

REPORT ON WORKSHOP ‘RESPONDING TO SOCIAL ISOLATION AND LONELINESS AMONGST OLDER PEOPLE’

June 2008

Background and Programme

This free workshop on **social isolation** and **loneliness** amongst older people, sponsored by the ARC-NHMRC Research Network in Ageing Well and provided through the Centre for Research on Ageing, Curtin University of Technology, was held in Perth on the 6 June 2008. It represented a response to the area having been identified as a particular research and action priority in an earlier Network workshop. Whilst the workshop was principally aimed at those involved in providing services to older people, and these formed the majority of the 70 or so participants, attendance also included representatives of older persons’ associations and clubs, those involved in policy issues related to ageing and researchers working in relevant fields.

Social isolation and loneliness are becoming more common amongst older people and this interactive workshop aimed to provide an opportunity for participants to enhance their understanding of possible causes, and of various strategies and interventions that might minimise their occurrence. It also provided an opportunity for sharing experiences and concerns related to addressing these issues. In addition to presentations from researchers, a number of key service providers described their approach to addressing social isolation and loneliness amongst their clients. Group work provided an opportunity for in-depth discussion of issues and potential ‘solutions’. A copy of the workshop programme is at Attachment 1.

Summary of Key Points from Research Presentations

- ‘Social isolation’ and ‘loneliness’ are different concepts: in simple terms:
 - social isolation is an objective state related to extent of contact/involvement with others/community; whereas
 - loneliness is a subjective experience (usually negative) related to perceived deficiency in social relationships/engagement.
- It is possible to be lonely but not isolated and vice versa
- Majority of older people not ‘severely’ lonely and/or isolated (7-10%); however up to a third or more may experience some degree of loneliness in later life
- Risk factors include: No partner or no (surviving) children; living alone; poor/deteriorating health; life events (e.g. loss/bereavement); low self esteem; no confidant; low income/education level; being a carer; having no access to transport
- Causes related to:
 - Functional ability (e.g. related to health and/or financial losses)
 - State of mind (e.g. motivation)
 - Social network (e.g. size and closeness)
- Intervention types:
 - Individual (e.g. telephone reassurance, buddy system)
 - Group (e.g. support groups, computer networks)
 - Skill development (e.g. exercise classes, art classes)
 - Social activities(e.g. community centres)
 - Community capacity (e.g. improved transport)

Many of these key points were illustrated in an account of a Queensland ‘Cross-Government ‘ project aimed at developing and disseminating innovative, sustainable and community capacity building responses to reduce social isolation amongst older people.

Summary of Key Points from Service Provider Presentations

Silver Chain Social Enablement (SE) Program (Gill Lewin)

- Reducing loneliness and depression in older people receiving home care
- Over 40% of new clients depressed and/or lonely
- Based on Social Rehabilitation program developed by Age Concern UK

- Trial commenced as test of social rehabilitation service model
- Task centred practice: assessment; time limited intervention; review
- Assessment with SE co-ordinator: in home; non prescriptive ‘talk around’; individual identifies own goals
- Intervention with trained volunteer: ‘doing with’ not ‘doing for’ to facilitate goal achievement
- Evaluation found:
 - Good client outcomes – improvement in depression, loneliness and personal wellbeing, clients achieved goals
 - Need to modify way program delivered – earlier involvement of volunteers, less involvement of co-ordinator with clients
 - Social enablement, new service model, now being evaluated; volunteers do assessment and goal setting as well as interventions
 - Co-ordinator recruits, trains and supports volunteers
 - Evaluation now designed as randomised controlled trial.

‘People Who Care’ Programs (Anne Warner)

- First approach at preventing social isolation is by providing a modified centre based day centre service
- Main difference to traditional models is that clients have major input into programming of service, producing and distributing own newsletter
- Attendances stable and program changes regularly (seasons/ personal choice): e.g. evening outings, group holidays and use of Seniors Travel Pass.
- Secondly have Telefriend, targeting those already socially isolated and modelled on Red Cross Telecross service; major difference relates to nature of phone call
- Volunteers telephone client at time prearranged with them; if ‘catastrophic event’ has occurred since last call and they can’t answer phone, volunteer will arrange for assistance to be summoned
- If client able to answer phone then client and volunteer ‘have a chat’ for as long as both parties willing
- This gives client safeguard knowing that help will be forthcoming in an emergency, even if not able to summon themselves, and opportunity for telephone friendship

- If opportunity presents and client is willing, they will be included in Centre Based Day Care Program.

The Aged Persons Support Service (TAPSS) Community Care (Tanya Sander)

- Matches a volunteer with older person and over time, friendship develops
- Variety of activities shared - shopping, walking in the park, going to the library, or more often simply sitting and talking
- New interests and lost contacts re-established
- Referrals from variety of sources, including self-referral
- Clients assessed as to: whether actually wants service; other support available (e.g. family); needs and general health
- Information obtained to assist in matching with volunteer (e.g. visiting times, hobbies)
- Judgement made as to whether volunteer could cope with any specific condition of older person (e.g. speech difficulty, deafness)
- Generally client lives alone, but sometimes support is provided to carers
- Overall **goal** to assist older person to re-engage with community and provide companionship
- Examples of 'at risk' situations: loss of a partner/friend; recent hospitalisation; recovering from illness over a long period; loss of driver's licence; family restructure
- Clients predominantly women
- 20% of support provided by paid staff; often due to the functioning or mental capacity of older person
- 90% of volunteers themselves 60 or older
- Those who volunteer are themselves often socially isolated and want to enhance their social contacts.
- Volunteers supported and encouraged to discuss any problems
- Progress monitored and significant number of matched older persons have regained confidence and increased ability to manage their life.

Summary of Key Points from Group Work and Discussion

A participant representative from each of eight groups was asked to provide brief feedback regarding the three main challenges/difficulties identified, and how these

might be addressed. A wide range of responses were forthcoming, which are summarised in the table below:

Key challenges/difficulties	Potential 'solutions'
How to identify and reach socially isolated people, and hence identify what is appropriate for them	Need to ask; greater involvement of health professionals, particularly in primary care – GPs, practice nurses; improved networks between providers; combat 'ageism'
'Reliability' of programmes using volunteers	Review volunteer recruitment strategy
Not enough volunteers	Widen sources of recruitment – company and school newsletters; provide adequate support and recognition
Desirability of targeting older people who 'choose' to be isolated	Make allowances for intergenerational and cross-cultural differences/interactions
Creating a sense of belonging throughout the whole community, not just addressed at socially isolated people	Telelink phones, internet training, Act/Belong/Commit – mass media marketing; multi-purpose centre in communities
Funding/resources	Share information about volunteering options with other agencies; reduce paperwork/documentation; more responsibility to be taken by local government; involve corporate sector more
Transport	More 'user-friendly' public buses, e.g. routes, frequency; development of 'share a ride' programmes; local transport to/from supermarkets
More promotion of existing programmes	e.g. Living Longer Living Stronger – weights programme, walking groups, lifeball, book programmes, carer support groups
More emphasis on 'mutual benefit'/ doing things 'with' not 'for' older people	e.g. volunteer programmes, foster grandparenting

Workshop Feedback

Participants were requested to complete a feedback questionnaire at the end of the workshop. Responses were obtained from 44 attendees (71% of whom were service providers), as follows:

Question "How useful did you find the workshop in improving your understanding of the possible causes of social isolation and loneliness?"

Response

Very useful	66%
Some use	30%
Not useful	4%

Question “How useful did you find the workshop in providing information about various strategies and interventions that might minimise their occurrence?”

<u>Response</u>	Very useful	57%
	Some use	39%
	Not useful	4%

The open ended comments sections elicited a range of responses, many of them representing positive endorsements of the workshop. Over half (55%) of the comments related to the networking opportunity provided by the workshop, with a number of these expressing a need for a forum to enable providers to continue exchanging ideas.

Overall Summary

The feedback indicates that the workshop was viewed as highly successful, with all but 4% of respondents not finding it useful in improving their understanding of causes. Similarly only the same proportion had not found it useful in providing information about potentially effective interventions.

The awareness that social isolation and loneliness are not the same; that causes can be categorised under three broad groups; and interventions under five broad types; were particularly important messages conveyed by the research presentations. Service provider presentations all emphasised the importance of involving older people themselves in decision making regarding any service provided and covered a range of possibilities. The importance of volunteers was also a key theme.

These were further explored in the group sessions, with key challenges/difficulties identified including, in particular, the following:

- Identifying older people ‘at risk’ and their ‘needs’
- Volunteer recruitment
- Creating a ‘connected community’
- Meeting transport needs
- More emphasis on ‘mutual benefit’, i.e. ‘with’ not ‘for’ older people.

In their feedback, the majority of respondents made a particular mention of the networking opportunity that the workshop had provided and it would seem desirable

to create an ongoing forum through which providers (plus older persons' associations and interested researchers) could continue to meet and exchange ideas in his area. Whilst this is outside the remit of the Centre for Research on Ageing to lead, we would be very keen to see such a forum established and would be an enthusiastic participant. Given the extent of local government participation in the workshop (roughly a quarter of participants) is this something that 'local government' collectively could facilitate?

Duncan Boldy (on behalf of the organising team)

Centre for Research on Ageing

Curtin University of Technology

July 2008



WORKSHOP PROGRAM

RESPONDING TO SOCIAL ISOLATION & LONELINESS AMONGST OLDER PEOPLE

**FRIDAY JUNE 6th 2008
Technology Park Function Centre, Bentley**

THEATRE

08:30 **REGISTRATION, TEA/COFFEE**

09:00 **Welcome and Introduction**

Professor Duncan Boldy

Centre for Research on Ageing, Curtin University of Technology

WA State Hub Convener, ARC/NHMRC 'AGEING WELL' RESEARCH NETWORK

What Does Research Tell Us?

09:05 **Overview**

Linda Grenade

Centre for Research on Ageing, Curtin University of Technology

09:15 **Queensland Cross Government Project**

Professor Helen Bartlett

Australasian Centre on Ageing, University of Queensland

09:35 **Curtin/UWA Project**

Duncan Boldy
Curtin University of Technology

09:55 **Question Time**

10:10 **MORNING TEA**

What Are Service Providers Doing?

10:40 **Silver Chain's Social Enablement Program**

Professor Gill Lewin
*Research Manager, Silver Chain Nursing Association &
Centre for Research on Ageing, Curtin University of Technology*

10:50 **'People Who Care' Programs**

Anne Warner
Community Services Manager, People Who Care

11:00 **TAPSS (The Aged Persons Support Service)**

Tanya Sander and Josephine Williams
Director, TAPSS Community Care

11:10 **Question Time**

SEMINAR ROOM 3

11:30 **Group Work**

12:30 **LUNCH**

THEATRE

What Needs To Be Done?

1:30 **Feedback from Group Work and Discussion**

2:30 **Close**