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**DEPARTMENT OF DISABILITY, HOUSING AND  
COMMUNITY SERVICES**

**COMPARATIVE SOCIAL ISOLATION  
AMONGST OLDER PEOPLE IN THE ACT**

**FINAL REPORT**

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**CULTURAL & INDIGENOUS RESEARCH  
CENTRE AUSTRALIA**

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# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY.....</b>	<b>1</b>
AIM OF RESEARCH .....	1
METHODOLOGY .....	1
FINDINGS AND STRATEGIC IMPLICATIONS.....	1
RESEARCH OUTPUT .....	4
<b>1. INTRODUCTION .....</b>	<b>5</b>
<b>2. METHODOLOGY .....</b>	<b>6</b>
2.1 POPULATION ANALYSIS.....	6
2.2 LITERATURE REVIEW.....	6
2.3 STAKEHOLDER CONSULTATION .....	7
2.4 CONSULTATION WITH OLDER AUSTRALIANS.....	8
2.5 BRINGING IT TOGETHER .....	9
<b>3. DEMOGRAPHIC OVERVIEW.....</b>	<b>10</b>
3.1 POPULATION DATA OVERVIEW .....	10
3.2 POPULATION CONCENTRATIONS – AGED FOCUS .....	11
3.3 SUBURB-BASED OVERVIEW .....	11
<b>4. LITERATURE REVIEW – SOCIAL ISOLATION IN THE AGEING POPULATION .....</b>	<b>14</b>
4.1 INTRODUCTION.....	14
4.2 PROTECTIVE FACTORS .....	16
4.3 RISK FACTORS FOR SOCIAL ISOLATION.....	17
4.4 DIVERSE POPULATIONS .....	21
4.5 INTERVENTIONS TO ADDRESS SOCIAL ISOLATION .....	22
4.6 STRATEGIC IMPLICATIONS .....	27
<b>5. RESEARCH FINDINGS.....</b>	<b>28</b>
5.1 RISK FACTORS AND KEY LIFE CHANGES .....	28
5.2 OLDER PEOPLE FROM INDIGENOUS BACKGROUNDS .....	35
5.3 OLDER PEOPLE FROM CALD BACKGROUNDS .....	37
5.4 INTERVENTIONS TO ADDRESS SOCIAL ISOLATION .....	41
5.5 QUALITIES OF SOCIALLY CONNECTED COMMUNITIES.....	45
<b>6. PATHWAYS: A STRATEGIC FRAMEWORK .....</b>	<b>51</b>
<b>APPENDIX 1: POPULATION ANALYSIS BY CENSUS DEMOGRAPHICS</b>	
<b>APPENDIX 2: LITERATURE REVIEW REFERENCES</b>	

## EXECUTIVE SUMMARY

### AIM OF RESEARCH

The Cultural and Indigenous Research Centre were commissioned by the ACT Department of Disability, Housing and Community Services to identify and explore key issues relating to social isolation among older people in the ACT generally, and also with specific reference to Culturally and Linguistically Diverse (CALD) and Indigenous older people. The aim of the research was to provide strategic direction in relation to decreasing social isolation among the ACT's ageing population.

### METHODOLOGY

The research employed the following four main methods:

- Analysis of census data to provide a demographic snapshot of the ACT's older population.
- A review of both local and international literature on issues relating to social isolation among older people.
- Consultations with more than 50 stakeholders representing a range of organisations via a Social Integration Seminar convened by the ACT Ministerial Advisory Council on Ageing.
- Consultations and interviews with 33 older community members in the ACT, from the general community and from CALD and Indigenous backgrounds.

A phased research approach was used so that the findings from the literature review formed the focus of the seminar discussion topics for the stakeholder consultations. These consultations then gave rise to the key issues that were explored with community members in the community consultations.

### FINDINGS AND STRATEGIC IMPLICATIONS

The research revealed that the older population is not homogenous, but has diverse characteristics and needs. As such, tailored strategies and interventions are required for specific population groups, as well as at risk groups including those from low socioeconomic backgrounds, CALD and Indigenous groups and those who are geographically isolated. The variation of size and characteristics of ageing populations across the different ACT suburbs identified by the demographic analysis of the ACT's ageing population suggests that responses also need to be locally focused.

In addition, demographic data shows there are a significant number of older people in the ACT who are living alone and who require care, characteristics which the literature identifies as risk factors for

social isolation. As such, these groups require particular attention in strategies relating to social isolation.

The demographic data revealed that there is a significant proportion of people aged 65+ from CALD backgrounds and a comparatively small number of Indigenous older people in the ACT. While a small target group, the disadvantaged status of Indigenous people in the wider community indicates that particular attention needs to be given to the needs of older people from Indigenous backgrounds, especially in specific life circumstances such as diminishing health, having carer responsibilities and losing a partner (as identified in consultations with community members). Also emerging strongly from these consultations with Indigenous older people was the need for service interventions that accommodate Indigenous cultural considerations in design, staffing and delivery. While older people from CALD backgrounds replicate the need factors of the wider community, they experience particular disadvantage where they have limited English language capacity (as identified in the research). This factor needs to be considered when developing strategies addressing social isolation. As well as language, cultural barriers that need to be overcome by intervention strategies to accommodate cultural sensitivities.

The research revealed that there are a number of key life stages experienced in the ageing trajectory including pre retirement, retirement, relocation, loss of partner, diminishing health and institutionalisation. These life stages are associated with a series of risk and protective factors which can impact on one's social connectedness. Risk factors include but are not limited to:

- a lack of social interaction
- poor health/disability
- diminished economic capacity
- loss of status/purpose
- inward personality type
- being a carer
- lack of suitable housing
- loss of social networks
- lack of close family
- lack of local knowledge
- lack of access to transport
- gender factors
- lack of English proficiency
- living alone and poor mental health.

The research suggested that along with these risk factors there are a range of factors which can protect older people from becoming socially isolated. Protective factors include but are not limited to:

- strong social relationships/ connections/ networks
- good health
- good information accessing skills
- access to transport
- outgoing personality
- being a carer for grandchildren
- strong family connections
- access to suitable housing
- access to age cohort
- access to information about relevant services
- access to culturally and linguistically appropriate services and care.

The literature identified having strong social relationships in the form of strong family and social connections as the key factor in mitigating many of the risk factors associated with later life. The literature shows that social relationships and social participation need to be in place early. As such, strategies should foster people's cultural, civic and social interaction in the early stage of the ageing trajectory.

Emerging strongly from the consultations with stakeholders and community members is the need for opportunities to participate in the cultural, civic and social areas of society, giving people a variety of meaningful roles that value and honour people's skills. Addressing negative community perceptions towards ageing and providing a range of formal and informal options for social interaction and participation were felt to promote feelings of self-worth, pride and real belonging in the community.

The literature shows that the elderly in the later stages of ageing, (for example those with deteriorating health), are the most vulnerable to social isolation, and therefore the focus of interventions for these target groups must be on facilitating access to higher level interventions within the formal service structure as appropriate to their needs. For example, through multiple transport options, information and services that reach out in order to service people where they are rather than relying on individual capacity to access services. This would also serve to facilitate independence and ageing in the home. For CALD groups, it is in these later stages of ageing that the need for culturally and linguistically appropriate services and care is more acutely felt.

Consultations with stakeholders and community members revealed a strong message relating to the need for person-centred or personalised services that are flexible enough to meet the needs of individual older people. They also indicated that services need to be accessible and targeted in order to meet the needs of particularly disadvantaged or at risk groups. Culturally appropriate services that take into consideration Indigenous and CALD cultural considerations in their design, staffing and delivery were also felt to be necessary.

A further issue that emerged strongly from the consultations with stakeholders and community members was the need for multiple transport options. It was clear that a lack of options was contributing to the social isolation of many community members due to difficulties in maintaining social connections and accessing services. The literature points to the benefit of social policies that encourage social inclusion through better built environments with age appropriate transport and infrastructure acting as protective factors against later life social isolation.

## **RESEARCH OUTPUT**

The findings and strategic implications developed from the research were used to develop a specific planning tool. The planning tool, 'Pathways: A Strategic Framework' can be used by the ACT government to plan services and interventions designed to combat social isolation among the older population and foster a socially connected community. The framework targets the key life stages identified in the research and the risk and protective factors associated with each stage. It provides the strategic direction that could be taken at each key life stage and identifies a number of formal and informal interventions for consideration. A detailed diagram of the framework can be found on page 53 of the report.

## 1. INTRODUCTION

The Cultural and Indigenous Research Centre were commissioned to provide direction to the ACT Department of Disability, Housing and Community Services on key issues and strategies relating to decreasing social isolation amongst the ACT's ageing population.

The objectives of the research were to:

- Identify issues relating to social isolation amongst older people in the ACT generally, and also with specific reference to CALD and Indigenous target groups;
- Determine the relative degree of social isolation amongst older people in the ACT generally and the target groups; and
- Explore key issues and develop best practice models and innovative strategies for promoting social inclusion, noting any differences between older people in the ACT generally and older people in the target groups.

The research documented in this report draws on four main sources of information: a demographic analysis of the ACT's ageing population; local and international literature on issues relating to social isolation amongst older people; the views of stakeholders in the ACT; and the views and experiences of older community members.

It should be noted that qualitative research is designed to explore ideas and perceptions and generate hypotheses. This research was not intended to provide a precise and definitive index of the ACT's aged population and their levels of social isolation, but rather to identify issues faced by older people that contribute to social isolation. The qualitative analysis in this report is based on information sourced in consultation with 50 stakeholders and 33 community members and has given us useful information on community attitudes and ideas for the way forward. The analysis of stakeholder and community member views is strengthened by an analysis of the literature and demographic data.

Along with this research report, the outcome from this research is a series of strategic implications which have been used to construct a strategic framework for consideration by the ACT government in addressing social isolation among its older population to be found on page 53 of this report. More specific recommendations and the identification of priority activities should be the result of deliberations and responses by the Ministerial Advisory Council on Ageing and the ACT government based on resource and jurisdiction considerations and interrelation to other programs.

## 2. METHODOLOGY

The research drew on four sources of information including a population analysis using census data, a review of local and international literature on the topic of social isolation amongst older people, the views of stakeholders and the views and experiences of older community members themselves. This section outlines the methodological approach used to collect information from each of these sources.

Given the impact that ethnicity and Indigenous status has on community, we sought to identify issues relating to social isolation amongst CALD and Indigenous older people in the ACT, exploring specific risk factors relating to these groups and also identifying protective factors specific to these communities.

### 2.1 POPULATION ANALYSIS

In order to inform the research on social isolation amongst older people in the ACT, a demographic analysis of the ageing population was conducted using Australian Bureau of Statistics 2006 Census data as reported in section three of the report. A more detailed report of findings is attached as Appendix one of this report. The data was used to map the concentration of the retiree-age Australian population in the ACT by suburb with particular focus on:

- age;
- percentage of total population;
- suburb of residence;
- cultural background;
- Indigenous status;
- income levels;
- people living alone;
- people requiring care;
- and gender.

### 2.2 LITERATURE REVIEW

The research required a search of existing literature including both Australian and overseas sources in order to identify general data on:

- the key risks that can lead to social isolation;
- the barriers to social participation;
- relevance of social isolation amongst target groups, older people generally, and CALD and Indigenous older people; and



- interventions that have been identified as effective for reducing social isolation and building levels of individual participation and connectedness amongst older people.

The literature review can be found in section four of this report.

## **2.3 STAKEHOLDER CONSULTATION**

Stakeholders input was of key importance to the research and was gained through a Social Integration Seminar convened by the ACT Ministerial Advisory Council on Ageing in partnership with the National Seniors Association, supported by the ACT Department of Disability, Housing and Community Services (DHCS) through the Office for Ageing, sponsored by the ACT Community Inclusion Board and facilitated by the Cultural and Indigenous Research Centre Australia (CIRCA). The seminar was held 22 July 2008 in Canberra. More than 50 stakeholders participated, representing a range of organisations and services, including:

- Peak bodies: e.g. National Seniors Australia; Council on Ageing (ACT); and the Health Care Consumers Association of the ACT;
- Community Services and NGOs: Northside and Southside Community Services; Gungahlin Regional Community Service; Communities@Work; Woden Community Service; YWCA; YMCA; Volunteering ACT; Supportlink; Carers ACT; Red Cross; Returned Services League; St John's Care; Alzheimers Association; Woden Senior Citizens' Association; Bowls ACT; Older Women's Network; and Illawarra Retirement Trust;
- Ethno-specific services: Migrant Resource Centre; Philippine Australian Senior Citizens' Organisation of Canberra; Indian Senior Citizens' ACT Association; and the ACT Chinese Australian Association;
- Government: DHCS; Human Rights Commission; ACT Health; and the Office of the Public Advocate;
- Academic bodies: ANU Ageing Research Unit; and
- Several individuals unaffiliated with any organisation.

The discussion topics covered during the seminar were based on the findings of the literature review and focused on five key themes:

- Risk factors for social isolation;
- Increasing the role of organisations;
- Indigenous older people;
- Older people from culturally and linguistically diverse (CALD) backgrounds; and
- The qualities of a socially connected community.

Much of the discussion at the Seminar centred on the current service environment, needs and barriers faced by older people in relation to social participation, and lessons of this experience for future service delivery and government priorities. The above discussions and themes set the structure for the 'Research Findings' section of this report (section 5).

## **2.4 CONSULTATION WITH OLDER AUSTRALIANS**

The views of older community members were captured through depth interviews and an online survey. The 'one on one' nature of depth interviews provided the opportunity for a thorough examination of the perceptions, needs and experiences of older community members. Interviews explored community members' levels of social connectedness and social isolation and any barriers they faced to participation. They also explored the extent to which the current services and programs met the needs of older people in the ACT and gauged perceptions of several program ideas implemented in other states and countries such as Homeshare, Adopt a Granny, Gatekeeper programs, support groups and internet networks.

Interviews were conducted as follows:

- |                                  |              |
|----------------------------------|--------------|
| • General community              | 7 interviews |
| • Indigenous men over 50 years   | 4 interviews |
| • Indigenous women over 50 years | 4 interviews |
| • CALD men over 60 years         | 5 interviews |
| • CALD women over 60 years       | 4 interviews |

Participants represented a range of living circumstances. For example, some lived alone, others with a partner or family member, and others lived in aged care facilities or retirement villages. Participants also had a diverse range of financial circumstances, with some receiving the pension and others being self funded retirees. Several were still in the workforce, several volunteered their time and others were caring for family members. There was also a mix of frail and 'active' seniors and some were still driving while others had no access to a car. Some were accessing government and community services such as HACC and others were not. There was also a mix of people who had lived most of their lives in the ACT and those who had relocated to the ACT more recently to be closer to family. Importantly, there were participants who were satisfied with their level of social connectedness and participation as well as participants who were not.

Participants were recruited via local service providers (mainstream and ethnic specific) and community networks. The 'snowballing' technique was also used to identify people who were more isolated. Interviews with CALD older people were conducted by bilingual researchers in the participants first language. The interviews with Indigenous older people were conducted by an Indigenous researcher.

While the report dedicates two separate sections relating to specific issues facing CALD and Indigenous older people, responses are also included throughout the rest of the report due to the fact that they face many of the same issues as the wider population of older Australians.

The online survey was administered through the Department's website and was a publicly accessible survey to which community members could respond. The survey was intended to complement the interviews. Nine people responded, possibly reflecting low levels of internet usage amongst older people.

## **2.5 BRINGING IT TOGETHER**

The research was developed in integrated stages with the findings from the literature review forming the focus of the seminar discussion topics for the stakeholder consultations. These consultations then gave rise to the key issues that were explored with community members in the community consultations.

The collective data from all stages of the research was then analysed using the following processes:

1. Revision of data/ immersion involving all researchers involved in the project,
2. Analysis of demographic data and implications for research findings,
3. Categorisation and linking of data. All researchers individually analysed the data in terms of categorising, linking data and developing hypotheses utilising the evaluation objectives as a framework,
4. Workshopping of research themes involving all researchers in the project team to develop key research themes,
5. Documentation of the research findings as managed by a single member of the project team,
6. Development of strategic implications by project team.

The findings and strategic implications developed from the research were used to develop a specific planning tool in the form of a strategic framework for consideration by the ACT government in their planning for services and interventions to address social isolation amongst older people in the ACT. This can be found on page 53 of the report.

### 3. DEMOGRAPHIC OVERVIEW

The demographic data generated for this research provides a snapshot for the consideration of this research including the key demographic characteristics of the ageing population of the ACT. It was not intended to be used as a planning tool with future projections of ageing and its implications for policy directions. For this aim, more work would need to be undertaken using flow data.

#### 3.1 POPULATION DATA OVERVIEW

The demographic analysis undertaken for this report focused on the ACT's 65+ population, in particular, the number of CALD and Indigenous older persons, the number of persons requiring care and the number of persons living alone. Data was taken from the Australian Bureau of Statistics 2006 Census. A detailed report of findings is attached as Appendix 1 of this report. The broad level assessment is as follows:

- Population of ACT is about 325,000;
- People over 65 constitute 10 % of ACT population;
- Indigenous persons constitute about 1.2 % of ACT population;
- Indigenous persons over 50 constitute around 350 people in ACT;
- CALD persons constitute about 15 % of ACT population and up to 18% in some suburbs;
- By imputation, CALD people over 65 constitute just under 5,000 people;
- People requiring care constitute around 8% of 55+ year age group, 2% of wider population.

**Table 1. Summary table of target demographic for ACT**

Population Group	Number of persons	% Total population	% Older population
Total population	324,000	100%	N/A
Population 65+	31,600	9.8%	100%
CALD	47,000	14.5%	N/A
CALD 65+ (imputed)	4,600	1.4%	14.6%
Indigenous population	3,900	1.2%	N/A
Indigenous 50+	350	0.1%	1.1%
Requiring care, 55+	6,400	2%	20.3%
Living alone 65+	7,532	2.3%	23.8%

From this table the following key points need to be noted: ten percent of the ACT's population is over 65, with one in seven older people from Culturally and Linguistically diverse backgrounds (CALD); and one in a hundred older people are Indigenous. One in five older people in the ACT require care; and one in four older people in the ACT live alone.

## 3.2 POPULATION CONCENTRATIONS – AGED FOCUS

Measuring the aged population as a whole provides some insight into the broad target demographic of older people and the risk of social isolation.

The population over 65 constitutes around 10 % of the total ACT population. This proportion dwindles rapidly at the older age group. As this occurs at a faster rate than most other states, one explanation could be that much of this population moves to NSW or coastal regions upon retirement. The issue of older people moving away from the ACT has implications for the social networks they are connected to.

Gender overview

- Women outnumber men in older age groups, especially at very old age.
- Differences in mortality are the primary determinant of differences in male and female population size for older age groups, including general population, Indigenous and CALD.
- By age 80, women outnumber men by 50%. By age 90 there are two women for every man in the ACT.

**Table 2. Aged population proportion in ACT**

Age Group	Men	Women	Persons	% of total p.	Extra Women
Sum of Aged 60-64	6,938	7,021	13,959	4%	1%
Sum of Aged 65-69	4,724	5,077	9,801	3%	7%
Sum of Aged 70-74	3,529	3,921	7,450	2%	11%
Sum of Aged 75-79	2,799	3,311	6,110	2%	18%
Sum of Aged 80-84	1,909	2,878	4,787	1%	51%
Sum of Aged 85-89	851	1,491	2,342	1%	75%
Sum of Aged 90-94	260	663	923	0%	155%
Sum of Aged 95-99	50	139	189	0%	178%
Total over 65	14,122	17,480	31,602	10%	24%
% of total population	4.4%	5.4%	10%		

## 3.3 SUBURB-BASED OVERVIEW

- The highest concentration of the older population occurs in the suburb of Kambah. High 65+ numbers occur in this suburb (1100) as well as in Curtin and Narrabundah. This coincides with the generally high overall populations in these suburbs.
- Kambah is also the suburb with the highest Indigenous population.

- High numbers of +50 year old Indigenous persons are found in Kambah and concentrated in several other suburbs: Wanniasa, Charnwood and Ainslie.
- CALD persons are concentrated in several suburbs including Ngunnawal (1600 or 18%). In Palmerston CALD persons represent almost one-third of total suburb population (1500).
- Lone person households are concentrated in Kambah in 65-74 age group, but not in age above 85.
- Suburbs where persons over 65 requiring care are concentrated, include Narrabundah (18% of population)
- Indigenous population movement follows a typical urbanisation pattern. The population of Indigenous people has moved closer to outlying urban centres between 1996 and 2006 Census. A higher concentration has occurred in Queanbeyan, with the assumption that this includes some moves from ACT.

**Table 3. 65+ Population by suburb top 10**

<b>Suburb</b>	<b>Males over 65</b>	<b>Females over 65</b>	<b>Persons over 65</b>
Kambah	502	599	1,101
Curtin	391	523	914
Narrabundah	347	560	907
Ainslie	297	400	697
Lyneham	268	399	667
Kaleen	298	336	634
O'Connor	266	367	633
Wanniasa	300	327	627
Farrer	249	318	567
Garran	245	271	516
<b>Total top 10</b>	<b>3,163</b>	<b>4,100</b>	<b>7,263</b>

In the ACT, the highest growth of aged persons has occurred in Kambah and in the north, in Ngunnawal. In addition, a large increase of people 65+ is evident in Queanbeyan. It is not clear whether this is due to migration from ACT or other parts of NSW or aging in place.

### **Strategic Implications**

1. The lower proportion of people aged 65+ compared to other significant populations can have the effect of lowering the priority attributed to ageing issues. Therefore there is a commensurate need for a proactive approach to address the social isolation issues for this age group.

2. There is a significant proportion of people aged 65+ from CALD backgrounds which needs to influence the nature and type of services developed and provided to this group.
3. The proportion of Indigenous people aged 65+ is comparatively small and needs to be given particular attention.
4. The research analysis and strategic framework development needs to give particular attention to the needs of older people living alone and those requiring care as these populations are both large and significant.
5. The increasing proportion of women in the older age groups requires any strategic framework to give particular attention to their needs and capacities with regard to social isolation.
6. The different profile of older people by suburb requires the strategic framework to consider the importance of local responses to social isolation.

## 4. LITERATURE REVIEW – SOCIAL ISOLATION IN THE AGEING POPULATION

### 4.1 INTRODUCTION

This literature review explores a selection of existing Australian and overseas publications to provide a framework to inform the ACT Government of the key issues relevant to social isolation in the ageing population. It also explores strategic directions for the development of interventions designed to reduce isolation, foster a greater level of participation, and greater social connectedness in the ageing population. An analysis of the literature was conducted to identify current thinking in this area with regard to the following key questions:

- What are the key risks that can lead to social isolation with consideration to individual skills and capacity, opportunity, and issues related to mobility?
- What are the key life changes posing as risk factors for social isolation?
- What are the barriers to social participation?
- What are the interventions that have been identified as effective for reducing social isolation, and building levels of individual participation and connectedness?

Literature relating to social isolation amongst older people was searched, followed by a further literature search for articles relating to the relationship between social capital and social isolation in the elderly as this had emerged as a significant issue in the literature.

#### 4.1.1 *Defining Social Isolation*

Social supports and networks are fundamental to overall quality of life but many older people experience a significant degree of social isolation. It is likely that 10% of people aged 65+ are socially isolated and a further 12% are at risk of social isolation (Findlay and Cartwright 2002). Social Isolation encompasses both social and emotional isolation (Findlay and Cartwright 2002), and is contributed to by individual, social, community and environmental factors (The State of Queensland, Department of Communities). Social isolation can be defined as “...having 2 components; a low level of interaction with others combined with the experience of loneliness” (Findlay & Cartwright 2002, Gardener et al. 1999).

Many authors divide the older population into two distinct chronologically based groups being those aged between 60-80 years who are considered the ‘young old’, and those over 80 years considered the ‘old old’. However, when considering risk factors and intervention strategies, it may be more useful to define elderly populations in terms of *level of dependence on care* rather than chronological age. Mackinlay in Lamb replaced chronological age with the concept of a 3<sup>rd</sup> and 4<sup>th</sup> age such that



*“...if the third age is defined as being older and still remaining independent ... then the fourth age is the age of frailty, dependency and being in need of care” (2008, p.11).* It is this second group or the ‘4<sup>th</sup> age’ which is the most vulnerable to social isolation.

Risk factors for social isolation are very complex, multi-layered and interplay with each other as well as having a circular and cumulative effect (Findlay & Cartwright 2002, Naughtin 2008). For example, poor health may lead to the loss of one’s drivers’ license, which may lead to a loss of transportation. Loss of transportation is itself a risk factor for, and may lead to social isolation, which in turn may lead to depression, often deepening the level of social isolation.

The older population is not a homogeneous group but has diverse characteristics, needs and demands based on individual characteristics and circumstances even if they are from similar cultural backgrounds. The literature identifies general needs and risks relating to social isolation which impact across the ageing population and identifies further layers of needs and risks relating to specific older population groups.

#### **4.1.2 Intervening Against Social Isolation**

Different strategies and interventions are required for different elderly populations and sub-populations to address their needs and reduce the risk of social isolation. For example the ‘young old’ and the ‘old-old’ populations, or the 3<sup>rd</sup> and 4<sup>th</sup> ages, and those living in the community setting as opposed to residential settings, have different needs and are subject to a range of risk factors which require various interventions (Bartlett 2006, Sinclair et al. 2007). There are however some standard services that are required across the ageing population. These include for example, age appropriate housing, access to appropriate transportation, health services and assistance with the provision of an adequate diet.

The literature supports the notion that older adults who remain socially active are happier and healthier than those who do not, and conversely, the elderly who are happier and healthier continue to engage in social activities reducing the risk of social isolation. As such, the concept of ‘Active Ageing’ where seniors and the elderly remain actively engaged in the community is the starting point for policy development in many countries. However, the conceptual and operational definitions of what is commonly termed ‘Active Ageing’ are interpreted differently amongst those countries (Hutchinson et al. 2006).

Whilst many countries have implemented policy frameworks for addressing the needs of their ageing populations, there is little data on the outcomes of specific policies, strategies and interventions addressing social isolation. Where program evaluations have been conducted, they have typically

been conducted for short term projects with specific goals. The lack of evaluative literature is partly due to the difficulty of evaluating the success of strategies for reducing social isolation, and partly due to a lack of emphasis on the evaluative process (Findlay & Cartwright, 2002).

## 4.2 PROTECTIVE FACTORS

### 4.2.1 Social Networks

The importance of social supports in preventing social isolation, and its importance for the elderly in particular, is widely discussed and acknowledged in the literature (Schmidt-Luggin et al., 1995; Cromwell, B. et al., 2008; Thompson, M.G. et. al, 1990; Naughtin, 2008). Social supports are commonly discussed in terms of *social networks* and the level of 'embeddedness' in these networks. Social networks include community based social networks, as well as kinship and friendship networks.

The importance of social networks as a key determinant of social integration and the notion of network embeddedness as a protective factor for preventing social isolation is also recognised in the literature (Naughtin, 2008; Sykorova, 2008). Other dimensions of social networks discussed include 'quality' and 'quantity' of contact with such networks, as well as 'network density' being the degree to which members in a network know each other (Thompson & Heller, 1990). 'Community Spirit' is also seen as a protective factor against social isolation (The State of Queensland, Department of Communities, 2005).

Social network size, closeness to social network members, and number of non-primary group ties, has been shown to typically reduce with age. However, age has also been shown to have a 'U shaped' relationship with the *volume* of contact with social network members, such that later life transitions including retirement or bereavement may lead to greater 'network connectedness' after a period of adjustment. For example, age has been shown to be positively related to some elements of network connectedness including socialising with neighbours, religious participation and volunteering (Cromwell, Lauman & Schumm, 2008).

However, personality type and life long socialisation patterns play a significant role in determining the quantity, quality and types of social networking in latter life stages (Davidson, 2004). A link has been established between levels of social embeddedness in earlier life stages and levels of embeddedness experienced in latter life (Naughtin, 2008). This emphasises the need for preventative strategies implemented in early life stages which encourage a greater level of social network embeddedness.

It is the *quality* of social support rather than the *quantity* which is most beneficial in preventing social isolation in the elderly (Baum in Lamb, 2008). An important distinction to note is that whilst a person

may not appear to be suffering from *quantitative* social isolation being volume of contact, they may still be suffering from *qualitative* social isolation because of poor quality of relationships or because of *perceived* low levels of family support, where *perceived* levels of family support is a very significant factor for psychological well-being in the elderly population (Thompson and Heller, 1990).

As protective factors, these social networks not only act as a buffer against social isolation, but also provide assistance in coping with, and adjusting to, the many life changes and challenges that occur as one ages (Schmidt-Luggin et al. 1995; Cromwell, B. et al. 2008; Thompson, M.G. et al. 1990).

#### **4.2.2 Health**

A direct relationship between health status and social isolation and vice versa in the elderly population has been clearly identified. Poor health is the most important predictor of social isolation (Gardner et al. 1998). It follows that good health is a protective factor against social isolation and loneliness. This occurs both directly through one's ability to access and participate in social activities including reciprocation, and indirectly, for example through good diet resulting in higher energy and ability to participate (Walker & Beauchene 1991, Mackinlay 2006).

### **4.3 RISK FACTORS FOR SOCIAL ISOLATION**

Whilst the risk of social isolation increases with age, this is not always the case, and levels of network connectedness may vary at different stages. Another important point raised in the literature is that some factors can pose as both a risk and a protective factor at the same time, for example, the issue of health, where good health can contribute to active and healthy ageing and poor health to low levels of social interaction leading to social isolation. At a community level, people may be faced with both risk and protective factors, for example, living in a local community with strong social networks but poor ageing services (The State of Queensland, Department of Communities, 2004)

The valued goal of independent living may in-itself pose a significant risk for social isolation for the elderly population, and particularly for those elderly that are physically impaired. For this group the direct cost of independent living may be social isolation (Thompson & Heller, 1990). For example, a long term study in the United Kingdom of homecare clients found that the most commonly identified unmet needs of this population group was assistance to get in and out of the house (Sinclair, Swan and Pearson, 2007).

Poor health is related to increased levels of social isolation. Whilst social isolation occurs in all populations, the literature identifies a relationship between being older, frail or in poor health, being in

need of care, and the increased risk of social isolation and loneliness (Mackinlay in Lamb, 2008; Thompson & Heller, 1990).

The converse is also true, where increased levels of social isolation lead to poorer health outcomes. Those who are considered to be extremely socially isolated are shown to have much higher levels of mortality than those experiencing lower levels of social isolation (La Veist, Sellers, Elliot Brown, Nickerson, 1997). For example, in a sample of elderly chronically ill home-care clients in the United Kingdom, those with better social networks were found to be more likely to successfully remain in the community setting than those with poorer social networks (Schmidt-Luggen and Rini, 1995). In another study, underemployed participants in the oldest age group were found to be seven times more likely to experience suicidal thoughts than those working full time (ANU, College of Medicine and Health Sciences, 2005).

Whilst low levels of social or network connectedness does not always result in lower levels of well-being (Thompson & Heller, 2008; Schmidt-Lugen & Rini 1995), a common finding is that *qualitatively isolated* elderly people have poorer psychological well-being and functional health than do the non-isolated and “... regardless of perceptions, a minimal level of companionship and social activity are key elements in maintaining a sense of well-being” (Thompson and Heller 1990 p.541-542).

The elderly undergo significant and ongoing life changes requiring continual adjustments. Specific support during these transition stages is especially important in addition to any general practical support provided during later life ageing.

A non-exhaustive list of risk factors relating to social isolation in the elderly as identified in the literature is detailed below. It must be noted that many of the factors listed under individual skills and capacity could also be considered factors relating to one's opportunity and vice versa. For example, socio economic status is related to one's opportunity in life and also effects one's individual skills and capacity.

#### **4.3.1 Individual Skills and Capacity**

- Poor physical health is identified as the most important predictor of social isolation.
- Sensory impairment especially hearing and sight impairment impacts on ability to communicate and self esteem.
- Poor mental health or mental illness, especially depression and cognitive challenges.
- Loss of energy either through age related health issues or due to poor dietary intake resulting in social disengagement.

- Emotional or psychological loss including relationships particularly bereavement, and social networks.
- Physical loss including health and function as above and transport options.
- Culturally and Linguistically diverse or Indigenous/South Sea Islander background are most at risk because of multidimensional needs and risk factors.
- Fear and feeling vulnerable especially for elderly women whose fear may not be justified by reality.
- Marital status where being without a partner either through divorce, bereavement or never partnered often leads to lower levels of social network embeddedness.
- Childlessness where the role of child as parental carer is forgone. However the primary role of assisting with ageing parents is sometimes taken on by other members of the existing family, most commonly a niece. The role of grandparenting is also a protective factor which is often forgone for this group.
- Literacy, where lower levels of literacy reduce a person's access to information and services.
- Financial literacy, (the ANZ 2008 Survey of Adult Financial Literacy in Australia found that people aged 70+ had the lowest financial literacy of all age groups. This was even more pronounced for women aged 70+).
- Personality type where low self esteem or having functioned as a 'loner' in earlier life stages results in poorer social network embeddedness.
- Living alone.
- Age where the 'old old' or those in the 4th age with high levels of dependency and care needs are most prone to social isolation.
- Low levels of social network embeddedness for which there can be numerous causes.
- Poor self regard as a result of reduced status and worth both by the individual and by society.
- Health damaging behaviours including increased alcohol use and decreased physical activity.
- Elder Abuse victims.
- Disability.
- Mental health.

#### **4.3.2 Opportunity**

- Low Socio-economic status where economic self-sufficiency is a key determinant of ability to access social activities, as well as many health and age related services, those of low socio-economic status are most at risk of social isolation.
- Being a carer where caring responsibilities reduce one's ability to socialise.
- Communication difficulties either because of language barriers, cognitive or sensory impairment, or mental health issues.
- Awareness of as well as access to services.

- Loss of roles either by mutual withdrawal or because roles no longer exist.
- Location of residence where those living in rural or remote areas or on the edge of cities are most at risk.
- Place of residence where those living in institutions, homeless or transient, or living in hostels or caravan parks are at higher risk as well as those in the 4th age with high care and dependency levels living independently in the community and those living in rental accommodation.
- Community attitudes resulting in reduced status and worth because society values autonomy and the ability to produce.
- Access to aged care services – relates to services available as well as an individual's ability to access those services.
- Access to information which relates to the information available as well as an individual's ability to access that information.
- Characteristics of the environment which includes both the physical and the built environment which may not be 'age friendly.'
- Telephone access.
- Gender where males are generally at higher risk of social isolation because of lower levels of 'social network embeddedness' than women and where women are reliant on male partners for transport and language in the case of CALD population.
- Housing status
- Location (vicinity to shops and transport)

#### **4.3.3 Mobility**

- Transport difficulties including a lack of age appropriate and flexible transport options.
- Local planning including the availability of age friendly physical infrastructure, for example good footpaths and appropriate housing options.
- Physical assistance, for example assistance to physically leave the home.

#### **4.3.4 Key Life Changes Relevant to Social Isolation**

- Retirement where an individual may lose their role, sense of worth and status in the community as well as their social network.
- Loss of a partner or other significant bereavement.
- Loss of health, sudden disability or suffering a series of falls.
- Loss of drivers license (or other means of usual travel).
- Being a victim of crime increasing fear and lessening the likelihood of engagement with the community.
- Relocation of either the older person, or a partner, family or community members.

- Institutionalisation resulting in loss of a sense of autonomy and loss of access to one's local community and other social networks.

(Findlay, R. & Cartwright, C. 2002; Bartlett, Rao, Warburton, 2006; Lamb, 2008; Barnett et al., 2007; Davidson, 2004); The State of Queensland, Department of Communities, 2005; Le Jeune et al., 2003; Naughtin, 2008; Sinclair et al., 2007; Sykorova, 2008)

## **4.4 DIVERSE POPULATIONS**

### **4.4.1 *Culturally and Linguistically Diverse Population***

Australia has one of the most ethnically diverse populations in the world and it is estimated that almost a quarter of the ageing population in Australia will be from CALD backgrounds in the next decade. The CALD population is a very diverse group making it very difficult to generalize needs, identify risk factors, policies or appropriate service provision. The risk factors contributing to social isolation for this population are multi-dimensional and complex. Adding to the difficulties of developing policy and service provision for this population group, the size and composition of the CALD population will change over time according to arrival times of mass migration groups (Bartlett et al., 2006).

A recent study focusing on ageing and cultural diversity in Queensland found that there are a myriad of specific issues affecting the physical and psycho-social well-being of older CALD populations. These issues interplay, creating additional levels of complexity of needs and risks to those already identified as relating to the ageing population as a whole (Bartlett et al., 2006)

The most important issues affecting elderly CALD populations were identified as:

- Cultural and language barriers causing communication difficulties as some revert to their native languages as they age; lack of cultural awareness by aged and health care workers, for example, residential care facilities providing non-culturally appropriate food, and loss of cultural identity.
- Migration circumstances, for example whether the migrant came to Australia as part of a family group or alone, whether there was mass migration and/or follow-on migration of the specific CALD group, and reason for migrating.
- Age at time of migration with those who were older at the time of migration being more susceptible to social isolation.
- Gender, with men more likely to be isolated than women but where defined gender roles may restrict social participation for both genders.
- Geographic location impacting on the availability of culturally appropriate services.

- Culturally sensitive and age-friendly infrastructure including housing, transport and infrastructure facilities.
- Racism such that 'ghettoised' communities which have now aged are left socially isolated.
- Intergenerational differences and conflicts where children or other family members do not play out their traditional roles.
- A sense of dislocation from Australian mainstream culture, homelands, and lack of connection with one's ancestors and cultural history.

(Bartlett et al., 2006; Blakemore, 1999; The State of Queensland, Department of Health in Bartlett et al., 2006; Williams et al., 2004)

#### **4.4.2 Elderly Indigenous Populations**

There is scarce literature available on Indigenous older people and their experiences of social isolation. Many of the additional issues and risk factors faced by this elderly subpopulation are similar to those listed above for the CALD communities, including: a sense of dislocation, intergenerational differences, loss of cultural identity, defined gender roles, and a lack of cultural sensitivity from service providers. However, a specific risk factor relating to this population is poor health status, where this group has been disadvantaged throughout the life cycle on a wide range of health and welfare measures often resulting in poorer health outcomes at a younger age, leading to higher levels of dependence.

(The State of Queensland, Department of Communities, 2005)

### **4.5 INTERVENTIONS TO ADDRESS SOCIAL ISOLATION**

The biggest challenge for policy makers and service providers is the diversity in the composition of the elderly population. CALD and other disadvantaged groups, including those of low socio-economic status, have particular additional layers of complexity in relation to needs and risk factors. Policy and planning for service provision must take this heterogeneity into account (Bartlett et al., 2006).

Preventative strategies which emphasise interventions designed to build social network connections early in the life course act as a protective factor against social isolation. This is particularly pertinent for those population groups which are identified in earlier life stages as experiencing social disadvantage (World Health Organisation, 1999; Walker et al in Naughtin, 2008). Naughtin (2008) also advocates the development of social inclusion policies based around investment in social relationships and a greater focus on the development of policies relating to urban infrastructure rather than around employment (p.6).



Where social isolation already exists, a blanket approach to service provision should be avoided as interventions are most effective when based around individuals' circumstances and specific needs (The State of Queensland, Department of Communities, 2005). Programs are more likely to be successful if they focus on at-risk groups with interventions that focus on social network-oriented strategies rather than on roles and activities (Bartlett, 2006; Cromwell, Laumann & Schumm 2008).

For example interventions for those who are *quantitatively* isolated should be based around removing the constraints that limit opportunities for social interaction, and focus on strategies to encourage the formation and quality of new social networks. Conversely, interventions for those who are *qualitatively* isolated should focus on increasing the quality of relationships with existing network members and particularly family members, perhaps by providing support directly to family members (Thompson & Heller, 1990).

Person centred approaches to interventions which are designed to increase quality of social contact are likely to be the most successful in preventing social isolation (Mackinlay in Lamb, 2008). For example, the quality of social contact for a person in a residential care facility may be compromised by the location of the facility which removes the individual from the higher quality social networks of their own communities, and replaces this contact with perhaps a higher quantity but often lower quality of social contact provided by residential care workers.

Intervention type should also be based on health status and level of mobility and take into account other potential risk factors such as geographic location, cultural background, languages spoken, and personality type. For example, interventions which encourage interpersonal network connections should be implemented for those with poor health or mobility issues, whilst community based social network interventions should be implemented for those with better health and access (Cromwell, Laumann & Schumm, 2008).

Additional considerations commonly identified in the literature include: utilising a holistic approach rather than focusing on individual risk factors (a whole of person approach); implementing broader community approaches rather than selective programs only; implementing interventions as a preventative measure soon after a critical life event or early during transitions when clients are most at risk; and incorporating training and support to service providers.

At a strategic policy level, the literature indicates that interventions are more likely to be successful when a collaborative cross-governmental approach is implemented between levels of government and service providers, and when driven by a strong policy agenda (Hutchison et al., 2006; Sinclair et al., 2007). It is also argued that coalitions and partnerships in service planning and provision are ways of building social capital and are essential for developing successful and sustainable service delivery programs. (Cox in Lamb, 2008, p.19).

Naughtin (2008) advocates putting social inclusion of older Australians on the agenda of the recently formed 'Social Inclusion Board', with the goal of developing a National Social Inclusion and Older People Strategy. The aim of this strategy would be to integrate social inclusion strategies relating to older Australians with broader national social inclusion strategies (p.9).

Local government has a special role to play in effective service provision for the ageing population, for example in the provision of appropriate transport and age-friendly infrastructure including safe footpaths and accessible facilities (The State of Queensland, Department of Communities, 2004; Findlay & Cartwright, 2002; Sinclair et al., 2007). The community sector also plays an instrumental role in service provision for this group. For example, Canada has found that the emphasis on community support programs has been successful in reducing social isolation (Findlay & Cartwright, 2002). As religious affiliation and spiritual needs are shown to increase with age, religious organisations may also have a pivotal role to play in service provision (Lamb, 2008).

Policies and programs with different objectives can also have a positive impact on preventing social isolation. This would include for example, programs that are designed to improve the built environment and public transportation systems, or legislative changes relating to retirement age, tax, superannuation and social security systems, which enable more flexibility in retirement options (The State of Queensland, Department of Communities, 2004). It has also been suggested that changing social structures to provide useful roles for the elderly and therefore encourage more positive perceptions of the elderly by the wider community could act as a preventer of social isolation (Hutchison et al. 2006; Thompson & Heller 1990).

#### ***4.5.1 Programs for prevention of Social Isolation***

A wide range of specific policies and strategies for reducing social isolation have been implemented internationally with varying results. Most countries have however based their strategies on the concept of 'Active Ageing'. New Zealand is seen to be leading the way in policy development in this area and has successfully integrated its ageing policy in a multi-disciplinary, cross-portfolio framework which incorporates annual reporting and evaluation. Canada has focused on policies and strategies to keep older people in the workforce for longer. Sweden has implemented a number of policy reforms to the pension, social security and tax systems. The United Kingdom has implemented 'life long learning' programs; and the United States of America has ratified a specific 'Older Americans Act'. In Australia, each State and Territory has its own policies and strategies (Hutchison, 2006)

Despite the differences in strategies, some specific factors that have commonly been found to reduce social isolation in the elderly include: access to health and aged care services as well as recreation, tourism, leisure activities, volunteerism, and life-long learning. It has also been found that successful

strategies incorporate aspects of mentoring, include the elderly themselves in policy and service planning, have an emphasis on home-care and ageing-in-place, and incorporate a good communication strategy (Findlay & Cartwright, 2002).

The Interim Report into the 'Cross Government Project to Reduce Social Isolation of Older People' for Queensland recommends that interventions should be planned for particular communities, taking into account the full array of risk and protective factors as well as *local risk factors* for a specific community. It recommends that the process for policy and program responses should involve: community audits for local risk and preventative factors, development of local community actions plans, and implementation of these specific community action plans.

A range of programs designed to address social isolation in the elderly population identified in the international literature and regarded as successful include:

- Teleconferencing between service providers and clients as well as for groups;
- Specific targeted support and social groups;
- Specific targeted programs such as Adopt-a-Granny and Gatekeepers program where meter readers/post people identifying people at risk and referring them;
- Continuing education/life-long learning programs;
- Provision of general structural support services for example housing, transport, and age friendly infrastructure.

Variable results were found with the following types of programs:

- Computer access programs – providing training on the use of computers;
- Computer support programs – using computer technology to provide information;
- Generalised support groups;
- Other telephone interventions.

(Hutchison et al., 2006; Findlay & Cartwright, 2002)

Some additional suggestions found in the literature for programs to prevent social isolation include:

- Specific supportive, integrated healthcare networks for those released from hospital (Schmidt-Luggen & Rini 1995);
- Community-based nurses screening for social isolation using a recognized, reliable assessment tool (Schmidt-Luggen & Rini 1995);
- Services to provide high nutrient home-delivered meals, groceries and convenience foods to the elderly living independently in the community to encourage adequate nutrient intake (Walker & Beauchene 1991);

- Education programs to combat the fear of violence especially for the population of elderly women (Barnett et. Al. 2007);
- The World Health Organisation (WHO 1999) advocates the use of group housing for elderly in the 4th age in order to prevent institutionalization and reduce the risk of social isolation;
- Provision of adequate respite care for carers;
- Provision of holistic, integrated and comprehensive home care services which address meals, health, medication, companionship, home maintenance and perhaps spiritual needs;
- Increase dialogue between social gerontological and social network research;
- Increase the frequency of program evaluation/build evaluation into program structure;
- Move away from programs that focus purely on roles and activities and toward more network oriented interventions;
- Encourage a higher level of community involvement and civic engagement to develop inter-associational networks for example, volunteerism/older people assisting in schools
- Increase the number of adult day care centres and social clubs.

#### **4.5.2 Service Need and Provision in the ACT**

The ACT Ministerial Advisory Council on Ageing (MACA) conducted a seminar in 2004 focusing on the quality of life for seniors and combating social isolation, resulting in a decision to establish pilot programs to reduce the incidence of social isolation for older people. Two recommendations that flowed from the panel discussion included: (i) that the government look into the possibility of implementing a strategy for coordination of carers between groups and organisations, and (ii) a case management capability role be implemented to examine the communication needs in dementia care (ACT Ministerial Advisory Council on Ageing, 2006).

MACA later produced a Strategic Plan for 2006-2008 on Healthy and Meaningful Ageing based on the United Nations Principles for Older Persons. The plan specifically acknowledged the possible detrimental impacts of social isolation and the effect that lack of transportation has on social opportunities for the elderly. The plan lists strategies to address issues relating to the needs of the ACT ageing population under 5 Key Theme Areas including: dignity and value of older people; promoting health and wellbeing; education, employment and lifelong learning; housing, and transport. The specific objectives for these key areas are listed in Appendix 1.

The ACT government has also clearly recognised the importance of addressing the specific needs of their ageing population. To this end, the Canberra Social Plan 'Building Our Community' (Chief Minister's Department, 2004) outlines frameworks for the ACT government to address social issues which impact on the aged as well as other socially disadvantaged groups and the general population.

Central to the framework of the Canberra Social Plan are the concepts of access, inclusion, equity, and quality of life for the elderly. The ACT government has commissioned the formation of a 'Community Inclusion Board' to provide high-level advice and a 'Community Inclusion Fund' designed to fund research into identified priority areas.

The flagship commitments listed in the Canberra Social Plan and which are particularly relevant to the ageing population include: renewing community infrastructure and facilities; reforming community sector funding; and helping community network building at grass roots level. There are also a number of specific practical measures identified to assist the elderly including, for example, increasing financial concessions on payments for some utilities.

## 4.6 STRATEGIC IMPLICATIONS

### Strategic Implications

1. The literature indicated that the older population is not a homogeneous group but has significant diverse characteristics, needs and demands. Risk factors for social isolation are very complex, multi-layered, interconnected, and are cumulative in impact. Tailored strategies and interventions are required for specific population groups and communities, and interventions should take into account the additional needs of specific at-risk population groups including those from low socio-economic backgrounds, CALD and Indigenous groups and those who are geographically isolated.
2. The literature indicated that the elderly in the 4<sup>th</sup> age who are most dependent on care are the most vulnerable to social isolation (i.e. those experiencing deteriorating health and who may or may not be living in institutions) and require specific strategies and interventions. However it is the earlier life stages and especially the 3<sup>rd</sup> age where resources can be focused on preventative strategies with a specific focus on developing social network connectedness.
3. Social policies that encourage social inclusion through better built environments with age appropriate transport and infrastructure, flexible work options, and favourable tax and pension provisions, also act as protective factors against later life social isolation.
4. Policy development should consider the models utilised in other countries and particularly the New Zealand model where the concept of 'Active Ageing' is integrated into a national ageing policy in a multi-disciplinary, cross portfolio framework which incorporates regular reporting and evaluation.

## 5. RESEARCH FINDINGS

### 5.1 RISK FACTORS AND KEY LIFE CHANGES

Stakeholders and community members identified a number of risk factors and key life changes that can contribute to the social isolation of older people. While the report separates risk factors into categories, it was clear from speaking to community members that social isolation is complex and is caused and compounded when several factors interrelate. While the report lists the issues as risk factors for social isolation, it must be noted that many of these factors can also act as protective factors against social isolation. For example, while lack of mobility and lack of access to a car or transport can put people at risk of social isolation, mobility and access to transport can mitigate other risk factors and facilitate social participation. Similarly, while poor health can contribute to loneliness, good health is a protective factor against social isolation.

#### 5.1.1 *Personality and personal preferences*

Stakeholders emphasised that social isolation does not necessarily equate with loneliness, and that social connection cannot, and should not, be forced upon people. Addressing social isolation should therefore be about removing barriers to service access and information access, to allow older individuals to connect with the community in the way that they want to. Interviews with older people reinforced that some people choose not to be involved in activities as they feel it diminishes their independence. However, some people reported a lack of awareness about what is available in their communities and reported that they would like to receive information about what is available to them.

Several stakeholders and community members reported that for some “quieter” people it may be more difficult to make social connections than for others with more outgoing personalities. It was felt also that communication and social skills can be lost if they are not practiced and that some people may need encouragement to participate. Some people felt that “*as you get older it’s harder to make friends*”. Others felt that some people may be less comfortable participating in a group setting due to personality differences and factors such as low English language proficiency.

#### 5.1.2 *Deterioration of health*

There was much discussion among stakeholders about the impact that deterioration of health has on an older person’s *ability* to participate (both physical and mental) and *desire* to participate (emotional). Ill health was also thought to impact on an individual’s information gathering ability, i.e. to seek out *what* is available. Interviews with community members revealed similar stories of people who became more socially isolated due to their health deteriorating. For some this meant having to relocate to an

aged care facility, losing interest in intellectual participation due to memory loss, not being able to go and see friends, no longer being able to play sport where they did most of their socialising, not being able to access services and shops, and having to rely on others.

The effect of illness on people's desire to participate is demonstrated by one man who had recently undergone an operation.

*"My problem is, all the time I'm no good. I walk and talk a little bit and then the rest of the time I'm in bed. Nobody understands me with my sickness. It's difficult. Sometimes I get a little bit of relief and then I get weak again. And when my arthritis flares, everything bothers me and I don't like anything. I would like to have something that interests me."*

Stakeholders also raised issues of mental health such as anxiety and depression in this context. The issue of people with poor mental health choosing not to participate is a complex one. While service providers need to respect people's choices, they can play an encouraging role in assisting people to overcome isolation.

### **5.1.3 Mobility and transport**

Transport was the most widespread issue identified in consultations with community members and stakeholders also considered transport to be a significant issue impacting on older people's ability to participate. This was particularly true for people who are no longer able to drive or are reliant on public or community transport. Many older people felt that without a car, it was very difficult to maintain social connections and access services. The difficulties with public transport identified were: a lack of ability to physically get on and off buses; distances to the nearest bus stop being too great; transport costs; lack of advertised bus schedules and routes; lack of regular or reliable transport options; lengthy waits for connections; fear for safety when waiting for connections especially at night; and, lack of familiarity with the area and bus routes. One older woman said,

*"I moved to Canberra four years ago and I'm finding it quite isolating. We've always caught public transport in other cities but since we've been here the timetables have changed four times and I can't understand the system, there's no numbers on the bus stops, no timetables on the bus stop or bus routes."*

Older community members who were still able to drive or who could rely on other people picking them up to take them to social activities were better able to maintain their social connections. However, many people expressed the desire to remain independent even where they had a family member who could drive them. Some of the community members we spoke to attended social groups in connection



with the church. Many of these groups organised a volunteer service to take people to the group and back home. Many of these people felt that without this service they would not be able to attend activities. In some cases, while people were aware of activities that were within their budget through flyers and the paper, a lack of transport prohibited them from attending, especially at night. One woman compared the transport in Canberra to Nowra where she previously resided,

*“In Nowra we had a little community bus which came to your door to pick you up and take you shopping and to the doctors. And the clubs there had their own buses too so you could go to bingo or the meat raffle. Here, there’s no free bus service. The buses are very hard, the things I need to go to are such a distance from the bus station. If you can’t walk fast you can’t get places here.”*

Many of the respondents felt “stuck at home” due to a lack of transport. One woman said,

*“I used to go everywhere by public transport but now it’s all over, I can’t move and I can’t go anywhere. I’m lonely but what can I do? I’m physically unable to move far now.”*

Another woman said,

*“I wish the public transport system would be a more friendly one. The nearest bus stop is too far for me to walk and the bus doesn’t come very often. Sometimes friends who still drive come and pick me up but that doesn’t happen very often.”*

Another man felt the lack of transport stopped him from participating in leisure activities,

*“I love swimming but I can’t get there. They should provide transport to places that are hard to get to like coastal resorts once or twice a year, then you’d be with like minded people and you wouldn’t feel as isolated.”*

#### **5.1.4 Infrastructure and housing**

Local planning issues were also raised by stakeholders, for example, the availability of age friendly physical infrastructure, i.e. shaded benches in parks, seating in shopping precincts, footpaths, lifts, ramps, accessible toilets, rails, reliable and safe public transport etc.

Stakeholders and community members felt there was a lack of suitable and accessible housing close to shops and public transport. Some community members felt there were few age appropriate housing options in the ACT for people under 80. One woman said,



*“There’s nothing in between those tiny units aimed at lower income earners and retirement villages. They are geared to 70 and 80 year olds. If you don’t want to live in either of those there are no other options. It would be good to have nice units with a mix of people with shared courtyards and shops nearby. If you had half a dozen dual occupancies together or blocks of units you might meet neighbours, but there are none like that in Canberra.”*

Another older community member advocated for communal living arrangements for older people who rent, with 4-5 older people renting a house together, each with their own room, communal living spaces and garden. *“At least you’d know there’s other people around if something happened.”* However, some concern was expressed about the security of the rental market.

### **5.1.5 Loss of a partner or close friend**

The death of a partner or close friend can have an impact on social networking opportunities and can contribute to social isolation. Significantly, a death of a spouse can also lead to an older person living alone, which was the case for some of the community members interviewed. Some of these people reported feeling lonely as a result. For some, losing their partner also meant losing access to transport and in the case of some older people from CALD backgrounds it meant losing access to services due to their partner’s English ability. The death of a partner can also result in the loss of income for some older people resulting in diminished capacity to develop and maintain social networks. It was also clear from stakeholders and community members that for some single older people it can be very confronting to join new clubs or activities. One person perceived a lack of services available upon losing one’s spouse, and another had tried bereavement support groups and found counselling a better option.

### **5.1.6 Relocation**

Moving away from family, friends and social networks, or adult children moving away and/or living or working overseas is another risk factor for social isolation. Several of the community members interviewed had recently relocated to the ACT in order to be closer to their children and in the process lost their social networks. While some of these people were actively involved in seeking out social activities and groups, some felt the loss of more meaningful relationships which take time to develop in a new setting. One woman said,

*“I moved to Canberra to be closer to my children and to be of use - my daughter was in need of assistance with her son. I feel isolated and lonely here. I’ve joined lots of things but as you get older it’s harder to make friends. When you’re younger you make friends through your kids and the school.”*

Stakeholders identified the need for suitable and affordable housing for people needing to downsize to be provided within “the older suburbs where they are already familiar.”

#### **5.1.7 Retirement**

The effect of retirement, particularly forced retirement, was discussed by stakeholders in relation to social isolation. In this context there was discussion about the value of pre-retirement planning, for example, seminars on preparing for retirement. Lower financial literacy in the older age groups and amongst women has implications for preparation for retirement and the financial stress which may result which can make social connectedness difficult.

Several of the older people interviewed felt that on retirement their skills and experience were no longer valued and that they no longer had a role to play in society. From some people who had acted in professional roles during their working life, there was some frustration expressed at the perception that the volunteer roles available to older people were menial and undervalued.

*“...driving, sitting by someone’s bedside or cleaning and doing things that people earning money won’t do. Roles utilising your knowledge and experience aren’t available, it’s such a waste. There’s so many people sitting at home and doing nothing and their skills aren’t being utilised. I get bored with nothing to exercise my brain.”*

Community members who were involved in volunteer roles were more likely to be satisfied with their levels of social participation, especially roles that drew on the skills and knowledge they had developed during their working lives.

The impact of retirement on one’s economic self-sufficiency was also noted by stakeholders as a key determinant of social interactions/social isolation and access to services and information. In the interviews with community members it was clear that pensioners faced more difficulties than self funded retirees with issues such as access to transport, leisure activities and having their basic needs met.

#### **5.1.8 Being a carer**

According to the 2006 Census, 8% of the ACT’s +55 age group required care, which is 2% of the wider population. However, many older people are also carers themselves. Stakeholders considered that being a carer was a significant factor impacting on an older person’s ability for social participation, not only in terms of being able to get respite, but also the mental and physical exhaustion of both their caring and other household roles. Several of the older people we spoke to were caring for

grandchildren and family members with poor health or disabilities. While this kept some people actively engaged with society through schools and other children's activities, others felt that it prevented them from volunteering their time in other capacities and from being able to attend certain activities, especially where children were not welcomed.

#### **5.1.9 Capacity to access information technology**

The information technology divide was also mentioned in relation to accessing information. Older community members who did use the internet were able to keep in touch with family and friends and seek out information online. While some older community members were not interested in learning how to use the internet and felt technology was moving too fast to keep up, others felt that they were missing out on information and services and that they would like to learn how to use the computer. For example, one woman complained that unless you used the internet you could not book some tickets and could not receive discounts for doing so resulting in older people paying more for some things. Some expressed the desire to learn how to use the computer and one older woman had attempted classes at the library which she felt *"...moved too fast. I didn't even know how to turn it on! The young kid who was teaching me was far too advanced."* She felt several free lessons were in order rather than a one off so people could *"get the hang of it"* and that lessons should be taught by other older people who understand their level and needs.

Several stakeholders acknowledged the potential value of technological change for addressing social isolation, particularly the role that information technology can play in facilitating communication with family and friends / grandchildren. Training services tailored for older people were considered essential to ensure older people were not 'left behind' by technological change. However, one older person felt that using the internet could further isolate people and give them little incentive *"to get out and mix"*. The literature also points to studies with differing results regarding internet networks' positive and negative effects on social interaction.

#### **5.1.10 Fear and vulnerability**

One barrier to building social networks was the feelings of fear and mistrust that some older members of the community identified. There was some fear expressed about personal safety due to feelings of vulnerability. Many older people preferred not to use public transport at night and others chose not to inform neighbours when they went away due to fear of break-ins. Lack of trust in new people was also identified forming a barrier to accessing services and to forming informal networks.

### 5.1.11 Community Attitudes

Some community members felt their status as older people was viewed in a negative way by other members of the community. For some this equated to feeling invisible. One woman said,

*“people ignore you. It’s partially because you’re an older woman and I think our young neighbours think we have nothing to offer. People are too tied up with making money. The sense of community has disappeared.”*

For others, negative attitudes were expressed in the form of condescending treatment towards older people. One community member said,

The literature indicated that the elderly in the 4<sup>th</sup> age who are most dependent on care are the

*“Counter staff etc dealing with the public need to be told that all older people are NOT in their dotage and are turned off by being condescendingly called ‘dear’ or ‘darling’ or some such. We are perfectly able in most cases, to make our own decisions and will avoid situations where the staff mistakenly is ‘over helpful.’”*

#### Strategic Implications

1. That the consideration of social isolation needs to be organised around a range of key life stages which have both a bearing on risk and protective factors relevant to social isolation.
2. That there are an identifiable range of risk factors which need to be specifically considered in developing both strategic directions and the formal and informal interventions determined by these directions. A focus on transport would also help to mitigate some of these risk factors.
3. That there are a range of factors that can protect people from social isolation and can mitigate the effects of noted risk factors and which need to be promoted in the strategic framework. A strategic focus on transport would also help to mitigate some of the identified risk factors.
4. The strongest of these protective factors is the development and maintenance of strong social relationships which needs to be the core objective of the strategy especially in the third age (See literature review).

## 5.2 OLDER PEOPLE FROM INDIGENOUS BACKGROUNDS

Indigenous persons constitute 1.2% of the total population of the ACT. According to the 2006 Census there are 350 Indigenous people over the age of 50, roughly 9% of the ACT's Indigenous population. High numbers of +50 year old Indigenous persons are found in Kambah and concentrated in several other suburbs: Wanniasa, Charnwood and Ainslie. The Indigenous population movement follows a typical urbanisation pattern. The population of Indigenous people has moved closer to outlying urban centres between the 1996 and 2006 Census. A higher concentration has occurred in Queanbeyan, with the assumption that this includes some moves from ACT.

Eight older Indigenous community members, including four men and four women were interviewed for this research. To reflect the premature ageing of the Indigenous community due to poor socioeconomic status, the two age groups interviewed for this group were 50-65 years and 65+. Four were living with a partner; two were living with family members; and two were living alone.

Many of the risk factors for social isolation identified by older Indigenous community members and stakeholders were similar to those for the general community, for example poor health status; financial stress and low income; limited access to appropriate public housing and transport for the aged; and, the confidence and ability to access information about what services are available. Stakeholders discussed the fact that many of the risk factors for social isolation identified in Section two are exacerbated in Indigenous communities. Two of the key risk factors that stood out in consultations with older Indigenous community members were those of ill health and loss of a partner. Many had either lost their partner or feared becoming socially isolated upon the death of their partner or family member. Some community members perceived a lack of after care services for people who had lost their partner.

### 5.2.1 *Community connections*

Some stakeholders speculated as to whether Indigenous older people may be less likely to experience social isolation than older people in the wider community because of strong Indigenous community connections and the proximity of extended family. These connections appeared to be protective factors with many of the older Indigenous people interviewed for this research reporting that they were happy with their current levels of social connection due to involvement with family and their community. However, it was clear that other risk factors such as transport and ill health impact on people's capacity to "*get out and mix in the community.*" Several people felt there should be more community gatherings and events held which bring people from different Indigenous communities together.

### 5.2.2 *Being a carer*

Stakeholders also discussed the added pressure that many Indigenous women face in having to take on grand parenting or other caring roles full time. While this is the case across the wider community, it seems to be a particular issue in Indigenous communities. Caring for grandchildren can impact both positively and negatively on Indigenous people's social connections. For some, *"caring for my grandchildren keeps me in touch socially"* through activities such as children's sporting events, while others felt that they would participate in more activities such as volunteering if they were able to bring their grandchildren along. Some community members expressed concern for the impact that caring for grandchildren had on Indigenous women, especially in relation to the program idea of Adopt a Granny. Several older men expressed concern that involvement in this program could have *"health costs on our elderly women"* and could further isolate them. It was felt that involvement in programs such as Adopt a Granny should not add to the burden of women who already care for their own family. One older Indigenous woman said of the Adopt a Granny program,

*"Caring for our extended family is normal. It's much of what we do now. The idea needs to have a cultural approach."*

### 5.2.3 *Cultural accommodation in service delivery*

A strong theme arising from consultations with community members and stakeholders alike was the need for culturally sensitive services. Some community members expressed that they felt more comfortable dealing with Indigenous organisations and most people felt more comfortable dealing with Indigenous staff in mainstream services and agencies. People spoke poorly of services that they felt to be *"bossy"*, *"cold"*, *"ignorant"*, *"dehumanising"* and that *"...live by the guidelines"*. They spoke well of services they felt had the capacity to *"work through policy and employ workers with compassion."* Stakeholders acknowledged that while the existence of Indigenous specific services are important, some Indigenous people prefer to access mainstream services, and that services must be able to demonstrate cultural competence so that Indigenous people receive the same standard of service provision as the wider community irrespective of service type or preference. The lack of cultural catering in mainstream services, and no Indigenous-specific aged care residential facilities in the ACT were raised as significant issues that need to be addressed.

Ideas among community members to reduce social isolation included: establishing an Aboriginal Senior Citizen's/ Elders' Association; developing strategies that utilise the skills of older people to deliver services to each other in both paid and volunteer capacity; providing current, relevant and reliable information through community newsletters and free local newspapers; *"buses to pick people up"*; Aboriginal specific services such as Meals on Wheels and community nurse; more Indigenous

social gatherings; community transport for the elderly; and, activities that respect and “*promote our skills to the whole community*”.

#### **5.2.4 Indigenous people’s involvement in program design**

Stakeholders strongly expressed the importance of Indigenous involvement in the development of strategies to address isolation. The ACT’s Indigenous elected body was identified as an appropriate body to facilitate communication between the Government and the community. The necessity of involving Indigenous people in program design was emphasised by older Indigenous people who expressed frustration about having others make decisions on their behalf, such as government agencies and services. They also spoke of the need for services to respect their knowledge and expertise and valued the “*capacity to make our own choices*.”

The issues identified in this research highlight the need for further research among Indigenous older people about their satisfaction with their current levels of community participation/connection, what social isolation ‘looks like’ among Aboriginal and Torres Strait Islander communities in the ACT, and the most appropriate ways to address social isolation.

#### **Strategic Implications**

1. That particular attention needs to be given to the needs of older people from Indigenous backgrounds in specific life circumstances such as diminishing health, having carer responsibilities and losing a partner.
2. That service interventions need to accommodate Indigenous cultural considerations in design, staffing and delivery.

### **5.3 OLDER PEOPLE FROM CALD BACKGROUNDS**

According to the 2006 Census, people from Culturally and Linguistically Diverse backgrounds constitute about 15% of the ACT’s total population. By imputation, there are around 4,600 CALD people over the age of 65 in the ACT. CALD persons are concentrated in several suburbs including Palmerston and Ngunnawal, Kaleen, Nicholls and Kambah. It is imputed that in each of these suburbs, the CALD population over 65 years is around 160 persons.

Nine older people from CALD backgrounds were interviewed for this research including four women and five men from a mix of the two age categories 60-75 years and 75+. Four of those were Chinese (two Cantonese speaking and two Mandarin speaking), two were Croatian and three were Italian. It

must be noted that not all of the older people from CALD background interviewed in this report lived with their family as is often assumed. Four people lived alone in private or government housing, two lived with their partners and one of those was currently residing in hospital after a fall, one lived in a government retirement village, one lived in an aged care facility and one lived with his daughter.

### **5.3.1 Interrelation of risk factors**

Many of the issues identified by older community members from culturally and linguistically diverse backgrounds were similar to those raised in the general community. These included transport, ill health and lack of mobility, death of a partner, etc. It is clear from speaking to community members that social isolation is caused and compounded when several factors interrelate. For example, one older man struggling with language barriers found that the new bus timetable has made it too difficult for him to attend the lessons he used to attend at the migrant resource centre. He would like to get his licence, however the language is too much of a barrier for him. Another example of how factors can intersect and cause social isolation is illustrated by one older woman who has found it difficult to get help through mainstream services since her husband died as her English is limited and she relied on his ability to read English.

### **5.3.2 Language Barriers**

Poor English language proficiency was identified by stakeholders as a significant barrier to social participation for older people from CALD backgrounds, as was the lack of cultural accommodation in mainstream services and the limited funding base of ethnic-specific services. Consultations with community members revealed many stories of struggling to access information, services and social activities due to language barriers. One older man said, *"If I can not understand what the carer or worker says how could I get what I really need?"* An older Chinese woman noted the poor communication she experienced with staff at the rehabilitation unit she was admitted to. She felt she needed an interpreter to assist with her case and that the nursing staff had made little effort to overcome the language barrier, assuming she was confused due to her age rather than the language barrier. For others, the language barrier impacted on their social connections, as they were limited to sign language when communicating with neighbours and found it hard to develop friendships and *"have deeper conversations"* due to the language barrier. Others spoke about needing more information in their language about available services. The scarce availability of interpreters was also identified by stakeholders and community members alike.



### 5.3.3 Voluntary Isolation

Stakeholders felt 'voluntary isolation' to be a significant issue among older people in CALD communities where shame and stigma associated with ageing issues (particularly mental health and dementia related issues) are often magnified. Several older interviewees felt that they chose not to participate due to feeling "too old" or "proud" or unable to trust new people.

### 5.3.4 Ethnic specific and mainstream services

Stakeholders emphasised that there is often a false perception that CALD community members are always 'linked in' to their community and can therefore access culturally specific support. While many of the CALD community members interviewed in the research were connected to their families in varying degrees, not all were connected with their communities. This was especially the case for people whose health had deteriorated, those who were not mobile, and people in nursing homes. One older woman said,

*"I have some old friends here but since I came back [from hospital] I have been sick so I'm not able to go out to social gatherings so I have not seen them for a long while. I do miss them."*

Stakeholders emphasised that in times of sickness/disability a person may not want someone from their own community in their home. While the sample of community members was relatively small, this was not the case for the older people interviewed for this research. Older people who currently had carers or workers who could speak their language were satisfied with the situation, and those who did not said they would prefer workers who could speak their language.

Some of the older people from CALD backgrounds were able to stay socially active by participating in cultural specific groups and associations. One older man said,

*"It is good to meet other people who came from the same country as you; you can share memories, maintain your culture, exchange ideas."*

Stakeholders also advocated for providing CALD specific social activity groups including activities at locations where CALD people may feel more comfortable – e.g. places of worship, ethno-specific clubs.

Stakeholders felt that mainstream services are not always able to meet the cultural or linguistic needs of older people from CALD backgrounds. This leads to a reliance on culturally-specific community networks. For example, some of the older community members interviewed relied on the language

specific services to connect them to mainstream services. One older man who on having a serious fall contacted the Chinese Australian Association to take him to hospital said, *"I was at a loss when I fell and was unable to contact my daughter. She has no mobile and doesn't drive."* However, some older community members noted that the language specific services were limited in capacity and that they could not rely on them for all their needs.

This points to the need for both ethnic-specific and mainstream services to be able to demonstrate minimum levels of cultural and therapeutic competence so that CALD people receive the same standard of service as the wider community irrespective of service type or preference. To achieve this, stakeholders identified the need for increased funding for CALD-specific services to develop infrastructure to address isolation, as well as enhanced cultural competency in mainstream services, including the provision of bilingual support workers. Stakeholders felt that it was necessary to tap into existing CALD community groups and support them to access the socially isolated in their community, and strongly expressed the need to develop a clear and collaborative strategy for working with CALD communities, particularly strengthening connections between mainstream and ethnic-specific services.

Stakeholders identified limited funding for ethnic-specific positions, such as Multicultural Liaison Officers, limited funding for community-run activities, as well as the lack of representation of CALD people at higher levels of management, particularly in decision making roles, as significant impediments to addressing social isolation in CALD communities. Related to this was the need for long-term and recurrent funding to address these gaps. Also raised was the limited availability of public spaces for community groups to meet, particularly as many ethnic-specific community organisations are run by volunteers and do not have the funds to pay for this type of service.

Some of the strategies suggested by older people from culturally and linguistically diverse backgrounds included social groups with people who speak the same language, using interpreters to access medical services, having services providers with staff from the same language background, and more information about services provided in language. Another idea was *"...a community living place, not too big with people from the same dialect."*

### **5.3.5 Reactions to program ideas**

Responses to program ideas such as 'homeshare', 'adopt a granny' and 'gatekeepers' were more negative than for the wider community. The main issues people had with these program ideas were that of trust, particularly in relation to having strangers in the home, fears for safety, and the desire to keep one's privacy and independence. This highlights the need to develop culturally appropriate services based on the needs and desires of the target group.

### Strategic Implications

1. While replicating the need factors of the wider community, older people from CALD backgrounds experience particular disadvantage where they have limited English language capacity. This factor needs to be given particular attention in the strategic framework.
2. As well as language, there are a number of cultural barriers that need to be overcome by interventions strategies to accommodate cultural sensitivities.

## 5.4 INTERVENTIONS TO ADDRESS SOCIAL ISOLATION

Stakeholders were asked to consider the role that services and organisations play, or should play, in encouraging participation and connection and the difficulties they face in achieving this. Community members were also asked for their ideas on strategies to help older people feel less isolated and participate more fully. Overwhelmingly stakeholders pointed to the need for a more systemic approach to service delivery, the sustainability of programs and the need for recurrent funding.

### 5.4.1 Targeting services to different needs and preferences

It was clear that community members had a diverse range of preferences to service types and approaches and that programs need to move beyond the 'one size fits all' model. For example, while some people may love the seniors club as it is age specific and *"we can all laugh about being old at seniors because they're all on your own level"*, other community members view it as *"a place where people come to die."* Some felt services such as the Tele-service would *"remind me constantly that I'm old"*, while others appreciate the care shown. Some community members who are more outgoing enjoy social and group activities and others prefer not to mix with strangers. Many community members were involved in activities formed around similar interests. Some were involved in volunteer roles, and others felt they had volunteered enough of their time throughout their lives and were more interested in leisure activities facilitated by other people.

Stakeholders identified the need for access and equity in the provision of appropriate and affordable health and other aged care services. The types of services identified by stakeholders included specialist services (such as dementia services); respite services; programs which encouraged inter-generational interaction; training programs to promote life-long learning; and specific services for CALD and Indigenous communities and people with a disability.

### **5.4.2 Information**

Some community members and stakeholders felt there was a lack of targeted information about what is available to older people at times when they need it. The need for information provided in language to older people from CALD backgrounds was also identified. Several community members pointed to the need for information about essential services such as the nearest Coles or Woolworths and doctors' surgeries rather than restricting information provided through seniors to age specific information.

### **5.4.3 Supporting independence**

Many stakeholders and community members identified the importance for older people to maintain their independence. Many older people desire to stay in their own homes for as long as possible. Some stakeholders identified the need for more mobile services to visit older people in their homes. One house bound older man advocated for free local calls for pensioners to keep engaged with their community via the phone. Whilst independence is ideal, the literature points out that the valued goal of independent living can pose a risk factor for social isolation for those who are physically impaired.

Stakeholders agreed that organisations needed to be cognisant, and respond appropriately to the access barriers that many older people faced, for example: transport; health; mobility; financial and communication difficulties; as well as difficulties seeking out information about the existence of services and entry points. It was strongly felt that services needed to reach out to older people, rather than expecting older people to come to them.

### **5.4.4 Case management**

Stakeholders felt that Home And Community Care services needed to focus on how people can be assisted in terms of case management and meeting whole of life needs. One older man said,

*"You are passed around to different services. They should just have one umbrella organisation that doesn't give you information or more numbers to call, but that puts you through to the right service who should ask you what you need. That way you get to have the one person and you can strike up rapport."*

Some community members expressed frustration at services that are "rigid" and "...live by the guidelines". One man said,

*“They should ask you what you need and give you help when you need it, not when funding determines it.”*

This points to the need to take a more personalised approach and use flexible policies and programs to respond to individual needs. Some stakeholders felt a case management approach would prevent people from falling through the ‘gaps’ and advocated for organisations to keep track of clients who don’t show up to appointments and social activities.

#### **5.4.5 Service values**

Stakeholders and community members alike pointed to the need for older people to feel empowered to make decisions about their lifestyle and the types of services they access. Some community members expressed frustration at services and staff they felt to be “bossy”, and valued the “*capacity to make our choices, not choices made by government agencies.*”

Several community members pointed to what they saw in some cases as a condescending approach to working with older people. One man said, “*Many of these do-gooder organisations look upon the disadvantaged as sponges and unintelligent and treat you like a third class citizen.*” Others felt some organisations had staff who “*...are not very good with older people*”.

Staff attitudes based on respect and friendliness towards older people were considered by stakeholders and community members alike to be important when delivering any service. One community member commented on the importance of “*openness and willingness to accommodate people that others might consider ‘difficult.’*”

*“We talk too much about programs and committees and systems without getting to the heart of the problem. We need to start talking about people as persons and about helping people and showing real concern and help when needed.”*

#### **5.4.6 Innovative models for service delivery**

Suggestions for new models for service delivery included a community network based approach (for example partnerships with local community organisations as conduits for information, and building ‘smaller communities’ around interests and activities); enabling access to services from home; and electronic access to services.

Further research into innovative solutions and best practice initiatives in addressing social isolation, both overseas and locally, was considered to be essential. In doing this it was felt that the following needed to be taken into consideration: cultural definitions of isolation; individual needs; and understanding how people want to access services / support.

#### **5.4.7 Reactions to program ideas**

Community members were asked to comment on various program ideas which have been implemented either in Australia or abroad. These programs included Homeshare, Gatekeepers, Adopt a Granny, support groups and internet networks. Reactions to each of these program ideas were varied. While some felt sharing a home with a younger person could have advantages, many were concerned about the issues of privacy, trust and intergenerational conflict. Similarly, while some people felt gatekeepers could contribute to identifying people who are at risk of a serious health problem, others felt the program would be an invasion of privacy and were adverse to strangers “*checking up on them*”. There was support for the idea of support groups from several people who had had positive experiences with one man saying, “*It is great for exchanging experiences.*” However, others felt they can deter more inward personalities and can dwell on the negative aspects of life with one woman saying, “*I don’t want to sit around and feel sorry for myself.*” In regards to the use of the internet to foster social connections, opinions varied. Some people who used the internet felt positively about their ability to stay in touch with people, while others had little interest or felt it may reduce people’s incentive to ‘get out’ and socialise.

#### **Strategic Implications**

1. That the most effective interventions are those that are person focused and meet the needs of individual older people.
2. That information about both services and interventions is key to addressing isolation and should be central to the overall framework.
3. That the purpose of interventions should be to both target those in greatest need.
4. That the orientation of services should be outward reaching and go to individual older people rather than rely on individual capacity. This would also serve to facilitate independence and ageing in place.

## 5.5 QUALITIES OF SOCIALLY CONNECTED COMMUNITIES

Stakeholders and community members were asked to discuss what a socially connected community looked like. Several themes emerged:

### 5.5.1 *Strong social networks*

According to stakeholders, connected communities were characterised by collaborative relationships between government, services and communities; cultural diversity; respectful relationships and connections between different age groups (at work, home, socially and through community-based activities); an environment that is safe and supportive; a high level of community connection and involvement across age groups (for example in social and cultural activities, and education and training opportunities).

Many community members and stakeholders identified the lack of a sense of community and the need to foster people's informal/ social networks. One woman said, *"That's what makes me feel isolated, there's no sense of community."* Many of the older people interviewed had little contact with their neighbours and many felt they would like more. One woman said,

*"It's strange, we're in an inner suburb of Canberra but we can go weeks without seeing anybody on the street. I feel like an imposition with the younger neighbours because they work and are busy. They're friendly but they have their own lives. The only contact we have is with other dog walkers, then you can have contact and conversations about what sort of dog."*

Stakeholders spoke of the value of integrated neighbourhoods where people looked out for each other in addressing social isolation and facilitating access to services and information. Strategies for encouraging more integrated neighbourhoods included street parties, neighbourhood co-ordinators and the enhancement of neighbourhood and community centres. Investment in fostering localised social relationships is desirable as it provides resources that are available close to home thereby making them more accessible to older people who are less mobile. In one woman's words:

*"A lot of suburbs don't have available groups and services within the suburb and you have to go to neighbouring suburbs which are not in walking distance and hard to get to by public transport."*

Having a common focal point facilitated social interaction in some cases. For example, some people could connect with other dog walkers and others spoke about the bushfires as having a positive effect on their neighbourhood's sense of community. This points to the benefit of having a common

focal/interest point to bring people together. One community member felt that the concentration of retail into malls and shopping complexes had contributed to a lack of social interaction.

*“There’s no shopping strips, they’re all closed-in malls where there’s no social interaction. You need little local shops, that’s where you get the smiles.”*

Some community members felt that some of the social groups available to them were too “close knit” which can be off putting for new people or “quieter” people.

### **5.5.2 Quality and quantity of social networks**

The literature suggests that it is the quality of social supports rather than the quantity which is most beneficial in preventing social isolation. However, more regular contact was seen as one way of strengthening the quality of relationships.

*“I go to a few groups and meet people there but I’d like to be able to have an in depth conversation with someone. The nearest thing to making friends was at a book group I joined. We met every week. It’s more likely you’ll make friends meeting once a week rather than once a fortnight or once a month. You need to click with people. If you don’t see someone daily or weekly it’s hard to connect.”*

Other community members who attended social activities such as craft group and tai chi felt the social contact was limited to within sessions and immediately following. This points to the need to foster the quality of people’s social support and adds to our understanding around the volume of contact needed to encourage quality social networks. Again, regular weekly activities may help to strengthen the quality of people’s relationships.

### **5.5.3 Involving older people in cultural, civic and social areas of society**

Community members who participated in their community through volunteer roles and decision making bodies such as committees, were more satisfied with their levels of social participation. Where these roles drew on the skills and knowledge people had developed in their earlier life, people felt a sense of value, usefulness and “pride”. One community member reported the need for “recognition for what people have done in their lives. Realising the sort of person they are and giving them the opportunity to use their skills.”



Importantly, roles that some people view as satisfying may be viewed as “menial” by others. It is important that a range of roles are promoted to older people, in acknowledgement of the varying skills and experience of a diverse older population. Stakeholders felt that older people’s involvement in decision making and advisory capacities should be encouraged. One older man said,

*“In an ideal community I would feel to be of some use in society and not a pariah. It’s about feeling wanted and feeling needed and feeling useful to help others and feel a part of society. At the moment older people are not and they are treated as pariahs and told to keep away. Give us more of what we need- the chance to be employed, paid or volunteer in a manner that is appropriate to our training.”*

While some community members were involved in voluntary work or expressed interest in unpaid roles, others, especially women felt they had done enough volunteering in their lives and others felt some roles should be remunerated.

There were several positive examples of community engagement activities that older people had experienced through the church and other organisations such as: craft groups; visiting pastors; volunteer roles such as working with the disabled and taking other people shopping; and trips away involving group discussions around values such as “belonging”.

The involvement of older people in education was another important area of social participation. Several community members spoke highly of the University of the Third Age (U3A) and several had attended and facilitated classes there. However, others were frustrated that the courses were inaccessible due to long waiting lists. Some people felt U3A should be expanded to deal with the demand from the community and Canberra’s growing ageing population.

#### **5.5.4 Valuing older people – Addressing negative community attitudes**

Stakeholders and community members agreed that it was important for older people to feel connected, confident and worthwhile in the communities in which they live as they grow older. This involves providing a range of formal and informal options for social interaction, economic participation, housing and other care options.

A major theme identified by stakeholders and community members was the need to address negative community perceptions of ageing (for example through community education and activities that encourage intergenerational interaction), to ensure the wider community recognises and values the contributions of older people, allowing older people to maintain their feelings of self-worth and belonging in their community. One older woman said,

*“In an ideal community people would say hello to you and not ignore you for a start. It’s partially because you’re an older woman, and I think our neighbours feel like we have nothing to offer.”*

#### **5.5.5 Respect for an individual’s autonomy, choice and decision making**

There was a high level of agreement among stakeholders that the principle of self-determination is important for people as they grow older, and that a rights-based approach should be taken when planning for population ageing.

Stakeholders and community members advocated for the involvement of older people in developing services and programs. The great diversity among older people’s circumstances and preferences points to the need to involve older people in the design of programs at the local level. Community members who had been recently consulted over community matters appreciated the opportunity to have a say.

#### **5.5.6 Acknowledging that some individuals require help to access services and information**

Stakeholders also expressed the need for service providers and government to work through existing pathways to reach socially isolated people, rather than expecting socially isolated people to come to them. This includes tapping into both formal and informal networks, for example, health care providers, HACC services and shopping facilities.

#### **5.5.7 Ensuring support services are available and maintained**

A number of stakeholders identified the need for a more integrated approach to service delivery and planning for an ageing population. This approach was characterised by cooperation by the different tiers of government to encourage resource sharing and greater coordination across programs and initiatives; establishing links and partnerships between government and the private and community sectors; undertaking long term, vision based planning to address the key challenges and future infrastructure needs to appropriately respond to an ageing population.

#### **5.5.8 Connections between younger and older people**

While some people enjoyed activities that were age specific in order to be with “people who understand”, others preferred activities that were intergenerational with “a mix of ages”. However, it was noted that activities that attracted a mix of ages usually involve going out in the evenings which

some people felt was not ideal for older people. Some people felt they would like to pass on their knowledge and educate younger people about life and their areas of expertise, and several people were doing this in both a formal and informal capacity. Some felt more pessimistic about the ability to connect with the younger generation. One woman stated,

*"I lived through a war. They don't want to know your experience or learn from you."*

Others felt it was easier to connect with small children rather than teenagers. Stakeholders felt older Canberrans should be encouraged to interact with local schools and sporting organisations even if only as spectators.

#### **5.5.9 Balancing support with privacy**

While many older people spoke of their desire to protect their privacy, others stated that they would like neighbours and others to *"keep an eye out"* especially as they got older and more frail. One community member described the ideal type of care shown as *"...caring but not intrusive and respectful of independence"*. Some stakeholders were concerned that the Privacy Act prevented them from accessing socially isolated older people through community nurses.

#### **5.5.10 A caring and considerate community**

The importance of living in a caring and considerate community was raised by community members in various forms. Some people felt that in an ideal community, people would *"look out for each other automatically"* and some felt that the levels of caring and general friendliness had diminished in the recent past. Some attributed these changes to new information technologies and to a lack of time. Some felt the responsibility for fostering caring relationships lay at many levels from the community through to government.

*"An ideal community would be one where people speak to you. Just a stranger, friendliness! People would smile. People are too tied up with making money. The sense of community has disappeared."*

### **Strategic implications**

1. That the strategic framework works towards facilitating the development of socially connected communities which:
  - Have strong social networks delivering quality participation and adequate opportunities to participate
  - Are geared towards cultural, civic and social areas of society so as to ensure that participation is valuable and honours people's skills.
  - Values and respects older people and their potential.
2. That services are targeted, meet the needs of particularly disadvantaged or at risk groups and are accessible.

## 6. PATHWAYS: A STRATEGIC FRAMEWORK

Analysis of the findings from the demographic data, literature and consultations with stakeholders and older people has been used to develop a comprehensive and usable framework for government and key stakeholder organisations. The framework can be used to consider initiatives and programs designed to combat social isolation and foster a socially connected community. A detailed diagram of the framework can be found on page 53 of the report. An explanation of this diagram is detailed below.

The themes arising in the literature and research findings point to the importance of tailoring interventions according to several key life stages or areas of need. These are listed down the left hand column of the table under 'Stage/ Need' and include pre retirement, retirement, relocation, loss of partner, diminishing health and institutionalisation. These stages may or may not be linear or occur chronologically in one's ageing trajectory.

These life stages are, however, associated with a series of factors which can either put older people at risk of, or protect them from social isolation. The research has identified many risk factors which can occur at several life stages and include: a total work focus; a lack of social interaction; poor health/disability; diminished economic capacity; loss of status/purpose; inward personality type; being a carer; lack of suitable housing; loss of social networks; lack of close family; lack of local knowledge; lack of access to a car and other transport; gender factors; lack of English proficiency; living alone; and poor mental health.


The research also points to a series of factors which can protect older people from social isolation and can mitigate the effects of some of these risk factors. These include: involvement in community networks through cultural, civic and social activities; good health; good information accessing skills; access to a car and transport; outgoing personality; being a carer for grandchildren; strong family connections; access to suitable housing; access to age cohort; access to and information about relevant services; and access to culturally and linguistically appropriate services and care.

One key finding is that of these protective factors, having strong social relationships (in the form of strong family and social connections) is the most important factor in mitigating other risk factors associated with later life stages. For example, strong family connections can help people to access services despite an individual's lack of a car or lack of English language proficiency. The research shows that social relationships and social participation need to be in place early. As such the framework emphasises interventions around fostering people's cultural, civic and social interaction aimed at the earlier stages of the ageing trajectory, i.e. the pre retirement and retirement cohort. These activities must be tailored and appropriate to specific target groups including Indigenous and CALD older people. Supporting people who relocate to establish new social relationships and access to services is also important.

As people's health diminishes and they get older and move into institutions, the focus of interventions must be on access to higher level interventions within the formal service structure. At this point it is necessary to facilitate older people's access to services through multiple transport options, information and flexible case work that reaches out and services people where they are. It is here that the need for culturally and linguistically appropriate services and care is more acutely felt.

The focus that interventions should take at each life stage or stage of need is listed in the column 'Strategic Direction' and revolves around a set of actions designed to inform, engage, support, alleviate, facilitate access and service older people.

## Strategic Outcome : Health ageing and strong social relationships

Stage / Need	Risk Factors	Protective factors	Strategic Direction	Formal and Informal Interventions	
<b>Pre retirement</b>	<ul style="list-style-type: none"> <li>Total work focus</li> <li>Lack of social interaction (Cultural, Civic &amp; Social (CCS))</li> <li>Poor health/disability</li> </ul>	<ul style="list-style-type: none"> <li>Involvement in community networks               <ul style="list-style-type: none"> <li>Cultural</li> <li>Civic</li> <li>Social</li> </ul> </li> <li>Good health</li> <li>Good information access skills</li> </ul>	<b>Inform</b> and educate around healthy ageing and options for community engagement	<ul style="list-style-type: none"> <li>Pre retirement seminars</li> <li>Healthy lifestyle promotions</li> <li>Information mechanisms that consolidate &amp; deliver information on CCS options in both proactive and reactive form</li> </ul>	<p>Low level preventative activities that focus on strengthening social relationships and</p>  <p>Higher level interventions within formal service</p>
<b>Retirement</b>	<ul style="list-style-type: none"> <li>Diminished economic capacity</li> <li>Loss of status/purpose</li> <li>Inward personality type</li> <li>Being a carer for grandchildren (especially in Indigenous communities)</li> <li>Lack of suitable housing</li> </ul>	<ul style="list-style-type: none"> <li>Higher level participation/volunteering in CCS networks</li> <li>Access to a car</li> <li>Outgoing personality</li> <li>Being a carer - through children based community contact</li> <li>Maintenance of good health</li> <li>Strong family connections</li> <li>Access to suitable housing</li> </ul>	<b>Engage</b> retirees in cultural, civic & social activities, and encourage independence and mobility	<ul style="list-style-type: none"> <li>Positive ageing promotions</li> <li>Facilitating participation in CCS through               <ul style="list-style-type: none"> <li>Volunteer register/ skills bank</li> <li>Health programs (e.g. gentle exercise)</li> <li>U3A</li> </ul> </li> <li>Driving school/car pooling and volunteer transport networks</li> <li>Grandparent support groups &amp; child friendly CCS</li> <li>Age appropriate housing options</li> </ul>	
<b>Relocation</b>	<ul style="list-style-type: none"> <li>Loss of social networks</li> <li>Loss of family network</li> <li>Carer responsibilities</li> <li>Lack of local knowledge – infrastructure/services</li> </ul>	<ul style="list-style-type: none"> <li>Access to age cohort &amp; services (retirement village)</li> <li>Reconnection with family</li> </ul>	<b>Support</b> older people to integrate into the new community	<ul style="list-style-type: none"> <li>Community welcoming strategy with information distribution through:               <ul style="list-style-type: none"> <li>Points of settlement</li> <li>Fact sheets, CCS options/basic services and age specific</li> <li>Community buddy program</li> </ul> </li> <li>Age appropriate housing options</li> </ul>	
<b>Loss of partner</b>	<ul style="list-style-type: none"> <li>Lack of access to car</li> <li>Gender – (men and women effected in different ways)</li> <li>Lack of English proficiency</li> <li>Lack of close family</li> </ul>	<ul style="list-style-type: none"> <li>Strong family connections</li> <li>Strong social networks acting as supports</li> <li>Access to car/ability to drive</li> </ul>	<b>Alleviate</b> loss and its impact on social connections, mobility and access to services	<ul style="list-style-type: none"> <li>Living alone workshops/ resource development</li> <li>Partnerships with funeral services for info distribution</li> <li>Grief counselling/support groups CALD and Indigenous specific</li> <li>Facilitating participation in CCS e.g.               <ul style="list-style-type: none"> <li>Volunteer register/skills bank</li> <li>Health programs (e.g. gentle exercise)</li> <li>U3A</li> </ul> </li> <li>Driving school/ car pooling &amp; volunteer transport networks</li> <li>Multiple community transport options</li> </ul>	
<b>Diminishing Health</b>	<ul style="list-style-type: none"> <li>Lack of close family</li> <li>Living alone</li> <li>Lack of access to car</li> <li>Mental health consequences</li> <li>Carer responsibilities</li> <li>Lack of English proficiency</li> <li>Lack of service access in Indigenous communities</li> </ul>	<ul style="list-style-type: none"> <li>Strong family connections</li> <li>Knowledge of available services</li> <li>Capacity to access info/services</li> <li>Strong social networks as supports</li> </ul>	<b>Facilitate Access</b> to formal service structure	<ul style="list-style-type: none"> <li>Multiple community transport options</li> <li>Funded CCS programs to include a transport component</li> <li>More accessible and advertised HACC community transport</li> <li>Information on available services and how to access</li> <li>Flexible case work/management and brokerage models for services</li> <li>CALD and Indigenous appropriate (staff and type of service)</li> </ul>	
<b>Institutionalisation</b>	<ul style="list-style-type: none"> <li>Loss of social and family networks</li> <li>Lack of culturally and linguistically appropriate care services</li> <li>Lack of English proficiency</li> <li>Lack of Indigenous specific services</li> </ul>	<ul style="list-style-type: none"> <li>Strong family connections</li> <li>Strong social network as visitors</li> <li>Ethnic and religious accommodation in care</li> </ul>	<b>Service</b> people where they are	<ul style="list-style-type: none"> <li>Active visiting program</li> <li>Link to volunteering networks</li> <li>Community involvement through celebrations/activities</li> <li>Visiting pastors/religious figures</li> </ul>	

## APPENDIX 1: POPULATION ANALYSIS BY CENSUS DEMOGRAPHICS

### Contents

Methodology of the report, maps, charts .....	3
Summary of findings .....	4
Population concentrations – aged focus.....	6
Population concentrations by Indigenous status.....	11
Population concentrations by CALD people (imputed age).....	14
Income levels of aged persons.....	17
People Living Alone .....	19
People Requiring Care.....	22
Appendix .....	24
Appendix 2: Indigenous population by sub-age brackets - tables .....	25
Appendix 3: indigenous person supplementary detail maps .....	26
Appendix 4: persons who do not speak English well .....	29



## Methodology of the report, maps, charts

This analysis uses ABS 2006 Census data to identify and map the concentration of the older Australian population in the ACT by suburb.

The purpose of the analysis is to identify target demographic groups who may be subject to social isolation.

The study uses Census data 2006, with a focus on the following groupings:

- General population
- General population over 65
- Indigenous population over 50 (by age and sex)
- CALD population (identified as speaking a foreign language, by age and sex where applicable, or imputed)
- Income levels for over 65 age
- Lone person households over 65
- People requiring care (by age)
- Gender: all target demographics are identified by gender where applicable or possible

### Mapping methodology and limitations

The available Census 2006 data does not provide full demographic profile for each target demographic group. In this instance, the study provides an imputed population number for that demographic, based on the percentages for similar populations for which data is available.

### Census Community Profile series used

B04 population details

B11 Speaks English well

B12 Language spoken at home

B16 Income levels

B17 Requiring care

B22 Household type (lone person)

Numbers of older people within suburb boundaries: In maps based on suburbs, the absolute number of older people in a suburb is significant. However, in large suburbs this population may be spread out and/or concentrated in particular sub-regions.

Percentages of older people: The ratio of 65+ people to the rest of the population may be shown on some maps. A high percentage of older people in a suburb does not mean a high number of older people. It does however indicate that older people have a preference to live in particular regions or that this particular region has aged in place.

Note that some ABS Census series provide conflicting numbers on total populations, but this should not be out by more than several percent.

## Summary of findings

This study supports the development of a view of retirement-aged populations within the ACT region, with a particular focus on social isolation of a target demographic: indigenous and culturally/linguistically diverse people. The study does not present findings on social isolation, but does form the basis for assessing total population numbers that may be at issue.

### Broad level assessment

- Population of ACT is about 325,000
- People over 65 constitute 10 % of ACT population
- Women outnumber men in older age groups, especially at very old age
- Indigenous persons constitute about 1.2 % of ACT population
- Indigenous persons over 50 constitute around 350 people in ACT
- CALD persons constitute about 15 % of ACT population, up to 18% in some suburbs
- By imputation, CALD people over 65 constitute just under 5,000 people
- Requiring care constitute around 8% of 55+ year age group, 2% of wider population
- 24% of people over 65 are living in lone households, with the majority of these female households.
- Lone person households of over 65 aged persons constitute about 2% of total population of the ACT

### Summary table of target demographic for ACT

Population group	Number	Percent
Total popn	324,000	100%
Population over 65	31,600	10%
CALD	47,000	15%
CALD +65 (imputed)	4,600	1.4%
Lone persons, over 65	7,532	2.3%
Indigenous population	3,900	1.2%
Indigenous +50	350	0.1%
Requiring care, over 55	6,400	2%

### Suburb-based overview

- Highest population suburb is Kambah. High numbers of people 65+ occur in this suburb (1100) as well as in Curtin and Narrabundah.
- Kambah is also highest indigenous population suburb.
- High numbers of 50+ year old indigenous persons are found in Kambah and concentrated in several other suburbs: Wanniasa, Charnwood, Ainslie
- CALD persons are concentrated in several suburbs including Ngunnawal (1600 or 18%). In Palmerston CALD persons represent almost one-third of total suburb population (1500).
- Lone person households concentrate in Kambah in 65-74 age group, but not in age above 85.
- Suburbs where persons over 65 requiring care are concentrated, include Narrabundah (18% of popn)

### Gender overview

- Differences in mortality are the primary determinant of differences in male and female population for older age groups, including general population, indigenous and CALD
- By age 80, women outnumber men by 50%. By age 90 there are two women for every man in ACT

### Additional observation

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Indigenous population movement follows a typical urbanisation pattern. Population of indigenous has moved closer to outlying urban centres between 1996 and 2006 Census. A higher concentration has occurred in Queanbeyan, with the assumption that this includes some moves from ACT.

## Population concentrations – aged focus

Measuring the aged population as a whole provides some insight into the broad target demographic of older people and the risk of social isolation.

The population over 65 constitutes around 10 % of the total ACT population. This proportion dwindles rapidly at the older age group. As this occurs at a faster rate than most other states, it is assumed that much of this population moves to NSW or coastal regions upon retirement.

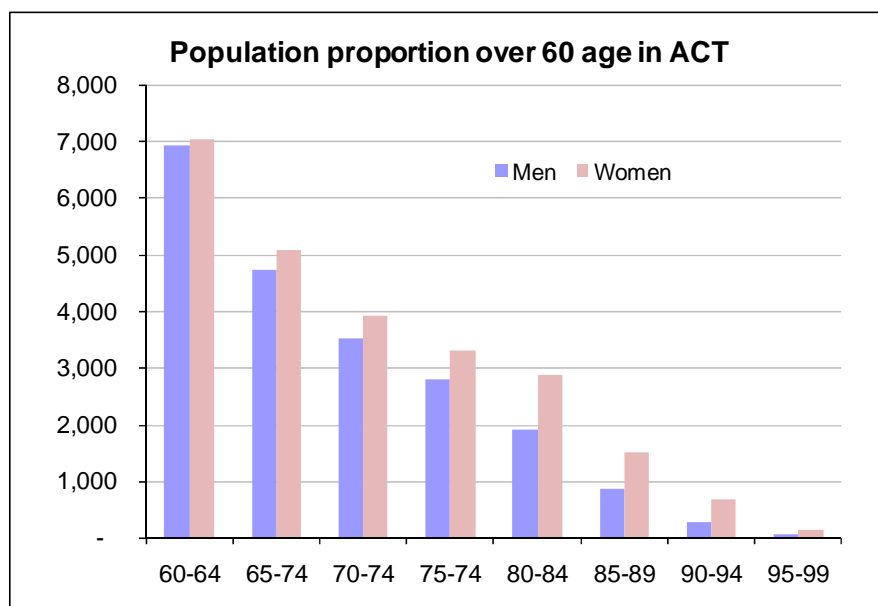
The highest concentration of older population occurs in the suburbs of Kambah, Curtin and Narrabundah. This coincides with the generally high populations in these suburbs.

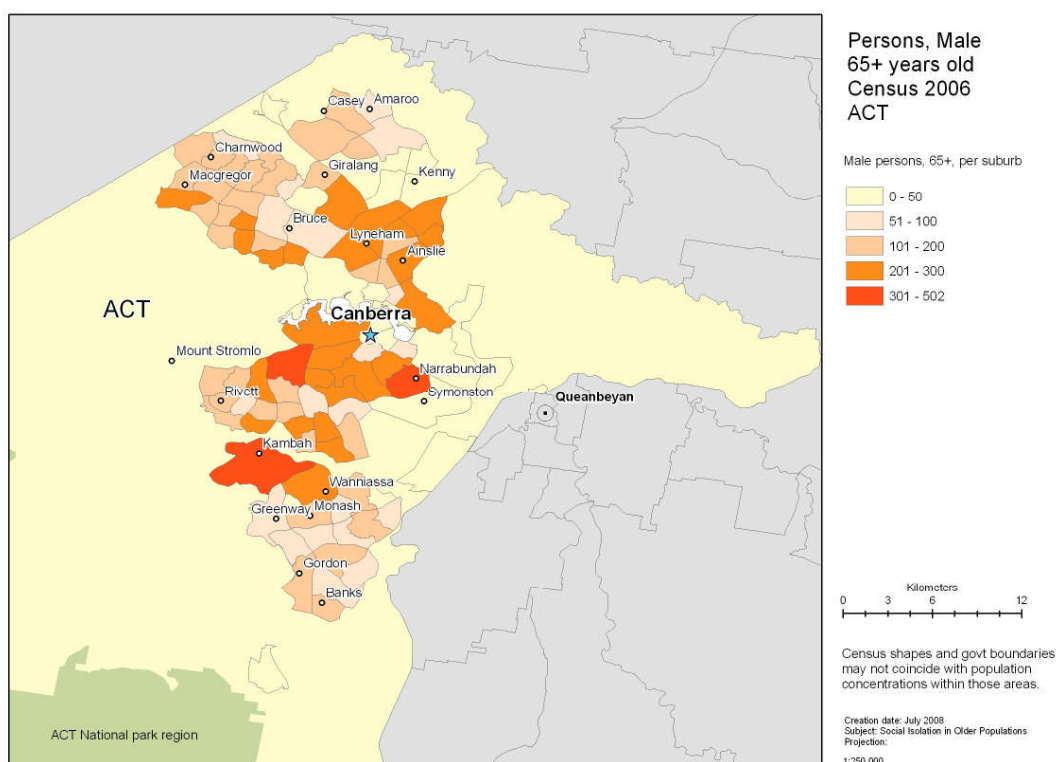
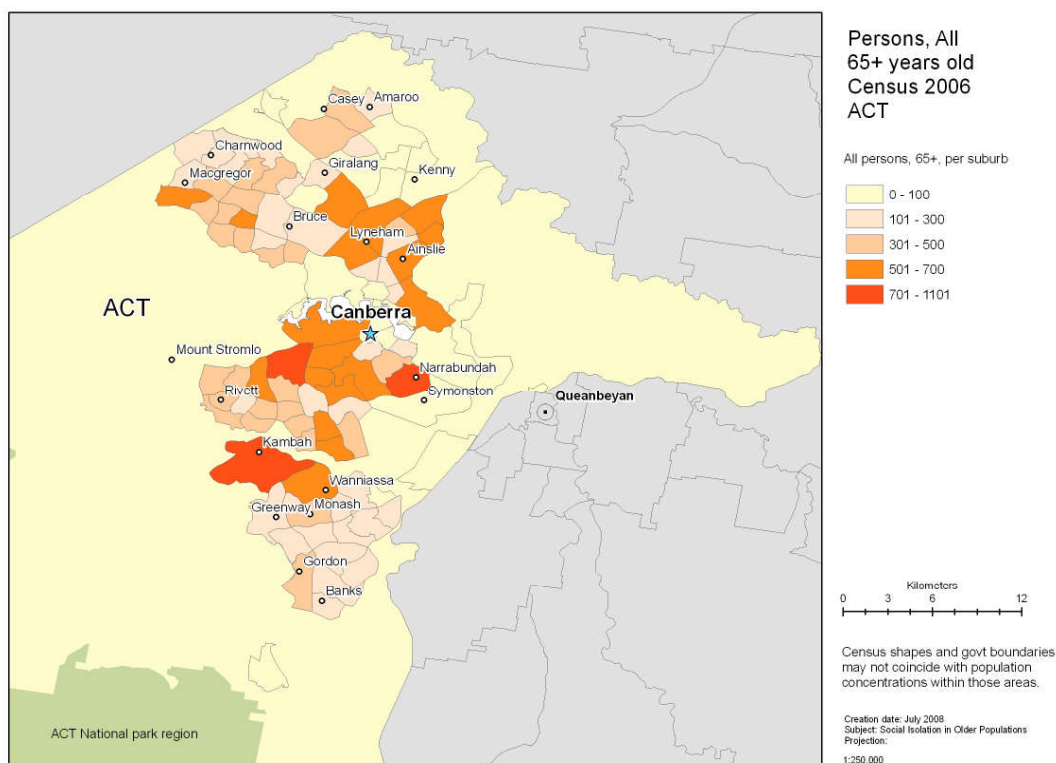
### Aged population proportion in ACT

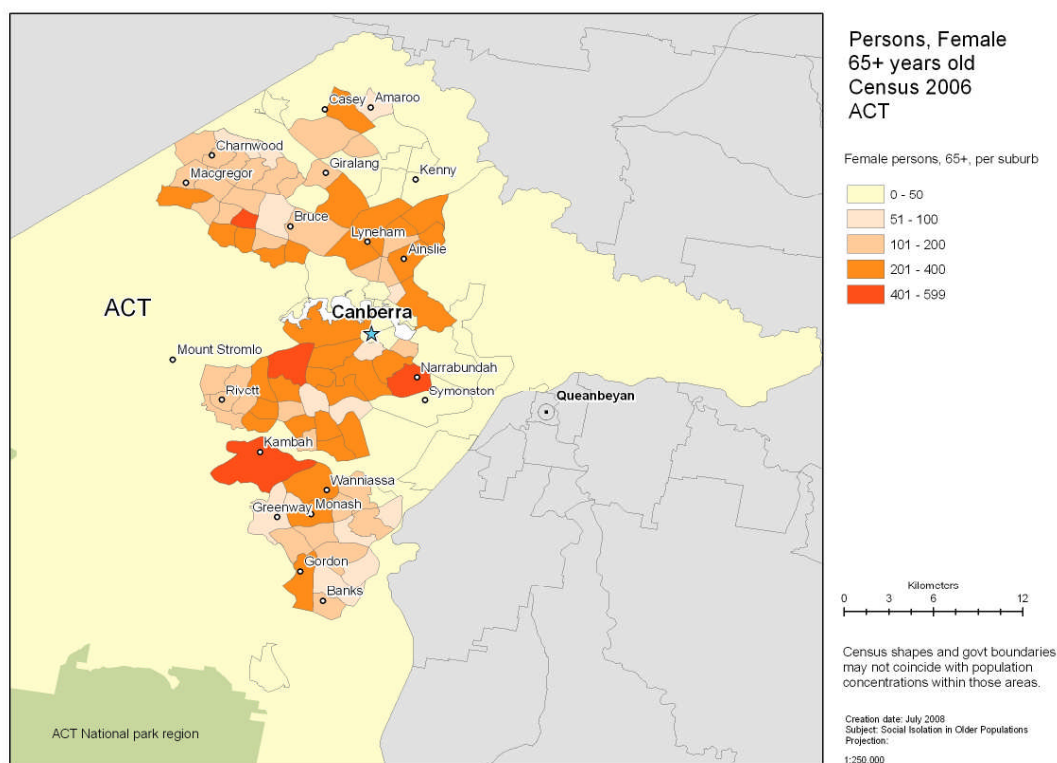
Age group	Men	Women	Persons	% of total p.	Extra women
Sum of Aged 60-64	6,938	7,021	13,959	4%	1%
Sum of Aged 65-69	4,724	5,077	9,801	3%	7%
Sum of Aged 70-74	3,529	3,921	7,450	2%	11%
Sum of Aged 75-79	2,799	3,311	6,110	2%	18%
Sum of Aged 80-84	1,909	2,878	4,787	1%	51%
Sum of Aged 85-89	851	1,491	2,342	1%	75%
Sum of Aged 90-94	260	663	923	0%	155%
Sum of Aged 95-99	50	139	189	0%	178%
Total over 65	14,122	17,480	31,602	10%	24%
% of total population	4.4%	5.4%	10%		

### +65 Population by suburb top 10

Suburb	Males over 65	Females over 65	Persons over 65
Kambah	502	599	1101
Curtin	391	523	914
Narrabundah	347	560	907
Ainslie	297	400	697
Lyneham	268	399	667
Kaleen	298	336	634
O'Connor	266	367	633
Wanniassa	300	327	627
Farrer	249	318	567
Garran	245	271	516
Total top 10	3163	4100	7263

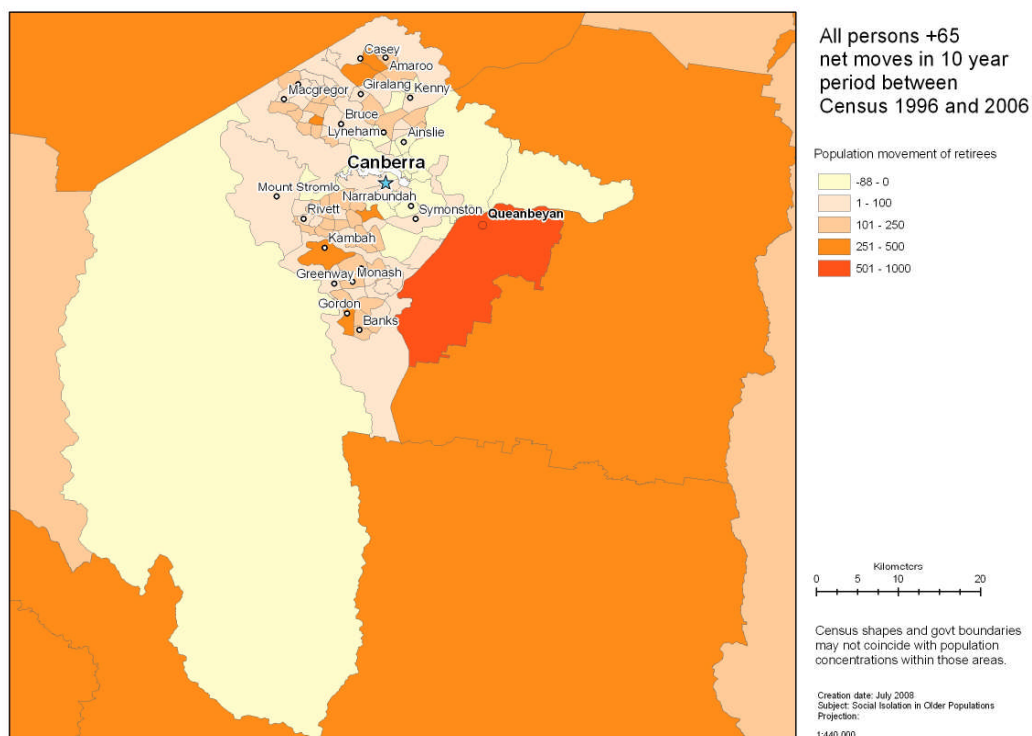






In the ACT, the highest growth of aged persons has occurred in Kambah and in the north, in and around Ngunnawal (below Casey).

In addition, a large increase of people 65+ is evident in Queanbeyan. It is not clear whether this is due to migration from ACT or other parts of NSW or aging in place.





## Population concentrations by Indigenous status

People who identify as indigenous constitute a small 1.2 % of the ACT population, far smaller than NSW. (Due to small numbers, this study does not differentiate between Aboriginal and Torres Strait Islanders.)

The total number of indigenous persons in ACT is less than 4,000. Around 350 of these are aged over 50.

In the over 50 age group, there are 200 indigenous women to 150 men.

The indigenous population as a whole is distributed broadly among the same suburbs as the rest of the ACT population. Greatest concentration of indigenous persons occurs in Kambah, Gordon and Wanniasa.

It is notable that there are an equal number of indigenous men and women concentrated in the top 10 suburbs. However, by age 50-plus, there are a greater number of men in the top 10 suburbs, though based on a very small sample.

There has been a large shift of indigenous population to Queanbeyan, while the rest of the ACT has had only modest increase of indigenous population.

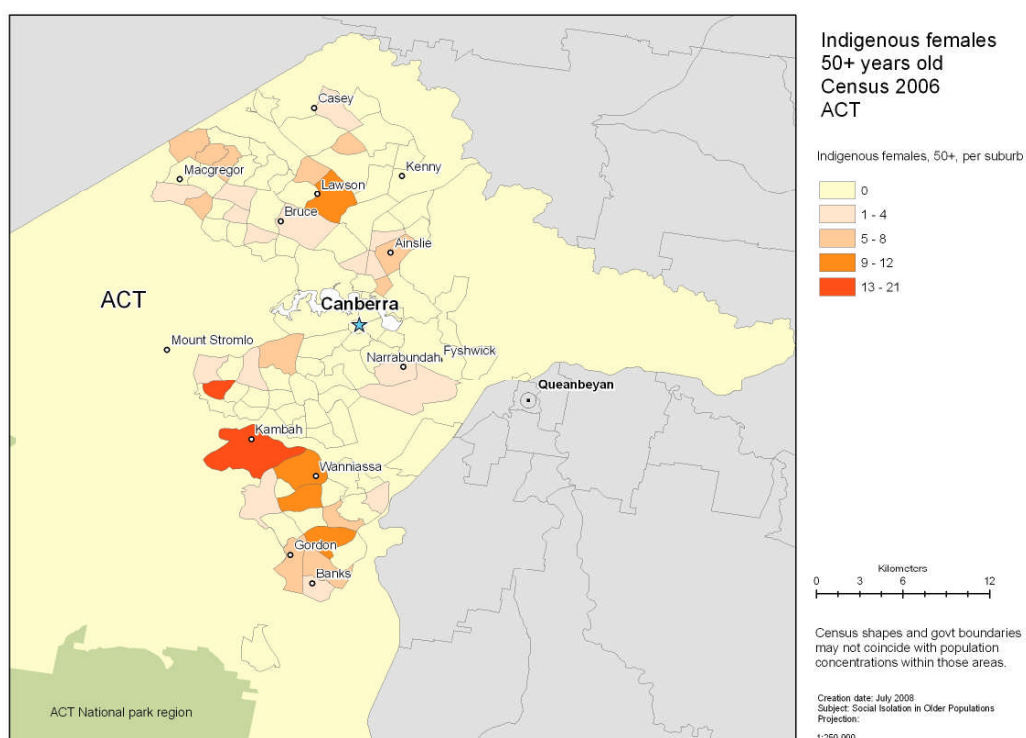
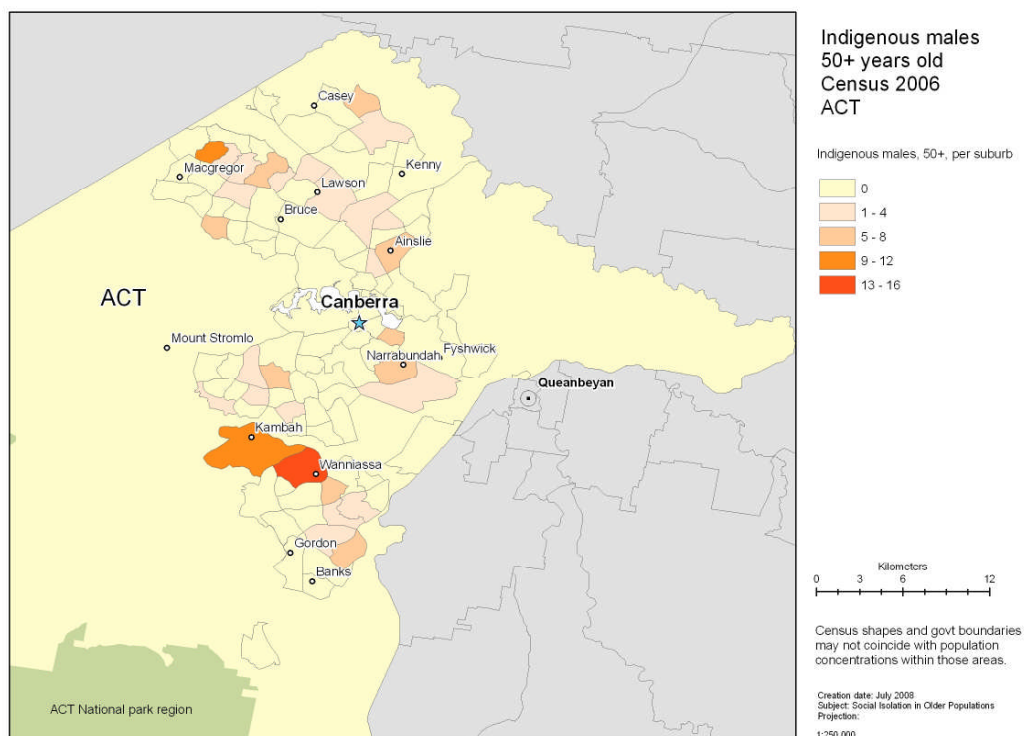
**Indigenous population numbers and ratio**

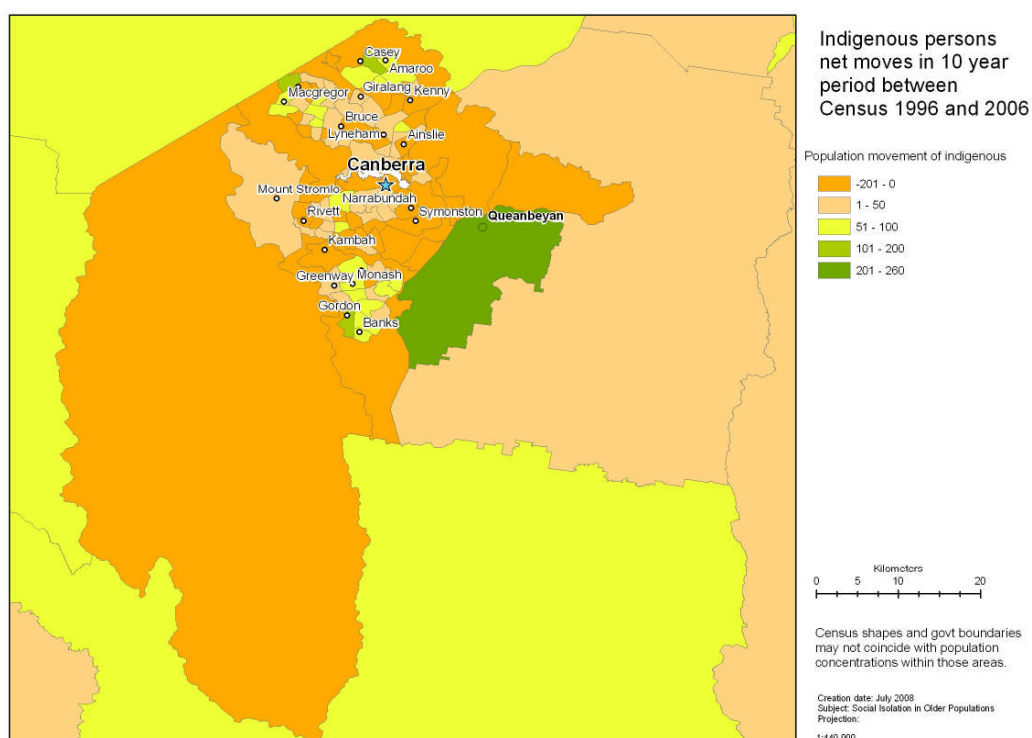
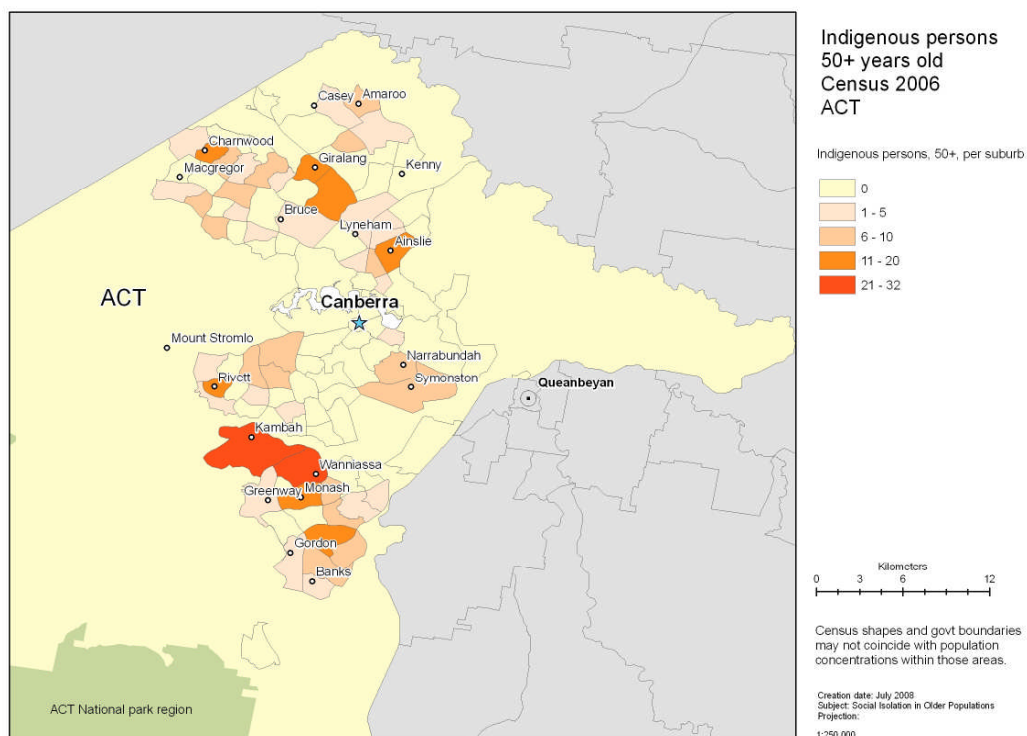
suburb top 10	Non-indigenous males total	Non-indigenous females	Total non-indigenous	Indigenous males total	Indigenous females total	Indigenous total	Total of not stated	Indigenous % of population
Kambah	7,223	7,347	14,570	120	149	269	741	1.8%
Gordon	3,553	3,911	7,464	65	68	133	272	1.8%
Wanniasa	3,703	3,756	7,459	64	57	121	353	1.6%
Ngunnawal	3,989	4,304	8,293	46	56	102	544	1.2%
Dunlop	2,778	2,781	5,559	46	46	92	200	1.7%
Kaleen	3,691	3,645	7,336	45	37	82	168	1.1%
Calwell	2,698	2,873	5,571	42	34	76	281	1.4%
Palmerston	2,628	2,748	5,376	33	25	58	278	1.1%
Nicholls	3,340	3,423	6,763	24	15	39	189	0.6%
Campbell	2,651	1,972	4,623	11	14	25	147	0.5%
Total top 10	36,254	36,760	73,014	496	501	997	3,173	1.4%

**+50 Indigenous population by suburb top 10**

Suburb	Males over 50	Females over 50	Persons over 50
Kambah	11	21	32
Wanniasa	16	9	25
Charnwood	9	5	14
Ainslie	6	7	13
Narrabundah	6	3	9
Theodore	7	0	7
Evatt	7	0	7
Gowrie	7	0	7
Lyons	6	0	6
Hawker	6	0	6
Amaroo	6	0	6
Top 10 total	87	45	132
Grand total indigenous in ACT	148	199	347
% of total in top 10 suburbs	59%	23%	38%
Male female ratio	43%	57%	100%

Additional indigenous status maps and tables are included in the appendix.





## Population concentrations by CALD people (imputed age)

Culturally and linguistically diverse (CALD) population group in ACT is defined for the purpose of this analysis as those people identified in the Census as speaking a language other than English at home.

The CALD demographic represents around 14% of the total ACT population. This has been a consistent ratio over the last 10 years.

CALD population represents around 50,000 people in the ACT. It is imputed from general population ratios that 10% of CALD people are over 65. For this reason, it is assumed that around 5,000 CALD people are over 65 in the ACT.

CALD population is highest in Ngunnawal, Kaleen, Nicholls, Palmerston and Kambah. It is imputed that in each of these suburbs, the CALD population over 65 is around 160 persons.

It is imputed that men and women of CALD background have same mortality rate as general population. For this reason it is assumed that there will be more female CALD people than male in the older age groups.

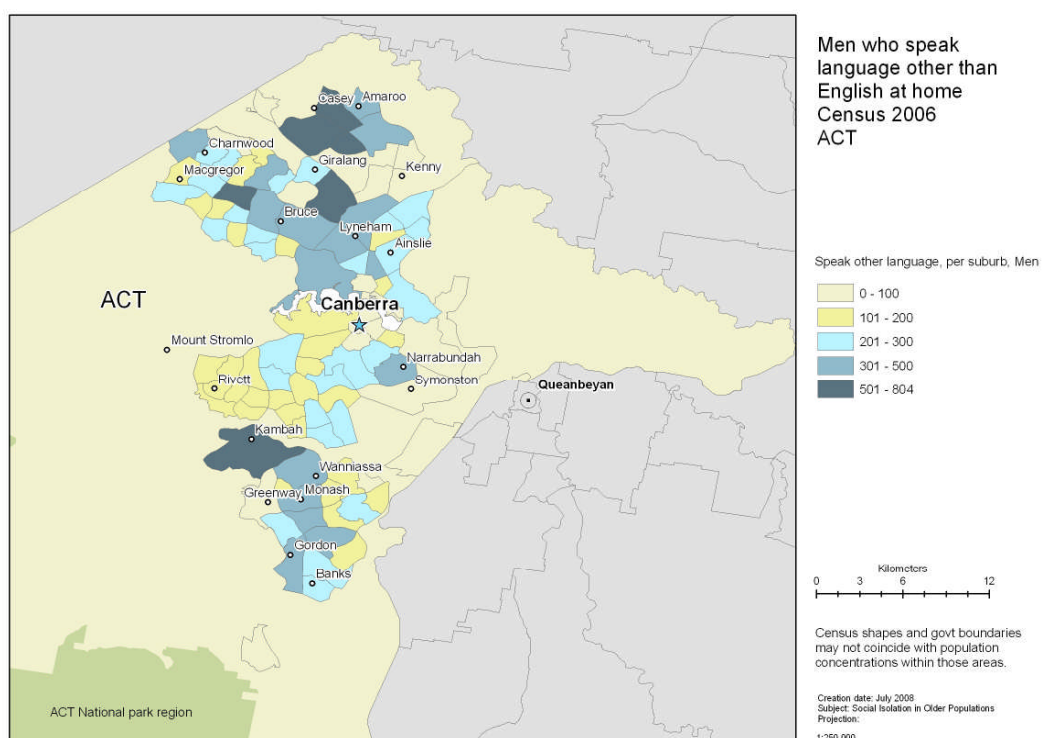
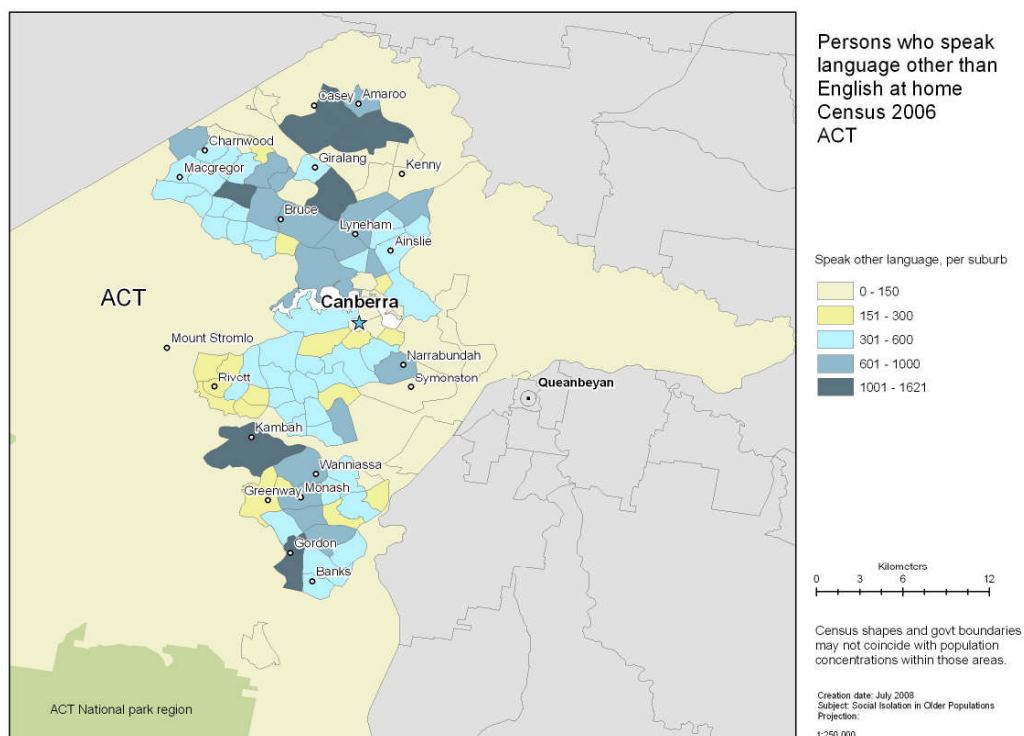
There is no evidence of great differentiation in the areas where men and women of CALD live.

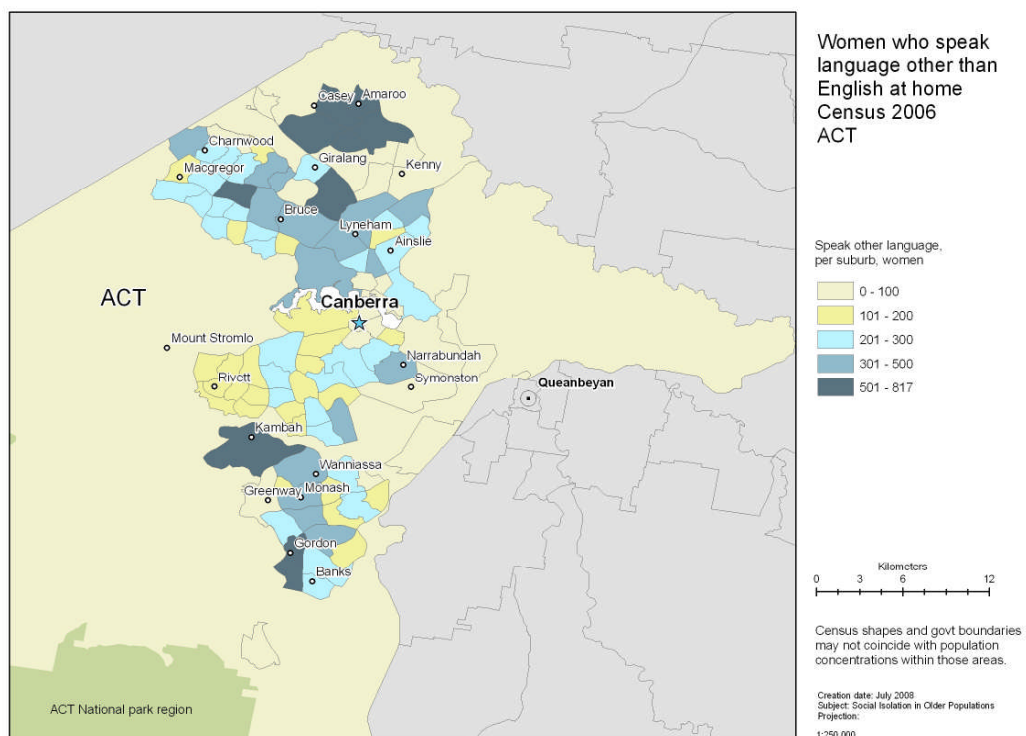
### ACT CALD to general population

Year	1996	2001	2006
CALD population	40,703	42,177	47,333
General population	299,246	311,948	327,924
Ratio CALD	14%	14%	14%
Imputed +65 CALD	4,070	4,218	4,733

### Speak language other than English at home

suburb top 10	Speak other language	Speak English	Language not stated	% who speak other language
Ngunnawal	1,621	6,778	540	18%
Kaleen	1,572	5,868	145	21%
Nicholls	1,537	5,258	197	22%
Palmerston	1,515	3,944	251	27%
Kambah	1,430	13,488	662	9%
Florey	1,247	3,642	216	24%
Gordon	1,057	6,562	250	13%
Gungahlin	1,020	2,632	206	26%
Amaroo	994	4,332	178	18%
Monash	870	4,507	171	16%
Total top 10	12,863	57,011	2,816	18%
Total ACT	47,174	262,449	14,441	15%





## Income levels of aged persons

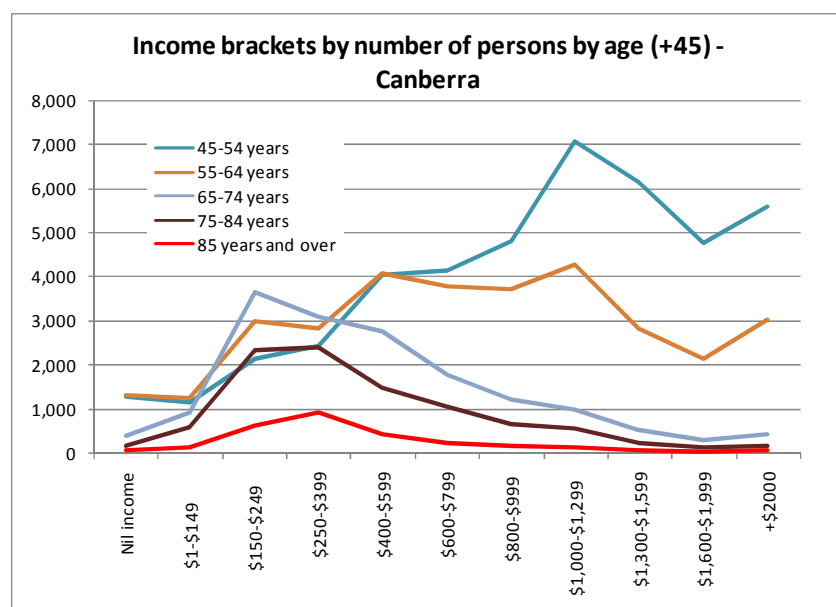
There is likely to be some correlation between income and risk of social isolation. The assumption is that lower income is associated with lesser ability to obtain goods, services and achieve mobility.

Data available for income of retiree-aged persons is limited to age brackets, not indigenous or other status.

Where applicable, the assumptions of income for indigenous or CALD people is based on population ratios. However, it is likely that there is a significant variation in employment, retirement savings and pension receipt between the target demographics. It is also assumed that for lower income groups, the tendency for pension receipt means that there is lesser differentiation between men and women than in wealthier demographics.

Income for older people is significantly variable, depending on past career or employment. A small number of older people continue to work at higher age or are in receipt of high superannuation payments. The target demographic is more likely to experience a retirement income at or below the average. This is measured at around \$200-\$300 per week.

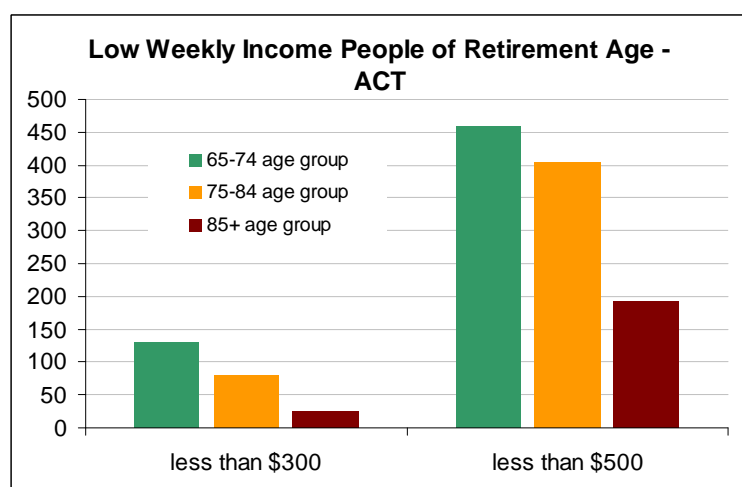
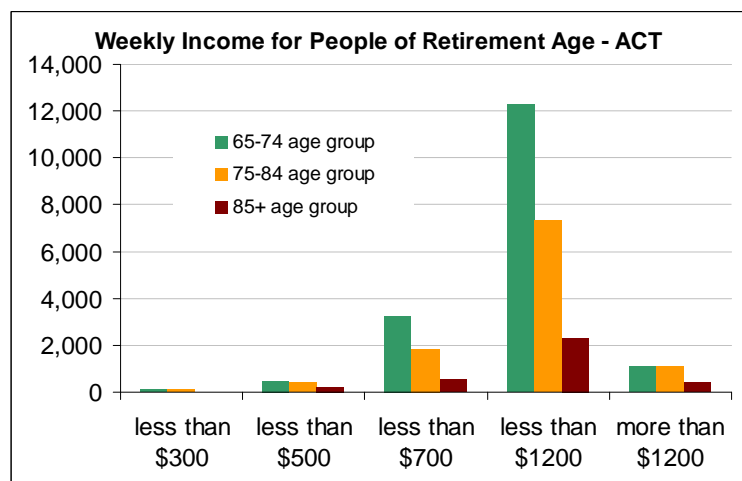
Low income suburbs for older people include O'Connor, Hughes, Aranda and Campbell. However, the fairly high average retiree income for these suburbs suggests that high and low income between older people is well distributed between suburbs. Each suburb contains a large number of wealthier older people who boost average retirement income in that area. This feature suggests that low income or isolation for older people should not be targeted according to suburb location and is likely to be well distributed.





**Low income suburbs for retirees**

Bottom 15 suburbs and average	Average weekly income for 55-64 year olds	Average weekly income for 65-74 year olds
O'Connor	\$1,033	\$498
Unclassified ACT	\$1,191	\$523
Hughes	\$1,106	\$588
Aranda	\$1,103	\$618
Campbell	\$1,183	\$663
Barton	\$1,603	\$673
Isaacs	\$1,041	\$683
Bonner	\$1,150	\$700
Chapman	\$1,116	\$700
Weetangera	\$1,059	\$725
Deakin	\$1,266	\$792
Red Hill	\$1,089	\$793
Yarralumla	\$1,339	\$874
O'Malley	\$1,208	\$1,010
Forrest	\$1,411	\$1,135
Average	\$1,162	\$692





## People Living Alone

The prevalence of older people living alone is a valuable measure of social isolation. Although many people are increasingly choosing to live alone, the assumption here is that this is not optimal from the perspective of mutual support, engagement and medical surveillance for older people.

Older people living alone are likely to be more represented by females, due to their greater longevity.

The distribution of older people living alone occurs along the same geographic distribution as the wider population to some extent. The suburbs with the most older people living include Kambah and Narrabundah, conforming with the high populations in these suburbs.

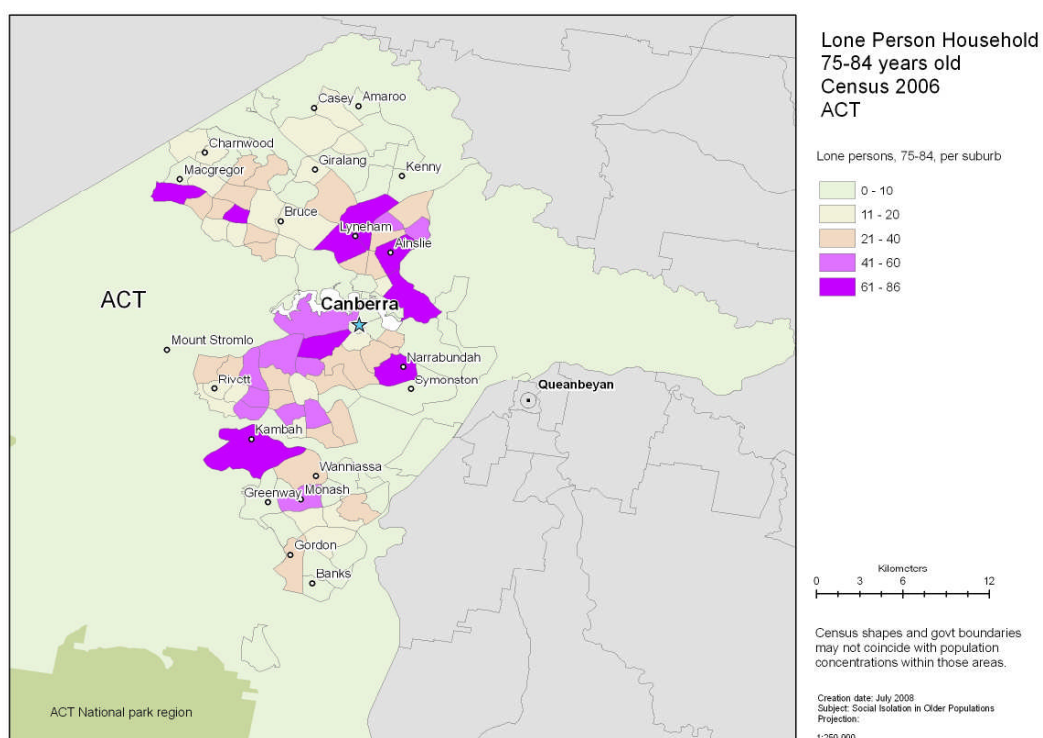
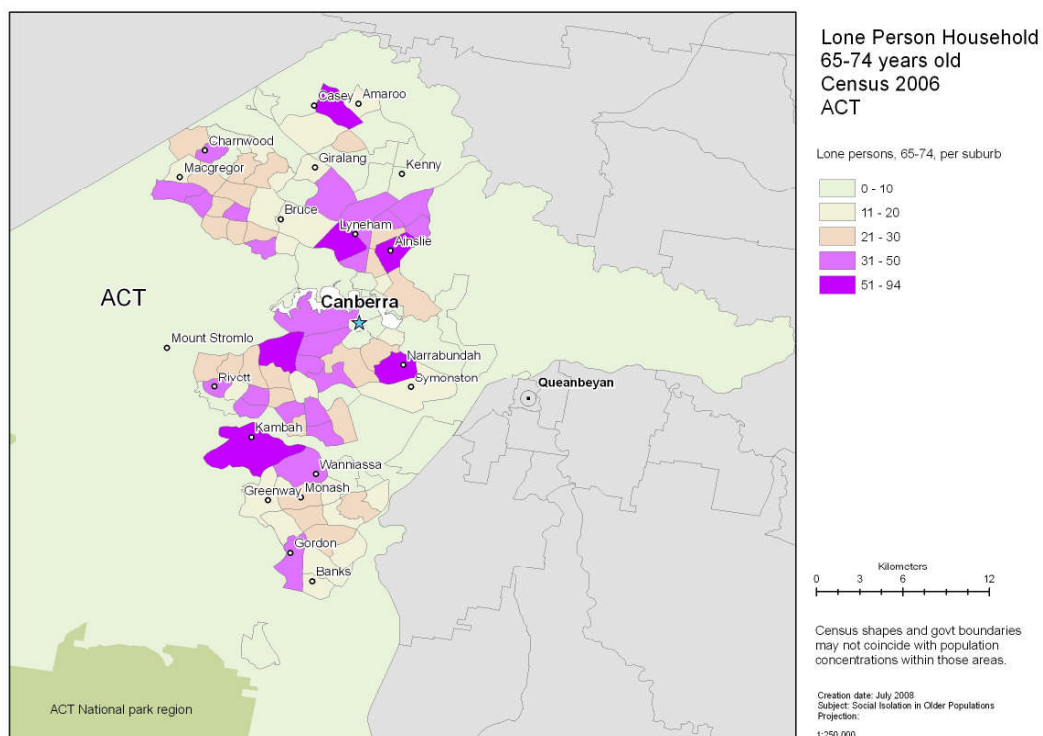
It is notable that Lyneham and Ainslie include a substantial number of older people living alone. However, in the 85+ age group, the number of older people living alone concentrates to the suburb of Narrabundah, Deakin and Holt.

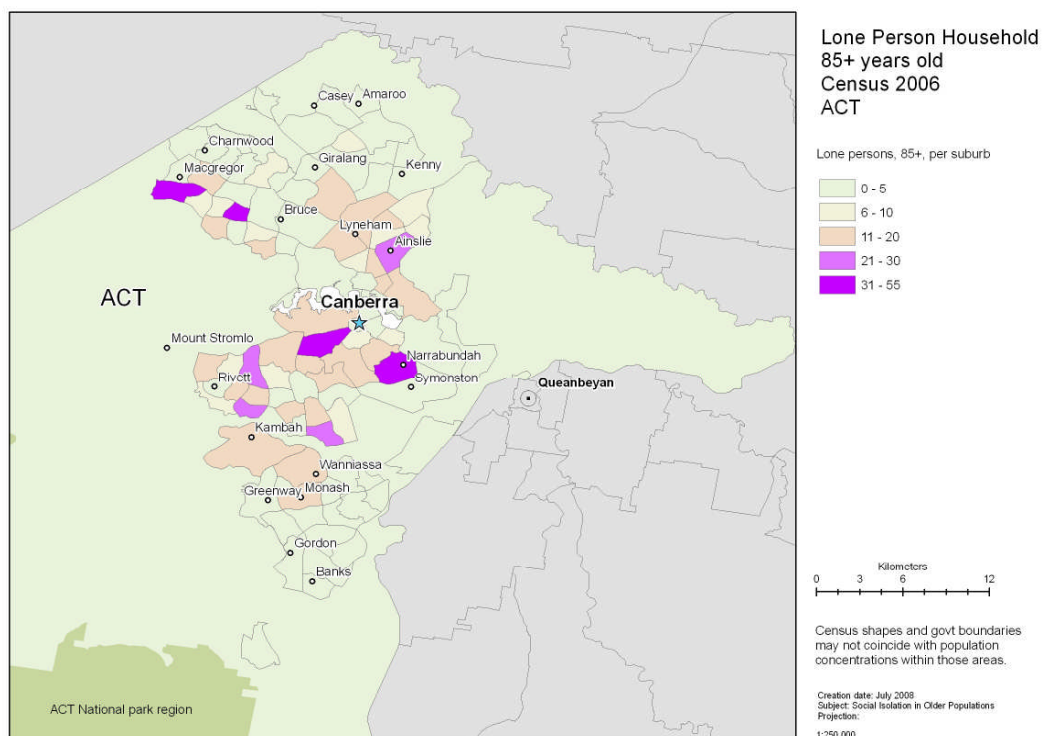
There is no data for older people who are indigenous or CALD.

### Lone person households over 65

	Men	Women	Total alone over 65
Numbers	2,034	5,498	7,532
Percent	27%	73%	100%

- Lone person households of over 65 aged persons constitute about 2% of total population of ACT
- 24% of people over 65 are living in lone household





## People Requiring Care

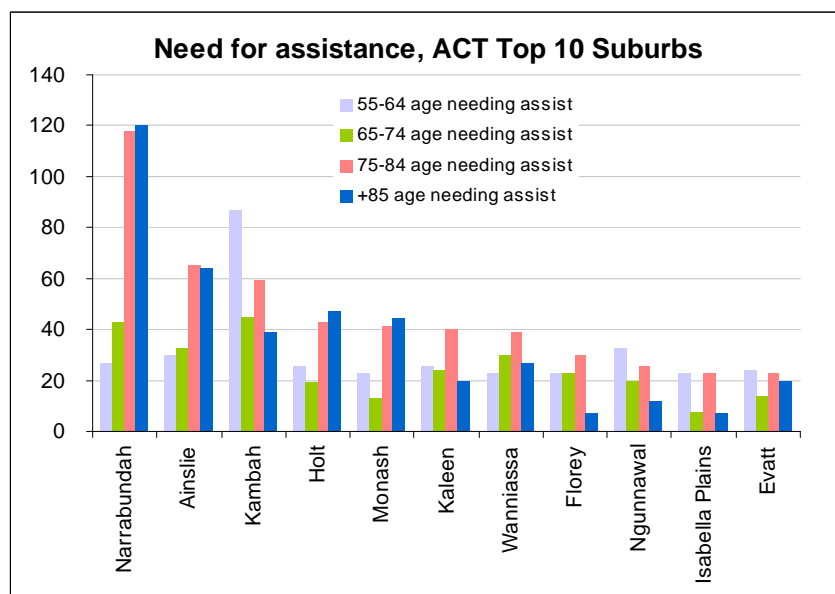
People requiring care may be a target demographic for this study. The criteria of requiring care suggests that this group is obtaining a level of social service and associated social interaction. However, there is no direct evidence if they are necessarily living in social isolation otherwise.

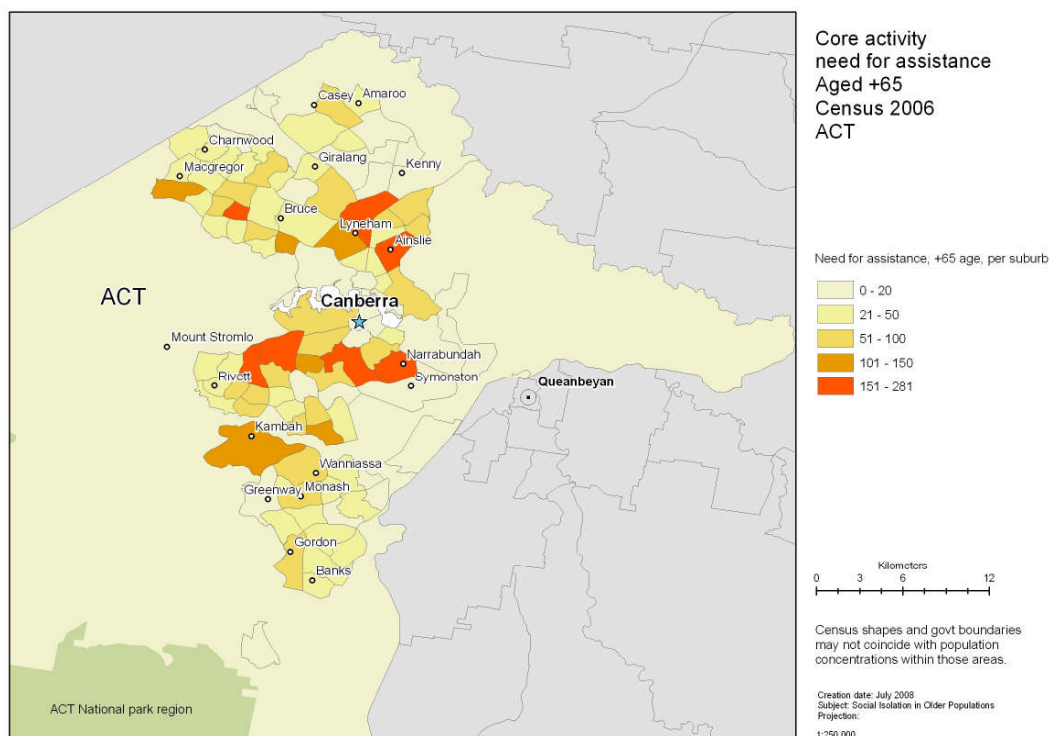
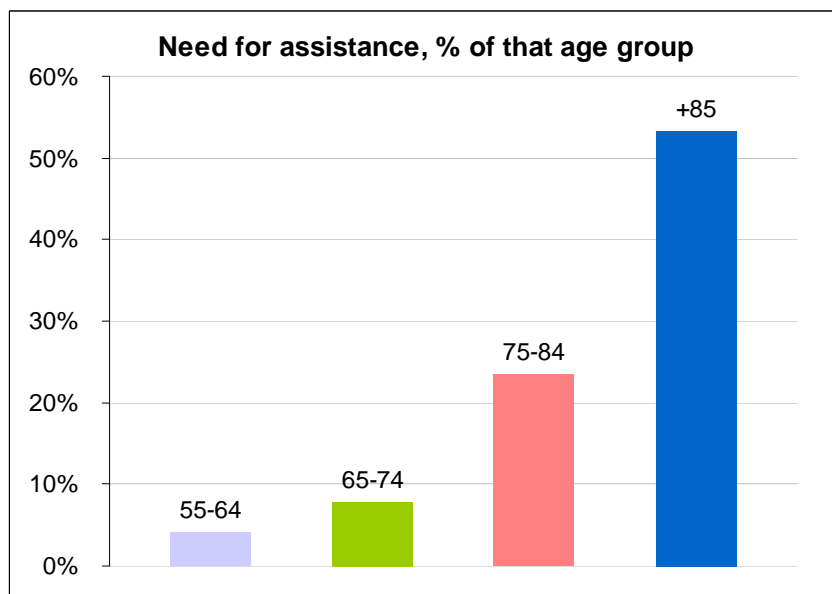
The likely immobility of people requiring care means that they are unlikely to move extensively and freely. They are unlikely to be able to develop social networks outside constrained parameters.

Many people requiring care in older age groups are likely to be institutionalised.

Core need for assistance (ordered by 75-84 age)

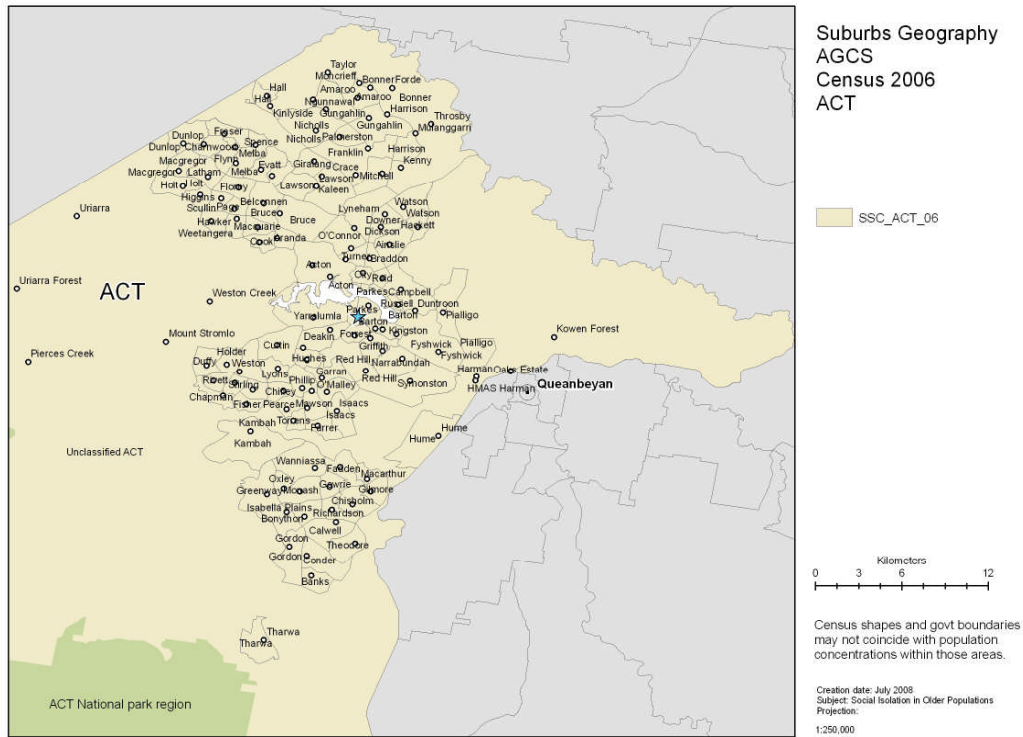
suburb top 10	55-64 age needing assist	% of 55-64 suburb popn	65-74 age needing assist	% of 65-74 suburb popn	75-84 age needing assist	% of 75-84 suburb popn	+85 age needing assist	% of +85 suburb popn	Total needing care	% of total suburb popn
Narrabundah	27	6%	43	13%	118	30%	120	61%	308	22%
Ainslie	30	7%	33	11%	65	24%	64	52%	192	17%
Kambah	87	4%	45	6%	59	20%	39	48%	230	7%
Holt	26	4%	19	7%	43	21%	47	53%	135	11%
Monash	23	4%	13	7%	41	21%	44	50%	121	12%
Kaleen	26	3%	24	6%	40	21%	20	43%	110	7%
Wanniassa	23	2%	30	8%	39	21%	27	54%	119	7%
Florey	23	5%	23	11%	30	25%	7	28%	83	10%
Ngunnawal	33	5%	20	7%	26	22%	12	100%	91	9%
Isabella Plains	23	7%	8	6%	23	32%	7	32%	61	11%
Evatt	24	3%	14	7%	23	21%	20	63%	81	8%
Totals for selection	345	4%	272	8%	507	24%	407	53%	1531	10%
Total ACT	1141	3%	1195	7%	2297	21%	1778	51%	6411	10%





## Appendix 1: suburb map for ACT

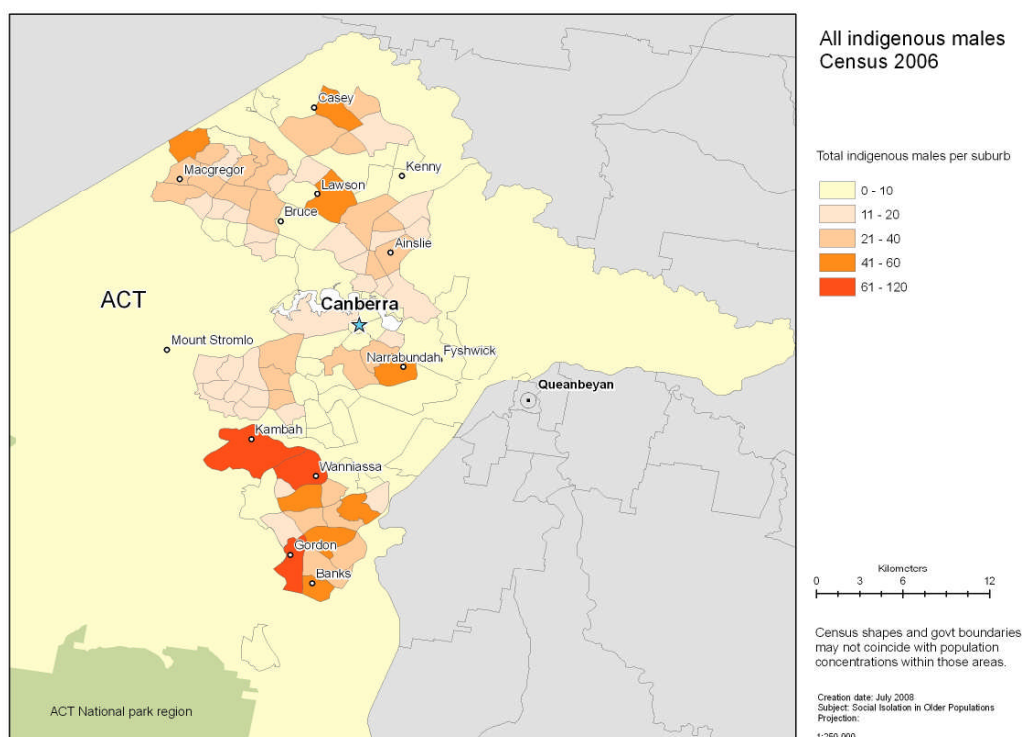
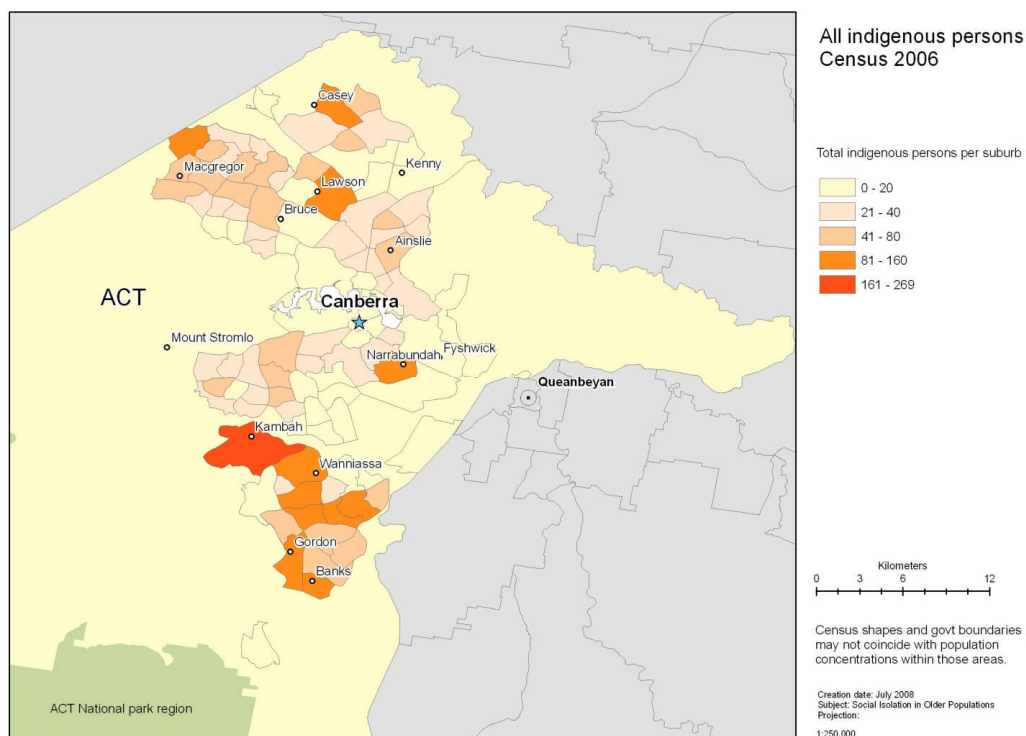
Suburb map, identifying all suburbs in ACT region



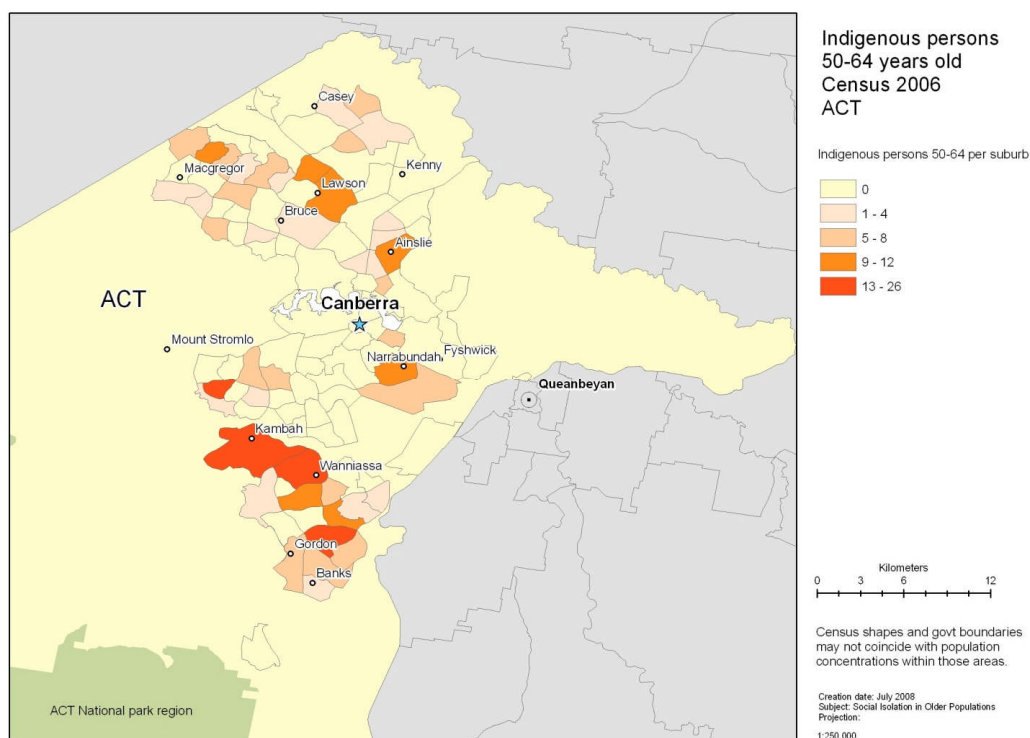
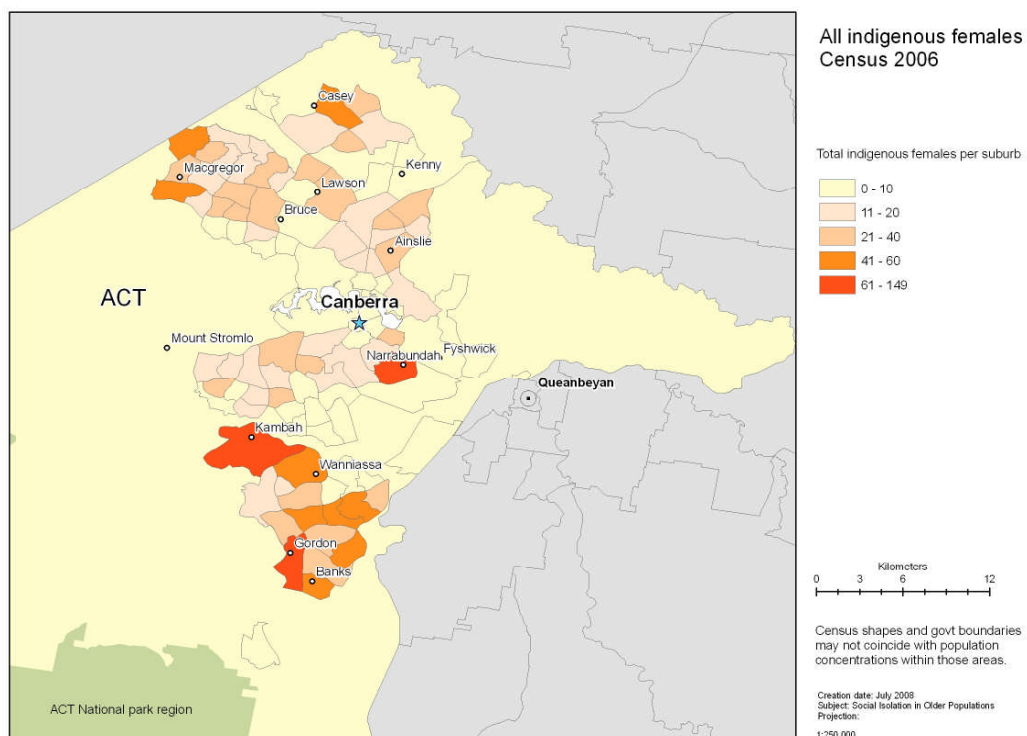
## Appendix 2: Indigenous population by sub-age brackets - tables

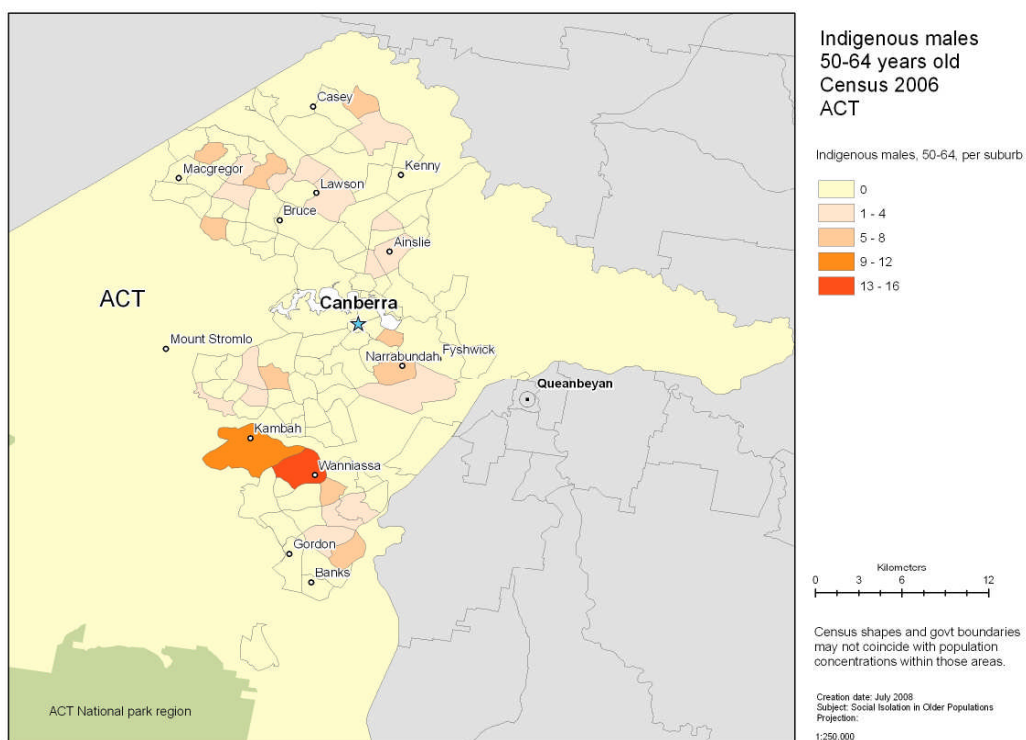
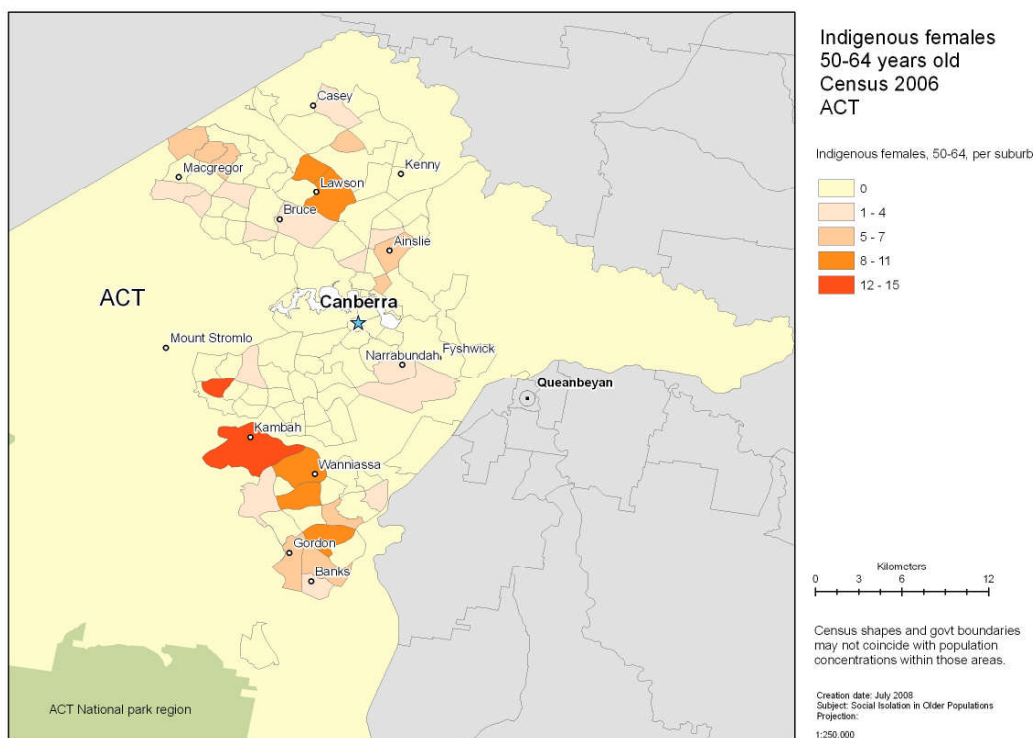


## Appendix 3: indigenous person supplementary detail maps



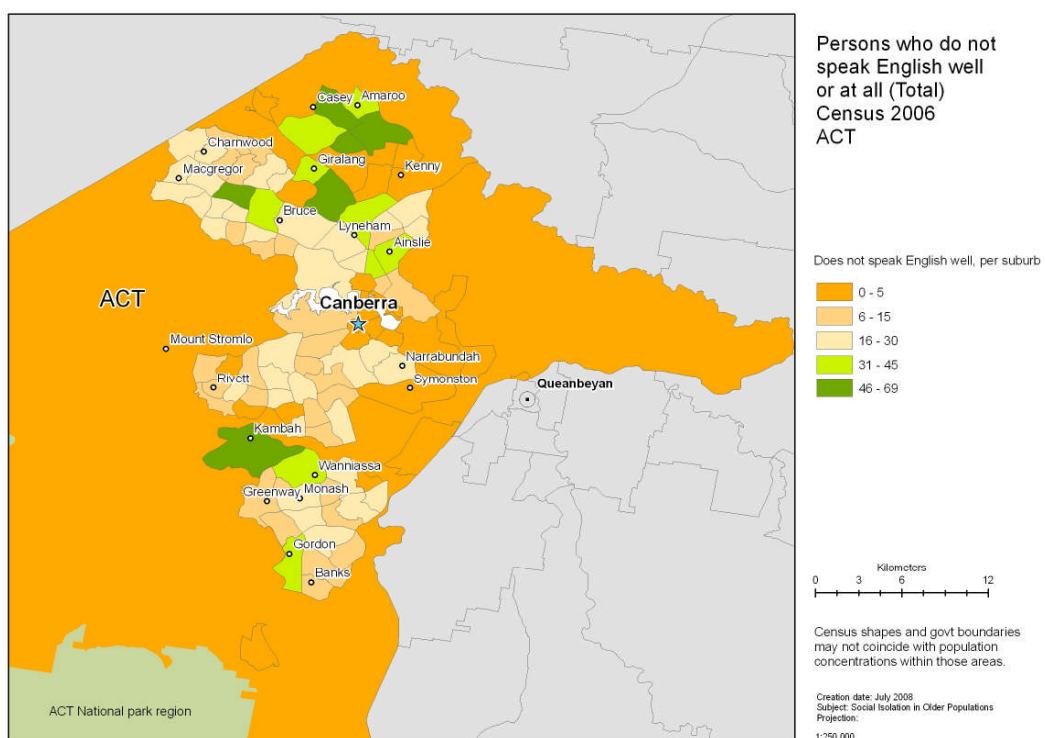
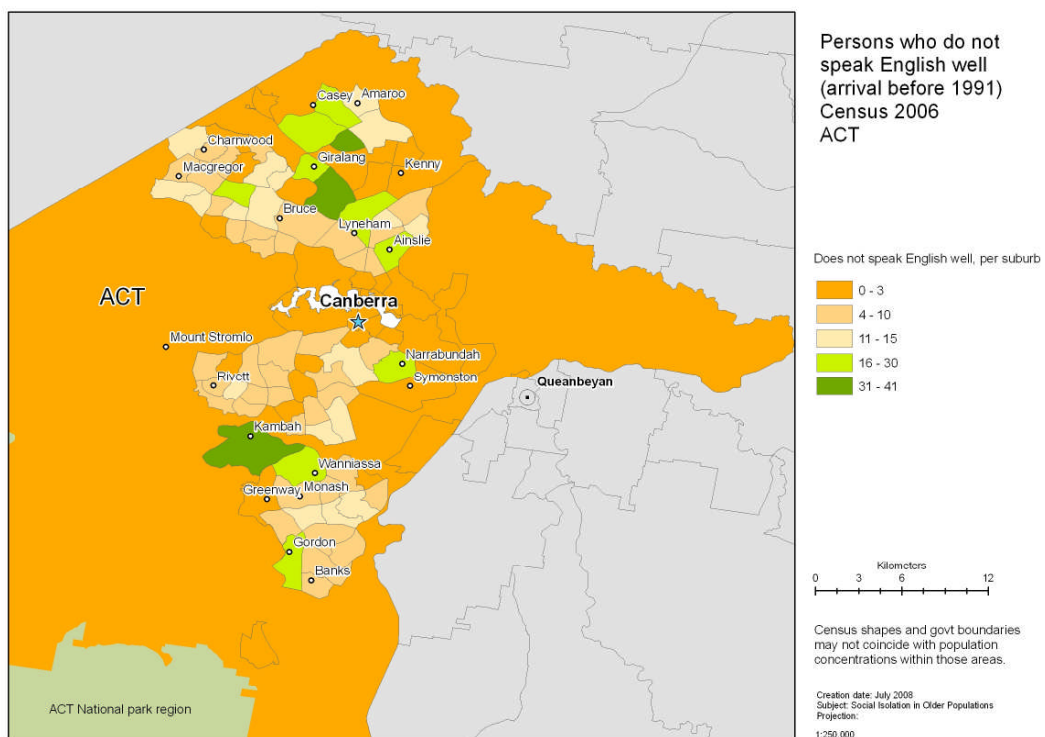






## Appendix 4: persons who do not speak English well

This map series is based on Census question 11. It is distinct from the series on language spoken at home and may provide additional insight into target demographic



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