Commissioner for Senior Victorians

Ageing is everyone's business

a report on isolation and loneliness among senior Victorians

January 2016

VICTORIA State Government

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and loneliness among
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Commissioner for Senior Victorians
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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

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Contents

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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.

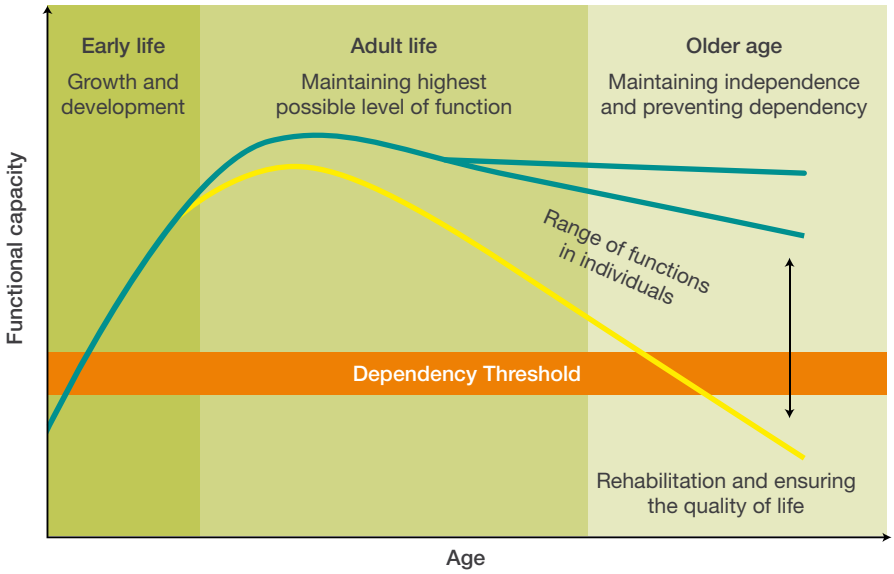
2.7.1 Life course experience

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.

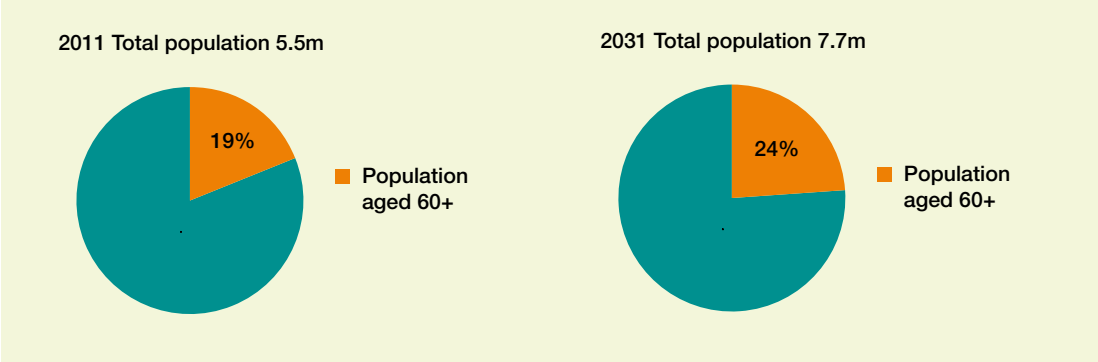
As shown in Table 1 and Figure 3, Victoria's population is also ageing, and this is projected to continue. In 2011, 19.4 per cent of Victorians were 60 years of age or older. This had grown to 20.1 per cent by 2014, and is projected to grow to 24.1 per cent by 2031, representing an annual average growth 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

	2011 (actual)			2031 (projected)		
Victorian population aged 60+	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.

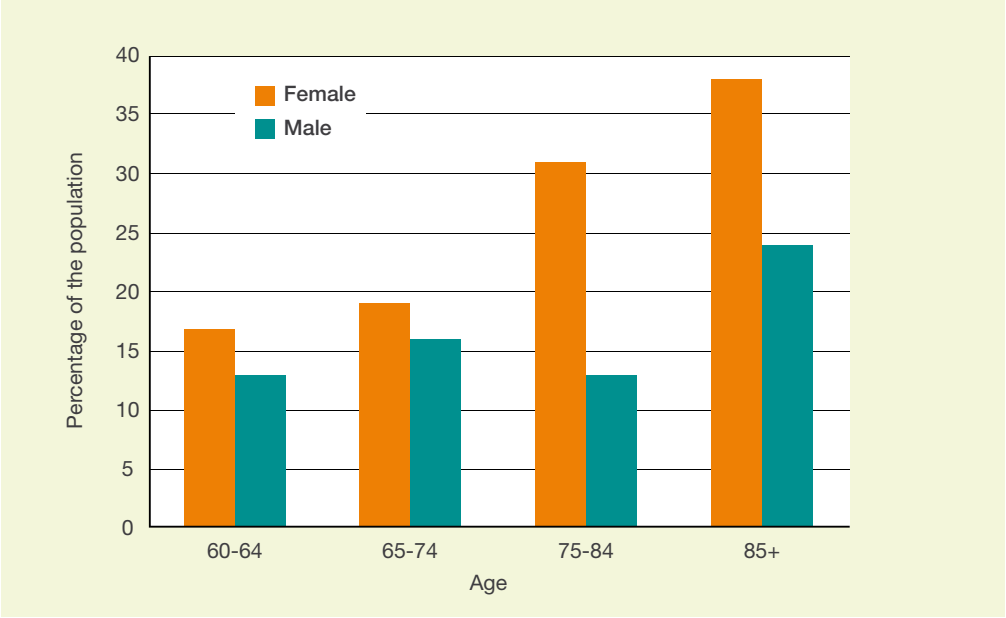
3.2.1 Living alone

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

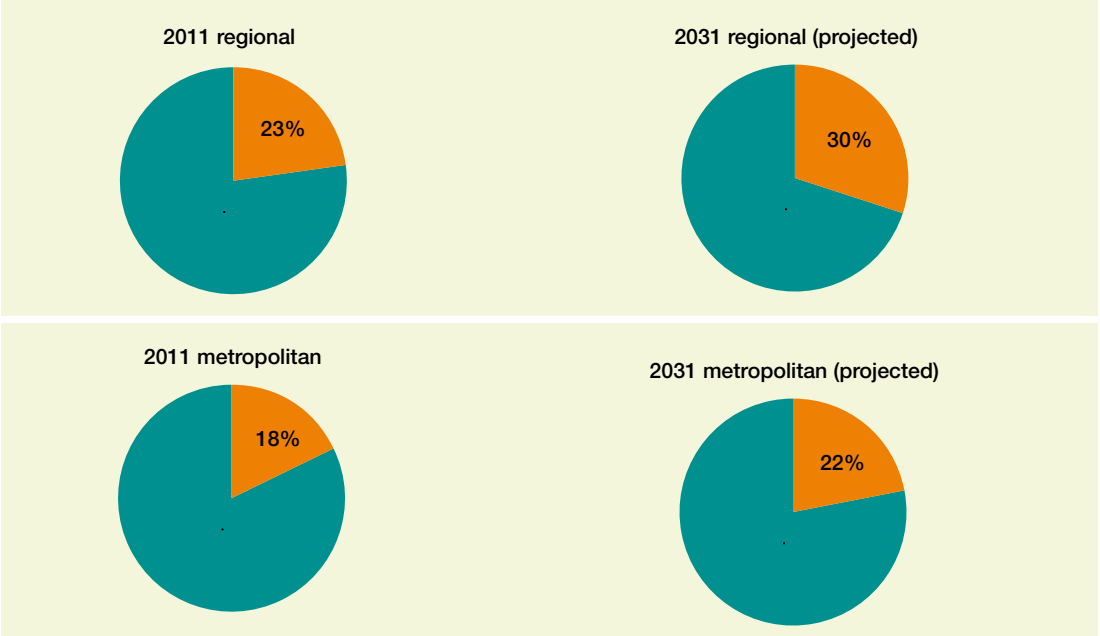
As identified in the literature review, being a carer increases the risk of social isolation and loneliness due to the all-consuming nature of the caring role, and the impact this can have in shrinking the carer's social networks. Just over 12 per cent of Victoria's older population were providing care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

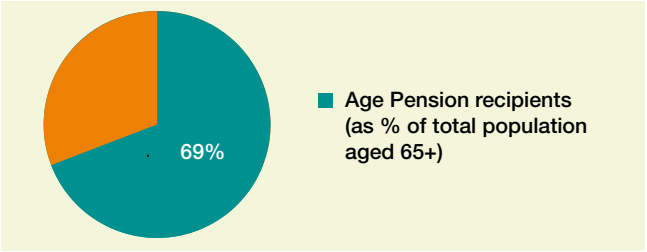
2011 (actual)			2031 (projected)		
LGA	Population aged 60+	% of LGA population	LGA	Population aged 60+	% of LGA population
Mornington Peninsula	42,277	28.3	Mornington Peninsula	66,990	35.2
Casey	34,005	13.0	Casey	94,322	21.7
Knox	28,350	18.3	Knox	52,606	29.4
Yarra Ranges	27,580	18.5	Yarra Ranges	49,834	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



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, neighbourhood 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.

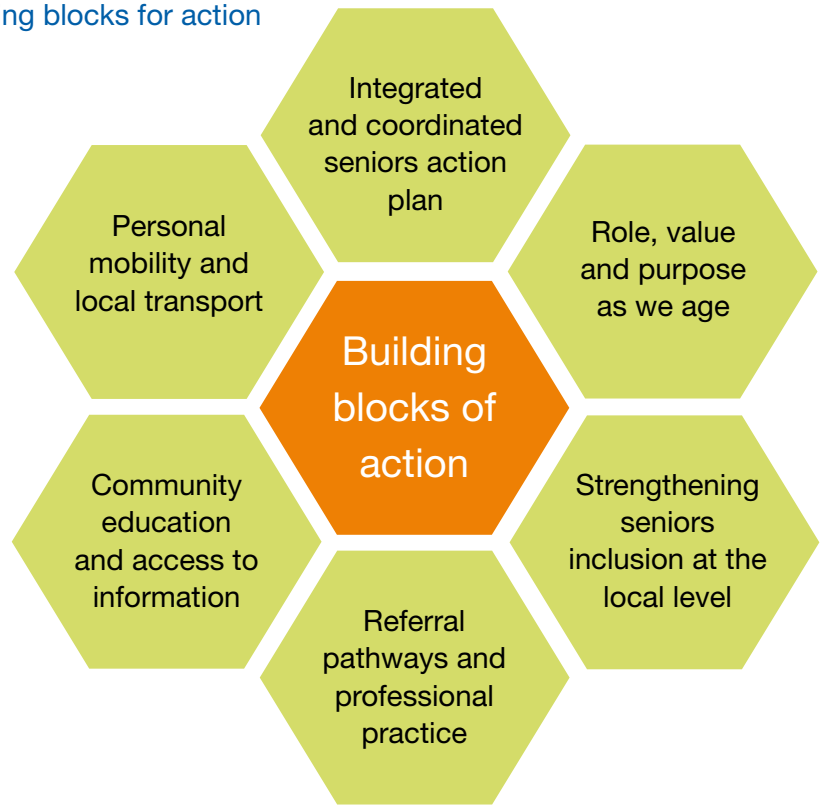
Integrated and coordinated action in all six building block areas will enable a focus on the needs of vulnerable older people within a broader context, based on supporting older people in their homes and communities.

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



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.

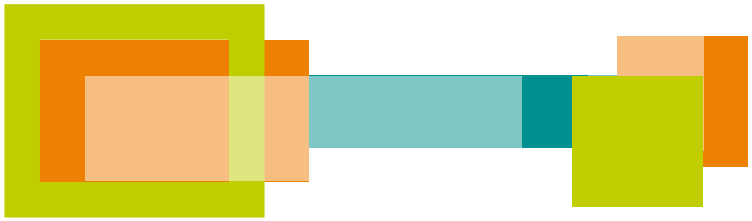
In framing responses to isolation and loneliness, it is important to recognise the enormous diversity of life experiences, skills and capacities among those over 60 years of age. While many people retain high levels of capacity until a late age, for others their wellbeing and capacity may deteriorate 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, neighbourhood 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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