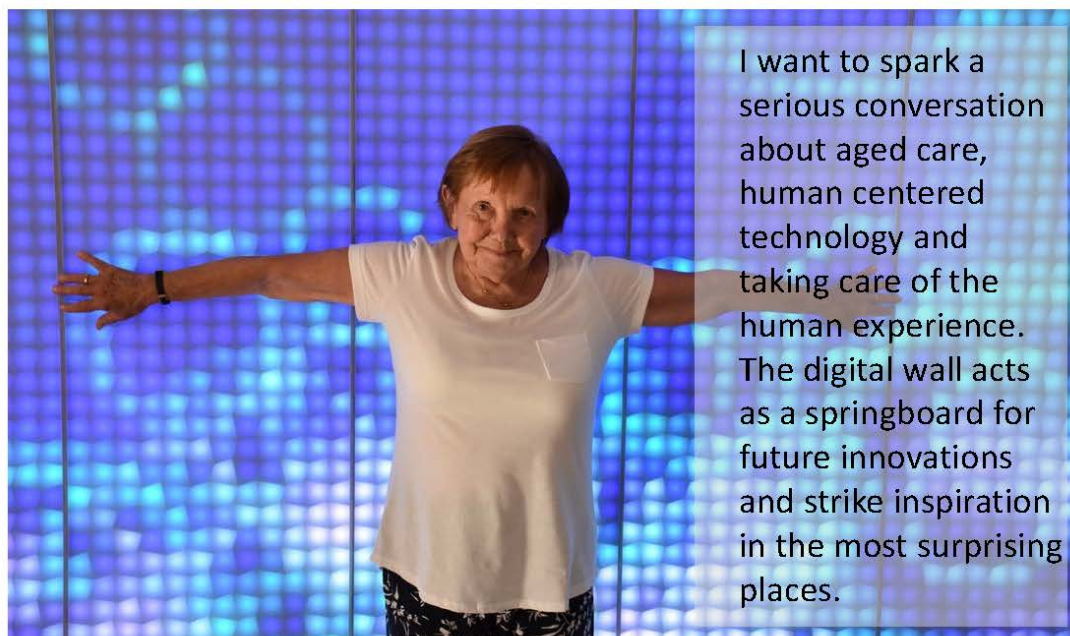
MATIU BUSH Case Study
DIGITAL WALLPAPER
Using technology to enhance creative interaction for people with dementia.

Digital wallpaper has the potential to improve socialisation, enhance meaningful activity, encourage reminiscence and provide sensory stimulation to the residents, their friends and families. .

Using principles of dementia design and sensorial design, I partnered with Lumes, a Melbourne design studio to develop content to reach residents living with dementia, who have started to lose certain cognitive or communication abilities. This installation is a world first collaboration in aged care and explores new therapeutic technologies that have previously been successfully used in other contexts.

The digital wall cycles through colourful animations, with recognisable shapes or colours. Each animation is intended to be soothing, and visible to residents with reduced eyesight. These digital scenes aren't just pleasant to look at: they're engaging and interactive. The digital wall can be used to increase physical activity and range of motion. As residents touch the wall it changes colour enabling increased physical therapy

The beauty of the digital wall lies in its connectedness: it unites a community on a personal level, whilst technologically, it is an evolving being.

I want to spark a serious conversation about aged care, human centered technology and taking care of the human experience. The digital wall acts as a springboard for future innovations and strike inspiration in the most surprising places.

Losing the ability to communicate can be a frustrating and confusing experience. By opening new methods of communication through technology, we have the potential reduce that frustration. This allows staff, friends, family and even other residents to interact communally in an intuitive and joyful way. This also creates a new medium for loved ones to re-engage with their relative or friend. Avoiding stilted or repeated conversations, the wall is a topic of discussion. Rather than reminding families of loss, the digital wall facilitates a new kind of interaction.

Inactivity is a risk with many dementia patients. Keeping resident's active is key in keeping them healthy and happy. The interactive nature of the digital wall rewards action. Residents are encouraged to walk to it or move with it; it offers something more stimulating than static pictures and is more communal in nature than virtual reality. Acting as a conduit for activity, the digital wall gives residents something to engage with.

MATIU BUSH Case Study
ONE GOOD DEATH

Designing towards the best death possible in Residential Aged Care through participatory design.

Dying is an inevitable human experience which requires a multitude of supports and services to do well. The end of life landscape has changed significantly in Australia over the past several years. Previously, dying at home was common. Advances in medicine, technologies and interventions have contributed to increased life expectancy. This medical landscape has also impacted on the experience of dying, resulting in a significant proportion of end-of-life care occurring in aged care facilities, hospice and hospitals. The question of whether these medical institutions and their approach to the dying experience can met the evolving expectations of what people want at the end of their life is gaining importance in Australian society.

The One Good Death Project consisted of workshops, interviews, site visits and observational studies. The workshop, in partnership with RMIT, brought together 47 thought leaders in ageing, education and health sector to define and workshop how design can help to achieve a 'good death' for all people in the community as they reach end-of-life. The concept of a 'good death' was defined as one that recognises the whole-of-life contribution of people living in aged care, or in the community, as they neared death. Within the workshop, teams focused on improving the experience of a specific persona as they neared end-of-life, using Tactile Tools, mobile coloured discs that participants use to map out the experience of an elderly persona.

The idea is to produce clear recommendations and practical, tangible strategies that will enrich the experience of residents and create exceptional end of life care. I've spent time with funeral directors, retirement village residents, the Coroner's Court, vets who manage grief of pet owners – the process map has travelled over 7000km across four states

The concept of a good death is one that recognises the whole-of-life contribution of people living in aged care, or in the community, as they near the end of life. Through focusing on one good death I hoped to break this wicked problem into a number of smaller, more personal experiences that participants can address through empathetic design approaches. By designing one good death I aim to promote an approach that can be scaled to help many families

Australia has some brilliant examples of delivering really good end of life care in residential aged care communities, but no single best practice model. Co-designing service solutions with non-clinicians and people outside the industry allows for fresh thinking and fresh ideas from a variety of unique perspective.
As fellow workshop participants were introduced, they began to notice the diversity among people in the room. There were artists, architects, designers, academics, aged care providers, funeral directors, start-ups, advocates and representatives from peak bodies and the Victorian Government.

"The vets we spoke to sent flowers and a card to the families who had lost their pets - it is a simple way to demonstrate how they value the relationship,"

"As for the funeral directors, they provided some interesting perspectives - pointing out that family conflict needs to be dealt with early. They say the funerals are easy but it's the family conflict that takes up a lot of time an energy of everyone involved."

MATIU BUSH Case Study
CATPIN
The worlds first wearable to detect loneliness

As the world's population ages and life expectancy grows, the number of lone-person households is steadily rising. How can IOT devices facilitate the desires of elderly individuals to remain in their homes for as long as possible while maintaining a good quality of life? While loneliness is a significant risk factor for a range of mental and physical health problems, including premature death, it can be hard to identify and offer timely interventions. While the importance of word count in language acquisition, IQ and autism in children is well recognized, little work has been done on the use of word count as a proxy for loneliness.

Ambient wearable technology developed using human centered methods can place minimal demands on the individual to interact with potentially confusing interfaces and can offer novel ways to provide intuitive, unobtrusive interventions to address loneliness and social isolation in older people.

The CaT ("Conversation-as-Therapy") pin has been developed by a multidisciplinary team from Bolton Clarke and RMIT, working at the intersection of design, health, and technology. Employing a transversal design methodology, the pin is a personalized, outwardly conventional wearable object (e.g., a brooch) enhanced with digital microphone, embedded microprocessor and Bluetooth-LE transceiver that monitors ambient sounds to identify potential speech sequences. Unlike full speech recognition systems, the device does not interpret actual content, instead simply identifying and counting words over time, a significantly more straightforward problem that sidesteps privacy issues. The pin can be linked to real time intervention services.

The CaT pin is a wearable technology intervention designed to inspire further research activities into loneliness assessment and highlight the opportunities for elegant personalized wearable IOT solutions that support the socially isolated seniors.

If the pin detects that an older person hasn't spoken in a day, a text message can be sent to the older persons friends or relatives, or to a volunteer community service. Care is tailored to the individual and consists of self-actioned and or external responses

The CaT Pin in Action

1 Maria lives alone in the family home. Her husband Peter died seven years ago. Her children are all grown up and now live with their own families.

2 Today Maria has not spoken to anyone. She is feeling isolated and sad. Her CaT Pin registers that she is at risk of loneliness.

3 Maria's daughter Francis receives a text message alerting her that her mother has not spoken to anyone for some time.

4 Francis decides to call Maria for a chat.

5 Maria's phone rings while she is having a cup of tea and thinking about her family.

6 Maria is thrilled that Francis has called and they make plans for Francis and her children to visit that weekend. Maria's mood is lifted and she reaches out to other friends once she has finished talking to Francis.

The impact of the CAT pin is three fold. Firstly, the socially isolated older person may have their loneliness reduced due to the CAT pin project. This is achieved through real time monitoring of their daily word count, linked with services that respond in a timely manner to build social connection and resilience.

Secondly, research into social isolation and loneliness in older people is at its early stages and the impact of CAT pin would be to contribute to the emerging body of research. This would include mapping the conversational geography of an older person's week and linking increased conversation opportunities with validated loneliness assessments.

Thirdly, there are wider health system benefits. On review of the research, studies have identified strong evidence of an association between weaker social relationships and increased rates of readmission to hospital. After the heat waves in Paris, Chicago, and the events in New York in 2001, reviews of elder deaths highlighted the importance of social isolation and connection in preserving the lives of isolated older people. Socially isolated older persons had higher mortality rates during times of environmental stress.
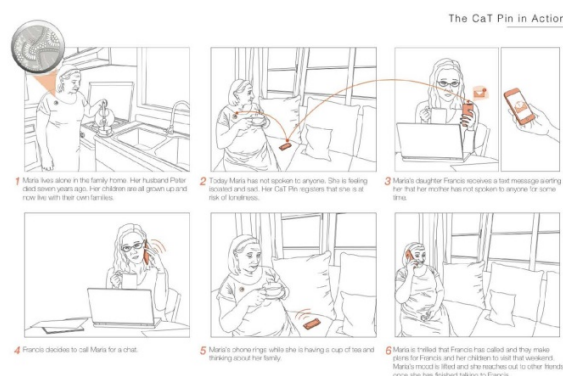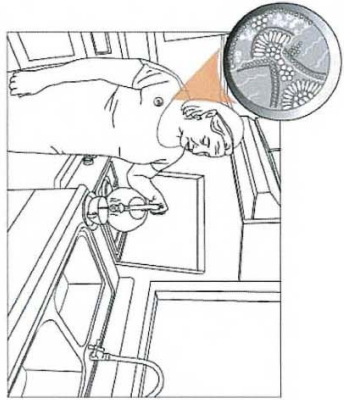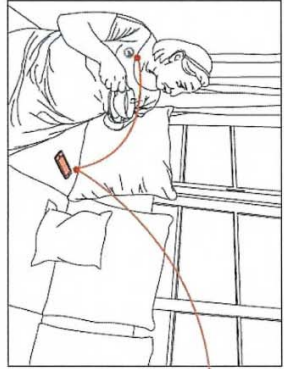
Royal Commission into
Victoria's Mental Health System

ATTACHMENT MB-2

This is the attachment marked 'MB-2' referred to in the witness statement of Matiu Bush dated 18 July 2019.

The CaT Pin in Action

1 Maria lives alone in the family home. Her husband Peter died seven years ago. Her children are all grown up and now live with their own families.

2 Today Maria has not spoken to anyone. She is feeling isolated and sad. Her CaT Pin registers that she is at risk of loneliness.

3 Maria's daughter Francis receives a text message alerting her that her mother has not spoken to anyone for some time.

4 Francis decides to call Maria for a chat.

5 Maria's phone rings while she is having a cup of tea and thinking about her family.

6 Maria is thrilled that Francis has called and they make plans for Francis and her children to visit that weekend. Maria's mood is lifted and she reaches out to other friends once she has finished talking to Francis.

Royal Commission into
Victoria's Mental Health System

ATTACHMENT MB-3

This is the attachment marked 'MB-3' referred to in the witness statement of Matiu Bush dated 18 July 2019.

QUARTERLY UPDATE JUNE 2018

MATIU BUSH JUNE 2018

DEVELOPING A PARTICIPATION CULTURE

Facebook Group Membership

There are currently **235** members of One Good Street Facebook page, mostly from the local suburbs: North Melbourne, Kensington and Flemington.

Several member-led initiatives have gained traction;

- **Ride to End Loneliness**
- **Warm winter knits**
- **Loneliness Hackathon**
- **Older Resident wish list**

These initiatives provide multiple entry points for involvement by One Good Street members, many who already have police checks and a proud history of volunteering.

The metrics of success are the number of people participating in initiatives to reduce isolation and loneliness and the frequency of participation in the initiatives.

	YTD 2018	2019	2020
Number of people involved	235	1044	1740
Number of participation opportunities	TBC	-	-
Number of projects	4	-	-
% of local population participating (235/10,812)	0.02%	0.09%	1.6%

Stevie Jordan
24 June at 12:16

Hi all this site is fantastic

I'm offering my time once a week to spend time with lonely elderly...

Joined ▾   ✓ Notifications   ⤳ Share   ⋯ More

Mazza Salambazza
17 June at 11:29

****Now donated****Hi all, I noticed someone had posted a hand knitted woolie on here. I have some too. They were knitted for my kids by their nan but they're too cool for hand knitted clothes and thus have never even been tried on. The green one would fit a lady size 6-8 and the mustard one would fit a lady size 8-10. I don't have a car to drop them off but pick up can be arranged from north Melbourne, Essendon or Highpoint.

ADD MEMBERS   Embed invitation

+ Enter name or email address...

MEMBERS   235 members

You have 4 new members this week. Write a post to welcome them.   ✏ Write Post

SUGGESTED MEMBERS   Hide
Friends

Merlyn Freame   Add Member
Effen Effen   Add Member
Lucy Taylor   Add Member
▾ See More

DESCRIPTION   Edit

We aim to reduce loneliness in older residents one street at a time.
"One Good Street" seeks to create a platform for neighbours to come together and through coordinated activities help reduce isolation and improve the social connectedness of older citizens that live in their neighbourhood.

WEBSITE DEVELOPMENT

The One Good Street website will be launched in the next few months. It is the repository for all information about how One Good Street works, local initiatives, media enquires, donations and campaigns.
The website has 3 sections

- **One Good Street Heat Map-** A google map of the suburb where the streets change colour to visualise which streets are good streets to age in. This is where volunteers will register.
- **Library of Aged Care Things -** Lending engine with the ability to upload photographs of equipment and a search function based on postcode. This will facilitate equipment sharing without the need for a physical storage facility.
- **Project Hello-** People interested in Project Hello can register their details to be contacted when the project is ready to go live.

THE ANSWERS ARE ON OUR DOORSTEP

One Good Street is in response to the older people we have met, their adult children who have told us their stories, the care staff we have worked with and the communities in which they live in.

WHAT IS ONE GOOD STREET?

Swim Communications is a local website development company. The total cost for the website was $22,550. Swim decided to take the project on as part of its Corporate Social Responsibility work and reduced the cost of the website to $11,495

LIBRARY OF AGED CARE THINGS (LACT)

The Library of Aged Care Things is Australia's 1st free library of aged care equipment. LACT will be an online platform and physical space that aims to share equipment (walking frames, scooters, occupational therapy equipment) with those who need them free of charge. LACT supports older residents, carers and family members who are looking after their older parents.

Equipment is lent out free of charge. LACT reduces the cost of care for families when supporting their older parents, reduces landfill and upcycles equipment that older people need to stay in their homes independently.

To date, $8864 of equipment has been donated to LACT

The collaboration with Bolton Clarke Nurses enables direct referral of clients to the LACT
- Electrical equipment is tag and tested and serviced if required
- Clients sign a waiver form when receiving equipment
- Unopened incontinence and dressing products are redistributed to those who have high need
- Deceased estates are making contact to up cycle equipment

The State Trustee and Primary Health Network have made contact due to the numerous request for equipment they fund.

79648065

NIGEL'S STORY

The first donated item to the Library of Aged Care Things was an electric scooter which, with the help of Bolton Clarke Nurse Swee Ang, was matched with client Nigel Hart. Nigel has impaired mobility and was unable to obtain funding for a scooter. He had been waiting for 3 years. The donor of the scooter was thrilled to learn that someone in need was able to use it. It had been in storage for several years after her husband had passed away.

RIDE TO END LONELINESS

The aim of the Ride to End Loneliness initiative is to reduce loneliness in older residents by reconnecting them to their wider community and giving them access to places that are familiar to them, that they may not be able to access due to impaired mobility from their age. This initiative was driven by the membership base and they have been actively fundraising the $14,000 required for a taxi bike.

The intention is to provide the opportunity for relationship between the volunteer driver and passengers to decrease social isolation in our local community. Traditionally these taxi bike have been used in aged care facilities.

We are now officially a chapter of the Cycling Without Age. A local gym has signed up its members to be volunteer riders and storage facilities have been identified for the taxi bike.

Flemington Rotary Club awarded $4000 to the Ride to End Loneliness initiative

"A sense of connectedness to local communities, and of belonging to others, is an important antidote to loneliness for many older people"

NEW PARTICIPATION INITIATIVES
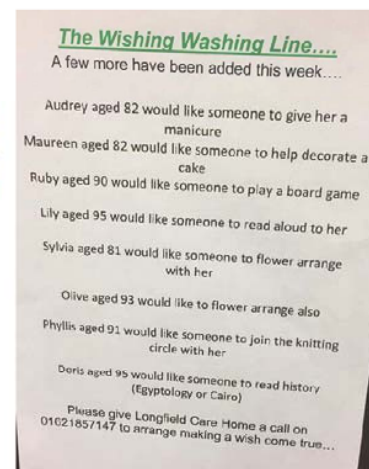
Community Hackathon to End Loneliness

Spring Fling is North Melbourne's yearly festival. One Good Street is applying to hold a community hackathon with a focus on loneliness and social isolation in older residents. Partnering with **Humankind Enterprises** and **Neighborhood Social** , the hackathon will also be a great opportunity for promoting the various One Good Street initiatives.

One Good Street have written to three aged care facilities within the local area to begin discussions on how to role the wish list out. Activities that are practical and low commitment, where members can decide to join in at short notice are key to establishing a participation culture within One Good Street.

The Wish List

Through sharing inspirational stories on Facebook, members of One Good Street often get energised to prototype different initiatives. The 'wish list' initiative came from the Longfield Care Home in the UK. This photo was posted and members could see themselves finding time in their week to do these things that residents had requested.

The Wishing Washing Line....
A few more have been added this week....

Audrey aged 82 would like someone to give her a manicure
Maureen aged 82 would like someone to help decorate a cake
Ruby aged 90 would like someone to play a board game
Lily aged 95 would like someone to read aloud to her
Sylvia aged 81 would like someone to flower arrange with her
Olive aged 93 would like to flower arrange also
Phyllis aged 91 would like someone to join the knitting circle with her
Doris aged 95 would like someone to read history (Egyptology or Cairo)

Please give Longfield Care Home a call on 01021857147 to arrange making a wish come true...

TELLING THE STORY

Media

Neighbourhood networks to tackle isolation
Community Care Review

Home alone: tool helps connect isolated residents
Government News

Tackling social isolation one street at a time
Bolton Clarke

Innovation key to empowering elderly
QUT

Innovative idea turns neighbours into friends
The Senior

Social network for individual streets gets senior innovation gong
Aged Care Insight

Students show the way to better living for seniors
Queensland Times

'One Good Street': Innovator's triumph connects seniors
Chinchilla News

Social networking tool for older people wins award
Insite Magazine New Zealand

Podcasts

Impact Boom: On How Human Centred Design Can Positively Impact The Health & Aged Care Industries

One Good Street: Innovator's triumph connects seniors

All Good In the Hood 'All Good In The Hood' is a podcast that celebrates people doing great things in the Melbourne community.

Conference Abstracts
Accepted
- 42nd World Hospital Congress: Poster Presentation: *One Good Street: Supporting Neighbor Initiated Care*

Pending
- Pause Fest: *The answer is on our doorsteps*
- LASA National Congress: *Neighbor Initiated Care*

Video
Pitch Video for MAP Accelerator program

START UP LOGISTICS

Timeline events (March–June):

- Website developer engaged
- Lawyers engaged
- New logo and brand
- Domain Names
- Website content
- Trademark
- Cycling without age working group established
- 1st delivery of donated scooter
- Constitution developed
- Directors appointed
- Presentation to Melbourne Council
- Chapter for Cycling Without Age Approved
- Success with Rotary funding
- Accepted into MAP Velocity program

MARCH — 74 **members**

APRIL

MAY

JUNE — 235 **members**

Legal
Start Up Lawyers #Corporate Advice, specialise in start-ups, social enterprise and NFP's.
- Legal setup of a new stand-alone Charitable Foundation (a Charitable Co Ltd company).
- Application for Charitable Status with the Australian Charities and Not-for-profits Commission (ACNC).

Domain Names
One Good Street was able to secure .com, com.au, .org and .org.au

Trademark
One Good Street has been trademarked and accepted under class 35 (charitable services) and 38 (provision of information on a website)

Logo
Local North Melbourne artist Melissa Avery completed new logos and brand identity for One Good Street

Incorporation
A Public Officer, Treasurer and Secretary have been appointed.

Directors
One Good Street has appointed 4 directors
- Graeme Kane, Psychologist
- Pania Fleming, Dementia Clinical Consultant
- Alice Rowlands, Medical Administrator
- Matiu Bush, Nurse Practitioner and Founder

FROM START UP TO SCALE UP

MAP18 Velocity Program

One Good Street was successful in pitching to the **MAP Velocity Program**, run by Melbourne University. MAP Velocity is designed to support high-potential founders as they prepare for their next stage of growth.

Format & Content

The program includes a series of 3-hour workshops from July to October 2018. The workshops will be led by the MAP team Program Managers, and will feature MAP's entrepreneurs in residence, mentors and start-up accelerator founders.

Workshops include:

- Set business goals, identify risks, assumptions and know the metrics that matter
- Customer discovery and validation: testing with segments, acquisition and channel strategies
- Problem space, empathy and impact gaps canvas*
- Growth, Marketing, Sales and soft skills
- Lean for social change and impact models*
- Team and product building: futureproof the startup, Midpoint Review
- Lean data measurement and impact reporting*
- Raising seed round: build relationships with investors and the case for funding
- The art of the pitch: create a compelling narrative

Presentations/Pitches

February
- 27th Seniors Living Innovation Challenge
- 28th Ideas Hack Council- building older residents social connection

March
- 21st Fighting Ageism with Design **Melbourne Design Week**
- 24th North Melbourne Primary School Fete

May
- 7th Royal District Nursing Service New Zealand, Executive Team
- 11th North West Primary Health Network, Board Presentation
- 12th Future Patient, Future Hospital : **Melbourne Knowledge Week**
- 22nd APM Aged Care Assessment Team, Executive Team presentation
- 23rd Melbourne City Council, Ageing and Inclusion Team presentation

June
- 14th LASA National Integrated Seniors Housing Conference
- 19th & 20th Bolton Clarke Donor Events
- 20th Melbourne Accelerator Program (MAP), Velocity Pitch

July
- 4th Compassion cafe: Monash Health

Royal Commission into
Victoria's Mental Health System

ATTACHMENT MB-4

This is the attachment marked 'MB-4' referred to in the witness statement of Matiu Bush dated 18 July 2019.

LIBRARY OF AGED CARE THINGS (LACT)

The Library of Aged Care Things is Australia's 1st free library of aged care equipment. LACT will be an online platform and physical space that aims to share equipment (walking frames, scooters, occupational therapy equipment) with those who need them free of charge. LACT supports older residents, carers and family members who are looking after their older parents.

Equipment is lent out free of charge. LACT reduces the cost of care for families when supporting their older parents, reduces landfill and upcycles equipment that older people need to stay in their homes independently.

The collaboration with Bolton Clarke Nurses enables direct referral of clients to the LACT

If your client requires equipment and is unable to afford it then LACT is happy to help.

Email onegoodstreet@gmail.com or call 0411619047

- All equipment is cleaned and in working condition
- Electrical equipment is tag and tested and serviced
- Scooters and OT equipment require an OT assessment
- Clients sign a waiver form when receiving equipment and are responsible for the maintenance of the equipment.
- Clients with a home care package are able to use their packaged care for maintenance of equipment

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NIGEL'S STORY

The first donated item to the Library of Aged Care Things was an electric scooter which, with the help of Bolton Clarke Nurse Swee Ang, was matched with client Nigel Hart. Nigel has impaired mobility and was unable to obtain funding for a scooter. He had been waiting for 3 years. The donor of the scooter was thrilled to learn that someone in need was able to use it. It had been in storage for several years after her husband had passed away.