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Acronyms and Terms

ABS Australian Bureau of Statistics
BSL Brotherhood of St Lawrence
CALD Culturally and Linguistically Diverse
CAF Charities Aid Foundation
CMAs Community Meal Attendants
COTA Council on the Ageing
CDC Consumer Directed Care
DHA Department of Health and Ageing
EFC Elderly Friendly Communities
HACC Home and Community Care
HLC Healthy Living Centres
ICTs Information and Computer Technologies
LGBTI Lesbian, Gay, Bisexual, Transgender and Intersex
NGOs Non-Government Organisations
‘Older Adults’ People aged 65+ years old
PAGs Planned Activity Groups
POPP Partnerships for Older People Projects
TOMNET The Older Men’s Network
UK United Kingdom
USA United States of America
WHO World Health Organisation
Executive Summary

Introduction

 beyondblue operates to raise awareness of, and reduce the stigma associated with, depression and anxiety. This report responds to beyondblue’s request to understand what is occurring in the area of reducing social isolation and/or loneliness and the role that beyondblue could potentially play.

Currently over three million Australian adults are aged 65+ years old (Older Adults) and this number is set to increase significantly over the coming decades. A growing challenge facing Australia is how to ensure the physical and mental health, and wellbeing of Australians as they age. beyondblue has commissioned this research project to scope evidence-based recommendations as a means to add value in this space.

The report outlines observations and recommendations arising from a review of the current literature, three international and three Australian cases and an initiative/project mapping process.

Observations and recommendations

In the narrative review we identify the common success factors behind initiatives to address social isolation and loneliness. Additionally, we have provided some higher-level observations, or themes over and above these success factors, that we have synthesised over the course of this project. They are intended to provide ideas and tentative recommendations to help guide beyondblue in their future work in this space. In summary, these observations/recommendations are:

1. **Raise awareness of existing programs with a focus on prevention and promoting protective behaviours**: Identified were many existing programs, we suggest an initial step could be to promote and raise awareness of the opportunities available to older adults. There are significant benefits in identifying and sharing positive and protective behaviours, as well as stories of Older Adults who are living well, or perhaps have recovered from loneliness.

2. **Ensure, where possible, that projects are sustainable and can provide continuity**: It is critical to consider the potentially negative consequences of implementing short time scale interventions or designing programs that do not have an exit strategy or transition process.

3. **Increase the evidence base on success factors**: We stress the importance of building evaluation into the design of any program, from the start to increasing the level of evidence supporting the success (or failure) of interventions.

4. **Find a balance between a targeted and a multi-faceted approach**: Many programs could have been benefited from having clearly defined objectives of an intervention. We suggest that priority should be given to defining goals or outcomes from the start. An intervention should address the issue from many angles; including psychological, social, structural and institutional aspects of the
problem and should be adaptable and able to be modified to the peculiarities of geography, demographics and social infrastructure (to name just a few) of any place or population.

5. Ensure initiatives are integrated into communities and existing programs: New initiatives should not operate in isolation from (or in opposition to) existing activities, either physically or in cyberspace. It may be more effective to ensure existing programs work together more efficiently and effectively.

6. Co-production can increase the chances of project success: Enabling Older Adults to be involved in the design, development and delivery and evaluation of initiatives/projects can increased the chances of success.

Case Studies

Roberts Evaluation, in consultation with beyondblue, identified six initiatives to be documented as case studies (three Australian and three International), on the basis of their ability to provide the broadest representation of the spectrum of initiatives targeting socially isolated and/or lonely Older Adults, as well as meeting some additional criteria defined by beyondblue.

The six case studies were as follows:

The Social Inclusion Program (Victoria)

The Brotherhood of St Laurence’s (BSL) Social Inclusion Program provides activities and outings for people at risk of social exclusion or social isolation. A number of targeted projects sit within the overarching Social Inclusion Program, and three are described in detail:

Good Food Matters: is an in-home nutritional care service that matches socially isolated older adults with complex needs and poor nutrition with unemployed mature age people. Amongst the positive aspects of the program is the opportunity for clients to be involved in the planning, buying and cooking process. As well as to have some company and discuss meal choices, and to feel that their preferences were being taken into account.

Social inclusion and Social Support Training Program: The program was developed for care workers and caring organisations to inspire staff to understand the importance of social support and social inclusion in the lives of their clients. Provided were tools and resources to help service providers to create high quality programs. Amongst the challenges in this program were differences in the operational procedures and contexts of the participant organisations, the ability to commit to two days of training and the increased workload created by including social inclusion activities on top of regular workloads.

iPad Training: The iPad training program provides iPad set up and training for older adults, or those with physical or mental disabilities. The program encourages communication with family and friends, providing opportunities for new leisure activities, social interaction with others in the class, and
development of practical skills for engaging in the community. Key challenges include encouraging trainees to continue to use the iPad once training had been completed and the time needed for personalised attention and support from trainers.

**Timehelp (Vic, NSW, WA)**

Timehelp connects retirees with young people in government schools, where they assist with a range of activities including, reading and writing support, helping migrant and refugee children, and supporting the art, sport, music or language programs. The service is provided at no cost to the school and support is provided for some administrative duties.

Amongst the success elements identified is the supportiveness and flexibility of the Timehelp model for volunteer. Furthermore, the majority of volunteers reported that volunteering for Timehelp enhanced their physical and mental wellbeing and made them feel more connected to their community.

**TOMNET (QLD)**

TOMNET (The Older Men’s Network) works to enhance the physical, mental, emotional and social wellbeing of older men through the establishment of peer support networks, encouraging members to volunteer and providing opportunities to experience professional and personal development.

TOMNET is adaptable and flexible which has allowed it to be applied in a range of settings and is a member-led organisation with volunteers elected to the committee of management. The peer-to-peer model is a very successful element of TOMNET.

TOMNET challenges include the difficulty in encouraging older men to accept referrals to health and community organisations, extending services into rural areas and reaching socially isolated men, and fostering the long-term sustainability of groups beyond start-up.

**Gatekeeper (USA)**

The Gatekeeper program trains ‘unconventional’ community referral sources, for example bank tellers, pharmacists, supermarket staff, to identify Older Adults who may be at high risk of social isolation and/or who typically do not come to the attention of support services.

The Gatekeeper allows the general public to take action on behalf of vulnerable adults and promotes anonymity at the same time, opens lines of communication between agencies, and can raise general awareness of social isolation amongst the elderly. Amongst the challenges facing the program is the need to provide high quality approaches to the selection, training and support of the facilitators or co-ordinators of the intervention, the Gatekeepers and the follow-up staff.

**Upstream (UK)**
Upstream involves training volunteer mentors to facilitate older people’s participation in individually-tailored creative and social activities, to help them to overcome barriers in their daily lives, and to stay independent for longer. The program has a strong local community focus.

Upstream uses a multi-method approach that identifies socially isolated people, individually tailors engagement in activities, ‘holds’ participants as long as needed to effect sustainable change, and has adopted an ‘action research’ approach to respond quickly to evidence of success or weakness. The program faces a number of challenges, including transport issues, the need to for a more intensive intervention for participants with more severe morbidities/disabilities, and increasing the ability of mentors to empower participants.

**Casserole Club (UK)**

Casserole Club is a website that matches people who like to cook with people in their local community who could benefit from a home-cooked meal. There is an emphasis on providing a flexible, supportive framework within which diners and cooks can negotiate the type of relationship/service that works best for them.

The strength of Casserole Club is in the effort put into connecting people, including matching cooks with diners based on such things as location and food preferences, and partnering with local council. The main challenge has been in signing up diners to the website as potential diners often don’t have regular access to the internet. Instead trusting relationships have to be built with organisations that those diners may already be in contact with.

**The Narrative Review**

The narrative review was guided by research questions developed in consultation with beyondblue and is arranged under the subheadings of (1) policy frameworks in Australia, (2) social isolation and/or loneliness factors, (3) elements of a successful initiative, and (4) the role of ICTs in addressing social isolation and/or loneliness.

**Policy Frameworks in Australia**

- The Governmental policy framework in Australia does not currently provide a consistent approach, strategy or guidelines for the provision of social connectedness initiatives in Australia to meet the needs of Older Adults and tend to focus largely on people aged between 12 and 64.
- Some policies or strategies across all areas of government are outdated, and there is no readily available evidence on whether they have been implemented or have had any tangible impact.
- In general, government documents acknowledge the negative consequences of social isolation. However, there appears to be a lack of coherent, consistent strategies or funding to combat this.

**Social isolation and loneliness factors**

**Networks: social and structural factors**
• **Community and network fragmentation**: Research indicates that there is a potential for loneliness to disproportionately afflict older adults and have a bigger impact on men, and older people whose networks are self-contained.

• **Urban/Regional Context**: Increasing fragmentation of rural families may be creating a lonelier society for older rural living Australians, although the research in this area is contradictory.

• **Alone in a crowd**: The presence of large social networks does not imply protection from feelings of loneliness. Nor is living alone synonymous with reported loneliness.

• **Physical (and ‘Social’) Infrastructure**: Some location based factors influence increased social isolation and loneliness, such as lack of infrastructure (including transport). Urban design in many Australian suburbs is also often on not ‘age friendly’.

**Emotional and psychological factors**

• **Place connectivity and independence**: Government policies, and personal preferences, are seeing older adults choosing to live alone and independently for as long as possible.

• **Security**: Experiences of victimization and concerns about personal security in the community can limit the activities of seniors and contribute to isolation and loneliness.

• **Emotional and psychological isolation**: People with low self-esteem and confidence find it difficult to join activities, especially if a disability makes them feel self-conscious.

• **Loneliness is private**: Research has shown that loneliness is perceived as private, personal and a negative experience that is often stigmatised and associated with shame and shamefulness, as well as failure and defeat. This may limit self-nomination to programs.

• **Loneliness is contagious**: Lonely individuals can have increased sensitivity to social threats, hold more negative social expectations and can transmit these feelings to others. The thoughts and behaviours of these individuals make them less attractive as relationship partners.

**Transition and temporality**

• **Transition and loss**: Social isolation and loneliness can be triggered by a key life event including, retirement, loss of licence, death of a partner, or sudden disability.

• **Temporal factors**: Experiences of loneliness differ according to the time of year and/or day, with holiday periods and evenings/nights being times when many people may feel lonelier.

**Socio-demographic factors**

• **Gender**: Gender in itself is of limited utility in predicting loneliness and needs to be interpreted in the light of other social factors. Some research reports higher rates of loneliness amongst women and reluctance in men to report being lonely.

• **Culturally and Linguistically Diverse (CALD)**: Factors affecting quality of life are broadly common across cultural groups, but how they play out can be influenced by culture.

• **Employment**: Older Adults who have worked in stable professional or managerial occupations are more likely to retain networks that can assist them, more so than those whose work was less well paid and secure. Men leaving work may struggle in later life to redefine their identity.

**Elements of a successful initiative to reduce social isolation and loneliness in Older Adults**

• **Formal and Informal and Learning**: Interventions that involve some form of education or learning component are most effective, although it is important distinguish between formal and informal learning and the possible gender (and maybe cultural) divide in which is preferred.
• **Group-based interventions**: Interventions that encourage older adults to become involved in activities that bring them into contact with others can be particularly effective.

• **Multi-dimensional, Multi-agency**: The complex problem of social isolation and/or loneliness needs to be addressed by equally complex and interrelated responses, which requires strong partnerships between organisations.

• **Selection and targeting of interventions**: The more successful projects identified had developed clear understanding of what was specifically being addressed in their interventions.

• **Identification and assessment**: Assessing the extent and form of social isolation in older adults is essential for the appropriate targeting of interventions.

• **Keeping it Local**: It is important to use approaches, methods and models that address local needs and fit with existing resources. A local neighbourhood is a key source of security, identity and support networks for older people.

• **Involving the subjects of the intervention**: Programs that enable older people to be involved in planning, development and delivery of intervention are most likely to be effective.

### The role of ICT in addressing social isolation and/or loneliness

• The rise of the internet has been accompanied by debate on whether it increases or decreases people’s ability to interact and to form close relationships.

• Some note that internet use was a predictor for social loneliness; others note that the more people interact, the more they use the internet.

• Older Adults with strong community and family ties tend to use the internet as an additional means to reinforce established networks. In contrast, the socially isolated or lonely attempt to use the internet to reach out for contact with fellow humans.

• The overall impression gained from the literature is that ICTs might be unlikely to solely reduce isolation and/or loneliness, but it can contribute significantly to enhancing other initiatives.

### The use of ICTs to address social isolation and loneliness

• **A decision support tool**: The internet can provide support when older adults are facing big decisions.

• **Connection, reconnection and interconnection**: Older adults using ICTs are more likely to reconnect with people from the past, can connect better with carers, and can use social networks to help bridge generation gaps.

• **With support, or as a support**: It seems important not to see ICT as a stand-alone tool. Equal importance should be placed on the face-to-face aspects of ICT training.

• **Other Roles**: Online communication can be important for helping Older Adults to feel ‘in’ and updated, to helping improve cognitive function, and for online therapy and counselling.

### Barriers to using the internet and social networking technology

• **Access**: Appropriate phone and internet coverage can be a challenge, although other (social) factors tend to be more important.

• **Values, beliefs and perceptions**: Some research suggests ICTs are not a useful a way to use you time productively and not all males could not see the point of social networking. Value’s such as the use of the word ‘friend’ can be a challenge to the elderly.

• **Socio economic factors**: Research into ICT use has revealed that these users were largely English-speaking, married home owners and financial hardship and/or cost can limit access.
• **Useability and mechanical cognition:** Some research suggests that older adults cope well with the complexity of technology, but can struggle to adapt to sudden changes.

**Enablers to using the internet and social networking technology**

• **Age specific design (and supporting mechanical cognition):** Research suggests more older adults would use technology if it was easier to use. Comfort with greater experience with ICTs.

• **Subsidies for social connectedness:** Subsidies to meet some costs of ICT would remove significant barriers for some older adults to get online.

• **Supporting social cognition:** Training which focuses on the benefits access to the internet, and alerting Older Adults to the different social conventions of the internet would be valuable.

**The mapping of initiatives/projects**

Uncovered through the mapping exercise was a diversity of initiatives/projects seeking to respond to social isolation and/or loneliness in older adults. Initiatives used a variety of approaches, such as:

- Initiatives targeting specific populations, for example men, social isolated individuals, CALD communities, and LGBTI people
- Initiatives based on activities and interests, for example ICTs, arts, volunteering, sports and food
- Initiatives that used mixed approaches and whole of community responses

Many of these initiatives were small scale with limited evidence of evaluation. The mapping was not exhaustive, but represented an overview of established and emerging Australian and International initiatives. In Australia, apparently was a diversity of initiatives (established and more recently emerging) operating in the absence of an overarching policy context or, even, a centralised point for accessible information of the initiatives available.
1 Introduction

Currently over three million Australian adults are aged 65+ years old (Older Adults) and this number is set to increase significantly over the coming decades (ABS, 2008). Consequently, a growing challenge facing Australia is how to ensure the physical and mental health, and wellbeing of Australians as they age. Social connectedness is one of a number of factors that contributes to wellbeing of Older Adults. Social isolation and loneliness in Older Adults can be addressed through projects and initiatives that increase social connectedness.

beyondblue operates to raise awareness of, and reduce the stigma associated with, depression and anxiety. beyondblue encourages all Australians to engage in mental health help-seeking behaviours and is increasingly interested in the areas of prevention and wellbeing. As part of this work, beyondblue is interested in preventative wellbeing behaviour change and dissemination of successful projects or project elements on a broader scale. beyondblue has commissioned this research project to scope evidence-based recommendations as a means to add value in this space.

The report outlines our observations and recommendations arising from a narrative review of the current literature, three international and three Australian cases and an initiative/project mapping document. The report is arranged into the following three sections: (1) Australian and International cases, (2) the narrative review, and (3) the mapping document.

The Australian and International cases selected span the spectrum of initiatives, from those that target socially isolated and/or lonely Older Adults, to initiatives that act to prevent social isolation and/or loneliness. The Australian cases include; (1) Social Inclusion Program (VIC), (2) Timehelp (VIC, NSW and WA), and (3) TOMNET (QLD). The Australian cases rely on internal documents, interviews with staff and program participants and internet sources. The international cases are; (1) Gatekeepers (USA), (2) Upstream (UK), and Casserole Club (UK). The first two international cases rely on secondary data from websites and journal articles. The third (Casserole) case only recently emerged and therefore relies on information from the website, newspaper articles and an interview.

The narrative review was guided by research questions developed in consultation with beyondblue. It begins by defining the key terms and then responds to the research questions under the four subheadings:

1. policy frameworks in Australia
2. social isolation and loneliness factors
3. elements of a successful initiative to reduce social isolation and loneliness
4. the role of ICTs in addressing social isolation and/or loneliness.

The review commenced with a desktop review of key literature (meta-reviews and documents provided by beyondblue). With the scoping phase complete, additional Australian and International literature was selected, based on the criteria of:
- evidence based research on mental health, wellbeing and social connectedness, social isolation and loneliness published in the last decade
- Interventions targeted at older adults to increase social connectedness and/or reduce loneliness and/or social isolation
- Specific research examining interventions targeting older men and/or using ICTs.

For a more detailed description of the methodology, please refer to the methodology section (p. 152).

The **mapping document of initiatives/projects** provides an illustrative overview of both international and Australia approaches to managing social isolation and loneliness. The individual initiatives/projects included were selected on the basis of their capacity to represent the spectrum of initiatives/projects occurring. This includes preventive (e.g. assisting older adults to maintain social connections) and reactive (aimed specifically at identifying and responding to isolated older adults) approaches, as well as approaches that target specific groups (e.g. Men) and/or those that use a variety activities (e.g. arts, sport, volunteering). The mapping is not exhaustive, but provides a view of the terrain of established and emerging initiatives/projects.
2 Observations and Recommendations

Below we outline observations and recommendations arising from the social connectedness research project. These are higher-level observations, or themes over and above the common project success factors identified in this review (see Section 5.3, p. 55). The observations below are intended to provide ideas and tentative recommendations to help guide beyondblue in their future work in this space.

Raise awareness of existing programs with a focus on prevention and promoting protective behaviours

It became apparent through the mapping exercise that there were many existing programs across Australia. Within the literature the strongest focus was treating factors influencing, and problems arising from, social isolation and loneliness. Much research starts from the notion that social isolation and/or loneliness is a problem that needs to be directly addressed. However, some literature also reminds us that significant benefits can be gained by identifying and sharing positive and protective behaviours, as well as stories of Older Adults experiencing good levels of wellbeing. For example, Professor Browning from Monash University, noted that:

> It’s important to get the positive message out that people who are engaging in healthy behaviours, like being physically active and having good social support, are doing quite well, they’re living a good life. (in O’Keeffe, 2014)

We suggest there is a role for promoting existing programs / initiatives to raise older adults’ awareness of the opportunities available. Furthermore, an important part of any intervention to reduce social isolation and/or loneliness should draw on insights from the Older Adults who are living well, or perhaps have recovered from loneliness, and build on protective factors that can sustain wellbeing amongst the elderly.

Ensure, where possible, that projects are sustainable and can provide continuity

We noted a number of pilot projects that ran their course and disappeared, sometimes without adequate evidence of their findings. This is perhaps not surprising given the ephemeral nature of government funding and grants.

We think it crucial, however, to consider the consequences of implementing short time scale interventions or designing programs that do not have an exit strategy or transition process. This is for two reasons:

1. There is plenty of evidence that supports the need for some time (perhaps 3-5 years) for strategies to establish ownership and responsibility amongst participants if they are to be sustainable.
2. Perhaps most importantly, there is some evidence that the closing of a project can be seen as another loss (transition) to older participants, perhaps heightening feelings of loneliness.
Increase the evidence base on success factors

A large number of the programs we identified for this research did not have a strong evidence base, and many had had no formal, or even informal, evaluation.

We stress the importance of building evaluation into the design of any program, from the start. Ideally, and where feasible, this evaluation would include the subjects of the intervention (Older Adults) in the evaluation design and delivery.

Importantly, this would be a great benefit to increasing the level of evidence supporting the success (or failure) of interventions and build the collective knowledge that can be applied to future interventions in the sector—as well as the ownership of the intervention amongst participants.

Find a balance between a targeted and a multi-faceted approach

A program needs to be clearly targeted at responding to a particular issue. Here the research is clear. Many programs commenced without clearly defining the specific objectives of an intervention and therefore struggle to provide evidence to link activities to outcomes (and justify expenditure on the intervention). We suggest priority should be given to defining goals or outcomes from the start.

While an intervention should be targeted, it should also aim to address the issue from many angles; including psychological, social, structural and institutional factors. Any factor influencing social isolation and/or loneliness is part of an interacting system of factors. Addressing just one of these factors by itself may have little effect on the system as a whole.

It is also clear from the literature that one size does not fit all in the design of programs to address social isolation and loneliness. For example variations in location, demographics and availability of social infrastructure can mean a program that is successful in one location might not successfully translate into another. We suggest any intervention should be adaptable and able to be modified to the peculiarities of place or population.

A large number of varied factors can contribute to the success of a project

We have identified many interventions that have been considered as successful by one measure or another, but that treat only limited aspects of social isolation and loneliness. This may be a practical and reasonable approach given obvious limitations, such as funding, scale of the problem, and jurisdiction.

Factors of a successfully intervention, were it to exist, would be multi-faceted and might have the following features:

- It would start with a well-defined target audience, demonstrated need and clear outcomes to be worked towards.
- For those Older Adults already socially isolated and/or lonely, a program that identifies, responds, and acts to reconnect them back into community and social activities.
A successful intervention such as Gatekeepers program has the capacity to identify socially isolated and/or lonely, or at risk of being so, coupled with the benefits of an awareness raising function for wider community. The BSL Social Inclusion and Social Support Training program trained care providers to reconnect clients into activities and reduce loneliness. Another example is the UK Upstream program.

- For those Older Adults at risk of becoming social isolated and/or lonely, interventions based around activities that are meaningful for older adults and build a ‘habit’ of social interaction. This might include a mentoring program to help older adults identify their learning and development needs and to encourage them to take charge of the program over time.
  - Successful examples of this approach include TOMNET, Southwark Circle and Silver Thread.
- For those at transition points (e.g. retirement), or not yet social isolated and/or lonely, it would respond with meaningful programs and activities that enhance protective factors.
  - Examples of this approach are the Mather Café Plus model, premised on a café design that begins from being a place to meet and eat. Another example is Timehelp where older adults volunteer and mentor that enables them to continue to contribute to society in a meaningful and tangible way.

Other common features that crossed target audiences

**Integration**: Integrate projects into the community, and ensure that they do not operate in isolation, either physically or in cyberspace. For example, there appears to be no benefit from creating a new virtual platform, such as a social networking site for older adults, when there are already so many platforms available. A more effective approach may be to ensure existing programs work together more efficiently.

**Co-production**: Enable older adults to be involved in the design, development and delivery of initiatives/projects. There is much evidence in the literature of both the increased success of projects that engaged participants, and the failure (or less effective operation) of programs that did not engage participants. Successful examples of this approach include the West Adelaide EFC project and TOMNET.

While it may not be possible, or appropriate, to emulate any one successful project, it might be beneficial to select the best bits of the best projects and create a program with individual modules that could be adapted to the particular needs different locations, organisations, resources and audiences.
3 Cases: Initiatives with the potential for national rollout and/or promotion

Are there any existing Social Connectedness initiatives in Australia or internationally that have the potential for national rollout and/or promotion? And, what are the key elements that make these projects candidates for national rollout and/or promotion?

3.1 Australian: The Social Inclusion Program (Victoria)\(^1\)

The Brotherhood of St Laurence’s (BSL) Social Inclusion Program provides social activities and outings for people at risk of social exclusion or social isolation. The program is delivered by the BSL with contributions from a range of partners including Local and State governments, community organisations, government departments and health services.

The BSL’s Social Inclusion Program was established in 2003 to fill gaps in the community aged care system, identified in findings of an Aged Care Community Forum. As part of the social inclusion program a diverse range of leisure and lifestyle groups were established. A system was developed to be responsive to individual needs, and the program worked closely with care managers to ensure practical support could be offered for individuals to attend social activities that took into account each person’s restrictions (BSL Research Summary 11).

The BSL philosophy is that aged care services should move towards ‘models that foster agency, opportunity and choice’ (Kimberley et al. 2012, p.3). Their emphasis is on viewing people as ‘active agents’ who make significant contributions to society and know best how to determine their own lives, rather than as ‘passive recipients’ of care. To this end, over the last five years the BSL has already incorporated person-centred care, self-directed care and active service models into its program delivery’ (Kimberley et al. 2012).

The program targets older people, people with a disability and those managing a chronic illness in the north and south of Melbourne and on the Mornington Peninsula. A person may be eligible for the Social Inclusion Program if: (1) they are receiving at least one of a number of Brotherhood services,\(^2\) (2) they are receiving a community care service from another organisation that is able to fund their participation in the program, and (3) they are able to pay for participation in the program themselves (BSL 2014).

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\(^1\) This case study includes data from interviews with two iPad program trainers and a BSL staff member (as cited), conducted by Roberts Evaluation, March 2014.

\(^2\) These services are BSL’s Community Care, Banksia Carrum Downs, Banksia Community Respite Centre, Nexus Community and Respite Disability Services, and Coolibah Centre.
The Social Inclusion Program provides a range of services and interventions including learning opportunities, exercise classes and nature walks, meal preparation and dining out, art classes, music and theatre events and community celebrations. Door-to-door transport and personal care attendants support the activities during outings. A number of targeted projects sit within the overarching Social Inclusion Program, and three are particularly relevant to this project due to their novel use of food, carers and ICTs to reduce or prevent social isolation and/or loneliness. These three projects, described in detail below, are: (1) Good Food Matters, (2) Social Inclusion and Social Support Program, and (3) iPad Training.

(1) Good food matters

Program Description: Good food matters is an in-home nutritional care service that matches socially isolated older people with complex needs and poor nutrition and unemployed mature age people who wish to work as Community Meal Attendants (CMAs). The service aims to increase client confidence and meal preparation skills, create a social environment that encourages an appetite and an interest in food, and provide nutritionally balanced meals.

Good food matters was funded through the Department of Health (DoH) Workforce Innovation program. In 2008, the BSL conducted a small pilot project with three qualified care agency Personal Care Attendants (PCAs). The PCAs received training in meal preparation and delivered an in-home service to a small group of clients. In 2009 Good food matters was extended to:

- allow the participation of a greater number of PCAs across the Mornington Peninsula and the inner city areas of Melbourne
- enable mature age workers with hospitality or cooking experience to acquire the skills to work with older people with complex care needs in preparing nutritious needs
- promote mental well-being and independent living skills among people with complex needs receiving a care package
- create a vehicle to increase situations for socialisation (Simons 2010, p.2).

BSL conducts Good food matters in partnership with the Victoria Department of Health (Simons 2010). CMAs visit clients at home and prepare meals with them on a weekly or fortnightly basis, or as requested. Also offered is shopping support and monitoring of clients nutritional intake. All meals are based on dietary and health needs and take into account illnesses (BSL 2014).

The program targets clients who are frail older adults, people with a disability, and carers of both, who live in the City of the southern region of Melbourne. The program also targets its training to PCAs and mature aged unemployed people with an interest in becoming CMAs and a combination of enthusiasm, reliability and appropriate experience and/or competencies (Simons 2010).

Prospective CMAs receive training in caring for people with complex needs and food preparation. At the completion of the training selected trainees are engaged as CMAs by BSL. All prospective and selected trainees are also given the opportunity to undertake a Certificate III in Home and
Community Care. Good food matters also offers additional training for PCAs on how to provide meal preparation more efficiently and to a higher standard (Simons 2010).

**Evaluation:** The Good Food Matters program was evaluated from June 2009 to April 2010 by the BSL (Simons 2010). The evaluation of the program found that the program was well supported by BSL Care Managers who referred clients. Of the 37 clients included in the evaluation, all expressed satisfaction with the program during a mid-program interview, and of the 22 still receiving the service at the final assessment all were either very satisfied (14) or mostly satisfied (8).

The three CMAs who delivered the meal preparation support were also interviewed during the program and participated in focus groups at the completion of the pre-vocational training. All expressed satisfaction with their involvement in the program, and reported finding the work rewarding. However, one trainee appeared to not able to fully commit to the travel and flexibility requirements of the role, which led to a loss of clients over the course of the program.

**Health and Nutrition:** Most of the twenty-two clients interviewed at the end of the evaluation indicated that they believed their health and nutrition had improved, and 17 reported that they now ate more fruit and vegetables. Anecdotal reports from Care Managers and PCAs also reflected these views. However, the evaluation report notes that ‘a reliable quantitative analysis of the extent to which clients’ nutritional health has improved was not attainable due to limitations in the data collection tools used in the assessments undertaken by the Project Officer, as well as the small number of initial and final assessments which were able to be cross matched’ (Simons 2010, p.20).

Of the 18 Care Managers and six PCAs who responded to evaluation surveys, 18 believed that participation in the program improved the general health of the overall client group and the vast majority (20) believed that participation had improved the nutritional health of the overall client group. Three quarters (18) also believed that participation had a positive impact on client food choices and the appetite and interest in food of the client group (Simons 2010).

**Wellbeing and engagement:** Comments from Care Managers, CMAs, PCAs and clients suggest that clients enjoyed the social aspects of the program, including the opportunity to have some company, have a chat with the CMA and discuss meal choices, and feel that their preferences were being taken into account. Clients also appeared to enjoy the participatory aspect of the program and the opportunity to be involved in the planning, buying and cooking process while also enjoying relief from the stress of being responsible for meals.

**Comparison with other ready meal providers:** An initial cost analysis found that the program is cost competitive with ready meal providers with the price of meals, but also provides these additional benefits:

- Socialisation opportunities
- Assist people to maintain their cooking skills and importantly interest in food
- À la carte meal service
- Nutritional monitoring
• Assist people with specific nutritional care needs – allergies or swallowing (Simons 2010).

**Successful elements**

**Opportunity to participate in cooking and planning:** The evaluation found that eighteen of the twenty-two clients who responded to the final assessment said that they participated in food preparation. Of those interviewed, most said that they were happy to participate in the preparation if they could. Those who had not stopped cooking continued to do so.

**Food tailored to specific tastes and needs:** Unlike other ready meal projects, the program takes into account clients’ tastes, preferences, and dietary requirements. The evaluation indicates that clients value the ability to have an input and choice, and the chance to help plan meals. The meals also had nutritional and health benefits for the clients, whose interest in food and appetite often increased because of the program.

**Social Benefits:** Unlike other ready meal services, the program offers clients the chance to interact with the CMA, to discuss their meals, have a chat, and have someone in their home preparing a meal specifically for them. The evaluation indicated that clients appreciated this aspect of the program.

**Challenges**

**Home kitchen and equipment cleanliness:** One barrier to service provision noted in the evaluation was a lack of kitchen and equipment cleanliness in some clients’ homes. This was overcome with the inclusion of professional cleaning services provided in these homes at no additional cost to the client (Simons 2010).

**Poor role fit for PCAs:** The experience of the five PCAs who were involved in the evaluation was difficult to determine from reported results. However, some comments by Care Managers and PCAs suggest that cooks or people with an interest in hospitality could be a more appropriate fit for the program than personal care attendants.

**(2) Social inclusion and Social Support Training Program**

The program was developed by the BLS in 2009 with funding from Anglicare Australia. In 2010, the course was piloted by BSL in partnership with Benetas with training offered to both organisations’ care managers (Simons 2011).

The program has been developed for care workers and caring organisations to:

• Inspire staff to understand the importance of social support and social inclusion in the lives of their clients
• Encourage staff to think ‘outside the box’ when developing social support programs/activities
• Facilitate knowledge and understanding of social support issues
• Understand the link between social inclusion and the goals of the individual client care plan
• Promote the importance of community development considerations in the development of social support programs
• Provide tools and resources to help service providers to create high quality programs (BSL 2014).

The target audience for the program is care managers and professionals working in the field of aged care and disability services. The program also aims to achieve flow on benefits for participating organisations’ clients.

The Social inclusion and Social Support Training Program involves a two-day short course for care managers and is made up of nine modules including theory and theory based practice and skills. Two facilitators who are also experienced care managers deliver the course. The program can also be structured over a two-week period to cater to staff workloads (BSL 2014).

Evaluation: The evidence base for the Social inclusion and Social Support Training Program came from a training manual that was developed with the assistance from Professor Helen Keleher and PhD student Tess Tsindos from Monash University. They also helped with the course design and produced the instructional materials and resources (Simons 2011). The project was based on the BSL’s research into the characteristics of social inclusion and connectedness (Simons 2011).

An evaluation of the training program was conducted by the BSL’s Research and Policy Centre, Retirement and Ageing (Simons 2011). The evaluation used mix of qualitative and quantitative methods to assess the effectiveness of the training program.

The evaluation found that participants in the care manager-training program had very different levels of knowledge and experience of social inclusion programs in an organisational care delivery context. The evaluation noted that such differences in previous experience and understanding could influence the way the training is received (Simons 2011).

A BSL internal evaluation found that the training program resulted in positive outcomes for all stakeholders was delivered in a competent and professional manner and provided participating care managers with new options for working with their clients. The evaluation report also noted that the program provided evidence of the benefits of an organisational social inclusion program and a framework for further development (Simons 2011). The report noted that, while its survey of participating organisations’ clients did not definitively show evidence of greater social inclusions, community engagement and general well-being, in most cases there did appear to have been some positive change as a result of the intervention (Simons 2011).

A survey of 19 participants conducted by the BSL and reported on the organisations’ website found that participants in the care manager training were very positive about a range of aspects of the program:

• The majority found the training very or highly stimulating (16 of 19 respondents)
• The majority of participants found the training to be ‘very’ or ‘highly’ useful for their work (18 of 19 respondents)
• The majority of participants found the discussions during training to be ‘good’ or ‘mostly good’ (18 of 19 respondents)
All respondents who answered the question would recommend the workshop to their colleagues (17 of 17 respondents).

The majority of the participants rated the training as ‘very well’ or ‘mostly well’ conducted (19 of 19 respondents) (BSL 2014).

However, some more mixed results were received in other areas of the program. The majority of the participants felt that the workshop was ‘well-spaced’ or ‘mostly well-spaced’ (11 of 17 respondents), but comments revealed participants would prefer if it was delivered over one day so that it didn’t impact on their care management role. While the majority of participants felt their objectives had been achieved or nearly achieved (11 of 17 respondents), 6 of the 17 respondents indicated that their objectives were not achieved. A majority of participants rated the presentation of materials as below average (11 of 17) with seven participants rating the material as patronizing (BSL 2014).

Successful elements

Facilitator’s hands-on experience: The BSL’s evaluation of the pilot program found that respondents especially appreciated the facilitators’ background as working care managers, as participants felt that they were ‘speaking the same language and understood the realities of working with clients’ (Simons 2011 p.10).

Client Care Plans: The BSL Evaluation found that Client Care Plans developed as part of the training were largely successful and benefited both clients and clients’ extended families. Nearly all care managers commented that the implementation of their client plans had reinforced or heightened their awareness of the importance of including social inclusion opportunities in care management plan. The importance and benefits of consultation with clients was also reported as a key success of the client care plans.

Challenges

Government funding: The Social Inclusion Program is being challenged by changes in government policy. From August 1, 2013 all new Home Care Packages will be delivered on a consumer directed care (CDC) basis and from July 2015 all packages will operate on a CDC basis, meaning all existing care packages will be transitioned to CDC.

Participant’s workplace contexts: The evaluation of the Pilot program found that differences in the operational procedures and contexts of the organisations in which training participants work can impact on the way they perceive the training and its relevance and usefulness to their work (Simons 2011).

Timing: The Evaluation and Participant survey indicated that participants struggled with committing two days two training, and that the time commitment ate into their care management work. The BSL has now adapted the training so that it can be delivered over two consecutive weeks (Simons 2011).

Client Care Plans and Workload: The BSL evaluation found that Benetas staff found it difficult to manage their workload while including social inclusion activities into their regular work. A dedicated
social inclusion program and staff would help to overcome this challenge. Some BSL staff also indicated that the client care approach had impacted on their individual workload and increased the sense of burden.

(3) iPad Training

The program began in 2011 as a partnership between the BSL and the Rotary Club of Melbourne and was created in response to identified community need. Initially the aim of the project was to teach computing to older adults using Windows on desktop machines. However, this proved unsuccessful and a decision was made to switch to training in iPad use.

The program targets people who are elderly or who have disabilities, and have a need and/or interest in learning how to use an iPad for a range of purposes including communication, research and leisure. Since the program commenced in 2012, 130 participants have completed the training course.

The iPad training program provides iPad set up and training for older adults, or those with physical or mental disabilities. The aim of the course is to both stimulate brain activity and promote inquisitiveness in trainees, and ensure that older adults are ready to continue to work with and use their iPads for a range of purposes.

The iPad training course runs for eight sessions of 2.5-3 hours per week. The first week concentrates on setting up the iPad with remaining weeks concentrating on training and problem solving. Trainees are identified through the BSL and other care organisations. The course covers a range of topics including basic skills, using an iPad for social networking, using an iPad for reading and typing, and discovering and engaging with interesting and relevant apps.

The iPad training is loosely based around ideas of the cognitive benefits of learning new things for Older Adults, and on principles of adult learning. The iPad trainers also conducted a ‘mini survey’ that found that 60 per cent of participants were given their iPad by a family member without being shown how to use the device.

A formal evaluation is currently awaiting publication. The evaluation included the responses of 46 of the 130 training participants. Learning and staying involved with Family, Friends and their community were core motivations for participants undertaking the training. At the completion of the training, 96 per cent of the sample were able to send an email and 89 per cent reported an increased capacity to communicate with friends and family (Player and McAndrew, in publication).

Interviews with the iPad trainers indicate that the program has been largely successful and has a wide range of benefits for participants, including:

- Encouraging communication with family and friends via Skype or email
- Providing opportunities for new leisure activities including portable music and books, photography and armchair travel
- Social interaction with others in the class
• Development of practical skills for engaging in the community.

The sort of impacts and outcomes of the course are as different as the participants. One woman, who was totally wheelchair bound, was able to travel through Venice. She is doing things she would never be able to do through her iPad and Google Earth, she can see these things. Another woman planned a trip she had always talked about with her husband. He died and she had to plan the trip in memory of her husband (iPad trainer).

Successful elements

Use of iPads: Interviewees indicated that the training was much more successful when it was focused on iPads than when the aim was to teach Windows and desktop computing. The iPad appears to be much more user friendly, and easier for trainees to understand and use.

Focus on practical uses and integration into everyday lives: One interviewee indicated that the most positive response from trainees came from those who integrated the iPad into their daily lives.

Flexible training: One interviewee suggested that trainees benefited from a flexible approach to training where particular interests and questions can be taken up and explored in detail. Trainees also react positively to different aspects of the iPad from social networking, to Skype, to online games such as scrabble and bridge, and it is important to encourage individual interests.

Challenges

Encouraging continued iPad use: One of the key challenges identified by interviewees was encouraging trainees to continue to use the iPad and explore new apps and possibilities once the training had been completed. One interviewee had attempted to run follow up workshops for ‘graduates’ but found that these tended to attract a different audience with an interest in the particular topic, and were not successful in encouraging graduates to maintain interest and enthusiasm. The interviewee noted that there was a need for ongoing encouragement for trainees and graduates to keep using their iPads, and another interviewee indicated that there was a need for new modules on communication, socialisation and ecommerce to keep people motivated and engaged.

Individual support for trainees: Another challenge is that reluctant participants can benefit from personalised attention and support from trainers, but this can be time consuming and difficult to achieve within a group training setting.

Use of elements identified in the literature

Overall, the Social Inclusion Program does utilise many of the success elements identified in the narrative review, including:

• The program is targeted—depending on the program—but overall seeks to identify those at risk of social isolation and/or loneliness (Good Food Matters and Social Inclusion Training) or enhance protective factors (iPad training)
• The program utilises and builds community resources
• The program uses learning and group based interventions (depending on the individual program designed).
• Incorporated is continual internal learning and evaluation to improve program design and delivery

Concluding Comments

The BSL Social Inclusion program has trialled a variety of approaches and interventions over its duration. A more comprehensive review will be needed to identify which programs and program elements would be scalable. Providing transport and personalised services that are key element of the success to the BSL approach might be outside the scope of a national delivery model.

To conclude, this program seems to be successful because as many of the programs have arisen from community need and seeks to respond to the needs of the most vulnerable in society. Critical features of the overarching BLS Social Inclusion program are that it seeks to respond to existing needs, continuously trials new approaches and learns from an internal culture of evaluation.

3.2 Australian: Timehelp (VIC, NSW and WA)

Overview

Timehelp connects retirees and people aged over 55 years with young people in government schools. Timehelp was founded by Alcoa, the Charities Aid Foundation (CAF) and an independent community advisor, and receives support from a range of sources including philanthropic foundations, local councils, business and governments.

Type of intervention used

Timehelp trains its volunteers and places them with local schools where they assist with a range of activities. The service is provided at no cost to the school, and Timehelp takes on some of the administrative duties that schools seeking volunteers may not have the time or resources to undertake, including:

• Sourcing, matching and screening volunteers
• Providing pre-placement information and kit outlining volunteers’ duty of care to children
• Helping volunteers to complete the Working With Children Check application
• Providing volunteers with a complimentary casual uniform and name badge

Timehelp coordinators offer training to volunteers. In the case of Geelong this is approximately two hours long and can be done either in a group setting or one-on-one with the coordinator. This also allows the coordinator to match volunteers with appropriate schools and activities.

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3 This case study includes data from an interview with Timehelp Volunteers and the Geelong Coordinator conducted by Roberts Evaluation, April 2014, and from the Timehelp website.
Timehelp works with volunteers to help choose the type of activity they would like to be involved in, and the time commitment that suits them. Some of the activities that volunteers can be involved in include:

- Reading and writing support
- Numeracy assistance
- Helping migrant and refugee children
- Lending a hand in the garden or grounds maintenance
- Helping out in the library
- One-on-one subject tutoring
- Supporting the art, sport, music or language programs
- Office administration
- Offering lunch time activities like chess club, book club, science club
- Listening to and conversing with students who need positive reinforcement

Timehelp also provides opportunities for volunteers to connect with each other and the broader community through:

- regular newsletters
- social functions and guest speakers
- annual recognition and celebration event
- ongoing support and contact

A new Timehelp project has just been initiated after a successful pilot. The Learning Abilities project operates in two schools in socioeconomically disadvantaged areas of North Geelong. Eighteen volunteers work across the two schools to provide one-on-one assistance to students with learning difficulties who do not qualify for additional integration aid funding. An evaluation of the pilot found that the project provided significant benefits to these students.

History

Timehelp was founded in 2004 by the Charities Aid Foundation. The Alcoa Foundation employed an independent community adviser after they recognised a need for community involvement and activities for its recently retired employees.

Audience

The target audience is retirees, aged over 55+ years old, and young people in government primary (approx. 80%) and secondary schools (approx. 20%). Timehelp currently operates in the following regions:

- Victoria: City of Greater Geelong, City of Hobsons Bay, City of Moreland, City of Manningham, and Surf Coast Shire
- NSW: Holroyd
- WA: Kwinana

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4 Based on 2013 Timehelp volunteer survey figures.
Overall, Timehelp has 220 active volunteers working in 70 schools in six local communities across three Australian states.

Evaluations and Evidence Base

In a recent (2013) internal volunteer survey, 96 percent of volunteers reported increased mental wellbeing due to volunteering and 86 percent reported feeling more connected to their community through volunteering.

In 2009, Social Compass completed an independent evaluation of Timehelp that found that teachers, principals and volunteers all felt that the volunteers had made a positive contribution to schools and students.

An early 2005 evaluation, found that Older Adults volunteering reported increased physical, emotional and social wellbeing, a new sense of purpose and self-worth, as well as an increased sense of community connection (Kingman, 2005, p.7-8). Noted were also broader community outcomes, including engaged active seniors and intergenerational social links (Kingman, 2005, p.8-9).

Successful Elements

According to the evaluation results reported on the Timehelp website, some of the successful elements of the program may include:

- The relationship between the volunteers and the students
- Removing the burden on schools of undertaking administrative tasks related to securing volunteers
- Provision of a service that encourages and connects older people who may otherwise not have thought to volunteer in schools

**Flexibility:** Interviews with Timehelp volunteers and the Timehelp Geelong coordinator also suggest that the flexibility of the Timehelp model and the support of principal, schools and families are key to the success of the project. Volunteers appear to appreciate the range of activities that they can be involved with, and the opportunity to choose their hours and take holidays and breaks when they need to. Having a supportive and involved principal on board was also cited by both volunteers and the coordinator as key to an effective partnership where volunteers feel appreciated and have a positive experience at the school.

**Integration into the community:** A further successful element that was raised in the interviews was the integration of volunteers into their local communities through contact with parents, teachers and students at the local school. Volunteers felt appreciated by students and families, and were often recognised and shared a ‘hello’ and a chat with families outside the school setting.

**Support and acknowledgement:** Timehelp provides ongoing support to volunteers, as well as opportunities to meet other volunteers and share stories and experiences. Volunteers are also acknowledged with long service awards when they reach 5 and 10 years with Timehelp. Volunteers
also receive uniforms, which are worn with pride and provide a level of recognition within the school environment. These elements offer volunteers a sense of being appreciated and acknowledged, as well as being part of a particular community. In the interview, a number of volunteers referred to themselves as ‘Timehelpers’.

Use of elements identified in the literature

The Timehelp project utilises some of the success elements identified in the narrative review:

- Timehelp offers protective factors against social isolation and/or loneliness by engaging older adults in volunteer roles premised on intergenerational and meaningful activities.
- Timehelp uses a flexible and adaptable model, and both volunteers and schools can negotiate the type of activities that volunteers are engaged with and the hours that they commit.
- Timehelp is integrated into the community and responds to community need (schools in need of volunteers and additional resources without administrative burden).

Challenges/Opportunities for improvement

None of the retirees interviewed raised any challenges related to their involvement in Timehelp. However, there may be some opportunities for improvement in the Timehelp model, including:

**Reaching socially isolated older adults:** All volunteers interviewed appeared to be socially active and self-motivated individuals. There may be an opportunity to actively promote and encourage socially isolated older adults to become involved in Timehelp, and to target those at risk of social isolation through promoting Timehelp through businesses who may have employees considering retirement.

**Facilitating relationships between volunteers:** Volunteers and the Timehelp coordinator indicated that there was not a lot of social interaction between volunteers outside the morning teas and events put on by Timehelp. This was due to volunteers often being spread out over different schools and did not always see other volunteers on a regular basis. While the volunteers interviewed did not seem concerned about this, for any volunteers who are socially isolated, greater connection could be important. There may be opportunities for Timehelp to further facilitate informal social meetings and conversations among Timehelpers.

Concluding Comments

The Timehelp project has been shown to be beneficial by offering protective factors to addressing social isolation and/or loneliness. Interviews with participants and the Geelong coordinator, and the popularity of the project with volunteers, indicate that it also has a positive impact on the general wellbeing of the volunteers.

The elements of the project that are likely to contribute to positive benefits for volunteers include the flexibility of the time commitment and type of contribution volunteers make, the integration of the project into the community, the intergenerational aspect of volunteers working with children,
and the support from both schools and Timehelp staff, including through regular social events and formal recognition of long-serving volunteers. Volunteers also have the opportunity to suggest activities that they might want to offer students. The volunteers interviewed all expressed a sense of pride in being recognised as a ‘Timehelper’ and liked to wear the uniform and be recognised by students and families in the community.

At this point in time, there is little evidence that Timehelp would reach the most socially isolated Older Adults. There may be more scope for Timehelp to reach out to those who may not have the motivation or resources to seek out volunteering activity, although it is worth noting that these individuals may require more support and ongoing assistance than current volunteers.

Timehelp Homepage: http://www.timehelp.com.au

3.3 Australian: TOMNET (Qld)⁵

Overview

TOMNET (The Older Men’s Network) works to enhance the physical, mental, emotional and social wellbeing of older men through the establishment of peer support networks and links with community-based initiatives. One of the core strategies of TOMNET is to use the model of ‘older men supporting older men’ (TOMNET website). TOMNET is based in Toowoomba but also supports a number of rural groups in various locations across Southern Queensland.

TOMNET is governed by a committee of management made up of TOMNET members, and has eight paid staff. The committee of management is integral to the promotion of a member-led organisation that understands and is responsive to the needs of older men. The organisation relies on its members volunteering to assist in delivering programs and services. All volunteers receive full training and are offered the chance to participate in regular informal get togethers. Volunteers often work with other isolated older men who may be in residential care or unable to leave their homes, and in schools assisting teachers and students with various tasks.

The organisation’s focus is on encouraging members to volunteer and be involved in mentoring and exchange programs provides older men with opportunities to experience professional development, individual empowerment, confidence building, participation and wellbeing (DHA 2013)

TOMNET also offers a Training and Development program that is available to volunteers and members, as well as to other men’s groups, community organisations associated with men, and government and NGO staff. The program includes a range of modules and associated online training material. The content is designed to be variable and can be delivered in a range of ways including formal or informal presentations and round table discussions.

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⁵ This case study includes data from interviews with TOMNET staff members conducted by Roberts Evaluation in March and April 2014.
In addition to the volunteering services, TOMNET offers counselling, workshops and activities for its members. These services promote mental wellbeing and inform people about depression and suicide risk factors, and also provide opportunities for men to meet in informal settings and participate in various social activities.

**Funding**

TOMNET receives funding from State and federal governments, with the majority of funding coming from the Federal Department of Health and Ageing under the National Suicide Prevention Strategy.

TOMNET has also formed partnerships with a range of community organisations including Men’s Sheds and the Eastern Creek Local Centre.

**Type of interventions used**

The range of programs and services offered by TOMNET and delivered by both volunteers and paid and qualified staff include:

- visits to Older Men at home and in aged care
- provision of transport so older men can participate in social activities
- mentoring programs
- social day trips
- SafeTALK Suicide Prevention Workshops
- Men at Work group (designed to help men deal with life issues that have remained unresolved)
- talks and discussions on a range of topics (i.e. Abuse of Prescription Drugs, Greater Piece of Mind, Enhancing Happiness)
- Social Interest Groups organised around various topics including:
  - Photography
  - Art
  - Cards
  - Chess
  - Railways
  - Singing
- other outreach activities and special events
- monthly newsletters with activities reports and relevant articles.

TOMNET has also produced a DVD ‘Older Men/Hidden Hardships’. The DVD features the lives of six older men sharing their stories of hardship and personal struggles in an effort to highlight the range of issues facing older men.

The program operates in three key ways:

1. Building a support network for men
2. Providing professional support through one on one and facilitated sessions with a counsellor
3. Participation in one of five program areas in community care including visiting programs, aged care programs, rural groups, mentoring programs and telephone support.
**History**

TOMNET was established in 2001 by a group of eight men who noted a lack of support networks for socially isolated men at risk of suicide. The program initially operated in Toowoomba but has since spread to other areas across South West Queensland. Currently TOMNET has just completed Phase 3 of the Community Connections Project which develops and tailors services to meet three key organisational principles:

1. Older men are the most effective at supporting one another.
2. The element of mateship is integral to the relationships that older men have with each other.
3. Suicide prevention and awareness in older men must address the social determinates of health and wellbeing whilst promoting a culture of connectedness.

The purpose of the Community Connections Phase 3 Project was to continue to respond to and address the needs of older men who are one of the key groups vulnerable to high levels of suicide (DHA 2013)

In 2010 TOMNET’s partnerships with Centenary Heights State High School/Toowoomba Flexi School received the $50,000 NAB Schools First National Impact Award. The partnership involved TOMNET members volunteering in various capacities with the Toowoomba Flexi School to improve outcomes for economically and socially disadvantage students. Winning the award enabled TOMNET to access programs for mentors and their membership has grown significantly (ACER 2013). The Older Men/Hidden Hardships DVD won a Queensland Multi Media Award for Best Documentary in 2013 for the documentary maker ‘Through a Lens Media.’

In 2013, TOMNET underwent a significant restructure to address concerns that the organisation was becoming too heavily staff-led. According to a staff member the restructure has been very successful and has seen renewed energy in the committee of management and a revival of the member-led approach.

**Audience**

TOMNET aims to reach out to men over the age of 50 years old in South West Queensland who are lonely, isolated and in need of friendship.

In June 2013 TOMNET had 285 members and 13 affiliated groups in the network reaching nearly 500 older men across South West Queensland. Fifty men were also involved in the Residential Aged Care Facilities men’s group (DHA 2013). Comments from the TOMNET general manager indicate that the participants range in age from 50 to 95 years old, and that over 3,000 men engage with the program each year. Participants are identified through word of mouth, referrals from community organisations and health centres, self-identification and peer referral.
The three members interviewed had come to TOMNET after the illness and loss of their spouse. All were relatively recent newcomers to the Toowoomba area, and had either actively sought out an organisation like TOMNET or been referred by their spouse or spouse’s carer during their illness.

Evidence base and Evaluations

The purpose behind Phase 3 was to continue to respond and address the needs of older men as one of the key groups vulnerable to high levels of suicide. The ABS\textsuperscript{6} noted that suicide rates for older men aged 75+ years old in 2005 were 21.6 per 100,000. In comparison, the rates for older women aged 75+ were 6 per 100,000. Suicide rates for older men steadily increase from the age of 65 onwards (DHA 2013).

A TOMNET Final Report ‘2011-2014 Community Connections Program Phase 3’ was produced for the Department of Health and Ageing National Suicide Prevention Program (DHA 2013).

The report found that:

The review of the third phase of the Community Connections program has highlighted that TOMNET continues to increase opportunities for older men in rural and remote areas of South West Queensland to meet, connect and build meaningful friendships and relationships with other older men. In a time of great change for rural South West Queensland with the expansion of mining in what were once farming communities, this support is needed more than ever (DHA 2013, p.2)

The report also states that:

In summary, TOMNET has successfully completed Phase 3 of the Community Connections program and has established ground-breaking strategies in the fight to reduce the suicide of older men in the community (DHA 2013, p.2)

The report relies on outputs as evidence and does not include qualitative evidence of outcome achievement. However, some quotes from affiliated agencies and groups are reported, including the following quote from The Manager of the Darling Downs Public Health Unit, Toowoomba:

Thank you for your ongoing contributions to the DDPHU newsletter on behalf of TOMNET and yourself as a community advocate. Your articles enrich the quality of our own publication, inspire us in our own personal ways, and ensure that the views of our older citizens continue to be represented at an intergenerational, population, health and community level. Based on the regular feedback the opinions you regularly express are heard and absorbed by both remarkable and influential members of our own readership (DHA 2013, p.40).

\textsuperscript{6} Australian Bureau of Statistics (2007) ‘Causes of Death 3303.3’ report
In 2014 The Australian Council for Education Research (ACER) released a report on The NAB Schools First Awards that provided case studies of winning partnership, including the TOMNET/Flexi School partnership. The Report noted that the partnership had ‘provided the older men with the opportunity to engage in individual peer support, enhance their social networks and gain a sense of belonging in the community’.

The partnership also provided support for students through mentoring, numeracy and literacy assistance and work on specific projects. The ACER report suggested that the partnership had been successful for a number of reasons, including the collaborative nature of the partnership, the focus on regular meetings, knowledge building and expertise sharing and taking note of feedback from parents, students and partners (ACER 2013).

**Successful Elements**

**From Documents**

**Adaptability and flexibility of the Model:** The adaptability and flexibility of the TOMNET model has allowed it to be applied in a range of settings including aged care communities, and very small regional communities (DHA 2013). A number of Men’s Sheds have approached TOMNET with a view to applying the model in their groups, and the TOMNET is currently due to be trialled in conjunction with the Warwick Men’s Shed organisation.

**Member-led organisation:** The guiding principle of older men supporting older men extends to the organisational structure of the organisation, with members who have volunteered and been elected to the committee of management responsible for making decisions about the organisation, setting its direction, and encouraging other members to volunteer. A TOMNET staff member noted that at one point there was a feeling that TOMNET was becoming too staff led, but a restructure to bring members back to the centre had been successful and created more energy and drive in the organisation.

**Volunteering and activity based services:** All TOMNET members are expected to become involved in volunteering and actively give back to the community. This aspect of TOMNET has a range of benefits for the volunteers, including increased confidence and sense of worth, and purpose, as well as re-integration into the community from which they may have been particularly isolated. One TOMNET staff member cited a case of one member who had not had any visitors and who had had minimal contact with others since his wife had died. Through becoming involved in TOMNET and volunteering to visit older men in residential care he had developed the confidence to join the TOMNET committee and actively engage in the community again.

**Older men supporting older men in a safe and equal environment:** Interviews with TOMNET members indicate that the peer-to-peer model is a very successful element of TOMNET. Members noted that the friendships they developed with the other members, and the ability to talk to other
men in a safe and supportive environment was particularly important to them and the reason they enjoyed being involved in TOMNET.

All three interviewees for this case study had experienced the significant illness and subsequent loss of their spouse, and two had seen one of the TOMNET counsellors when they first joined, but referred to this as a ‘chat’ with a ‘good bloke’ rather than a formal counselling session. All interviewees stressed the importance of feeling that they could share their experiences and feelings with other TOMNET members, and the comfort of knowing that others had had similar challenges.

A TOMNET staff member noted that the organisation worked hard to promote a framework of trust and equality, with these principles forming the cornerstone of the organisation’s code of conduct that is regularly communicated to members. TOMNET staff also actively work to facilitate positive interactions between members. It was noted that the sharing of stories and experiences has been a key way of promoting and encouraging the idea that everyone is equal, and that members are able to understand where others are coming from once they share their life stories. To this end, TOMNET also produced a DVD of 6 men’s stories about their lives and why they joined TOMNET. This DVD has been important in showing the diversity of experiences, but also the commonality of some challenges and issues that older men face. One of the interviewees had shared his story on the DVD, and indicated that he was happy to do so to help promote TOMNET and the good that it does.

Another element of the creation of a safe environment is the inclusion of talks and workshops on a range of mental health and general wellbeing topics, as well as the more specific SAFetalk suicide prevention workshops. One interviewee noted that he found the workshop surprising and interesting, and that it opened his eyes to what people can experience through the sharing of true stories. These workshops and talks further the members’ understanding of each other and of the importance of fostering a supportive and trusting environment.

The members also felt that they had made a positive contribution to the lives of men in residential care because such places were ‘not set up for men’, and the men they visited responded positively to male company and connection to the ‘outside world’).

Use of elements identified in the literature

- TOMNET is targeted to those most at risk, including older men in rural communities and mining communities
- TOMNET utilises existing community resources through the establishment of relationships and networks with existing community-based programs and men’s groups
- TOMNET uses a flexible and adaptable model, and members and clients can influence the type of services and support they receive
- The program primarily offers group-based interventions, with one-on-one support available to meet particular needs if required
- TOMNET seeks to achieve sustainability and self-management in the groups it supports
Challenges/Opportunities for improvement

Refrerrals: The 2013 DHA report found that TOMNET faces difficulty in encouraging and supporting older men to accept referrals outside TOMNET to health and community organisations (DHA 2013). Members and volunteers are often identified as having significant mental health, substance abuse and anxiety issues. While TOMNET initially handled as many of these cases as possible through a staff member who was a trained social worker, this staff member has now retired and there exists a gap in provision of counselling and support services. TOMNET has sought to support older men who have been referred to other services though provision of transport and personal assistance and support to attend appointments if desired. However, the referral uptake is still less than ideal. While TOMNET is trialing new ways to encourage and build referral networks and address the problem, the organisation acknowledges the role of individual values systems in discouraging older men from accessing appropriate support. To this end TOMNET is continuing to establish informal support and social groups for men to discuss issues and challenges with their peers (DHA 2013)

Additional services in regional areas: TOMNET also recognises the need for the provision of additional services and intervention for older men in rural areas, particularly those where mining has an established presence. However, additional funding is required to provide these services.

Reaching socially isolated men: A TOMNET staff member acknowledged that reaching socially isolated men who were not already using existing services was a challenge. However, she also noted that members were becoming active in seeking out and bringing in new members, and that this was a key element of the TOMNET approach.

Volunteer recruitment and training: TOMNET committee members noted that they often had initial difficulty in encouraging members to ‘get off their backsides’ and volunteer. However, after initial reluctance most volunteers found the experience rewarding. TOMNET has also encountered challenges in providing appropriate training for volunteers who come from a range of sectors and work in different environments. TOMNET will aim to further develop training packages and resources and target volunteer training to specific topics and sectors.

Sustainability: TOMNET faces a particularly difficult challenge in fostering the long-term sustainability of regional support groups beyond their initial start-up phase. The aim of TOMNET is to ensure groups are ultimately self-managing, but this relies on the willingness of group members. Rural groups also need strategies to access and harness community support and develop strong networks and relationships. The organisation is also in an uncertain position with regards to ongoing funding, and is currently waiting on funding decisions to be announced to determine whether it is able to keep on its current staff and keep the organisation alive.

Establishment of older men’s groups within the aged care system: TOMNET has encountered difficulties in establishing older men’s groups in residential aged care due to problems accessing different levels of management, facilities, concerns about use of staff time and resources, and
problems maintaining contact with under resourced and time stressed aged care staff. A concern about legal liabilities related to the activities of members also restricts some activities in the centres.

**Growth of the groups can limit personal connections:** The success of TOMNET is also proving a challenge. As member numbers grow so does attendance at meetings and activities. In particular the Wednesday weekly meeting has seen up to 80 men attend each week (DHA 2013). These high numbers can prove a barrier to older men forming meaningful relationships. TOMNET is currently restructuring these meetings into smaller group formats with the aim of encouraging better connections.

**Resources and distance:** A key challenge is limited resources in terms of time and money. Time is essential in building meaningful relationships and trust with members and clients. It is also challenging for TOMNET to provide high quality services through long distance support from Toowoomba to Far South West Queensland. Due to limited funding and difficulty sourcing accommodation visits may occur only once or twice a year. TOMNET has indicated that funding for a regional office base would help to overcome this challenge (DHA 2013). TOMNET is also exploring opportunities for using technology to overcome the distance barrier.

**Concluding Comments**

TOMNET appears to be a successful model of peer-to-peer support among older men. The success of the organisation comes primarily from its effective creation of a safe, trusting, supportive, and equal environment for all members. This has been done through a combination of factors and processes including: having a team of professional, paid counsellors on hand, facilitating positive interactions, having a clear and member-re-enforced code of conduct that emphasises that all people are equal, the encouragement of men to openly share their stories and life experiences, and the focus on volunteering and community interaction to integrate members into society and create a sense of purpose.

Members who were interviewed have clearly had their lives turned around by TOMNET. The ability to create friendships and speak to others about grief, loss and depression in an informal, casual way based on mateship rather than professional counselling appears to have been invaluable. The sense of being able to contribute back to the community, and play an important role on the committee of management and in volunteering with men in residential care has also had an obvious positive impact on the interviewee’s sense of self-worth and enjoyment of life.

The organisation faces a number of challenges, as outlined above. Many challenges are related to TOMNET’s expansion and growth, but also to the sustainability of funding, and importance of, and difficulty in being able to reach truly socially isolated men. However, there are also a number of opportunities that, if built upon, could lead to some of these challenges being successfully overcome. These include: partnerships with other men’s organisations, the use of technology to
overcome distance and budgetary constraints, the encouragement of the peer-to-peer model and member ambassadors to promote TOMNET in the community and reach out to other men.

TOMNET home page:  [http://www.TOMNET.org.au](http://www.TOMNET.org.au)

### 3.4 International: Gatekeeper (USA)

#### Overview

The idea of the Gatekeeper program is to organise and train ‘unconventional’ community referral sources to identify older people who may be at high risk of social isolation and/or who typically do not come to the attention of support services. Gatekeepers are professionals, service providers or people that have regular contact with older people (e.g. bank tellers, pharmacists, meter readers, customer service representatives, supermarket staff or postal workers).

The gatekeepers are volunteers who are trained to recognise signs that might indicate social isolation and make a referral to appropriate services. All volunteers receive a training manual that lists the signs and symptoms for at-risk elderly and the referral process (see ARDC, 2010).

The Gatekeeper program has been widely adopted across the United States and is hosted by a range of different agencies. While the use of community referral sources is the fundamental basis of Gatekeeper model, the follow-up procedures appear to vary across agencies. Two examples are provided.

The Gatekeeper program in Multnomah County (Oregon, USA) has an Ageing and Disability Services 24-Hour Helpline for follow-up assessment and service delivery. The Helpline staff take the calls from the Gatekeepers and determine an appropriate service to receive the referral. They then send a detailed written report to the relevant social service worker (Warburton & Lui, 2007).

In Cleveland (Ohio, USA), Gatekeepers make their referrals to the Southwest General Health Centre (a not-for-profit community hospital) which operates as the coordinating body. The process then usually involves an ‘unannounced’ visit to the older adult’s home. The visit is made unannounced for two reasons.

1. Older adults often recognise they are having difficulties but are fearful of being taken out of their homes, so they may refuse assistance over the phone.
2. A face-to-face visit enables Gatekeeper staff to establish rapport with the older adult.

Centre staff conduct a comprehensive assessment of the client’s psychosocial and physical health needs, develop a plan based on client input to link the older adult to appropriate community resources, and manage the case for a minimum of three months (Barrett et al., 2010).

For those who refuse assistance, the visit allows staff to assess the situation and determine whether a referral should be made to other agencies.
History of the Initiative

The original Gatekeeper program was established at the Spokane Mental Health Centre in Washington State in 1978.

In Multnomah County, the Gatekeeper program began in 1987 as a component of an initiative called Elderlink; developed to link seniors at risk of losing their independence with health, mental health and social services, to sustain them at home. In its first year, this Gatekeeper program had over 23 partner organisations and 2,000 Gatekeeper volunteers (ADRC, 2010).

The Gatekeeper program is now operating in many locations across the USA, and has also spread to Canada and to other countries.

The audience for the intervention

The Gatekeeper program is aimed at at-risk older adults (60 years and older) living in the community. An important element of the program is that it is focused on those older adults who might not otherwise be found until they are in a crisis. There is no assumption that the older adult will call for assistance or has a support system in place to call for them (Barrett et al., 2010).

Analyses of the characteristics of clients in the Cleveland program indicated that they were more frequently socially isolated, economically disadvantaged, more likely to live alone, less likely to have physical health problems, less likely to have a physician, and had greater service needs at the time of referral (Barrett et al., 2010). According to Barrett et al. (2010), the top five reasons for referral to this program were cognitive problems (21.53%), lack of support (16.33%), physical impairment (15.23%), falls (9.11%) and financial difficulties (7.22%) (Barrett et al., 2010).

Success elements and areas of improvement

Findlay (2003) praised the Gatekeeper model as one of the most successful practices for dealing with social isolation in old age. Specifically, her review identified the following ‘worthwhile’ features of the gatekeeper model (in Warburton and Lui, 2007):

- Gatekeeper mobilises and trains non-traditional referral sources
- Gatekeeper allows the general public to take action on behalf of vulnerable adults and promotes anonymity at the same time
- Gatekeeper adapts to any community setting and could deal with issues and needs other than isolation
- Gatekeeper opens lines of communication between agencies and builds community capacity

Also noted as important are having a lead agency and a hub, a clear and formal partnership process and protocols, and mechanisms for information sharing.

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7 1275 clients were referred to the service from December 1997 to December 2008
8 See: PowerPoint presentation for the Multnomah County Gatekeeper program located on http://www.oregon.gov/dhs/
In terms of areas for improvement, Findlay (2003) concludes that ‘high quality approaches to the selection, training and support of the facilitators or co-ordinators of the interventions’ (i.e. Gatekeepers and follow-up staff) appears to be one of the most important factors underpinning successful interventions of this type (p. 655).

**Use of elements identified in the literature**

The Gatekeeper approach does utilise many of the success elements identified in the narrative review include:

- It is targeted (identifying those at risk of social isolation)
- It utilises and builds community resources (including building knowledge of the risk of social isolation amongst the wider community)
- Perhaps most importantly it broadens the ability to identify and assess those at risk
- It builds inter-agency cooperation

**Evaluation and research evidence**

A systematic review of the effectiveness of community-based mental health outreach services (van Citters and Bartels, in Warburton and Lui, 2007) suggested that the Gatekeeper model is capable of reaching isolated older people especially those who are less likely to gain access to services.

The Cleveland Gatekeeper program is systematically gathering data with the support of a statistician. From their analysis to-date they have concluded that:

1. There is a statistically significant decrease in Emergency Department visits and hospital admissions for older adults served by the Gatekeeper Program
2. They have statistical proof of the program’s cost-effectiveness

Other evaluations of the Gatekeeper model report that it was relatively inexpensive to implement and benefited communities through increased collaboration among service providers (Bartels et al., 2005)

The model has been also found to be effective in recognising suicidal behaviour among older people (Conwell, in Warburton and Lui, 2007).

**Concluding comments**

The Gatekeeper model appears to have been adapted from the original program first established by Spokane Mental Health Centre in Washington State in 1978 into many different places and contexts. A more comprehensive review will be needed to identify the successful elements across these different programs and any lessons for adaption into the Australian context.

Overall this program seems to be very successful because it fills a niche in services to identify older persons at risk. As noted by Barrett et al. (2010, p.196), other case management programs exist, but they are ‘traditional in scope’, receive their referrals from the older adult, their family and friends, healthcare providers, and other professionals in the ageing network.
A critical feature of this program is that it draws on existing community resources and at the same time can raise general awareness of social isolation amongst the elderly and increase collaboration between organisations that provide support in the area of social isolation and loneliness.

### 3.5 International: Upstream (UK)

#### Overview

Upstream involves training volunteer mentors to facilitate older people’s participation in individually-tailored creative and social activities to help them stay independent for longer.

Community mentors (paid, trained staff) visit potential participants to discuss their interests. People who are more active are quickly referred onto existing activities, while others become part of an Upstream group. Mentors engage them in community activities and help them to overcome barriers in their daily lives.

From the beginning it is made clear to all participants that the aim is for them to continue the activities and groups independently after the first few months. The mentors progressively build their independence and sustainability and once participants form social relationships and become involved in regular activities they move to a ‘flexible, self-organised model’ (Sidney Myer Fund & the Myer Foundation, 2010). A variety of professionals are introduced to encourage meaningful stimulating creative activities (e.g. painting, photography, poetry, gardening, Tai Chi, cookery and crafts). Participants are encouraged to share their skills and experience and to introduce activities of their own choosing.

The program has a strong local community focus, specifically aiming to build capacity at the community level by establishing local participant led groups and networks that are independent of government agencies.

#### History of the Initiative

The Upstream initiative was instigated by local GPs in Mid Devon who recognised that older, more isolated patients were getting caught in a ‘downward spiral of depression and dependency’ (Upstream website). Devon is a largely rural county with a high proportion of older people compared with the UK (Dickens et al. 2011b). Mid Devon in particular has ‘pockets of marked social deprivation and suffering from changes in agricultural practice’ (Upstream website).

The GPs identified quality of life and social inclusion as two of the key issues to be tackled. It was also recognised that few of the programs aimed at improving quality of life were working with health professionals, had clear aims, or were rigorously evaluating the benefits of their work.

Healthy Living Centres (HLC) were introduced to local communities in 1999 with the aim of reducing health inequalities. Upstream HLC was established in 2002 with a five year grant from the Big Lottery Fund.
Healthy Living Centre program. Subsequent funding was provided through the UK Department of Health ‘Partnerships for Older People Projects’ (POPP). The POPP program was funded by the Department of Health to shift the care of older people toward earlier and better targeted interventions within community settings. Two-thirds of the projects were primarily directed to reducing social isolation or promoting healthy living (Sidney Myer Fund & the Myer Foundation, 2010).

The audience for the intervention

The specific aim of the Upstream project is to engage socially isolated older adults to improve their quality of life and sense of well-being ‘before they fall into a cycle of dependency and ill-health.’ Where possible, mentors work to prevent early signs of problems from getting worse. However, much of their work involves intervention at a later stage when people are already coping with multiple difficulties (Upstream website).

Many of the participants have multiple physical disabilities and sensory impairments, largely associated with age, as well as high depression indices. Several have mild dementia (Upstream website). The Upstream website states that the target for the intervention includes, ‘people in later life who: are feeling out of touch, or feel a gap in their lives and want shared experiences; are recently retired, bereaved or have moved home; are living alone or caring for someone who is housebound; are feeling isolated through illness, disability, finance, family or transport; or who are thought by their GP, health visitor or other professional to be at risk of falls or some other circumstance threatening their independence.’

The service excludes those with psychotic or personality disorders or more than mild dementia, the violent and the alcoholic. Upstream notes that mentors are not health or social care professionals, and are not acting as counsellors or befrienders (Upstream website).

Success elements and areas of improvement

The Upstream website notes that the key elements of the project are:

- a networking /multi-method approach that identifies socially isolated people
- individual tailoring that enhances engagement in activities and sustainability
- mentoring that ‘holds’ participants as long as needed to effect sustainable change
- an underlying philosophy of empowerment, building confidence and self-determination
- the use of ‘veterans’ to feed back into activity groups, increasing social capital
- an ‘action research’ approach – the ability to respond quickly to evidence of success or weakness to produce the best possible result, with self-evaluation as a continuous theme.

However, the program also faces some challenges:

- transport issues in particular remain a significant barrier preventing people from being able to see each other or attend activities as much as they would like
- participants with more severe morbidities/disabilities may need a more intensive intervention (i.e. complete withdrawal of mentoring may not be appropriate in some cases)
• the ability of mentors to empower participants (building confidence and self-determination) is an important factor.

A 2010 review of Upstream concludes that communities can assume responsibility for self-help but only once they are adequately resourced and prepared and that new initiatives may require 3-5 years to be self-sustaining (Sidney Myer Fund & the Myer Foundation, 2010).

Use of elements identified in the literature

The Upstream approach does utilise many of the success elements identified in the narrative review above:

• Upstream is a multi-agency approach
• Upstream is targeted (those at risk of social isolation)
• Upstream involves the subjects of the intervention (first in identifying the subjects of the program and then by empowering them to run the program independently)
• Upstream is utilises and builds community resources
• Upstream is may utilise learning and group based interventions (depending on the individual program designed).

Evaluation and research evidence

The project has won a number of awards including the National Institute for Clinical Excellence Award. It has also generated other grants and funding for further projects.

An observational study of this intervention (Greaves and Farbus, 2005, on Upstream website) found mixed results across time, but did conclude that the project contributed to ‘significant improvements in mental health status (depression)’ after 12 months. The study concluded that the model appeared to provide a practical way of engaging socially isolated older people and generating social networks and it merits further investigation. Importantly though, Greaves and Farbus warn that the case for a causal effect of the Upstream intervention cannot be categorically proven (given their research methodology), but that ‘...Upstream is responsible for at least some of the change identified seems the most likely explanation.’

A controlled trial of a mentoring service for community-dwelling socially isolated older adults (Dickens et al., 2011b), though, found no substantial evidence supporting the use of community mentoring as an effective means of alleviating social isolation in older people.

Concluding comments

The research noted above might appear to mitigate against a mentoring approach, instead we consider that it is further evidence that it is not necessarily the intervention per se that is effective or ineffective, but it is the design of the intervention and how well its components address the complexity of the issue being addressed. Dickens et al. (2011b), for example, note that while the community mentoring service did include some components of effective interventions identified in the literature, other components may not have been sufficiently addressed.
3.6 International Casserole Club (UK)^9

Overview

Casserole Club is a service that uses technology to connect people who like to cook with older people in their local community who could benefit from a home-cooked meal, especially those who might not be able to cook for themselves (Bickerstaffe, 2013). The idea is the product of FutureGov, a company that aims to improve public services through ‘elegantly designed digital products’ (Skinner, 2013).

Casserole Club brings together older adults (diners) and volunteers (cooks). The cook signs up online to cook and deliver a meal to a person they have been matched with. There is an emphasis on providing a flexible, supportive framework within which diners and cooks can negotiate the type of relationship/service that works best for them. This relationship is brokered by a ‘matchmaker’ who connects with both cooks and diners to check the service is meeting both of their expectations.

Cooks do not have to sign up for a particular regular commitment and one diner often has more than one cook coming at different times. Casserole Club staff ensure that diners understand that they should not expect to receive a meal from a cook on a regular basis.\(^{10}\)

Effort is put into matching cooks and diners appropriately. An online profile is created (for cooks and diners), from which cooks are able to find diners based on distance, shared interests, and food preferences. Specific dietary requirements are also put on the diners profile when they sign up. Cooks are put in touch with their matched diners by phone so that they can discuss what they might cook and when. Importantly though, the idea of Casserole Club is that cooks are making an extra portion rather than a meal just for the diner.

Currently, FutureGov provides regular follow up and chats and support for both cooks and diners to check in and make sure all is working well. More recent implementations in the UK are designed to have this role owned by the council, to embed Casserole as one of many services they are providing to older adults. This model is also more sustainable for councils over time and builds on the councils local place based leadership role.

The level of interaction when meals are delivered is entirely up to the cook and the diner. While contact may be short in some cases, FutureGov has gathered ‘transformative stories of Cooks and Diners’ lives intertwining across the dinner table’ (Elderton, 2014). Cooks also network a lot with each other online, and there is a Casserole Club blog which includes cooks’ and diner’s recipes.\(^{11}\)

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^9 Much of this case study is developed from an interview with Kirsty Elderton from FutureGov
^10 https://www.casseroleclub.com/faq
^11 http://blog.casseroleclub.com/tag/futuregov/
The first phases of a Casserole Club project involves a strong focus on community engagement and the FutureGov team along with councils workers develop links with local organisations to help reach diners and cooks. Some existing programs/NGOs are incorporating Casserole Club into the suite of services that they offer. They also take direct referrals including from friends and relatives. In most cases the older adults self-identify as needing and wanting the service. However as the Matchmaker role is transferred to councils opportunities for identifying clients who would benefit from the service are emerging. For example people enquiring about meals on wheels for the first time or older adults who are being discharged from hospitals. Casserole Club now operates in three London boroughs and (as of February 2014) has around 2,600 ‘carefully vetted cooks’ (Riddell, 2014).

History of the Initiative

Casserole Club was developed in the United Kingdom by FutureGov with the support of two local government councils. Initially Casserole Club was promoted as an alternative to Meals on Wheels. The project has reached its current form through trials of testing different models and approaches.

It was developed using a ‘user-centred and iterative design processes’ that FutureGov utilised in other initiatives, such as ‘Patchwork’. The Casserole Club development process involved speaking to members of the public through street surveys, and working with organisations that have experience of working with food and older adults (Bickerstaffe, 2013).

The FutureGov approach is to understand the problems that sit behind social issues and design solutions to them. In this case a growing older population and isolation and loneliness of those people. Because FutureGov is a design lead organisation there were no assumptions about what a solution might look like and whilst Casserole has now gone through a number of iterations there is a framework for implementation that can be changed and adjusted to suit a local context.

Rollout has been deliberately slow and purposeful, releasing Casserole Club in one area at a time. FutureGov are taking an area-by-local-area approach, working with local councils, housing associations and community groups and spending time recruiting diners to the community as well as making sure they have people to cook for them. This, FutureGov states, is ‘a crucial lesson’ from the first proof of concept site in Reigate and Banstead.

The audience for the intervention

The project targets older adults, particularly socially isolated older adults and aims to tackle loneliness and malnutrition. Eighty per cent of diners are 80 years old or older (Bickerstaffe, 2013).

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12 Patchwork is a secure web tool that connects professionals working with children, vulnerable adults and supporting troubled families. See: http://wearefuturegov.com/#patchwork
13 http://wearefuturegov.com/2013/05/lifting-the-lid-on-casserole-club/
cooks have concerns about diners’ health and welfare they are encouraged to talk to the diner and discuss getting support services involved.

**Success elements and areas of improvement**

The strength of Casserole Club, notes Bickerstaffe (2013) is ‘less the technology and more the careful thought behind connecting people.’ For example, she notes, the use of the language of ‘cooks’ and ‘diners’ ‘...creates a non-hierarchical relationship, and one which does not define either party by anything apart from the gesture made as part of the system’ (p. 14).

The technology is an ‘enabler’. Connections are solidified by human contact, on the personal terms of the individuals concerned (Bickerstaffe, 2013). Cooks, however, are the primary users of the technology. Recruiting cooks has been easy and there are many more cooks than diners.

One of the biggest challenges has been in signing up diners to the website as potential diners more than often don't have regular access to the internet (Skinner, 2013). FutureGov conducted a trial using a public library to help a group of older adults put up profiles online and look at cook’s profiles, but after the one session interest and engagement dropped off quickly.

FutureGov has sought to develop a clear narrative, design and brand around the project and from this has been able to garner a reasonable amount of media attention. This has been critical to the program. For example, after one BBC News feature, ‘overnight something like 500 cooks signed up’ (Skinner, in Bickerstaffe, 2013)

Having a partnership with a council in which to develop the project from inception is also crucial. However Skinner (in Bickerstaffe, 2013), warns that if councils are financially involved, while they may be more concerned with the outcome, it is crucial that this interest is experienced as supportive not heavy-handed.

**Use of elements identified in the literature**

Casserole Club utilises some of the success elements identified in the narrative review, including:

- Casserole Club is targeted (at those at risk of social isolation and malnutrition)
- Casserole Club utilises and builds community resources (connecting councils, cooks and diners).
- Casserole Club (partially) involves the subjects of the intervention (in the sense of matching diners needs)
- There is some inter-agency cooperation (to identify potential diners).

**Evaluation and research evidence**

No research evidence or evaluation data was located for this initiative. However, Bickerstaffe (2013), notes that, following their experience with Patchwork, FutureGov has ‘built more robust reporting’ into the development of Casserole Club, and from the first pilot they have been able to ‘build up a solid evidence base over the proof of concept in Reigate and Banstead’. They are now able to ‘clearly
document anecdotal and data-wise how many meals had been shared, the demographics of people sharing food, [which] was really important to convince new stakeholders that the project was a good thing’ (Bickerstaffe 2013, p. 16).

Concluding comments

As noted by Bickerstaffe (2013) this is a good example of a technology company that setting out to solve a problem and utilising a user-centred design process to discover the best use of technology, and where it can support human, face-to-face interaction.

Crucially, however, as recruiting diners is the most important challenge for this program. It would be important that this is a central issue in the translation of Casserole Club into the Australian context.
4 The Narrative Review

4.1 Opening observations and definitions

First it is important to clearly define some key concepts in order to provide context for how the rest of the report should be understood.

Apparent in much of the literature was differences in how the concepts of social isolation and loneliness were defined and used in research. Many authors combine the two concepts, seeing loneliness as a subjective component of (objective) social isolation (e.g. see Dickens et al., 2011a).

As noted by Warburton and Lui (2007) though, social scientists increasingly agree that while there are commonalities between the concepts, there are also significant differences between them which are sometimes not made clear or distinct. Older adult participants in the Stanley et al. (2010) study, for example, ‘...did not understand loneliness as synonymous with social isolation.’

As noted by Wenger and Burholt:

...loneliness is only one of the possible outcomes or reactions to social isolation and the former has a rather weak connection with the characteristics of the latter. In reality, loneliness can exist in the absence of isolation. Although social isolation is often associated with loneliness, it is not always the cause of it (in Warburton & Lui, 2007 p. 6)

4.1.1 Definitions

For the purposes of this review, we have adopted the definitions of loneliness and social isolation from the tender brief provided by beyondblue.

Loneliness: is defined as an unpleasant feeling of dissatisfaction with either the number or quality of existing social relationships (Heinrich & Gullone, 2006).

As noted by Nicholson, (2012), simply knowing if an individual has numerous social relationships does not provide enough information to accurately determine whether these relationships are positive and beneficial. Further, evidence exists that not all people who are socially isolated are lonely (Dahlberg, 2007).

Research suggests that only a minority of older people experience ‘severe’ loneliness, that is they indicate that they feel lonely ‘always’ or ‘most of the time’, or as assessed on a specific loneliness scale (Grenade & Boldy, 2008). Research from Western Australia for example suggests that severe loneliness is experienced by approximately seven per cent of the population (Warburton & Lui, 2007). Similar figures were identified in the UK (e.g. Victor, 2005) and these levels had changed little from research 50 years previously (Grenade & Boldy, 2008). However, there is also evidence that a much larger percentage (as high as 50-60%) may experience some degree of loneliness at some time.
Social Connectedness research report

(Grenade & Boldy, 2008), illustrating the temporal nature of loneliness and the difficulty of targeting interventions.

Importantly, some (e.g. Stanley, et al., 2010) note that there is a paucity of studies on how older adults themselves perceive loneliness and how service providers can support them.

**Social Isolation**: is defined as ‘an objective state where an individual has minimal contact with others and/or a generally low level of involvement in community life.’ (Naufal, 2008)

It is often measured in terms of a person’s social networks, for example, number and frequency of contacts, and can include other social network related indicators such as living arrangements (e.g. living alone), availability of a confidant, and community involvement (Grenade & Boldy, 2008). Thus, while social isolation can be experienced by people living in remote locations, people can also be socially isolated surrounded by other people (e.g. in a nursing home).

Franklin and Tranter (2008, p. 10) warn that the trouble with the frequency of experience perspective is that one has no way of knowing how to judge the seriousness of given levels of experience/exposure and even whether there is ‘a normal degree of loneliness in the human condition and where should we begin to be concerned, if at all?’

Thus, measuring the quality of relationships (negative and positive) in addition to the quantity of social connections is important in identifying areas for intervention (i.e. considering both loneliness and social isolation, and the relationship between them).

Warburton and Lui (2007, p. 6) developed the following diagram (Figure 1) to describe the (‘possible’) link between (social) isolation and loneliness.

```
   | Yes | No |
---|-----|----|
Yes| I   | II |
No | III | IV |
```

**Figure 1**: The possible relations between loneliness and isolation (from Warburton & Lui, 2007)

Warburton and Lui (2007) note that, from the point of view of public policy or intervention, the two categories that are subjects of concern are I (isolated and lonely) and III (lonely while not isolated). They also note that there may be some benefits in understanding the characteristics of people in categories II (isolated but not lonely) and IV (not isolated and not lonely) to identify protective factors for isolation and loneliness.
While the literature indicates that many of the same factors influence the development of both social isolation and loneliness (Grenade & Boldy, 2008), the distinction is important when it comes to developing treatments. As Windle et al. (2011) suggest, prior to designing any programme there needs to be a clear understanding about what is being prevented—‘...whether those interventions being considered are to ameliorate social isolation or mitigate loneliness.

4.2 Policy frameworks and initiatives in Australia

Is there an adequate policy framework and sufficient Social Connectedness initiatives in Australia to meet the needs of Older Adults, particularly older men? And, What policy framework exists in Australia?

The Governmental policy framework in Australia does not currently provide a consistent approach, strategy or guidelines for the provision of social connectedness initiatives in Australia to meet the needs of Older Adults. Social isolation and/or loneliness among Older Australians, and the importance of social connectedness initiatives to address these are referred to in varying levels of detail in a variety of Commonwealth and State government documents. These are usually documents that fall within the policy areas of Health, Mental Health or Ageing. It is also important to note that the Commonwealth and State Governments’ mental health plans and policies tend to focus largely on providing care, support and preventative assistance to people aged between 12 and 64 years old. The Commonwealth Government’s National Mental Health Plan, and the five year National Mental Health reform initiatives which were announced in the 2011-12 Commonwealth budget are also particularly focussed on younger people (Pate, 2014, p. 15).

Of the Commonwealth and State governments, the Australian Government appears to have the most documentation dealing with social connectedness for Older Adults, followed by the Victorian Government. For example, in 2012 the Victorian Government released a ‘Parliamentary Inquiry into Opportunities for Participation of Older Victorians’. The report recommended a number of measures to enable older people’s social, economic and community participation. Many of these recommendations are still in the process of being considered for implementation (Family and Community Development Committee, 2012).

Some of the policies or strategies across all governments are outdated, and there is no readily available evidence to determine whether the initiatives or strategies mentioned have been implemented or have had any tangible impact in shaping the social connectedness space.

What support, services and initiatives does this framework offer Older Adults, particularly for older men?

In terms of government funding for and/or provision of services, the current system appears to work on a largely ad hoc basis. While policies, strategies and plans often acknowledge the importance of
addressing social isolation and increasing social connectedness for older adults, there are very few
government-initiated projects. Notable exceptions include:

- The Victorian Government’s ‘Count Us In!’ Project, which ran from 2006-2009 and provided
  funding to community based agencies to work with Public Sector Residential Aged Care
  Services and others living in the community to conduct initiatives that promote social
  inclusion for people living in residential care (Victorian Government, 2006).
- The Victorian Government’s ‘Active Service Model’, which emphasises wellness and
  independence through increased support for social participation to be provided through
  Home and Community Care Services (Pate, 2014).
- The Tasmanian Government’s ‘Inclusive Ageing Tasmania 2012-2014’ Strategy, which
  included two projects related to social inclusion (Tasmanian Government, 2012).

Government policies do not appear to focus on the provision of services or projects specifically for
men, although the particular needs of older men are occasionally referred to.

There are also overarching policies related to the provision of Home Care Packages, which provide
for the delivery of social support. From 1st August 2013, Home Care Package service provision was
changed to a Consumer Directed Care model. This enables consumers and carers to have greater
control over the types of care and services they choose to access. While this may allow Older Adults
greater opportunities to access social support when it is most needed, the model may also create
some difficulties for older people and their carers in attempting to negotiate the financial and care-
based decision making process (Department of Health, 2013).

Does the framework differ across geographical locations?

The Northern Territory and Queensland governments have little or no readily available information
on policies and strategies that frame or support this area. Policies do not appear to specifically target
urban, rural or regional older people, but the particular needs of people with limited mobility and
limited access to safe, secure and accessible transport is a consistent theme.

Where are the gaps (if any) in the framework?

In general, government documents acknowledge, recognise and discuss the challenges and barriers
facing older adults being socially connected, and the potentially negative physical and mental health
consequences of social isolation. However, there appears to be a lack of coherent, consistent
strategies or funding to combat this. The amount of emphasis placed on these issue by state
governments also varies from state to state.

How can these gaps be addressed?

Governments could provide a better framework in this area through a greater focus on the mental
health and social wellbeing needs of Older Adults in overarching mental health and social policies
and strategies. A joint Commonwealth-state strategy to combat social isolation and loneliness
among Older Adults, combined with state-based funding pools to support social connectedness
initiatives, for example, would help to provide consistency and a coherent framework. Non-government organisations and health organisations active in this space may benefit from clear guidelines and knowledge about where to go to access funding and support for the many programs that they initiate and run. A working paper on Social Isolation from the Council on The Ageing (COTA) Victoria noted that:

Maintaining opportunities for social participation should be a key factor for policy development affecting older people. The experience of social isolation requires a multi-faceted, holistic policy response (Pate, 2014, p. 3).

The same paper also recommends that governments support the notions of age-friendly communities and put policy measures and programs in place to enhance the quality of neighbourhood environments (Pate 2014).

More detailed notes on government policy frameworks and initiatives/projects are available in Appendix 1 (p. 164).

4.3 Social isolation and/or loneliness factors

The factors contributing to social isolation and loneliness are part of a complex interrelated set of social, psychological and institutional factors that interact together to create poor health outcomes for Australians. As Grenade and Boldy (2008, p. 474) state ‘clearly, there is a need to develop strategies that can help to reduce or eliminate the causes of isolation or loneliness, to the extent this is possible, and to build on those factors that are known to be protective.’ However, they also warn that ‘given the variety of factors involved, and the complex relationship between them, this is not an easy task.’ (Grenade & Boldy, 2008, p. 474-5)

In the section below we present the key factors leading to social isolation and loneliness noted in the literature.

Due to time constraints the list is not intended to be exhaustive; however, it does highlight the factors that are most commonly identified across the literature. To assist with organising the information, factors have been loosely themed under relevant sub-headings.

What are the key factors leading to isolation and/or loneliness in Older Adults in Australia and internationally?

Networks: social and structural factors

Community and network fragmentation: Research indicates that there is a potential for loneliness to disproportionately afflict older adults because of their shrinking social networks (Bendevik & Skogstad, and Kim, in Pettigrew & Roberts, 2008). Similarly, some research from United Kingdom suggests that social interactions and networks form a more important dimension of wellbeing for older people than younger people (Weich, et al., 2011).
Amongst the drivers noted in the literature are:

- the increasing numbers of lone parent households
- the breakdown on traditional community social relationships
- the rural-urban drift (Cartwright & Hughson, 2005)

Fine and Spence a (2009, p. 15) note a ‘persistent gender gap in social relationships ‘shaped by both the structure and the quality of men’s and women’s social networks’. They suggest it is not surprising, citing the literature on social capital that indicates:

…women invest far more time and efforts into sustaining friendships and relationships such as writing letters, making long distance phone calls to family and friends, sending greeting cards and the like (Putnam, in Fine & Spencer, 2009, p. 15).

In terms of preferred types of social networks for older adults, Grenade and Boldy (2008) point to research in Western Australia which identified friends as being particularly important, followed by relatives, neighbours and children. The presence of a confidant in the social network was also noted as particularly important for reducing loneliness.

Of critical importance also is the diversity and flexibility of available social networks. Pate (2014), for example, note five types of networks identified by research:

- locally integrated support networks (large groupings including relationships with family, neighbours and friends)
- wider community-focused networks (primarily friendship-centred)
- local family dependent support networks
- local self-contained support networks (small and mostly neighbourhood-based)
- private restricted networks (characterised by an absence of local family and only minimal ties with neighbours (Wenger, in Pate 2014, p. 6).

Older people whose networks are self-contained, notes Pate (2014), may be at higher risk of social isolation.

Urban/Regional Context: Cartwright and Hughson (2005) suggest that increasing fragmentation of rural families, impacted by rural-urban drift, may be creating a lonelier society for older rural living Australians. It should be noted though that other research has found there was no real difference between the levels of loneliness recorded in urban, regional or rural areas of a state (e.g. Baker, 2012). Service providers in one study, for example, noted that in some rural communities, living alone doesn’t necessarily limit contact with people (Longman et al., 2013).

Feelings of loneliness are intricately linked to patterns of social integration and frequency of social contacts (Fine & Spencer, 2009), but the influence of familial relationships is complex. As with all of the other elements in this section, the influence of familial relationship should be seen in the context of the range of factors contributing to social isolation and loneliness.

Alone in a crowd: Warburton and Lui (2007) urge that policy makers would be wrong to assume that solitude is a target for social intervention or change. As noted many times in this report, the
Presence of large social networks does not imply protection from feelings of loneliness. Nor is living alone synonymous with reported loneliness (Victor, 2005). For example, some research has found that:

- lonely and non-lonely people do not differ significantly in their activities, or the amount of time spent with other people (Heinrich & Gullone, 2006)
- lonely callers to Lifeline in 2003 were more likely to live in metropolitan areas than in rural areas (Cartwright & Hughson, 2005)
- levels of loneliness among people living in residential aged care are higher than for older people living in the community (Grenade & Boldy, 2008).

Physical (and ‘Social’) Infrastructure: While recognising that some research has found no difference in levels of loneliness between urban and rural population, there are, some ‘location’ based factors influencing increased social isolation and loneliness. These are related to the presence, or absence, of infrastructure (including transport) that is critically important in supporting social lives.

Research from the UK confirms the importance of physical location and infrastructure in shaping residents' identities and experiences (Sharf et al., Sharf & Smith, in Warburton & Lui, 2007). This research demonstrated that older people living in ‘socially deprived areas’ (i.e. lacking in social infrastructure) face multiple risks of social exclusion and isolation that are significantly higher than in other areas of the country.

Again, while the lack of infrastructure may be a critical factor in some regional and remote areas, it has also been acknowledged that urban design in many Australian suburbs is not ‘age friendly’. For example:

- inadequate or poorly maintained footpaths in older suburbs results in the risk of falls
- concentration of retailing and banking in large shopping malls is inconvenient for older people
- suburban design is based on the assumption that everyone has access to a car or alternative transport options
- parks and public places are not always accessible or safe, and lack facilities that cater for older people (Department of Health and Ageing, in Warburton & Lui, 2007).

As noted by Encel et al.

...simply walking outside the house can prove to be hazardous for older people because of holes or uneven footpaths and ... the timing of traffic lights might be too fast for elderly people to feel confident in crossing a busy road safely (in Fine & Spencer, 2009, p. 16).

Fine and Spencer (2009) state that poor accessibility, poor services and the high cost of transport can particularly limit the mobility of older people with health related conditions, including sight and hearing problems, arthritis, stroke, osteoporosis, and dementia. The groups they identified as being most at risk are:

- those who are disabled or frail aged
• those on a low income
• ethnic and religious minorities
• older single/widowed women with limited mobility.

Interestingly, as noted in the Australian Government (2012) Social Inclusion Report, the idea of a person having ‘multiple disadvantages’ is a useful operational definition of social exclusion. In this context, the more an area is lacking in social infrastructure, the more at risk its vulnerable residents are of social isolation—although it is also noted that having multiple disadvantages puts people at risk but does not necessarily lead them to being socially isolated (or lonely).

As noted by Warburton and Lui (2007), the evidence suggests that social isolation and loneliness increases with age. However, they also note that researchers now believe that age per se is not the cause of the problem. Instead, the influencing factors for older adults include such things as poor health and subsequent loss of mobility. For example, Hillier (2007, p.vi) reports that:

• Disability and illness lead to a loss of functional abilities that impose restrictions on people’s activities of daily living, social activities and social participation.
• People can feel discriminated against by their community where they are negatively labelled by their disability and age.
• The high cost and the limited availability of wheelchair vehicles, especially taxis, reduces people’s ability to access their community.
• People with low self-esteem and confidence find it difficult joining community groups and activities, especially if their disability makes them feel self-conscious.

Thus, physical illness creates, or interacts with other (including psychological) factors (Fine & Spencer, 2009), to contribute to the development of social isolation and loneliness.

**Emotional and psychological factors**

**Place connectivity and independence:** One factor that may be contributing to social isolation is government policies, and personal preferences that are seeing older people choosing to live alone in their own homes preferring to be autonomous and live independently for as long as possible (Warburton & Lui, 2007). Australian Bureau of Statistics (ABS) census data shows a marked increase in the percentage of people living alone as age increases. These data show that older adults are increasingly likely to be living alone in their own homes rather than living with family, or moving to a retirement village or nursing home (see Fine & Spencer, 2009). As noted by Pate (2014), policy reform to support the desire for older people to live at home for as long as possible may have unintended consequences, including influencing higher levels of social isolation.

Older people, who have retired, don’t need to leave to find work and don’t want to leave a town where they’ve lived most, perhaps all, of their lives. So they stay to struggle on with little or no family support as their needs and years increase (Cartwright & Hughson, 2005, p. 4)

In their desire for independence older people often do not realise the growing cost of being ‘socially isolated.’ (Lapkin, 2012)
Security: Experience of victimization and concerns about personal security in the community can limit the activities of seniors and contribute to isolation and loneliness (Pain, in Warburton & Lui, 2007).

Unsurprisingly, Australia research has indicated a positive association between perceptions of safety and neighbourhood trust and neighbourhood connections (Ziersch et al., in Menyen & Adair, 2013).

While national survey data indicates that the risk of becoming a victim of crime is far lower for older than for younger people, older residents in deprived suburbs are more likely to experience serious types of crime (Scharf, et al., and Scharf & Smith, in Warburton & Lui, 2007). This again highlights the challenges of supporting those with multiple social disadvantages.

Emotional and psychological isolation: Grenade and Boldy (2008) note that, while it is less researched than other factors, psychological or personality-related factors such as self-efficacy and self-esteem may play a role, particularly with respect to loneliness. People with low self-esteem and confidence find it difficult joining community groups and activities, especially if a disability makes them feel self-conscious (Hillier, 2007).

Choosing to be alone: It has been argued that some older adults choose to be alone (COTA, 2006; Lapkin, 2012). It is unclear whether this is a choice to be alone, a desire not have others interfering in their lives (COTA, 2006), or whether there is some deeper psychological influence on this decision (or combination of these). Whatever the driver of this ‘choice’, there is a cost to being socially isolated and that choice cuts them off from ‘networks that can sustain them.’ (Beer, in Lapkin, 2012)

Loneliness is private: Research by Stanley et al. (2010) showed that loneliness is perceived as private, personal and a negative experience that is often stigmatised. Their in-depth and semi-structured interviews with 60 older people revealed feelings that to tell someone that one is lonely is often associated with shame and shamefulness, as well as failure and defeat.

Potentially, this may mean that programs explicitly targeted at loneliness, or those developed by organisations that address mental illness issues may be avoided by those denying it is a problem, or not wanting to be associated with the ‘stigma’ associated with the subject of the intervention.

Loneliness is contagious: Cacioppo et al. (2009) found that people who are lonely tend to be linked to others who are lonely. Interestingly though, their study suggests that loneliness in networks does not arise from lonely individuals choosing to become connected to other lonely individuals but travels through networks via contagion.

We detected an extraordinary pattern at the edge of the social network. On the periphery, people have fewer friends, which makes them lonely, but it also drives them to cut the few ties that they have left. But before they do, they tend to transmit the same feeling of loneliness to their remaining friends, starting the cycle anew. These
reinforcing effects mean that our social fabric can fray at the edges, like a yarn that comes loose at the end of a crocheted sweater (Cacioppo et al., 2010 p. 988-9).

Cacioppo et al. (2010) suggest that the behaviour of these lonely individuals threatens the cohesiveness of networks and this may lead to the lonely members being driven off by the rest of the network (to protect that cohesiveness). Thus, feeling lonely and socially isolated can lead to one becoming objectively isolated.

Masi et al., (2011) conducted a meta-analysis of interventions to reduce loneliness and observed that when individuals feel lonely, they think and act differently than when they do not feel lonely. This, they state, means that ‘...simply bringing lonely people together may not result in new friendships because the thoughts and behaviours of lonely individuals make them less attractive to one another as relationship partners’ (Jerrome; and Stevens, in Masi et al., 2011, p. 257). They suggest that loneliness has a ‘regulatory loop’ in which lonely individuals have increased sensitivity to, and surveillance for, social threats and, amongst other things, hold more negative social expectations (Cacioppo & Hawkley; in Masi et al. 2011), They are therefore more likely to behave in ways that confirm their negative expectations.

Other studies (e.g. Martina & Stevens, 2006) also point to the need for treating ‘maladaptive social cognition’ in the lonely before, or along with, utilising other therapies such as group based interventions.

Transition and temporality

Transition and loss: Some research indicates that there are two distinct pathways to social isolation:

   Pathway One: Where isolation is a continuation of previous experience (i.e. those socially isolated in mid-life will generally face further isolation as they grow older).

   Pathway Two: Where it is a new experience, typically triggered by a key life event or transition in later life. (Sidney Myer Fund & the Myer Foundation, 2010; Pate, 2014)

Mid-life effects are dealt with below. Here we first consider the effects of sudden life events, or points of ‘transition’ as it is described in some research (e.g. Martina & Stevens, 2006; Warburton & Lui, 2007; Grenade & Boldy, 2008).

These transition points are varied and include:

- retirement
- loss of a driver’s licence
- death of a partner or relationship breakdown
- relocating to a new community
- sudden disability (Sidney Myer Fund & the Myer Foundation, 2010).

When people are working, for example, they have a network of social connections. When they retire at around the age of 65, those connections can disappear (O’Keeffe, 2014).
Research by Wenger and Burhold (in Warburton & Lui, 2007) revealed a number of important factors that influenced those who became ‘more isolated and more lonely over time’ and ‘not isolated but lonely’. These included loss (e.g. of a partner/friend/kin) and a change of location (i.e., both are transitions). In contrast, they also noted that the key to being ‘not isolated/not lonely at any time’ or ‘isolated but not lonely’ was stability and relationships with non-kin respectively (see Table 4.1 in Warburton & Lui, 2007, p. 15).

Critically, as noted by Tijhuis et al. (in Warburton & Lui, 2007, p. 13), it was ‘...not the status but change in health and social relationships that was important in the process of loneliness.’

These transitional life events may be a factor influencing the observation that people can move in and out of loneliness (e.g. Grenade & Boldy, 2008), with those ‘recovering’ from loneliness perhaps finding ways to cope with the transition. Research, such as that by Victor and Bowling (2012) revealing that some older people recover from loneliness, suggests the need for further research into the protective factors which enable such recovery. Further, these factors also suggest that any comprehensive program addressing social isolation and loneliness should not focus solely on risk factors, ‘symptoms’ and ‘cures’, but should also include programs that investigate and/or build on protective or preventative factors.

On the transition of divorce and separation, Franklin and Tranter (2008) state that separated women are twice as likely as married women to experience loneliness as a serious problem, and separated men are over thirteen times more likely to develop loneliness as a serious problem than married men. Russell (2009) notes that there is compelling evidence that divorce is not good for the health of middle aged men.

Another critical transition point can be a ‘mid-life crisis’. As noted above, one pathway to social isolation is a continuation of previous experience. Much research identified for this study suggests that a critical time for both genders is in mid-life, although there was variation in what age range this covers. Some suggest it is between 35 and 44 years of age (Cartwright & Hughson, 2005), others 25 to 45 (Franklin & Tranter, 2008). Still another suggested that the intensity of loneliness increases up until the age of 60 before reducing again (Baker, 2012).

Franklin and Tranter’s (2008, p. 2) research reveals that:

> Australia has an unusual profile of loneliness as measured across the life course: whereas modern Western nations produces a shallow bowl-like curve where loneliness peaks in late adolescence/early adulthood and again in late old age, in Australia we have found a more dome-like curve where loneliness also peaks among those aged 25-45 (with a reprise among the over 80s).

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14 The figures are possibly an artefact of the categories chosen in survey/research design
Cartwright and Hughson (2005), for example, report that that Lifeline gets a higher number of calls about loneliness from the 35-44 age group.

Research from the United States (Stone et al., 2010, p. 9985) suggests similar results. This research, while focussing primarily on wellbeing, included measures of ‘negative hedonic values’, revealing, for example, that ‘stress and anger’ steeply declined from the early 20 years onward. ‘Worry’ was elevated through middle age and then declined, and ‘sadness’ was ‘essentially flat’. The report also concluded that wellbeing increased after 50 years of age.

It is important, in considering this evidence, not to forget the ‘reprise’—i.e. significantly increasing levels of loneliness—amongst the over 80 age group identified in Franklin and Tranter’s research.

**Temporal factors**: While temporal factors may include those associated with transition, research also shows that experiences of loneliness differ according to the time of year and/or day, with holiday periods such as Christmas, and evenings/night being times when many people may feel more lonely (Grenade & Boldy, 2008).

**Socio-demographic factors**

**Gender**: Warburton and Lui (2007) argue that gender in itself is of limited utility in predicting loneliness and needs to be interpreted in the light of other social factors. This assertion is supported by research on wellbeing and psychological stress in Older Adults in rural regions (Inder et al., 2012) and on depression in new admissions into aged care (AIHW, 2013).

In some research, women do report higher rates of loneliness. This may be because:

- women live longer and as a result are more likely to lose their partners and experience other losses
- women are perhaps more socially able to express their feelings
- the stigma for being lonely for women is less than for men
- women may value human relationships more than men (Perlman; Savikko et al.; Victor et al., in Warburton & Lui, 2007).

Thus the challenge related to gender may be the difficulty in engaging lonely men because of their lower levels of ‘self-reported’ loneliness.

**Culturally and Linguistically Diverse (CALD)**: Warburton and Lui (2007, p.49) note that while the factors affecting quality of life are broadly common across cultural groups, ‘...it is the ways in which these factors play out in people’s lives that reveal ethnic differences.’

...it seems likely that cultural factors shape loneliness’s prevalence, intensity, and antecedents; perhaps culture even shapes the very nature of the phenomenon itself. In this sense, loneliness is not universal; it is culture bound (Perlman, in Warburton & Lui, 2007, p. 49).

Cultural and language barriers can also make interaction with a ‘host community’ a challenge in attempting to support the building of social networks for CALD older adults (Fine & Spencer, 2009).
Employment: Fine and Spencer (2009) note that men and women who have been self-employed or have worked in a stable professional or managerial occupations are more likely to retain some form of social status and networks of influence and assistance than are those whose work was less well paid and secure. Research with single older men in boarding houses in Sydney, for example, has shown that a disproportionate number had histories of itinerant male dominated work (e.g. shearing, droving, construction, mining, railways) (Russell & Porter, in Fine & Spencer, 2009).

Men’s sense of identity is often closely associated with paid work. As a result, older men no longer in the workforce ‘may sometimes struggle in later life to redefine their identity and maintain their wellbeing’ (Fine & Spencer, 2009, p. 10)

Men’s work (and education) history can also influence whether they take up opportunities for further learning later in life (NSPAC, 2010). Older men are much less likely to participate in education and training than older women; often influenced by their past work and education experience.

Other Factors: The factors above are a summary of those most commonly identified in the literature as contributing to social isolation and loneliness among older adults. There are many other factors raised in the literature that have not been covered in detail above, but are worth considering when conducting future research into this area. These include:

- being a carer for an ailing partner
- having low income with benefits as a main source of income
- having no living children
- being and indigenous older person
- being a gay, lesbian, bisexual or transgendered senior
- having elevated mental morbidity
- living with HIV (Warburton & Lui, 2007).

4.4 Elements of a successful initiative to reduce social isolation and loneliness

The factors most commonly noted as critical to the design of successful interventions to address social isolation and loneliness are outlined below. The selection of success factors has been limited by the amount of literature we could source in the time allocated to this research. However, the incorporation of two of meta-analyses and the additional selection of key pieces of literature identified during the research ensures that this overview can contribute significantly to an understanding of successful initiatives.

It is first worth noting a few things about the challenges of determining what the elements of a ‘successful’ initiative are (or what the unsuccessful elements are).

Lack of (strong) ‘evidence’ of effectiveness: Many reports point out that there is a lack of research evidence that supports the claim that interventions can reduce social isolation and loneliness (e.g. Dickens et al., 2011a; Fine & Spencer, 2009; Grenade & Boldy, 2008; Warburton & Lui, 2007).

For example, Doran (2013, p. 7) notes that:
A leading expert from the World Health Organisation has observed that no country to date has been able to clearly link mental health strategic policy or investment decisions to a credible, consistent and evidence-based assessment of what interventions actually work best and at what cost.

Amongst the criticisms are that many/most studies:

- are atheoretical
- have unrepresentative samples
- have not been formally evaluated
- are short-term interventions with results difficult to generalise to other interventions
- fail to consider the cost-effectiveness of interventions
- fail to consider how older adults themselves perceive issues such as isolation and loneliness
- are quantitative and fail to consider older peoples particular life experiences and coping strategies

**Reliance on secondary data:** Doran (2013) also observed that the majority of Australian studies relied on secondary data, although these comments were specifically in relation to studies of cost effectiveness.

However, perhaps related to this is our observation the same research is used as evidence in much of the Australian literature. For example, the work of Mima Cattan, noting uncertainty about the effectiveness of one-on-one interventions, is cited in Tinker (2013), Windle et al. (2011), Grenade & Boldy (2008), Pettigrew & Roberts (2008), Warburton & Lui (2007) and Martina & Stevens (2006), amongst others.

**What are the elements of a successful initiative to reduce social isolation and loneliness in Older Adults?**

Having noted these limitations, some authors have gone on to identify systematic reviews (including one by Cattan) that provide some evidence of effective and ineffective elements of interventions.

In their review of the literature, Warburton and Lui (2007) noted two systematic reviews\(^\text{15}\) that provide ‘tentative observations’ on the factors that underpin successful interventions: These factors included:

- High quality approaches to the selection, training and support of intervention staff
- Service recipients or research participants .... who are representative of the intended target group
- Interventions that involve older people in the planning, implementation and evaluation
- Interventions that utilise existing community resources and aim to build community capacity
- Services or programs that involve high quality process and outcome evaluations.

Similarly, Windle et al. (2011) suggests that ‘good practice’ needs to be embedded within programmes in relation to:

- the selection and training of volunteers
- consistency and rigour in assessment processes (including the incorporation of ‘levels of loneliness’ in any medical assessment)
- ongoing support and encouragement for participants to continue attendance
- programme flexibility allowing the targeting and tailoring of interventions.

More recently, a COTA working paper (Pate, 2014) identified the following factors from a literature review conducted by the National Ageing Research Institute (NARI) and COTA Victoria:

- Using multi-faceted approaches or integrated strategies to enhance the health and wellbeing of older people across healthy ageing domains within one program (for example, nutrition, physical activity, emotional wellbeing and social connection)
- Using mixed approaches to reducing social isolation (for example, direct service delivery and developing and consolidating support networks for older adults at risk of social isolation)
- Using collaborative partnership approaches
- Involving older adults in planning, implementing and evaluating programs
- Using volunteers to run the programs
- Having an evidence-base to the development of the program that aims to address the known protective and risk factors
- Using approaches, methods and models that address local needs and fit with existing resources
- Utilising a life course approach.

Most of these factors are outlined more fully below, along with others gleaned from this review:

**Formal and Informal and Learning**

Research (e.g. NSPAC, 2010; Tinker, 2013) suggests that interventions that involve some form of education or learning component are most effective. This work suggests that older adults who continue to learn new information and skills as they age have improved wellbeing, including higher levels of social and civic engagement, greater resilience in the face of external crises (Field, in NSPAC, 2010) and health benefits through reduced use of public health and other government services (ESREA, in NSPAC, 2010).

The University of the Third Age (U3A) is one successful example. The U3A Online project has been systematically evaluated both in Australia and overseas and revealed a high level of satisfaction with experience of personal, mental and social improvements (Warburton & Lui, 2007).

Here though it is important to note the difference between formal learning and informal learning and the possible gender (and maybe cultural) divide in which is preferred.

Some research suggests that older men are much less likely to participate in education and training than older women (NSPAC, 2010; Golding, 2006). Golding notes research that ‘...confirms the already known barriers to learning for many older men:

- the lasting impact of negative school experiences
Social Connectedness research report

- fear of failure
- negative attitudes to formal post-compulsory education
- the importance of work to male identity, particularly for men involved in rural occupations such as mining, forestry and agriculture (and the deliberate avoidance of many forms of formal learning)
- lack of social capital
- scepticism about the benefits of learning and practical and structural obstacles including the formality of VET and comprehensively feminized nature of ACE learning spaces.

Golding (2006, citing the work of McGivney) highlights the ‘critical importance’ of community based informal learning ‘in widening participation in excluded communities of people who are educationally, economically and socially disadvantaged’.

Particularly this work focuses on the role of community institutions as sites of learning. Golding focuses on the Men’s Sheds program, although he does point out that any community organisation (e.g. the Country Fire Authority) can provide social and learning support for older men.

Other work, such as that by NSPAC (2010, p. 21), claims that it provides ‘...substantial evidence of older men learning through participation in community organisations in diverse locations across Australia.’ This learning, they note, includes, but is certainly not limited to, practical and interpersonal skills and techniques and leadership and working in teams.

Importantly, involvement in community groups such as special interest groups, formal associations and social groups also can create a sense of community and connectivity for older people and contribute to attachment to place (Feist et al. 2010).

The Mather Café Plus initiative is potentially a good example of a program that blends food consumption with a wide range of social/leisure activities and learning opportunities. Importantly in this context is that the café design ‘aims to avoid the look of a formal institution’ (Warburton & Lui, 2007).

**Group-based interventions**

Interventions that encourage older adults to become involved in activities that bring them into contact with others can be particularly effective (Tinker, 2013; Pettigrew & Roberts, 2008; Martina & Stevens, 2006).

Again, while many of those reporting the value of group processes cite the early work of Cattan, there has been some positive research in Australia. For example, an evaluation of the HACC and SCP social support and respite service showed that (for both carers and care recipients) membership in planned activity groups served as a coping resource when they were experiencing stressors and negative events (e.g. transitions) in their lives (Health Outcomes International, 2011).

It should perhaps be no surprise that interventions that involve bringing individuals together is an antidote for social isolation. Although, Professor Collette Browning from Monash University suggests that the fact that research has shown that social activity was an important factor in the wellbeing of
men is ‘particularly interesting given there was often a perception that such activities weren’t a priority for them.’ (O’Keeffe, 2014)

However, the relationship between group activity and the successful amelioration of social isolation and loneliness is not straightforward. Nicholson (2012), for example found that convening groups of seven to eight who meet regularly (weekly) is one way to increase the number of friends and increase psychological wellbeing. In noting this work though, Tinker (2013) goes on to remind us that obtaining new friends does not necessarily impact on social isolation. Tinker’s comments again hint at the important distinction between social isolation and loneliness and the need for particular attention to the ‘severely lonely’. This will be addressed more fully below.

Perhaps in contrast to the observations about the value of including a learning component in interventions, Fine and Spencer (2009) suggest that it is not necessary for support groups to focus on personal development. They cite work by McAuley et al. into the impact of group physical activity to combat social isolation amongst older men and women. They reported significant improvements in social network development and happiness and reduced levels of loneliness over this period. Taken together this, and other work noted in this research, suggests the important factor is providing opportunities for older adults to be involved in a range of activities (including fitness and learning) to which they self-select, rather than designing an activity to address a particular issue.

This also highlights the difficulty separating the effects of interventions and the influence of participating in that intervention. In the case of the exercise program noted above it was both; health benefits from the exercise and the (perhaps unintended) social connectedness benefits from participating in the program. This issue will be highlighted further in relation to both the involvement of older adults in designing and evaluating interventions, and in the effectiveness of ICT interventions.

**Multi-dimensional, Multi-agency**

Just as social isolation and loneliness are caused by a complex set of interrelated factors, responses need to be equally complex and interrelated. As Nicholson (2012) reminds us, health factors and physical factors, interact with subjective factors (such as lack of sense of belonging) and are important attributes of social isolation. Any comprehensive holistic assessment of this condition by public health professionals, he states, must consider these key attributes.

At a 2012 ‘Loneliness’ conference, Cattan (in Tinker 2013) argued that ‘it is quite clear that small projects on their own are not going to solve the problem of loneliness, no matter how good they are.’ She stated that it has to be addressed through policy which addresses the much broader issues. Grenade and Boldy (2008) suggest that that most effective interventions share a number of common characteristics—and this includes involving a combination of strategies.

Being able to provide a service that addresses multiple factors impacting on social isolation and loneliness also implies that strong partnerships are needed between organisations providing
interventions (Tinker, 2013). Indeed Windle et al (2011) suggest that perhaps the most important factor is the need for health and social care statutory services to successfully work alongside the voluntary sector. This issue they note is one rarely discussed in empirical papers. Warburton and Lui (2007), commenting on the evaluation of three projects, state that an important contribution to the effectiveness of the interventions was inter-agency and departmental collaboration.

As an example, Windle et al. (2011, p. 7) noted that of the seven interventions they reviewed, five had been delivered by volunteers (supported through a voluntary agency) and yet there ‘was no discussion as to the need for appropriate partnership arrangements or those effective structures or processes that could ensure available services and volunteers.’

Selection and targeting of interventions

In this section we will look at need to be targeted in the design of interventions, as well as two options for intervention targets; critical transition points and the severely lonely.

As noted above, prior to designing any programme there needs to be a clear understanding about what is being prevented, and whether those interventions being considered are to ameliorate social isolation or mitigate loneliness (Windle et al., 2011).

Victor et al. (in Windle et al., 2011) argue that it is important to take the time to understand the extent of social isolation and loneliness amongst older people within a community and its contributing factors. What works in one community may not work in another (Fine & Spencer, 2009).

Similarly Windle et al. (2011) urge that interventions need to provide ‘flexibility’ of delivery and necessary adaptation to the needs of a population.

Warburton and Lui (2007) note the need to target:

- those at higher risk
- critical life events and transitions in later life
- those who do not meet the eligibility criteria of targeted services

In reality though, as a large United Kingdom study found, rather than targeting specifically those people who were most in need or at risk, interventions tend to provide ‘cover-all’ services and activities for older people per se (Cattan 2001, and Cattan, et al. 2003, in Warburton & Lui, 2007).

Targeting critical transition points: As discussed above, transition points have been identified as an important risk factor in the development of both social isolation and loneliness (Martina & Stevens, 2006; Warburton & Lui, 2007; Grenade & Boldy, 2008).

Although only two sources found to-date specifically mention targeting transition points to respond at critical times of need for older persons (Warburton and Lui, 2007; Sidney Myer Fund & the Myer Foundation, 2010), it has been indirectly referred to in reference to the role of service providers in identifying and assessing older adults at risk.
For example, Russell (2009) in his paper on ‘newly single man’ refers to the role of the GP in assessing men at risk and ‘helping them to grieve’. He suggests that consultation presents an opportunity to engage in health prevention activities that are relevant to the age of that man. Formal counselling, either by the GP, or by a psychologist/psychiatrist Russell (2009) argues, may help the man adjust to the losses he has experienced.

**Targeting the severely lonely:** As already noted, interventions that simply bringing lonely people together may not be successful because the thoughts and behaviours of lonely individuals make them less attractive as friends (Jerrome, and Stevens, in Masi et al., 2011, p. 2570). This can result in lonely people being ‘driven away’ from networks by members trying to protect the integrity of their group (Cacioppo et al., 2009), or in older adults leaving networks because of dissatisfaction with relationships.

The behaviour patterns of the lonely, suggest Martina & Stevens (2006) go some way toward explaining the inability of some friendship enrichment programs to significantly reduce loneliness amongst older adults.

Pettigrew and Roberts (2008), for example, found an apparent reluctance among some research subjects to make the effort required to establish new friendships with those their own age. This was sometimes attributed, to a dislike of others’ interaction styles, ‘…specifically their verbosity and complaining behaviours’ (Pettigrew & Roberts 2008, p. 307). Pettigrew and Roberts suggested that this ‘off-target verbosity’ is associated with declining mental competence and while not pervasive, is more common in older adults and may reinforce negative stereotypes of seniors and discourage further attempts at establishing friendships.

In their study, Martina and Stevens (2006) also found that women regularly reported that they had decided to end those friendships that were no longer satisfactory. Martina and Stevens (2006) postulate that the program may have raised the participants’ expectations of friendship, which in turn made them more critical in friendship. A friendship enrichment program designed specifically to address this issue has been outlined below.

While neither of these studies specifically mentions ‘abnormal social behaviour’, both provide evidence to support focussing not only on increasing the interaction of older adults, but also on the skills of social interaction and on the negative beliefs/feelings that might be held by participants.

Accordingly, note Masi et al. (2011), perceptions of the social environment, social cognitions, and interpersonal actions have all been targeted in interventions to reduce loneliness. Hawkley et al. (in Masi et al.) conclude that interventions that reduce perceptions of negativity in interactions have the potential to break the cycle of negativity that people experience when lonely.

Other studies showed that combining cognitive behavioural therapy (CBT) with social skills training was more effective in treating lonely and socially anxious adults than either treatment alone (Glass et al., in Masi et al., 2011).
While Masi et al. (2011, p.257) found that ‘well-designed loneliness reduction interventions achieved only modest success on average’, they also conclude that interventions that address abnormal social cognition show promise in reducing loneliness (Cacioppo et al., Cacioppo & Hawkley, and Hawkley et al., in Masi et al. 2011).

**Identification and assessment**

Following on from the above then, one of the first steps to effectively counteracting social isolation and loneliness is for service providers to accurately identify and assess the needs of those older people who are at high risk (Warburton & Lui, 2007). Nicholson (2012, p. 137), however, suggests that ‘there is scarce evidence that public health professionals are assessing social isolation in older persons, despite their unique access to very socially isolated, homebound older adults.’

Warburton and Lui argue that seniors at highest risk of social exclusion have long had the ‘notorious reputation’ for being both the hardest to reach and the last to benefit from any intervention (Drennan, et al; Howse, et al; and Social Exclusion Unit, in Warburton & Lui, 2007).

There is also evidence that assessment and services linked to a single point of access improves older people’s quality of life and knowledge of existing services (Department for Work and Pensions, in Warburton & Lui, 2007).

Some tools have been noted in the literature to support identification of those at risk. Nicholson (2012) suggests that the LSNS-6 tool can be used as an extremely quick measure to screen for social isolation in a clinical setting. The LSNS-6 measures the following three aspects of social networks: (1) emotional, (2) tangible, and (3) actual network size (Nicholson, 2012). That is, this tool seems to address factors that contribute to both social isolation and loneliness.

Fine and Spencer (2009, appendix 2) also present the ‘basic elements of a suggested tool’ in their research for the Home and Community Care (HACC) services in NSW that could be piloted and tested and refined as necessary.

Warburton and Lui (2007) suggest that it is in this context that the value of the Gatekeeper model can perhaps be appreciated. The idea of this model is to organize and train ‘unconventional community referral sources’ to identify high-risk older people who may be at risk of social isolation. Once identified, the gatekeepers can refer the case to professionals for follow up assessment and service support. For a description of the Gatekeeper model please refer to page 110.

**Keeping it Local**

The COTA working paper (Pate, 2014) emphasises the importance of using approaches, methods and models that address local needs and fit with existing resources. The working paper cites research by the Joseph Rowntree Foundation that ‘suggests that the neighbourhood is a key source of security, identity and support networks for older people, whose daily activities are often concentrated in a
few fixed locations’ (Pate, 2014, p. 14). Pate (2014), therefore, suggests that programs to enhance the quality of neighbourhood environments may help to reduce social isolation.

Other research also points to the benefits of interventions that utilise existing community resources (Grenade & Boldy, 2008) and those which include the aim of building community capacity (Warburton & Lui, 2007; Windle et al. 2011). Little information was found in these references as to the content of these community capability-building programs, but this may warrant further investigation (see, for example, the UK Upstream project described on page 111). Similar recommendations are made under the name of ‘systemic’ approaches to interventions; that is, interventions that seek to address the range of factors influencing social isolation and loneliness, from the individual (e.g. mobility and health), to community (e.g. social capability) and institutional factors (e.g. supporting infrastructure, services and policy).

**Involving the subjects of the intervention**

Several studies argue that programs that enable older people to be involved in planning, development and delivery of the activities of the intervention appear most likely to be effective (Cattan et al., 2005; Grenade & Boldy, 2008; Stanley, et al., 2010; Windle et al., 2011; IBES, 2012; Tinker, 2013).

Our study highlights both the significance of gathering the views of older people to generate an understanding about loneliness and the need to recognise loneliness as a diverse and complex experience, bound to the context in which it is understood and perceived and not synonymous with social isolation (Stanley, et al., 2010).

Similarly, McGivney (in Golding, 2006, p. 4) emphasises the need for funding that allows ‘engaging with people in the community, winning their trust, listening to them’ in order to increase the quality of engagement with reluctant learner groups.’

For example, it was observed of the older adults in the Melbourne University iPad (Enmesh) study, that taking part gave participants something to focus on and appeared to have a positive effect on their wellbeing (IBES, 2012).

Similarly, a number of studies note concern about programs that did not enable participants any form of control over the intervention (e.g. Cattan et al., 2005) or noted that the vital step of asking what people want is often missed out when designing services (Windle et al., 2011).

For example, Windle et al. (2011) argue that few older people feel able to risk negative comment when they are reliant on any service. Nevertheless, they stated, some participants in their study spoke of the ‘rigidity’ of their intervention, arguing for more flexible provision.
Interventions targeting the culturally and linguistically diverse

Culturally sensitive programs that take into account different life experiences and cultural expectations and services are important for older people with different ethnic backgrounds (Warburton & Lui, 2007). Little literature was identified on this subject. However, Warburton and Lui (2007) cite the following general principles:

- Develop services that are culturally and generationally appropriate and targeted to offset language and cultural barriers
- Ensure the maintenance of free access to interpreter services, and the simplification of information about language support services
- Use cultural activities to reach out to hard-to-reach and vulnerable groups
- Facilitate the absorption of migrant professionals into provider organisations
- Deliver culturally appropriate service information through health-care professionals, particularly physicians, and ethnic media
- Utilise voluntary organisation as a gateway to other forms of help
- Consolidate and support informal social networks in the ethnic community
- Develop older people’s ‘ownership’ of projects through involvement at all stages of service intervention
- Assist both adult children and their older parents to resolve conflicts, restore communication, and promote inter-generational understanding (Chau, Ip et al., Soskolne & Auslander, and Yu, in Warburton & Lui, 2007).

Staff selection, training and support

Other important components of successful interventions noted several times in the literature—but with little additional information—was the need for high quality approaches to the selection, training and support of intervention staff (Warburton & Lui, 2007; Grenade & Boldy, 2008; Windle et al, 2011).

Potentially, this may mean training in a different set of skills that support processes that protect older adults from social isolation and loneliness. Horsfall et al. (2010), for example, found that services which focussed on ‘care as service provision’ did not enable social connections as well as services which focussed on ‘care as relationship building’. They suggest that training and professional development opportunities where staff can learn about modelling social network formation could be increased, and those skilled in the practice can teach others in how to do this better.

What might not work?

As noted above, some doubt has been cast on some forms of intervention, such as one-on-one processes like ‘befriending’ (see Cattan et al., 2005; Warburton & Lui, 2007). However, bearing in mind the observations about the need for a range of interventions targeted to the individual needs of particular individuals and groups, it is perhaps unwise to single out particular factors as ineffective.

It is, though, important to note a couple of important cautions identified from the literature.
**Short term funding, short term interventions**: Warburton and Lui point out that many programs only run for a certain period of time due to limitations in funding and there is a possibility that the feelings of isolation or loneliness of the participants may intensify after the programs have come to an end. Further, long term funding is critical for programs seeking to build ownership of, and responsibility for, the interventions amongst the participants (see the Upstream project described on page 111).

**Reinforcing stereotypes**: Some programs, like Men’s Sheds are a very promising for establishing connections among socially isolated me. However, note Warburton and Lui (2007), it needs to be recognised that there are possible side effects of the initiatives, including perpetuating gender differences or excluding those outside traditional ‘men’s’ interests.

### 4.5 The role of ICT in addressing social isolation and/or loneliness

How can the internet and social networking technology be used effectively to address social isolation and/or loneliness in Older Australians?

Evidence about the effectiveness of ICT in mitigating social isolation and loneliness is at best ‘not straightforward’ (Baker, 2012) or contradictory.\(^\text{16}\) As noted by Warburton and Lui (2007) the rise of the internet has been accompanied by a ‘fierce debate’ on whether it improves or harms people’s ability to interact and to form close relationships.

For example, Doyle and Goldingay (2012) note that much of the literature points to a positive association between the use of the internet, perceived well-being and lower life stress. However, they also argue that:

> Little is known about the subjective meaning of the use of the internet for social networking amongst older adults, why and how some older adults choose to use it or not, the nature of internet usage and what supports they draw upon (Doyle and Goldingay, 2012 p. 41-2).

Other research (see Warburton & Lui, 2007; Sum et al., 2008; Cummins, 2011) argues that internet use contributes to social isolation and detachment from the environment.

Even research citing a correlation between the amount of internet use and social isolation and loneliness appears ‘complicated’. Some note that internet use was a predictor of social loneliness: the more hours spent on the internet, the higher the degree of social loneliness (Sum et al., 2008).

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\(^{16}\) Please note, a recent publication (Cotton et al. 2014) adds to the complexity of making a definitive judgement on role of ITCs in mitigating social isolation and/or loneliness. Cotton et al. (2014) examined internet use and depression among retired older adults in the USA. The findings demonstrated internet usage with a positive contribution to mental well-being.
Others note that ‘media multiplexity’ was common in social networks; the more people interact, the more they use the internet (Warburton & Lui, 2007).

The reason for the apparent incongruity is related to why older adults and/or the lonely use the internet, and is relatively well documented in the literature.

Internet users with ‘good stocks of locally based social capital’ (Russell et al., 2008) or with strong community and family ties (not necessarily localised) (Feist et al., 2010) tend to use the internet as an additional means to reinforce established networks (Warburton & Lui, 2007).

In contrast, the socially isolated or lonely can use the internet to ‘...reach out into cyberspace for contact with fellow humans’ (Franklin, 2009), but, as noted by Cummins (2011, p. xvii), ‘...unmet friends supply such low levels of support that people who make such friends continue to feel lonely.’ Perhaps a little more optimistically, others (e.g. Baker, 2012) found that users of social networking sites who are lonely are more likely to report increased communication with family and friends.

The overall impression gained from the literature is that ‘computers are an unlikely tool to reduce isolation in vulnerable people’ (Warburton & Lui, 2007), as will be elaborated on further below. However, they may be more than just a tool to reinforce existing networks and could also contribute significantly to enhancing other initiatives to address social isolation and loneliness.

**What is the role of the internet and social networking technology in addressing social isolation and/or loneliness among older Australians?**

**A decision support tool**

Some research has found that the internet can provide support when older adults are facing big decisions (i.e. ‘transitions’) (see Warburton & Lui, 2007). Further, the internet may be an important tool in moments of crisis and distress, particularly when traditional resources are not reachable or require special effort (Shapira et al., 2007).

Madden’s (2010, p.7) research revealed that ‘having chronic disease significantly increases an internet users likelihood to say they work on a blog or contribute to an online discussion, a listserv, or other forum that helps people with personal issues or health problems.’ Importantly though, Madden’s findings are for internet users. There are important barriers (discussed below) to older adults choosing to utilise the internet in the first place.

**Connection, reconnection and interconnection**

Some research suggests that social networking users are more likely to reconnect with people from the past. Madden’s (2010) survey of social network users over 50 years of age found that about half reported being contacted by someone from their past who found them online.
Additionally, one study showed that the participation of carers in a computer program for older adults helped them to get to know their clients better and ‘gain insight into their everyday lives’ (IBES, 2012).

Social media can also help bridge generation gaps. Madden (2010) argues that there are few other spaces—online or offline—that allow connection across the generational spectrum. Importantly though, difficult familial relationships and the ‘different’ social norms of space like Facebook, can make it a difficult for older adults to negotiate social media sites, or can even discourage their participation entirely (Madden, 2010; Doyle & Goldingay, 2012).

**With support, or as a support**

It seems important not to see ICT as a stand-alone tool. There is evidence that computer training and use can be of value if the equal importance is placed on including face-to-face interaction in the program.

Warburton and Lui (2007) argue that studies have ‘always attributed self-perceived improvements exclusively to computer use’ and overlooked the context in which the computer was being used and the possible influences of the effects of interaction (e.g. in a training context).

For example, Warburton and Lui (2007) note a 2001 randomized controlled study that divided participants into three groups; one group receiving no computer training while the other two received weekly training with a trained nurse and a significant other respectively. The participants that had a significant change toward improved self-esteem and depression were those whose interactive computer use was accompanied with a nurse.

Studies of the U3A program have shown that while providing educational opportunities for seniors was the principal objective, many were attracted by the associated social and personal development, such as finding new friends or a support group and maintaining social contact (Hebestreit, and McDonell, in Warburton & Lui, 2007).

Similarly, in a Melbourne University Enmesh trial, introducing participants in a face-to-face setting and involving care managers were both ‘crucial in ensuring the success of the project’ (IBES, 2012).

**Other Roles**

**Empowerment:** Some research suggests that online communication can be important for keeping older adults feeling ‘in’ and updated, giving them access to resources and contributing to ‘critical thinking’, increasing their involvement, and heightening their personal sense of belonging (Shapira et al., 2007).

**A flexible resource:** Unlike other social activities that require travel, attendance, or the availability of support people, as Madden (2010) notes, ‘using computers is individualistic, time-flexible and entirely self-initiated’.
**Cognitive and other therapies**: There was one reference to computers helping improve the cognitive function of older adults and contributing to their experience of control and independence (Shapira et al., 2007), as well as another suggesting that the internet could be used for online therapy and counselling (Feist et al., 2010), but this evidence was limited and might need to be investigated further.

**What are the barriers to using the internet and social networking technology?**

**Access**

Of course, because the population of rural and remote Australia is relatively small and spread over vast areas, appropriate phone and internet coverage can be a challenge. However, as Feist et al. (2010) warn, we should be careful not to interpret the lower level of internet access for those over 65 as entirely related to physical access. Other factors (as discussed below) include, ‘…perceived high costs associated with ICT, lack of education and opportunity, a lack of interest in, or lack of comfort with, new technologies within this cohort’ (Feist et al. 2010, p. 74, our emphasis).

**Values, beliefs and perceptions**

**ICT as an indulgence**: One piece of research into the ‘Rise of the Silver Surfers’ (Doyle & Goldingay, 2012) revealed that a common belief was that internet access was an indulgence, or ‘naughty’. It was observed that keeping busy and using time productively was important to older adult participants in the survey. Most, Doyle and Goldingay (2012) noted, grappled with the ‘rightness’ of certain activities at certain times of the days and for certain lengths of time, or whether their time online was as important as that of other family members.  

**Perceptions of value**: One of the factors limiting access by older adults to the internet was beliefs about the value social networking (Shapira et al., 2007). The 2012 Baby Boomers Survey (Edwards, 2012), for example, revealed that over 50 per cent of (all) males could not see the point of social networking and that rural men are less likely to be using the internet when they are over 70 than all other categories. Perhaps on a more positive note, Madden (2010, p. 6) notes that:

> ...even though older adults may be among the most resistant to broadband, there is evidence that once these users get a taste of high-speed access, they often come to rely on the internet as an everyday utility in their lives.

And:

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17 It should be noted that this survey had a very small sample size (n=5).

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While the rates of broadband adoption among the oldest users are low, the frequency of use among those who do have high-speed access is relatively close to the usage levels of younger users.

Friendship ‘misappropriated’: It is perhaps unsurprising that research has shown that older adults have difficulty with the way Facebook users utilise the work ‘friend’. Some in the Silver Surfer study felt that they had been ‘used’ to add to the numbers of friends on a list (Doyle & Goldingay, 2012).

Doyle and Goldingay (2102) argue that some older adults expect friendship to proceed in ‘different forms’ than those in younger generations and that friendship requests can be viewed in a negative light. They argue that an online social networking site designed by and for older adults might serve their preferences better (although this would not capture the benefits of linking across generations as noted above).

Silence equals exclusion: Perhaps similar to the social norms surrounding the use of the word ‘friend’ on line, it has been observed that some older adults can be concerned when their efforts to engage online do not elicit responses (IBES, 2012). Not understanding the norms of a social networking site may heighten feelings of rejection and social isolation.

Socio economic factors

The Russell et al. (2008) research also into the Silver Surfers revealed that these ‘confident and competent’ users were ‘largely English-speaking, married home owners.’

Older people can be limited in the access to technology as a result of financial hardship and/or cost (Doyle & Goldingay, 2012; Edwards, 2012; Russell et al. 2012). Importantly though, there is evidence that in some cases it is perceived expense, or cost relative to other expenses, that may be the issue for older adults (Doyle & Goldingay, 2012).

While the silver surfers are primarily English speaking, some research from Israel and France, cited by Doyle and Goldingay (2012), indicates that while users need to know basic English in order to operate computers and use the internet, language was not a barrier. Importantly though, other research into support services for older adults did find that CALD communities can be hard to reach, or can be excluded from programs, and that culturally sensitive programs and services (not just ICT) are important for older people with different ethnic backgrounds (Warburton & Lui, 2007).

Useability and mechanical cognition

The Feist et al. (2010) ethnographic study of Australia’s largest online community for seniors (GreyPath) revealed that levels of comfort with different forms of technology varied with age. One third of the participants in the study (n=30) reported that new technologies were changing too fast for them to keep up and/or they were too old to keep up. This was particularly true of those over 80. Importantly though, many participants did say they were willing to try new technologies if they were easier to use.
Other research (e.g. Kurniawan, in Burmeister, 2010) also reported that older adults could not cope cognitively with complex technologies. Participants in the Enmesh iPad trial, for example, misunderstood some of the technology; one older woman afraid she would disrupt air traffic when she accidentally turned on airport mode (IBES, 2012).

The physical capability of older adults also impacts on the useability of technology. In the Enmesh trial, participants also had difficulty with the weight of the iPads which they had to use two hands to lift, making it difficult to take photographs (a key objective of the study). However it should be noted participants were 80 to 90 years old (IBES, 2012).

Research by Burmeister (2010) though offers a different perspective. He argues that greater effort needs to be devoted to ‘mechanical cognition’. ‘Mechanics’ in this instance ‘describes the biological intellectual functions concerning information processing, such as reasoning, spatial orientation, or perceptual speed’ (Baltes et al., in Burmeister, 2010, p. 103).

His research on the on the GreyPath online community for older adults showed that they coped well with the complexity of technology. Rather it was sudden adaptation that was a cognitive problem for them.

As an example, Burmeister (2010) refers to a restructure of the GreyPath website to cater to the forecast future needs of their user base. While there was a sound rationale behind the restructure, it proved very costly in terms of membership. For at least three months after the restructure, the volume of traffic on GreyPath was ‘dramatically reduced’ (Burmeister, 2010, p. 105). There are some complex cognition theories underlying Burmeister’s work, but the essence is:

...the older a person is, the harder it becomes to acquire new knowledge [mechanics], whilst maintaining previously acquired knowledge is much easier. New learning is possible, but it takes more time than for younger generations. (Burmeister, 2010, p. 108)

Coupled with a change in the login process and the menu structure, the modifications overwhelmed many users of GreyPath.

Burmeister (2010, p. 108-110) argues that providing support—such as a schema of the new menu structure, perhaps a flatter menu structure, and functional memory aids for login—could have smoothed the adaptation of users to the new site.

**What are the enablers to using the internet and social networking technology?**

The enablers to using the internet and networking technology are here framed as potential responses to the barriers described above.

**Age specific design (and supporting mechanical cognition)**

While bearing in mind Burmeister’s caution not to underestimate the ability of older adults to cope with some complexity, there is research that has suggests that more older adults would use
technology if it was easier to use (e.g. Feist et al., 2010). Rather more optimistically, Feist et al. (2010) also note that a comfort level with technology comes with exposure to, and experience with, the technology. As an example, they observe that comfort levels with the microwave across all age levels was very high in their study, despite the fact that it was introduced less than three decades ago.

The suggested age specific design factors are the converse of the challenges noted above:

- Flatter menu structures
- Assistance in understanding the logic of menus
- Memory aids for website access.

These findings also suggest that assuming a lack of capability (e.g. technical competence) may result in the design of programs that alienate older adults who take pride in their abilities and/or who don’t see themselves as any less capable than others.

**Subsidies for social connectedness**

Doyle and Goldingay (2012, p. 5) report that some seniors have a ‘diminished sense of financial entitlement’ in regard to access to online social networking and this is ‘contributing to the age related digital divide.’ They argue that if subsidies were provided to meet the costs of purchasing hardware, connecting to broadband and ongoing support, it would remove significant barriers for some older adults to get online.

Further, they also suggest that in order to promote the social inclusion of the most isolated, a community internet support network could be established which included a social networking site.

**Supporting social cognition**

The norms and values of social networking sites can be a challenge for older adults seeking to connect through sites such as Facebook. Research has revealed negative attitudes towards mainstream online social networking (Feist et al., 2010) and has prompted suggestions that social networking sites designed by, and for, older adults may be an appropriate response (Doyle & Goldingay, 2012).

However as noted above, this may also further compartmentalise the social lives of older adults and not address the wider problem of supporting connection across generations and into the wider community.

Feist et al. (2010) suggest that older people’s negative attitudes towards using ICT services can be ‘modified’ if they receive appropriate training to meet their individual learning needs and which focuses on the benefits to them of access to the internet in their own home.

More specifically, in observing the negative attitudes of older adults to the social norms of Facebook, Sum et al. (2008) suggest it may be appropriate to ‘alert seniors to the different effects of the internet’. While Sum et al. (2008) suggests steering older adults to specific functions of the internet,
there may be benefit as well in supporting understanding of how these mainstream sites function and the potential value of adapting to their social norms to maintain a wider spectrum of connections into the community.

What existing projects/initiatives are successfully using the internet and social networking technology? How are they overcoming any barriers?

The projects outlined below have been selected to illustrate the range of different projects on offer, and the way they address barriers to ICT use among Older Adults.

**Mather Café Plus** (from Warburton & Lui, 2007)

While not primarily an ICT based intervention, this initiative run by Mather Lifeways in Chicago aims to create an attractive hangout place or ‘third place’ for older adults that blends food consumption with a wide range of social/leisure activities and learning opportunities.

As well as offering food, it includes a range of services based on feedback provided by older community members through needs assessments, surveys, and focus groups. The programs include computer classes, information and assistance.

For description, see page 130 or alternatively visit [www.matherlifeways.com/cafe-plus-model](http://www.matherlifeways.com/cafe-plus-model)

**‘Enmesh’ – Engagement through Media Sharing** (from IBES, 2012)

This project was run by the Institute for a Broadband-Enabled Society at Melbourne University. It examined the use of communication technologies to reduce social isolation for older people who live independently in their own homes. The project was completed in 2012.

The project provided older adult participants with an iPad and a purpose designed application (Enmesh) for sharing content and messages. Positive effects on wellbeing were reported in the study.

An ‘essential’ part of the design was that participants and care managers met at the start of the project, which suggest that positive effects could not be attributed to the technology alone.


**Connections project** (from Warburton & Lui, 2007)

This project was run by the McGill Centre for Studies in Aging in Montreal.

The project offered 84 frail seniors the chance to learn and to use computers and the internet and focused on:

- an older age group (most participants were aged in their 80s and 90s)
- Involved participants who were genuinely socially isolated
• developed and evaluated a technology application that was designed specifically to meet the needs of socially isolated elders.

Warburton and Lui (2007) note that overall, participants expressed appreciation for the new knowledge and agreed that the skills they learned made them feel more a part of society.

On the project website it is claimed that:

The project was successful in different settings with a wide variety of individuals. The outcomes show that it is well worth the effort of implementing and maintaining such a programme in terms of the benefits it provides to the participants, as well as to the institutions, the teachers and the volunteers.


**The Multilingual Senior Surfers Pilot Project**

The pilot project was run by the Office of Senior Victorians in partnership with the State Library of Victoria over two rounds (2008-09 and 2010-11) and involved almost 900 seniors from culturally diverse backgrounds. Its aim was to provide internet training and awareness-raising opportunities for seniors in the form of roadshow events and training courses. It aimed at meeting the needs of older people wanting to learn about computer use and the internet. Multiple presentation methods, use of multilingual websites and portals, well translated materials and partnership with librarians were factors that contributed to the success of the project. A reference group was established to guide the pilot with representatives from Ethnic Communities Council of Victoria, Office for Senior Victorians, and Victorian Multicultural Commission.

An external evaluation report concluded that the project was ‘an overwhelming success in raising awareness of the internet and in creating social bonds among CALD seniors’ (Denison 2006, in Warburton & Lui, 2007). The website notes that one of the most frequent comments heard from seniors is that they felt left out of the online conversation taking place between their children and grandchildren. Becoming part of the online conversation through this pilot ‘bought a great deal of joy through sharing of family photos, sending emails, or simply saying ‘Hello’ on Facebook.’

5 Overview of selected Australian and international initiatives

What are the Australian and international interventions that have been successful in reducing social isolation and/or loneliness in Older Adults and improving their mental health and wellbeing?

(a) What evidence supports why these initiatives are successful?

(b) How did these projects/initiatives include the elements suggested in the literature?

A selection of projects and initiatives from Australia and across the world are briefly described below. Noted is where the project makes use of any of the key elements that contribute to project success that have been identified above.

The projects below have been selected to provide an illustrative sample of the range of programs we identified in our search process. A fuller list of programs is provided in the mapping document.

As has been discussed above, there are some reported limitations in the evidence as to success of interventions. However, many of the initiatives described here report on the results of evaluation, or note success in another way; such as winning awards for their service. Where authors and/or managers of the projects cite evidence to support their claims of successful treatment of social isolation and loneliness this is also noted.

**Australia**

**Cross Government Project to Reduce Social Isolation of Older People (Queensland):** (summarised from Sidney Myer Fund & the Myer Foundation, 2010)

Five demonstration projects, involving 192 older people, were trialled as part of this project. The projects also included literature reviews, community forums and the development of best practice guidelines.

The five projects were delivered by city councils and incorporated associations such as a Parents and Citizens Association and a Multicultural Association. Two of the projects took a community development approach (developing volunteer services for CALD socially isolated seniors and by expanding social and support networks and referral pathways for seniors). Others incorporated direct service provision with community development (e.g. by holding community forums and developing resource kits and buddy systems). One project involved the direct provision of fitness programs (Sidney Myer Fund & the Myer Foundation, 2010, p. 9-10).

Use of elements identified in the literature:
As this project included a range of projects, which are only briefly noted in the report cited, we cannot identify where they utilised the success elements. However, the projects were evaluated and the following learnings were identified, most of which correlate with our findings (highlighted):

- A whole of community response and community ownership in project development and implementation is essential.
- Elder communities need support to establish their own projects rather than having projects imposed on them.
- The most effective interventions target specific groups, the underlying social isolation factors for these groups and are tailored to that group’s need.
- Simply bringing people together in group settings without promoting ongoing social networks and connections will not reduce social isolation.
- Projects with a 12 month timeframe cannot address underlying and long term issues.
- A lack of accessible and affordable transport is the largest barrier to accessing services.


**Beyond Maturity blues**: (from Warburton & Lui; and Victorian COTA website)

This program was developed by the Council on the Ageing (COTA) in South Australia but is now implemented by COTA in every state and territory, in partnership with beyondblue.

The program is aimed at informing people over 50 about depression and anxiety and the help available, and seeks to change their attitudes towards this problem. Information sessions are run to dispel the myth that depression and anxiety are part of getting older.

The sessions are free of charge and presented by volunteer peer educators trained and supported by COTA and beyondblue.

The sessions run for up to an hour in which a trained Peer Educator leads participants through an interactive session about depression and anxiety encouraging feedback and questions. Participants also receive handouts to take home to read at their leisure and to tell others about information and feedback from the sessions is that participants find them very accessible as they are in ‘conversational language’, and participants feel they are being spoken with rather than to.


Use of elements identified in the literature:

- It is a group based intervention
- It (partially) involves the subjects in the invention (sessions are interactive).

**The West Adelaide Elder Friendly Communities (EFC) Project**: (summarised from Warburton and Lui, 2007; and Sidney Myer Fund & the Myer Foundation, 2010)

The Elder Friendly Communities (EFC) Program originated in Canada in 2000 and has subsequently been replicated in two South Australian regions–West Adelaide and the Yorke Peninsula.
Australian programs each used the Canadian model in four local communities and also engaged public, non-profit and university organisations as project partners.

The focus of the Program is broader community development at the neighbourhood level. It views older people as contributors rather than users and specifically aims to use their skills and capacities to define and lead community development initiatives.

The Australian project encourages older people to set up regular meetings and work out strategic priorities and actions required. Project staff help throughout the process by facilitating the development plans and supporting the implementation of initiatives (Gursansky & Feist, in Warburton & Lui, 2007).

The EFC program has been reviewed on an ongoing basis and was found to be successful in increasing the engagement of older people with community and in enhancing their problem solving and decision-making skills (Austin, et al., in Sidney Myer Fund & the Myer Foundation, 2010).

Key learnings identified (Sidney Myer Fund & the Myer Foundation, 2010):

- The collaborative partnerships that drove the program were not mandated and were sustained by the value that each partner gained by participating.
- Effectively developing and supporting elder neighbourhood groups and embedding the changes they desire requires a long term perspective and time and funding commitment.
- Community development principles and grass roots community capacity building resonate strongly with older people.
- The social connections created through the neighbourhood group structure extended beyond the program.

Use of elements identified in the literature:

- There is some multi-agency collaboration (although seemingly focused on community development, rather than managing social isolation and loneliness).
- It (loosely) involves the subjects of the intervention. Involving older adults in planning is the basis of the project, rather than a component.
- It does involve some element of targeting, in that it seeks to identify issues in community development important to older adults.

For a description, see page 144 or alternatively visit: [http://www.ucalgary.ca/fswresearch/node/98](http://www.ucalgary.ca/fswresearch/node/98)

**Men’s Sheds:** (Summarised from Golding, 2006, and Warburton & Lui, 2007)

Men’s sheds as a community-based, grassroots movement first developed in South Australia in 1990s and now widespread across Australia. A review on these sheds found that while they opened to men in all ages, they are particularly successful in attracting older men who have proved difficult to engage through conventional health, employment, education and training initiatives.

They are considered by Morgan et al, (in Warburton & Lui) as ‘shared spaces in the community’ noting that they are often embedded in organisations such as local councils and community health or learning centres.
Survey data from 24 men’s sheds indicated that the sheds cultivate mateship and a sense of belonging through positive and therapeutic informal activities (including leisure, technical, trade and craft skills) and experiences with other men. (Golding, et al., and Morgan, et al., in Warburton & Lui).

Morgan et al. (in Warburton & Lui, 2007) identified five key considerations for best practice of men’s sheds:

- Origins (goal and process of establishment)
- Operations (staffing, opening hours, purpose and referral process)
- Activities (variety of activities)
- Funding and resources (sustainability, networks and reciprocity)
- Linkages (a partnership approach is very important).

In general, Warburton and Lui (2007) note, researchers agree that the practice of men’s sheds has the potential to reach and forge positive and effective links between men, particularly older men suffering from isolation and loneliness.

Again, it is important to note that Men’s Sheds are not the only (formal or informal) organisations that can provide these benefits for older men.

Use of elements identified in the literature:

- It is a group based intervention
- It involves (or is led by) the subjects in the invention
- It involves (informal) learning
- It is community based, using and linking to, community resources

See: [http://www.mensshed.org/home/.aspx](http://www.mensshed.org/home/.aspx)

**Older Men: New Ideas (OM:NI):** (summarised from Warburton & Lui, 2007)

This project is a ‘shed-like’ initiative established by the Council on the Ageing (NSW) in 1997. It was introduced to Victoria in 2004.

OM:NI specifically targets older men aged 55+ years old who meet in small, community based groups on a fortnightly basis. The goal is to empower older men to take greater control of their lives, and to enhance their health, well-being and lifestyle in retirement. The groups are managed by its members and seeks to create a safe male-only sharing experience for men to share experiences with their peers on a wide variety of issues.

Since 1999, the program has received support from a large corporate sponsor and has organised a two-day conference entitled ‘Older Men’s Health and Well Being’ in Sydney in 2000.

Warburton and Lui (2007) note that the project ‘has been described as’ highly successful and has received widespread approval from its participants in NSW.

Use of elements identified in the literature:

- It is a group based intervention
- It is led by the subjects of the invention
- It involves (informal) learning
- It is targeted (men nearing retirement).

For a fuller description, see page 95 or alternatively visit: http://www.omni.org.au/

**Planned Activity Groups (PAGs):**

The HACC program in Victoria established Planned Activity Groups (PAGs) as an active model of intervention. The ‘Well for Life’ initiative targets public sector residential aged care and PAGs. Well for Life aims to resource PAG providers to enable them to promote opportunities for increased physical activities and improved nutrition. A search reveals many and varied PAGs across Victoria. Their form appears to be dictated by local needs and therefore there is no one PAG model per se.

The Manningham Centre, for example, provides Planned Activity Groups day programmes for frail older people and those living with dementia. They have a dual purpose:
- to help participants remain living in their own homes for as long as possible, and
- to provide their carers with a break, through respite


PAGs have also been implemented as a social isolation intervention for older people from CALD backgrounds. For example Planned Activity Groups are provided for the frail Older Adults of Chinese origin in the Cities of Boroondara, Greater Dandenong, Knox, Manningham, Maroondah, Monash and Whitehorse


The HACC program overall is designed to support people whose capacity for independent living is at risk, or who are at risk of premature or inappropriate admission to long-term residential care.

Use of elements identified in the literature:
- It is targeted (supporting older adults to remain at home)
- It offers formal and informal learning
- It has some multi-agency component (although in terms of providers, rather than collaborators)
- It includes interventions targeting CALD older adults


**The Friendship Enrichment Program:**

Martina and Stevens (2006, p. 468) suggest that this is a program for older women that seems to ‘cry out for replication.’ The program aims to empower women ‘through the revitalization of personal goals in friendship’ (Martina & Stevens, 2006, p. 468). It does this by assisting women to clarify their needs and expectations of friendship, analysing their existing social networks in order to identify
actual and potential friendships. The program further encourages them to formulate goals to improve existing friendships and to develop new ones.

As a structured skills course for lonely older women it reportedly reduced loneliness, improved self-esteem, and produced a significant increase in the complexity of friendship contacts.

This program was reported in Fine and Spencer (2009), but does not seem to refer to a specific initiative. A search on the internet reveals a Canadian Friendship Enrichment Program. See: [http://cbpp-pcpe.phac-aspc.gc.ca/interventions/friendship-enrichment-program/](http://cbpp-pcpe.phac-aspc.gc.ca/interventions/friendship-enrichment-program/)

Use of elements identified in the literature:

- It offers formal learning
- It focuses (perhaps) on the severely lonely (modifying ‘abnormal social cognition’)
- It is targeted (lonely older women)

**Northcott Narratives Project:** (2003-2007) (summarised from Fine and Spencer, and the initiative’s website)

This project was based in Sydney’s inner-city public housing complexes, and encompasses a variety of separate arts-based initiatives designed as interventions for social isolation, to encourage community harmony and decrease violence. The project was run by the ‘Big hART’ not-for-profit organisation, which partners with artists and communities to run projects that empower communities to change through the arts. It was not specifically targeted at older adults.

The project created a series of community cultural development projects including photographic portrait work, music, geo-spatial maps, performance theatre, filmmaking, narrative and writing pieces and a series of other performance and arts-based activities.

The project partnered with New South Wales Police, the New South Wales Department of Housing and many other organisations. The website notes that, after four years of work, ‘life in Northcott Estate had improved dramatically’. As a result, they state, Northcott was awarded Safe Community Status by the World Health Organisation—a world first for any public housing estate.

Use of elements identified in the literature:

- It is a group based initiative
- It utilises existing community resources
- It is a multi-agency approach
- Interventions could cater for the CALD older adults (or other groups, such as LGBTI older adults).

International

**Southwark Circle Project:** (summarised from the Sidney Myer Fund & the Myer Foundation (2010))

The Southwark Circle is a membership organisation for people aged over 50 in the London borough of Southwark. It aims to help older people lead purposeful lives and to link them into a social network for teaching, learning and sharing their skills.

The project is place based and mobilises public, private, voluntary and community resources in a specific region to help older people define and create practical and social connections. It runs as a social enterprise and was developed by a cross-sector partnership of four organisations. It is intended that the ‘Circle’ will become self-sustaining and require no further funds from the local authority in its third year.

Through the Circle project, members get introduced to each other and to local Neighbourhood Helpers. These Helpers can be any age, live nearby and help with practical tasks (older members can also be Helpers and this reduces the fees they pay). Membership costs £10 (approximately AUD $19) per year plus the cost of tokens to access helpers, transport and other services.

Amongst the key learnings from this project was that services that **older people will pay for can subsidise service provision to those older people who are less well off**.

Use of elements identified in the literature:

- It involves the subjects of the intervention (It supports the older adults to drive their engagement in networks)
- It utilises and builds community resources
- It multi-partner (rather than multi-organisation)

5.1 Overview of Australian and International initiatives/projects

Overview: The following mapping of Australian and International initiatives/projects represents an illustrative overview of efforts to address social isolation and loneliness by increasing Older Adults’ (although not exclusively) social connectedness.

What is evident from the mapping exercise is the diversity of initiatives. This diversity includes (1) the scale and location of initiative/project (a few local individuals to international frameworks), (2) the target audiences (Older Adults, Men, Women, or general populations), (3) point of intervention (preventative or reactive), (4) the intervention method (face-to-face, group, etc.), and (5) the temporal duration of the initiatives (a few months to decades in operation). Due to many of these features, there is often limited information and especially limited evaluations.

The initiatives are categorised according to (1) feature of interest (e.g. use of ICTs), (2) target population, (3) specific activity-based interventions, (4) proactive approaches, and (5) whole community approaches. However, many of the initiatives cross multiple categories as they involve a variety of approaches and/or target audiences. Additionally, a few initiatives have been included that do not directly target Older Adults (e.g. volunteer programs) but have been found to have benefits of increasing social connectedness for Older Adults.

5.1.1 Initiatives/projects target of interest: ICTs

<table>
<thead>
<tr>
<th>Name</th>
<th>Growing Old and Staying Connected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Melbourne, Victoria</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>The project is funded by the ARC linkage scheme in partnership with Benetas and Institute for a Broadband-Enabled Society (IBES)</td>
</tr>
<tr>
<td>Start date</td>
<td>2012 to be completed in 2015</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Adults (80 and 90 year olds) living in their homes that have been identified as being, or at risk of being, socially isolated and their care managers</td>
</tr>
<tr>
<td>Aim</td>
<td>The research project aims to investigate the use of technologies (in this case an iPad with a purpose built app called ‘Enmesh’) to prevent and/or reduce social isolation experienced by older adults who live independently in their own homes</td>
</tr>
<tr>
<td>Description</td>
<td>The project is a longitudinal technological based field study with a social component to combat those already socially isolated and/or those at risk of social isolation. The technology consists of a photo and message sharing iPad application, ‘Enmesh’, which stands for ‘Engagement through Media Sharing’. The research has involved a group of older people (80+) and their care managers. They are</td>
</tr>
</tbody>
</table>
provided with an iPad with the Enmesh application preloaded and are given face-to-face training to learn how to use it. The research thus far has examined the use of the Enmesh application to exchange photographs and messages for a period of ten weeks. Researchers reported:

> Overall, the results of the trial were very positive. For the older people in our study, the ability to record and share photographs and messages had a positive effect on participants' wellbeing and played a role in alleviating feelings of social isolation

(Department of Computing and Information Systems, 2014)

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>Yes - photo and message sharing iPad application specifically created for Older Adults</th>
</tr>
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<tbody>
<tr>
<td>Adaptability</td>
<td>Possible promotion of similar technologies and/or applications</td>
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</table>
## The Shed Online

<table>
<thead>
<tr>
<th>Name</th>
<th>The Shed Online</th>
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<tbody>
<tr>
<td>Location</td>
<td>Virtual Environment, intending to cover all of Australia, with an emphasis on non-metropolitan areas</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Founded by beyondblue, The Movember Foundation and the Australian Men’s Shed Association</td>
</tr>
<tr>
<td>Start date</td>
<td>2010</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Men aged 55+ years, with an additional emphasis on men from non-metropolitan areas</td>
</tr>
<tr>
<td>Aim</td>
<td>The aim of the initiative is to model the approach of the Mens Shed movement online to recreate ‘the atmosphere of an actual man’s shed – a safe and supportive space where men can feel confident to discuss and exchange information, as well as socialise, learn and share skills’ (beyondblue and Movember, 2014)</td>
</tr>
<tr>
<td>Description</td>
<td>The online shed initiatives offers an environment targeted at building a men’s online community, increase individual help seeking behaviour and reduce stigma around depression and anxiety. The Shed Online features discussion forums, chat rooms, interviews with celebrities and community leaders, community news, DIY projects, activities, information on upcoming events, health and lifestyle information (informed by health professionals) and blogs.</td>
</tr>
<tr>
<td>Technology Component</td>
<td>Yes – website, inclusive of You Tube videos, blogs, etc.</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Already an initiative of beyondblue</td>
</tr>
</tbody>
</table>

### References / Evaluations

Deliverer of the project was Vicnet who was in charge of providing the training and support to the volunteer trainers and technical support to the organisations involved.

<table>
<thead>
<tr>
<th><strong>Start date</strong></th>
<th>2005 (pilot) 2008-09 and 2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audience</strong></td>
<td>CALD Older Adults</td>
</tr>
<tr>
<td><strong>Aim</strong></td>
<td>The aim was to provide computer and internet training to CALD Older Adults in their own language to improve their access to services and social bonds</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>The initiative involved funding community-based organisations to provide training, space and access to computers and the internet for CALD Older Adults. Volunteers from community-based organisations were trained by means of a ‘train-the-trainer’ model and training materials in languages other than English developed. Fifteen community-based organisations, such as East African Women’s Foundation, and the Federation of Chinese Associations Victoria, were involved and over 900 Older Adults took part. An external evaluation of the first round found that the project met the needs of CALD Older Adults, raised their awareness of the internet, and helped create social bonds among CALD seniors (Denison 2006 in ACMA 2009). Successful elements of the process were (1) adoption of multiple presentation methods, (2) use of multilingual websites and portals, (3) translated materials, and (4) partnership with librarians (Denison 2006, in ACMA 2009). CALD Older Adults also listed benefits of increased social connection through being able to connect with children and grandchildren via Facebook, Skype, photo sharing sites, etc. The English Internet Training Workbooks used for the initiative are available from <a href="http://www.vicnet.net.au/publications/item/94-internet-training-workbooks.htm">http://www.vicnet.net.au/publications/item/94-internet-training-workbooks.htm</a></td>
</tr>
<tr>
<td><strong>Technology Component</strong></td>
<td>Yes - internet and computer training provided</td>
</tr>
<tr>
<td><strong>Adaptability</strong></td>
<td>Possibly - the lessons learnt and training resources developed (see, link above) are valuable, if attempting to engage with CALD Older Adults via an virtual environment</td>
</tr>
</tbody>
</table>
| **References / Evaluations** | ACMA (Australian Communication and Media Authority) (2009) Audit of Australian digital media literacy programs (July) Published by the Australian Communications and Media Authority  

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th>The University of the Third Age Online (U3A Online)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>Cyberspace – in total there are 318 Australian and international U3As listed online</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>There seems to be some support from Universities, government, etc. However, many U3As are self-funded, voluntary organisation with a membership fee. (for example the Melbourne U3A charges an annual $50 fee)</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Start date</td>
<td>The Australian U3A began in Melbourne in 1984. Early origin in France in 1972</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Adults, aged 50+ years old, as well as those ‘who are isolated either geographically, or through physical or social circumstances’</td>
</tr>
<tr>
<td>Aim</td>
<td>The aim is the pursuit of lifelong learning driven by the principles of life-long education, as well as the pursuit of knowledge for its own sake, in an atmosphere of mutual learning and teaching.</td>
</tr>
<tr>
<td>Description</td>
<td>The initiative is premised on a philosophy of learning for life and described as ‘built on self-help model of teaching and learning over a wide range of subject areas, dependent upon the membership’s own expertise, knowledge and skills’. Globally there are 318 U3As. Each U3A has autonomy and, hence, the organisational structure, learning opportunities differ dependent on individual group needs and desires. Older Adults need to become members to take part in the courses offered. Courses differ in delivery as some courses are within set timeframes, while other courses can be self-paced. There are also resources available, such as reports and web links and offline events organised. The U3A initiative has been the subject of research in Australia and overseas. Findings have included that Older Adults have been attached to U3A to learn and made new social connections; however, men have not been as well engaged. Men have tended to be less attracted to formal education approaches.</td>
</tr>
<tr>
<td>Technology Component</td>
<td>Yes –U3As Online has multiple online courses with the requirement of U3As members to have basic internet skills and internet connection. The additional online features U3As members can engage in include: online chat, forums, games, quizzes and wikis. There is also ‘the lounge’ where participants can communicate with other U3As members</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Seem successful, as original start was in Toulouse France in 1972. The Australian model is different from the European model. The European model is closely aligned with universities, while the Australian model takes a more grassroots approach</td>
</tr>
<tr>
<td>Name</td>
<td>Digital Storytelling Pilot Project</td>
</tr>
<tr>
<td>---------------------------</td>
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</tr>
<tr>
<td>Location</td>
<td>Ipswich region, Queensland</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Institute of Creative Industries and Innovation (iCi), Queensland University of Technology (QUT) with the partners St. Peter Claver College and SeniorNet Association</td>
</tr>
<tr>
<td>Start date</td>
<td>2009-2010</td>
</tr>
<tr>
<td>Audience</td>
<td>School students and Older Adults in the Ipswich region of Queensland</td>
</tr>
<tr>
<td>Aim</td>
<td>The intended aim of the pilot study was to facilitate intergenerational communication with the intent to produce findings that could be applied to other locations</td>
</tr>
<tr>
<td>Description</td>
<td>The initiative was a pilot study undertaken by the QUT. The intervention was a based-activity of Older adults (from SeniorNet, see description above) with local school students (St. Peter Claver College) to create digital stories centred on the local (Ipswich) area. Digital storytelling was used to create intergenerational communication and provide learnings. A model that could be extended to other locations. The pilot involved ten groups of two (one older adults and a student). Over five weeks, five workshops were held to help teams produce their place-based stories. At the conclusion of the project, the stories were publically shown and certificates awarded to participants.</td>
</tr>
<tr>
<td>Technology Component</td>
<td>Yes – the project involved all the technology required to film, edit and produce digital stories</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Possibly, as the pilot was designed to produce findings that could be applied to other locations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>SeniorsNet Association Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Ipswich, Queensland</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Started as an initiative of the Ipswich City Council in Queensland, SeniorNet Association Inc. is now an incorporated association with support from Queensland University of Technology</td>
</tr>
</tbody>
</table>
and a membership fee of $30 (individual) or $45 (family)

<table>
<thead>
<tr>
<th>Start date</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audience</td>
<td>Older Adults, aged 50+ years old</td>
</tr>
</tbody>
</table>

**Aim**

The initiatives states to have three aims. These are:

1) publish a communication base that is easy to use, has a logical navigation system and helps seniors begin their experiment with the Internet

2) provide members of the association with information about their organisation, its operations and services, plus an efficient group-communication system

3) introduce the SeniorNet Project and its activities to others who have an interest in seniors using computers and the Internet, or who may wish to establish a SeniorNet branch in their district (SeniorNet Association, 2014)

**Description**

SeniorNet initiative offers a mixture online (e.g. email discussion groups) and offline (e.g. workshops, course) interventions to teach Older Adults technology-based skills and capabilities. The initiative is a membership-based organisation costing $30 per year or $45 for families. Taught are a range of computer, internet and related-technology skills in the following areas:

1) **Introductory training** held at Broadband for Seniors Internet Kiosk and offered to all Older Adults (SeniorNet membership is not required). The training is free and covers how to use a computer, access the Internet and email communication with friends and family

2) **Training courses** that teach the basics of the computer and of commonly used applications. These courses are only open to members of SeniorNet

3) **Workshop sessions** which are stand-alone classes on a wide range of topics

4) **informal discussion group**, which are on Tablet computers (e.g. iPad) and in-person meetings / social activities for members (summarised from SeniorNet Association, 2014)

SeniorNet Association now has similar organisations around Australia. There is now an overarching Australian Seniors Computer Clubs Association. The stated mission of which is ‘to assist clubs to educate seniors in the use of computer technology as a way of enriching their lives and making them more self-reliant’ (Australian Seniors Computer Clubs Association 2014). Listed on the website are over 150 clubs around Australia

Individual similar models include the Peel Seniornet Association in Western Australia that operates to encourage older adults to use the computers and the internet. It trains older adults to use ICTs, increase their social connections through the use of ICT, and display leaderships for other Older Adults to do the same. There is even a ‘Buddy’ section to find someone in your area to help with IT issues

| Technology Component | Yes - the initiative provides Older Adults with the opportunity to learn and engage with all forms of technology, inclusive of using the internet, Tablet computers, computer basics, etc. |
### Adaptability

Possibly, as it could be beneficial to speak with various members to understand what works and what does not work for them.

### References / Evaluations


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<table>
<thead>
<tr>
<th>Name</th>
<th>Broadband for Seniors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>National</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>The Australian Government has committed $25.4 million to Broadband for Seniors over seven years to 2015. Broadband for Seniors is a digital productivity initiative within the Australian Government’s National Digital Economy Strategy. Broadband for Seniors is delivered by NEC Australia Pty Ltd in partnership with Adult Learning Australia, Australian Senior Computer Clubs Association (see, above in earlier description) and University of the Third Age Online(see, earlier description above)</td>
</tr>
<tr>
<td>Start date</td>
<td>2008</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Adults, aged 50+ years old</td>
</tr>
<tr>
<td>Aim</td>
<td>Broadband for Seniors aims to (1) Provide senior Australians with access to computers and the Internet via free Internet kiosks, (2) Support seniors to gain confidence and build skills in using new technology, (3) Address the issue of senior Australians feeling isolated and ‘left behind’ in a technological age, and, (4) Build community participation and social inclusion among senior Australians (Broadband for Seniors, 2014)</td>
</tr>
<tr>
<td>Description</td>
<td>Broadband for Seniors is an initiative for PAG care recipients to provide access to a range of computer based activities and information. The initiative involves a mixture of offline and online on-to-one, virtual and groups-based interventions. For example, kiosks are available where volunteer tutors provide face-to-face training in computers and the Internet for Older Adults. These programs include (1) web based forums in relation to topics of interest, (2) web based communication (i.e. email) to maintain links with family and friends, and, (3) social networking sites to maintain links with family and friend (Broadband for Seniors, 2014). The cited reasons for Older Adults being involved include social networking opportunities.</td>
</tr>
<tr>
<td>Technology Component</td>
<td>Yes – The initiative involves Kiosks for computer and internet access, online lessons, webinars, google groups, online forum, wikispaces and online resources</td>
</tr>
</tbody>
</table>
### Adaptable

National large-scale project, however lessons learnt about Older Adults and the online environment for potential approaches could inform the targeting Older Adults via an online environment.

### References / Evaluations

<table>
<thead>
<tr>
<th>References / Evaluations</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEC (2011) Broadband for Seniors Evaluation Survey – referenced online but not yet found</td>
<td></td>
</tr>
</tbody>
</table>

### Name

**Chelsea Seniors ICT Access**

### Location

City of Kingston, Victoria

### Funding / deliverer

City of Kingston received funding of $120,000 to deliver the initiative as part of the Chelsea Community Renewal initiative and in partnership with local community organisations. The funding was part of the larger $9 million ‘Connecting Communities: The Second Wave strategy’ Victorian Government. The ‘Connecting Communities’ duration was over four years and was intended to assist more people access the internet.

### Start date

2009-10 (one year pilot)

### Audience

Older Adults – no age given, just stated to be ‘local seniors’

### Aim

The aim was to facilitate Older Adults getting online to use the internet for everyday activities, such as banking, as well as increasing opportunities for social interactions. The overall aim of the Connecting Communities: The Second Wave was ‘to ensure that no Victorian is excluded from the benefits of access to the Internet because of who they are or where they live’ (Batchelor quoted on The Premier of Victoria archived website, 2009).

### Description

The Chelsea Seniors ICT initiative ran for duration of 12 months. During that time, 20 Older Adults were to ‘learn basic internet skills and provide specialist computer equipment to get online’. The $120,000 funding was to:

1. Buy and install computers in the homes of the 20 seniors with differing abilities
2. Meet the cost of 12-months broadband connection
3. Deliver training at Longbeach Place Neighbourhood House for participants and their carers
4. Provide further one-on-one training in the homes of participants; and
5. Provide telephone helpdesk-type support (The Premier of Victoria archived website, 2009)

The Brotherhood of St Lawrence was commissioned to evaluate the Chelsea Seniors ICT Access Project. A report about the project’s role in decreasing social isolation and improving wellbeing and community participation was submitted to the Department of Planning and Community Development.
<table>
<thead>
<tr>
<th><strong>Technology Component</strong></th>
<th>Yes – the initiative involved the purchasing of computers and supplying internet connection for Older Adults as well as training and support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adaptability</strong></td>
<td>Unlikely due to being an expensive approach due to the purchasing computers and providing one-to-one support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th>Greypath</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>Virtual environment with Australian focus</td>
</tr>
<tr>
<td><strong>Funding / deliverer</strong></td>
<td>The website would seem to be created and maintained by volunteers</td>
</tr>
<tr>
<td><strong>Start date</strong></td>
<td>2000</td>
</tr>
<tr>
<td><strong>Audience</strong></td>
<td>Older Adults</td>
</tr>
<tr>
<td><strong>Aim</strong></td>
<td>To be a website for Older Adults run by Older Adults</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>States to have ‘gathered 16 000 members over the years since, all by word of mouth’ and is ‘run by volunteers in the interests of our fellow seniors’. Has a number of chat forums, ‘health’, ‘jokes’, but none of the forums have had activity for over three months</td>
</tr>
<tr>
<td><strong>Technology Component</strong></td>
<td>Yes – webpage with online forums for members</td>
</tr>
<tr>
<td><strong>Adaptability</strong></td>
<td>Limited webpage, hence conclusions uncertain</td>
</tr>
</tbody>
</table>
**Name**  
Telehealth Monitoring Service

**Location**  
Byron Bay and Coffs Harbour (pilot sites), New South Wales

**Funding / deliverer**  
Feros Care, a not for profit aged and community care provider in QLD, NSW, VIC and TAS  
(Feros Care 2014)

**Start date**  
2013

**Audience**  
Socially isolated Older Adults

**Aim**  
The aim was to use new technologies to increase social isolate older adults social connectedness and improve physical health outcomes as part of a Feros Care telehealth pilot

**Description**  
The initiative is a pilot intervention using virtual communications channels for social isolated individuals. The technology is a video conferencing based technology that uses a desktop computer and/or Tablet device and broadband access to create a ‘virtual social chat club for seniors’. The technology is Feros’ ‘My Health Clinic At Home Technology’. Two hundred older adult in the Byron Bay and Coffs Harbour region are taking part in the pilot that commenced in March 2013. The technology can be used for remote monitoring of physical health, virtual consultations, as well as social interaction. The system uses screen touch buttons. The multi-party video conferencing component has been used to hold guided group conversations.

Similar technology assisted approaches, with purpose built platform that deliver multiple services (medical, social interaction, etc.) are developing in other countries. Care@Home (see, refer to link below) is one such approach being developed in the Netherlands, which uses a smartTV design to assist Older Adults to remain living independently.

**Technology Component**  
Yes – the Feros Care’s multi-party video conferencing technology allowed up to 16 individuals to participate in the one video call

**Adaptability**  
Potential technology option to explore to enable group-based virtual connectivity, as well the Care@Home demonstrate what is emerging to assist and support older adults

**References / Evaluations**  


DPS News (2014) Virtual chat club for seniors a hit, available online from

<table>
<thead>
<tr>
<th>Name</th>
<th>e-couch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>National website</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>The original version of e-couch was co-funded by Australia's beyondblue and the Centre for Mental Health Research at the Australian National University. e-couch has continued to be expanded and delivered by the Centre for Mental Health Research with funding from the Australian Commonwealth Department of Health and Ageing, as part of its 'Funding for Telephone Counselling, Self Help and Web-based Support Programmes'</td>
</tr>
<tr>
<td>Start date</td>
<td>2005</td>
</tr>
<tr>
<td>Audience</td>
<td>Everyone</td>
</tr>
<tr>
<td>Aim</td>
<td>e-couch is a self-help interactive program with modules for depression, generalised anxiety &amp; worry, social anxiety, relationship breakdown, and loss and grief.</td>
</tr>
<tr>
<td>Description</td>
<td>e-couch is an online interactive information and activity-based intervention. Online is a mixture of information sources, as well as free online activities to understand mental health issues and help alleviate them. e-couch was created by researchers, mental health experts, software engineers, graphic artists and communication experts and ‘provides evidence-based information and teaches strategies drawn from cognitive, behavioural and interpersonal therapies as well as relaxation and physical activity’. Individuals can use the e-couch program, which ‘includes information, exercises and a workbook to track your progress and record your experiences, and toolkits to help you improve your mood and emotional state, and tackle challenges that you may be facing’. It is free to use and users can remain anonymous. The e-couch website is also a research site and gathers data on users’ experience of depression and anxiety and strategies to cope.</td>
</tr>
<tr>
<td>Technology Component</td>
<td>Yes - e-couch is all online and involves a mixture of information and activities</td>
</tr>
<tr>
<td>Adaptability</td>
<td>This initiative is one of a few initiatives that use cogitative behaviour therapy via an online environment. Due to the importance of cogitative behaviour approaches in helping those who are social isolated and/or lonely this and/or similar approaches could be potentially adapted to target specifically socially isolated and/or loneliness Older Adults to re-connect</td>
</tr>
</tbody>
</table>
with their family, friends and community

References / Evaluations


<table>
<thead>
<tr>
<th>Name</th>
<th>InTouchFun – International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Mexico, California</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>University of Baja, California, EABC, Ensenada, Mexico</td>
</tr>
<tr>
<td>Start date</td>
<td>2010</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Adults at risk of social isolation, depression and/or cognitive decline</td>
</tr>
<tr>
<td>Aim</td>
<td>The aim was to develop a specifically designed technology interface for Older Adults to cope with elders’ isolation and cognitive decline by facilitating Older Adult staying in contact with relatives over long distances and cognitive stimulation</td>
</tr>
<tr>
<td>Description</td>
<td>InTouchFun is a technology-based intervention to increase Older Adults social connectedness and decrease cognitive decline. InTouchFun technology is a computer system that offers an alternative interface of tangible objects and multi-touch tabletop surface computer for Older Adults. Older Adults can use the system to communicate and play online games with relatives and friends, as well as carry out cognitive activities. An internal evaluation of the system found that Older Adult users perceived the system as useful. In addition, users also reported that the system assisted with socialisation, having fun, and provided enjoyment. Users indicated that they would be likely to continue to use the system regularly</td>
</tr>
<tr>
<td>Technology Component</td>
<td>Yes – A system especially designed to encourage easy online interaction between Older Adults and relatives</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Possibly but unclear to what extent this system has been rolled out. There is the potential for further exploration and/or extension of this or similar systems to assist older adult/relative interaction, particularly for rural/geographically isolated older people.</td>
</tr>
</tbody>
</table>

Prepared for beyondblue
<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th>GenerationXperience – International</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>Cyberspace online engagement operated in the United Kingdom</td>
</tr>
<tr>
<td><strong>Funding / deliverer</strong></td>
<td>The initiative was supported by the United Kingdom Department for Work and Pensions in conjunction with a range of other government and non-government departments and agencies, such as the Centre for Policy on Ageing</td>
</tr>
<tr>
<td><strong>Start date</strong></td>
<td>2007-2008</td>
</tr>
<tr>
<td><strong>Audience</strong></td>
<td>Older Adults, aged 50+ years</td>
</tr>
<tr>
<td><strong>Aim</strong></td>
<td>To enable over-50s to talk directly to the government about issues that concern them</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>GenerationXperience was a pilot designed to enable a digital method for over 50+ year old adults in the United Kingdom to raise issues of concern to government. The initiative was run from 2007-08. During the pilot a new topic was posted each week. Older Adult users could respond to the weekly topic and/or suggest other topics to cover. In addition to the online dialogue, available were information and resources about other organisations (e.g. Age Concern and Help the Aged) and local events. There were stated plans to ‘link GenerationXperience to other social networking sites, including Myspace, Facebook, YouTube and Flickr.’</td>
</tr>
<tr>
<td><strong>Technology Component</strong></td>
<td>Yes – the whole project was undertaken online</td>
</tr>
<tr>
<td><strong>Adaptability</strong></td>
<td>Possible learnings from the initiative in trying to engage the Older Adults via a solely virtual environment</td>
</tr>
</tbody>
</table>
### 5.1.2 Initiatives/projects targeting specific populations: Men

<table>
<thead>
<tr>
<th>Name</th>
<th>OM:NI (Older Men – New Ideas)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>NSW (origin in 1997) and Victoria (start 2004) and Tasmania</td>
</tr>
<tr>
<td><strong>Funding / deliverer</strong></td>
<td>OM:NI (Older Men: New Ideas) is a registered Business Activity of COTA (NSW), and all IP is the exclusive property of COTA (NSW). COTA Victoria is the authorised agency for the development of OM:NI in Victoria. Indicative of costs involved ‘the first twelve OM:NI groups in Victoria between 2004 and 2006 were established with expenditure of around $150,000. Since then another ten groups have been established by volunteers alone’ (Young 2011, p.3)</td>
</tr>
<tr>
<td><strong>Start date</strong></td>
<td>1997</td>
</tr>
<tr>
<td><strong>Audience</strong></td>
<td>Older Males, aged 50+ years old</td>
</tr>
<tr>
<td><strong>Aim</strong></td>
<td>The project aim is to ‘enhance older men’s holistic health needs’. This expanded health focus includes men’s physical, emotional, mental and spiritual health, with the intent to ‘address the issues that have prevented them, or may impact on their ability to enjoy full and enriching lives’ (COTA Victoria, 2011, p.3)</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>The project is a face-to-face group based intervention where men build their self-esteem, make friends and share knowledge and experience, concerns and problems in a safe environment. The format consists of a Men’s Discussion Group. The groups run once or twice a month for the duration of two hours. The standard format of the meetings are a one hour general discussion, then a break, then a second hour focused on a discussion topic chosen by the Group. Resources and guidelines are available to support new groups. These resources can be adapted to suit the needs of the group as each local OM:NI group is autonomous.</td>
</tr>
<tr>
<td><strong>Technology Component</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Adaptability</strong></td>
<td>Already well-established in Victoria and New South Wales, could be added into other Australian States and Territories, seems to dovetail with the approach of Mens Sheds</td>
</tr>
<tr>
<td></td>
<td>Macdonald, J., Brown, A. and Buchanan, J. (2001) Keeping the balance: Older men and...</td>
</tr>
</tbody>
</table>
Social Connectedness research report

<table>
<thead>
<tr>
<th>Name</th>
<th>TOM: NET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Toowoomba and South West Queensland, Queensland</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Funding from the Queensland Department of Health and delivery by volunteers</td>
</tr>
<tr>
<td>Start date</td>
<td>2001</td>
</tr>
<tr>
<td>Audience</td>
<td>Older men, aged 50+ years old, described as ‘lonely, isolated and in need of friendship in regional, rural and remote locations throughout Toowoomba and South West Queensland’</td>
</tr>
</tbody>
</table>
| Aim        | The initiative states its aims to include:  
  1) Communicating with older men  
  2) Establishing links with other community services that may have contact with older men  
  3) Establishing a network of community based initiatives for older men  
  4) Reaching out to older men who are unhappy, lonely and isolated (TOM: NET, 2014) |
| Description | The TOMNET initiative involves a mixture of interventions, which primarily aim to ‘develop, implement and expand effective responses to reduce suicide amongst older men in regional, rural and remote locations throughout Toowoomba and South West Queensland’. The activities offered are diverse and include:  
  1) TOMNET on Wednesday, which involves an average of 70+ men meeting every week ‘with guest speakers, discussions, afternoon tea, time for yarning’  
  2) Member Support Program, which involves trained volunteers contacting TOMNET ‘members who are doing it tough, are isolated, less mobile and lonely, to check on their well-being’  
  3) Community Connections Program, which is a volunteer project ‘that provides older men with the opportunity to benefit from individual peer support, to enhance social networks and gain a sense of belonging in the community’  
  4) Mentoring program for youth in two local schools, which involves TOMNET |


members mentoring students in oracy and literacy, as well as gardening and cooking

5) Interest Groups, which are driven by individuals who have an interest, such as fishing, movies, photography, and supported by TOMNET together to share these interests with others

6) Barbecue Service, which involves TOMNET having ‘a mobile barbecue cooking service where TOMNET blokes offer a fully catered cooking service for corporate, business and community events’ (TOM: NET, 2014)

In addition to these activities, there are weekly meeting, bus trips, events and opportunities to volunteer. It is reported that the initiative has a set of evaluation tools and uses an external evaluator to report to the Department of Health (reports have not been found).

Lesson noted from the evaluations and a community-based steering committee have been:

1) Client ownership of programs is important and valuable.
2) Many service providers do not have the time to talk and listen to their clients, who may be lonely and isolated.
3) It may take time to change a community’s opinion of a new service/program.
4) Older men value peer support from older men.
5) The transition from work to retirement can be difficult for older men after the ‘honeymoon period’ ends.
6) Referral and cooperation between local service providers is essential (findings from Living is for Everyone, 2012)

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>Lesson learnt could be of interest when considering model for men</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Men’s Sheds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Around Australia</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>The funding and delivery model various across Australia, as there is a mixture of Federal Government, as well as State and Local government support. Further support derives from non-for-profit and non-governmental organisational support, volunteers and community</td>
</tr>
</tbody>
</table>
actors, such as, adult education, churches, war veterans associations, and local government organisations. The Australian Men’s Shed Association (AMSA) is funded by the Federal Government to provide initial and ongoing practical support for the development of all Men’s Sheds

| Start date | 1978 initial Men’s Sheds based approach in a NSW based Rotary Club (Misan et al. 2008)
AMSA was established in 2007 |
| Audience | Men, especially Older Males in the 50+ years old age group, as well as retired, unemployed and/or isolated older men |
| Aim | The overall aim (objective) of Men’s Sheds is to ‘is to advance the well-being and health of their male members and to encourage social inclusion’ (AMSA 2014) |
| Description | The initiative is an activity-based intervention at its broadest level designed to deliver a safe space targeted at men. The earliest noted Men’s Shed is 1978 in NSW (Misan et al. 2008). There are now hundreds of Sheds around Australia and an overarching ‘official’ association Australian Men’s Sheds Association (AMSA). Each Shed is largely autonomous. Sheds are diverse in the form of physical space (e.g. shed, garage), offer diverse activities and as well some now cater to different populations (e.g. A&TSIs). While difficult to characterise all together there are some overarching characteristics which include:

1) Sheds are community-based places, which target men – especially retired, unemployed or isolated older men – to interact and connect with other men and their community, while pursuing interests and learning

2) Sheds have a common intent of promoting social connectedness, physical and mental health

3) The types of activities tend to include mainly carpentry but also social events, gardening, and arts. There is also some incorporation of health-related activities.

Individual Men’s Shed initiatives and Men’s Sheds Associations have actively worked with researchers. Golding et al (2007) reports that the Men’s Shed approach is success in increasing social connection and better health outcomes due to the appropriateness of the space to men. The space offers a safe, interactive, activity-based place where men can build trust and friendships. However, Wilson and Cordier (2013) state the ‘majority of the literature has emanated from Australian academics and is about older men’s learning in community contexts … There is a limited body of research literature about Men’s Sheds; the literature consists of either descriptive surveys or small qualitative studies’.

The Men’s Shed approach has been adapted to other countries, such as Ireland.

| Technology Component | Yes, but variable due to autonomy of individual Men’s Shed initiatives. However, there now is ‘The Shed Online’ (see, above description) |
| Adaptability | There are important learnings from the Men’s Shed movement on how to create safe, activity-based spaces for men to achieve better mental health outcomes. In addition, Men’s Sheds concerned with specific populations, such as A&TSI, are emerging, which could |
provide insights into population where there is scant information.

**References / Evaluations**

Limited selection referenced of the plethora of research undertaken


Hayes, R. (2007) Creating supportive environments in which to address men’s health, *Queensland Health Promotion Quarterly*, vol.7


<table>
<thead>
<tr>
<th>Name</th>
<th>Older Men Unlimited (OMU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Hervey Bay region, Queensland</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Volunteers with funding from the Queensland Government and donations from local businesses deliver the initiative</td>
</tr>
<tr>
<td>Start date</td>
<td>2007</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Males</td>
</tr>
<tr>
<td>Aim</td>
<td>The original aim was to combat social isolation of retired Older Males deemed to be at risk to depression, dementia and suicide</td>
</tr>
</tbody>
</table>
### Description

The project approach is to groups based intervention to increase and maintain Older Males social connections. The focus is friendship cultivated through monthly meetings, as well as additional activities arranged such as bus trips, Christmas in July and fishing trips. The project was initiated by Hervey Bay Council to combat social isolation of retired senior men deemed to be at risk to depression, dementia and suicide.

### Technology Component

N/A

### Adaptability

Would seem to follow similar model to Mens Shed, but more limited to meeting and social activities

### References / Evaluations


---

### Name

The Older Men’s Health and Wellbeing Directory

### Location

Virtual environment but the dominant geographical area represented is NSW with some links in other Australian states

### Funding / deliverer

The Older Men’s Health and Wellbeing Directory is an initiative of COTA (NSW) and is funded by Perpetual Ltd

### Start date

Not apparent

### Audience

Older Males aged 55+ years old

### Aim

The website was ‘designed to be a useful resource about older men’s health and wellbeing and to serve as a possible first stage in a much more substantial project’

### Description

The initiative is an information-based intervention that pools resources and activities in one online directory specifically targeted at men to improve their health and well-being. The resources available are links to organisations, initiatives, projects and services. The intent is for individuals to be proactive and empower user to take care of their own mental and physical wellbeing via the provision of information. Stated need for the directory was:

> There is a growing and general recognition that Australian society must begin to address the special problems of older men and to begin to empower them to take greater control over their lives and to promote their wellbeing and health. There are a range of very valuable initiatives that have been developed in this area in recent times but unfortunately these remain, as yet, largely uncoordinated (Older
### Social Connectedness research report

Projects listed on the website of interest include:

**Beyond Ageing project** is a community-based research project exploring what works prevent depression in Older Adults. Further information is available online from [www.anu.edu.au/cmhr/beyond_ageing.php](http://www.anu.edu.au/cmhr/beyond_ageing.php)

**Wellbeing of Older Men project** is an action research project designed to enhance community support for Older Men, aged 55+ years old, with depression, chronic illness and those who were socially isolated, living in the community. Further information is available online from [www.hunter.health.nsw.gov.au/docs/Mens_WellbeingOldermmen.pdf](http://www.hunter.health.nsw.gov.au/docs/Mens_WellbeingOldermmen.pdf)

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>Yes – All resources and information are online</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>Other projects listed on the directory could be of interest, including the two cited above (Beyond Ageing and Wellbeing of Older Men project)</td>
</tr>
</tbody>
</table>

### Name
Mate to Mate Project

### Location
New South Wales

### Funding / deliverer
The initiative is a collaborative effort between COTA NSW and the Men’s Health Information and Resource Centre (MHIRC) at the University of Western Sydney

### Start date
Not apparent

### Audience
Older Males, aged 50+ years old who are ageing in place

### Aim
The initiative aims to ‘is to improve connectivity, reduce social isolation and enhance the capacity for men to remain in control, live independently and sustain their quality of life into older age’ (COTA NSW, 2014b)

### Description
Mate to Mate is an information-based intervention consisting of information sessions delivered upon request to a group of men, e.g. Rotary groups, Men’s Sheds, etc. Trained volunteers present information sessions on the HACC services available. The aim of the sessions is to:

- empower older people by giving them information about ways they can live independently. These information sessions focus on how Home and Community Care services can assist people to live in their own homes, even if they’re less
mobile than when they were younger. Knowing about these services means you can make informed decisions about how – and where – you live as you age (COTA NSW 2014)

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**References / Evaluations**


University of Western Sydney (2009) Older men and Home and Community Care Services: Barriers to access and effective models of care, available online from [http://www.adhc.nsw.gov.au/__data/assets/file/_older_men_and_hacc_services_report.pdf](http://www.adhc.nsw.gov.au/__data/assets/file/_older_men_and_hacc_services_report.pdf)

### 5.1.3 Initiatives/projects targeting specific populations: Social Isolated Individuals

<table>
<thead>
<tr>
<th>Name</th>
<th>Eating with Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>30 groups around the state of Tasmania</td>
</tr>
<tr>
<td><strong>Funding / deliverer</strong></td>
<td>Tasmanian Association of Community Houses (TACH), which is the peak body for the 34 Community Houses and Neighbourhood Centres around Tasmania, which is, in-turn, funded by the Tasmanian Department of Health and Human Services</td>
</tr>
<tr>
<td><strong>Start date</strong></td>
<td>The first group started in West Moonah in 2000 and is still operating</td>
</tr>
<tr>
<td><strong>Audience</strong></td>
<td>Socially Isolated community members, with a particular emphasis on Older Adults</td>
</tr>
<tr>
<td><strong>Aim</strong></td>
<td>The project aim is to ‘strengthen communities, reducing social isolation and improving well-being by bringing older people together for regular nutritious low-cost meal’ (TACH 2013)</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>The Eating with Friends project is a group interaction based intervention centred on sharing a meal. Community development principles inform the approach and TACH provides resources to assist groups getting started then local community members run the groups. Three models are in operation, these are: (1) Community Based Model / Eating In model where volunteers organise and host a meal, (2) Eating Out Model where a groups visit cafes and restaurants or volunteers host a meal and outsources the meal preparation, and (3) School Model where students organise and host a meal (TACH 2013). The Eating with</td>
</tr>
</tbody>
</table>
Friends initiative grew out of Meals on Wheels volunteers concern over the number of people eating alone. The support provided by TACH includes a part time coordinator to support existing groups and help establish new groups, mentoring support, and resources, including an action kit, advertising pamphlets and posters, DVD and newsletter.

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>Designed to be a concept and 'is a very flexible model that can be adapted across a broad range of locations and interest groups.' (TACH 2013)</td>
</tr>
</tbody>
</table>

### Community Visitors Scheme

**Name**

Community Visitors Scheme

**Location**

Across Australia

**Funding / deliverer**

The Australian Government funds a variety of community-based organisations to deliver the service. The community-based organisations, known as Community Visitors Scheme auspices, include the Australian Red Cross, Melbourne City Mission, Lifeline, etc.

**Start date**

The project commenced in 1993, after South Australian and Queensland pilot in 1990-91. During 1991-92 the Department of Health and Ageing sought submissions from community-based organisations throughout all Australian states and territories interested in becoming Community Visitors Scheme auspices.

**Audience**

The audience is stated to be ‘socially or culturally isolated people living in Australian Government-subsidised aged care homes’ and, as of 2013-14, recipients of Commonwealth subsidised Home Care packages (Department of Health and Ageing, 2014).

**Aim**

The project aims to ‘alleviate social and/or cultural isolation experienced by recipients of Commonwealth subsidised aged care services living in the community, and residents of aged care homes whose quality of life would be improved by friendship and companionship’.

**Description**

The project undertakes one-to-one and group-based interventions to reduce social isolation by means of volunteers visiting selected residents on a regular (weekly to fortnightly) basis. Coordinating the visits are the Community Visitors Scheme auspices. The auspices carry out the tasks of ‘(1) recruiting, training and supporting volunteer community visitors, (2) matching volunteers to residents of aged care homes, and (3) supporting visitor-resident relationships.’ (Department of Health and Ageing, 2013b)

The project has recently been expanded in 2013-14 as part of the Living Longer Living Better aged care reform package, the Australian Government will provide $19 million from 2013-
2016 to expand the Community Visitors Scheme. Under the reform, the scope was also expanded to include group visits to recipients of Commonwealth subsidised residential aged care services and one on one visits to recipients of Commonwealth subsidised Home Care packages. Group visits consist of one or more volunteer visits to two or more residents at the same time, in a Commonwealth subsidised aged care home. Home Care visits consist of one-on-one visits by volunteer visitors to recipients of Home Care packages.

### References / Evaluations


### Telecross and Telecross REDi

- **Name**: Telecross and Telecross REDi
- **Location**: Various States and Territories for Telecross, while Telecross REDi specifically operates in South Australia
- **Funding / deliverer**: Australian Red Cross delivers Telecross with support and funding from different Government agencies. Telecross REDi is supported by the South Australian Department for Communities and Social Inclusion
- **Start date**: Telecross has been in operation for 40 years, while Telecross REDi was initiated after the heatwave in late 2000s
- **Audience**: The audience for Telecross is isolated Older Adults who are living independently. In the case of Telecross REDi, the project has the same audience only its timeframe is specifically over the duration of heatwaves
- **Aim**: Telecross and Telecross REDi sit within Australian Red Cross larger social inclusion program, the goal of which is ‘to enhance isolated older people's social connectedness to improve their quality of life and support their mental health.’
### Description
Telecross is a one-to-one-based intervention designed to increase social connection for isolated Older Adults. The project involves volunteers phoning isolated older people still living independently. Phone calls take place every day to check on the older people’s wellbeing. Procedures to follow are in-place if the call goes unanswered.

Telecross REDi is modelled on Telecross but takes a targeted approach to support Older Adults during heatwaves. The service is activated when the South Australian Government declares the heatwave an extreme weather event. During a heatwave, Older Adults can be phoned up to three times a day to check on their wellbeing and to inform them of measures to assist them through the heatwave. Procedures to follow-up are in place if the call goes unanswered or if the Older Adult is in distress.

### Technology Component
Yes – only in the sense of being telephone based

### Adaptability
N/A

### References / Evaluations

### Name
TeleCHAT

### Location
ACT and South East New South Wales, Queensland, Victoria and Western Australia

### Funding / deliverer
Australian Red Cross with support and funding from different Government agencies

### Start date
Not apparent

### Audience
In the ACT, SE NSW, QLD and WA the audience is ‘people who live independently and have minimal social contact’. In VIC the audience is specifically ‘people over the age of 65 (or 55 for Aboriginal and Torres Strait Islander peoples) who live independently and have minimal social contact.’
| **Aim** | TeleCHAT is part of Australian Red Cross larger social inclusion program, the goals of which is ‘to enhance isolated older people’s social connectedness to improve their quality of life and support their mental health.’ |
| **Description** | TeleCHAT is a one-to-one-based intervention to target isolated Older Adults as well as other isolated individuals. The project involves volunteers phoning isolated people still living independently. Volunteers call people who have little or no social connection with other people once a week. Volunteers receive training from Red Cross. |
| **Technology Component** | Yes – only in the sense of being telephone based |
| **Adaptability** | N/A |

| **Name** | MATES |
| **Location** | Various Australian States and Territories |
| **Funding / deliverer** | Australian Red Cross |
| **Start date** | Not apparent |
| **Audience** | Isolated individuals, including isolated Older Adults |
| **Aim** | MATES forms part of Australian Red Cross larger social inclusion program, the goals of which is ‘to enhance isolated older people’s social connectedness to improve their quality of life and support their mental health.’ |
| **Description** | The project intervenes to reconnect socially isolated individuals through volunteer companionship and support. The intervention is an activity-based approach, which aims to facilitate isolated individuals becoming reconnected with their community. Volunteers are to act as facilitators to assist socially isolated individuals build their confidence and self-esteem and re-engage in social activities. Eligible participants are not just isolated older adults but |
also ‘people with a disability or a mental illness, the frail elderly, former prisoners, people experiencing or at risk of homelessness.’

Volunteers are provided training and work with a program participant for 12 months. Throughout the program volunteers receive ongoing training and support and there are program ‘get togethers’ where volunteers and clients can all informally share their experiences of the program. Participants and volunteers have weekly or fortnightly contact to participate in social activities. Socially activities include; community groups, cultural and sporting events, in-home visits, eating out and physical activities.

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>Yes – only in the sense of being telephone based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Circle of Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>South Australia</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>The St John Circle of Friends is funded by the State Government HACC Program, the Australian Government Commonwealth HACC Services and St John Ambulance South Australia</td>
</tr>
<tr>
<td>Start date</td>
<td>Not apparent</td>
</tr>
<tr>
<td>Audience</td>
<td>Isolated individuals, including isolated Older Adults</td>
</tr>
</tbody>
</table>
| Aim                   | The Community Care program aims to:  
  1) improve the quality of life for vulnerable people, especially those living independently at home, further enable frail aged and younger people living with a disability ways to engage in the community in a way that is personally meaningful,  
  2) build social inclusion by providing companionship and support to members of the community in times of need and  
  3) increase economic and social participation by building individuals’ skill sets through |
### The Circle of Friends Initiative

The Circle of Friends initiative is based on a one-to-one intervention to decrease social isolation. The program seeks to provide ‘personalised service which utilises assessment to discover interests, and develop plans which further enable participants to connect with their local community in a way which is personally meaningful to them’ (St John Ambulance Australia, 2014). In addition, the initiative seeks to provide ‘social support to older members of the community and younger people living with a disability who have little or no support’ (St John Ambulance Australia, 2014).

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Good Conversations

The Good Conversations project is a technology-facilitated group based intervention. Volunteers receive training as conversation facilitators. Once, trained volunteers facilitate group discussion by means of teleconferencing with individuals for the duration of an hour. Topics of teleconferencing conversation include ‘current affairs, books, interests, hobbies and what’s happening in Victoria’. Volunteers facilitate the connection between people. Volunteer training involves a short training session and volunteers can connect people from their own home.

<table>
<thead>
<tr>
<th>Name</th>
<th>Good Conversations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Available across the state of Victoria</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Brotherhood of St Lawrence</td>
</tr>
<tr>
<td>Start date</td>
<td>2000s</td>
</tr>
<tr>
<td>Audience</td>
<td>Individuals in rural or remote Victoria, or those who are housebound, have limited mobility due to illness or disability, and/or are Older Adults, aged 55+ years old</td>
</tr>
<tr>
<td>Aim</td>
<td>The project aims to increase peoples’ social connections and helps housebound older people gain greater access to community resources and services</td>
</tr>
<tr>
<td>Technology Component</td>
<td>Yes – as the initiative uses a Teleconferencing systems where individuals ring in and a volunteer facilitates a conversation</td>
</tr>
</tbody>
</table>
### Adaptability
 Potentially due the benefits from offering more than a one-on-one interaction for those individuals who are social isolated due to mobility and related issues

### References / Evaluations


<table>
<thead>
<tr>
<th>Name</th>
<th>Older People's Action Program (TOPAP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>22 project funded across the state of Queensland</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Funding from the Queensland Government Department of Communities</td>
</tr>
<tr>
<td>Start date</td>
<td>2010</td>
</tr>
<tr>
<td>Audience</td>
<td>Older people living in community</td>
</tr>
<tr>
<td>Aim</td>
<td>The aim of the Older Peoples Action Program (TOPAP) is to increase opportunities for independence and community participation for Queensland older people who are socially isolated or at risk of becoming so.</td>
</tr>
</tbody>
</table>
| Description | The project involves a number of interventions that seek to build individual confidence and skills, as well as social activities to reduce the risk of older people becoming and/or to support them to overcome social isolation. There are 22 funded services across Queensland and project implementation varies from place to place. Services can include the provision of information and referral, transport, morning teas and day activities at a drop-in centre, leisure and recreation activities including craft, theatre and card groups, seminars and bus tours and basic computer skills. Example is **Gold Coast - Older Persons Action Program** that states to provide: seniors living in the community with a range of opportunities to attend information and training sessions to ensure they are up to date and informed of services in their community. These sessions include Human Services (Centrelink), financial, legal and immigration services, health, wellbeing and social programs including residential aged care visits. Training includes, Friendly Technology for Seniors (beginners and intermediate), planning and awareness for the future, introduction to ethnic cultures (art, food, travelling and dance) (Multicultural Communities Council Gold Coast 2014) Another program is the North Queensland Community Transport (TOTTS Inc.) project which centred on transportation, with a charter ‘to provide transport in the Townsville City district
### Technology Component

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology</td>
<td>Yes – through opportunities for Older Adults to use computers, as well as other emerging technologies</td>
</tr>
</tbody>
</table>

### Adaptability

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

### References / evaluations


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<table>
<thead>
<tr>
<th>Name</th>
<th>Gatekeeper Program – International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Multnomah County, United States of America and the approach has been adopted to other areas</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>The project is funded by the U.S. Administration on Ageing and managed by National Association of Area Agencies on Ageing with its partner organizations</td>
</tr>
<tr>
<td>Start date</td>
<td>1987</td>
</tr>
<tr>
<td>Audience</td>
<td>Community members, such as utility employees, bank personnel, public employees, police, firefighters, paramedics, neighbours, etc. (termed ‘unconventional community referral sources’) are trained to identify Older Adults and people with disabilities living in community at-risk of social isolation</td>
</tr>
<tr>
<td>Aim</td>
<td>The aim is to train community members to be able to identify and refer vulnerable community members (Older Adults, etc.) at risk or experiencing social isolation</td>
</tr>
<tr>
<td>Description</td>
<td>The initiative is an awareness and referral-based (identify, refer, and respond) intervention that targets those individuals who are, and/or at, risk of social isolation. The approach involves training ‘gatekeepers’ (professionals, service providers or people that have regular contact with older people) to recognise signs that might indicate social isolation and make a referral to Multnomah County Ageing and Disability Services’ 24-Hour Helpline for follow-up assessment and service delivery. Once a report has been made, the Helpline staff determine which social service provide should receive the referral, and send the appropriate referral</td>
</tr>
</tbody>
</table>
on. There are follow up procedures ensure that action has been taken and assistance has been offered.

Gatekeepers can include supermarket staff, bank tellers, pharmacists, meter readers, etc. Additionally, the involvement and training of the public as gatekeepers is helping to raise concerns and awareness about the problem of social isolation in the community. The training focuses on gatekeepers being able to identify signs that would indicate a need for assistance for a vulnerable adult: confusion, poor health, home in disrepair, etc.

The model is now widely adopted in the USA and increasingly overseas. In addition to identifying older people suffering from isolation and loneliness, the gatekeeper model was also found to be effective in recognising suicidal behaviour among older people.

The gatekeeper approach has been evaluation and found to be one of the best approaches to supporting the health, well-being, and independence of older people (by the Center for Home Care Policy and Research of the Visiting Nurse Service of New York, in Feldman, et al. 2003). van Citters and Bartels (2004) found the gatekeeper approach was able to reach those isolated Older Adults who are more likely economic and social isolation isolated and, hence, less likely to access to services. Findlay’s systematic review (2003) on the effectiveness of social interventions specifically identified the Gatekeepers beneficial capacity to:

1) mobilise and train non-traditional referral sources
2) allow the general public to take action on behalf of vulnerable adults and promotes anonymity at the same time
3) adapt to any community setting and could deal with issues and needs other than isolation
4) open lines of communication between agencies and builds community capacity

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>Yes – could be incorporated into a training package and has proved transferable in a number of different contexts. In addition to assisting those at-risk and those social isolation to receive help the approach also raises awareness of the issues of social isolation in the community through training community members</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Upstream – International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Devon, United Kingdom (original) further adoption in other areas of the United Kingdom,</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>The initiative was set up with a five-year grant from the Big Lottery Healthy Living Centre program. Local GP’s were the initial project drivers and worked with local government, business and community organisations to develop a program. The approach built on the UK Partnership for Older People projects program and was funded by the United Kingdom Department of Health. The approach has since spread to other locations and takes a variety of forms with different funding models and agencies/groups involved in delivery.</td>
</tr>
<tr>
<td>Start date</td>
<td>2002 (original) further role out in 2006 as part of UK Partnership for Older People Projects program.</td>
</tr>
<tr>
<td>Audience</td>
<td>Social Isolated Older Adults</td>
</tr>
<tr>
<td>Aim</td>
<td>The initiative aims to help Older Adults stay independent for longer through the provision of engaging and creative social activities to improve quality of life and sense of well-being, before they fall into a cycle of dependency and ill health.</td>
</tr>
<tr>
<td>Description</td>
<td>The initiative builds the capacity of individuals to live a healthier life and confidence to reconnect or stay connected to their local community. The initiative focus on a holistic approach to healthy ageing, focused on social well-being and recognising that staying physically and mentally active and socially engaged are key aspects of successful ageing. Upstream aims to help older people stay independent for longer through the provision of engaging and creative social activities. It has a strong local community focus, specifically aiming to build capacity at the community level by establishing local participant led groups and networks that are independent of government agencies. Potential participants are visited by community mentors (paid, trained staff) who discuss their interests and over a period of time engage them in community activities. The Upstream mentors support groups for up to four months, progressively building their independence and sustainability and creating group networks focused on active participation. Once participants form social relationships and become involved in regular activities they move to a flexible, self-organised model. The success of the Upstream project led to the dissemination of a mentoring system throughout Devon based on its model. Subsequent funding was provided through the Department of Health Partnerships for Older People Project 15 and a regional lottery grant.</td>
</tr>
<tr>
<td><strong>UK Partnership for Older People Projects (POPP) program</strong></td>
<td>was funded by the Department of Health to shift the care of older people toward earlier and better-targeted interventions within community settings. The program began in May 2006 and was completed in April 2009, with a total of £60 million available to 146 local projects in 29 pilot sites. Two-thirds of the projects were primarily directed to reducing social isolation or promoting healthy living. 97% of the POPP projects were sustained beyond the program. The initiatives have been evaluated and the findings include:</td>
</tr>
</tbody>
</table>
1) Services are provided close to where people live and are designed and delivered by the community
2) Communities can assume responsibility for self-help but only once they are adequately resourced and prepared.
3) Once engaged, individuals will motivate each other to better self-care.
4) New initiatives may require 3-5 years to be self-sustaining.

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>Model has proven adaptable to other regions in the United Kingdom</td>
</tr>
</tbody>
</table>

5.1.4 Initiatives/projects targeting specific populations: Culturally and Linguistically Diverse (CALD) communities

Also refer to the early Multilingual Senior Surfers Pilot Project on page 83

<table>
<thead>
<tr>
<th>Name</th>
<th>The Health and Wellbeing of Older Men from Rural CALD communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Greater Shepparton Region, Victoria</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Research project undertaken by the Healthy Ageing Research Unit (HARU) at Monash University</td>
</tr>
<tr>
<td>Start date</td>
<td>2010-2012</td>
</tr>
<tr>
<td>Audience</td>
<td>The research subjects targeted were culturally and linguistically diverse ageing men (specifically 40-60 men over the age of 60 from Greek, Italian, Macedonian, Turkish and other cultural groups) in the Greater Shepparton Region. The region was of interest due to approximately 24% of the population being aged 55+ years old and 12% of residents being born overseas.</td>
</tr>
<tr>
<td>Aim</td>
<td>Pilot research project aims to identify the factors that impede and enhance this group’s access to support services and to collaboratively identify interventions to help address these issues (potentially including training of health care providers).</td>
</tr>
<tr>
<td>Description</td>
<td>The initiative was in response to service providers in this region anecdotally reporting the difficulty in engaging the older male CALD community with health providers; in particular in getting them to seek assistance with mental health issues. Wider evidence also suggests that older men from a minority ethnic background in a rural community face a high risk of developing a range of illnesses and of experiencing social isolation. The research involved</td>
</tr>
</tbody>
</table>
interviews and focus groups with CALD males, community leaders as well as local health service providers including GPs and community care workers. Initial interviews with and service providers in June 2010 have already highlighted the adverse impact of social isolation in retirement on the Region’s older CALD males. The key research findings in relation to social connectedness and loneliness were:

1) Rural older men are especially vulnerable to a range of risk factors such as social isolation post retirement, increasing economic hardship and the challenge of changing family dynamics.

2) Relationships with family members featured prominently in promoting the health and wellbeing of older CALD men.

3) Integral to the health and wellbeing of these older men was the connection with and maintenance of their cultural identity.

4) The role of work and the impact of retirement are intricately associated with sense of worth and identity and are therefore critical considerations for understanding the health and wellbeing of older CALD men.

5) Poor English language skills, illiteracy and low education levels contribute to limited health seeking behaviours and a reluctance to access mainstream community and service organisations (Feldman & Radermacher, 2011, p. 4-5).

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>Specific information to target CALD communities</td>
</tr>
</tbody>
</table>

References / Evaluations


5.1.5 Initiatives/projects targeting specific populations: Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people

<table>
<thead>
<tr>
<th>Name</th>
<th>LGBT Seniors Community Visiting Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Brisbane, Sunshine and Gold Coast region, Queensland</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>A pilot project funded by a grant from the J.O. &amp; J.R. Wicking Trust, which is managed by ANZ Trustees</td>
</tr>
</tbody>
</table>
### Social Connectedness research report

**Start date** | 2012 -2013 pilot year of operation
---|---
**Audience** | isolated or housebound LGBTI Older Adults
**Aim** | The service aims to support LGBTI Older Adults to ‘stay connected with others through having regular contact, through conversations, social support and/or outings’ (Healthy Communities, n.d)
**Description** | The pilot initiative is a one-to-one based intervention that links isolated or housebound LGBTI Older Adults with trained volunteer visitors to maintain their connection to others. Volunteers are provided training and required to commit to visits for a minimum of six months. Volunteers visit with isolated and/or housebound LGBT Older Adults on a regular basis for a minimum of one hour per week or two hours per fortnight. Activities during the visits are dependent on the health and wellbeing of the LGBT Older Adult. Suggested activities include, reading, listening to music, conversing, going on outings and/or appointment and/or watching television together
**Technology Component** | N/A
**Adaptability** | Pilot findings could be interesting for targeting social isolation and/or loneliness in LGBTI Older Adults

### 5.1.6 Initiatives/projects based on activities/interests: Arts

<table>
<thead>
<tr>
<th>Name</th>
<th>Sweet Tonic – Music for Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>South-West Sydney, New South Wales</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Musica Viva Australia in partnership with Campbelltown Arts Centre. Now supported primarily by Campbelltown City Council through the Campbelltown Arts Centre</td>
</tr>
<tr>
<td>Start date</td>
<td>2007 (pilot program), continuing today as a community choir</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Adults, aged 55+ years</td>
</tr>
<tr>
<td><strong>Aim</strong></td>
<td>The original core objective of Sweet Tonic was to develop a community-based process involving new techniques, high-quality skills development and a multi-stranded educational programme that would enhance the well-being of seniors. The choir now operates as a community choir offering song and fellowship to seniors in the local community.</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Sweet Tonic began a singing-based participatory arts initiative, and its 2007 programme was comprised of a thirty-week series of music workshops where participants were exposed to musical concepts, singing techniques and a variety of musical styles and genres, particularly folk, world music and musical theatre. The series culminated with a concert for family and friends, showcasing the achievements of the participants and the repertoire developed during the workshops. The practical workshops were complemented by a series of public concerts at the Centre, which connected the Sweet Tonic programme to the wider community. The Sweet Tonic Singers now continues as an open Community Choir for Older Adults who perform at a range of not-for-profit and community events.</td>
</tr>
<tr>
<td><strong>Technology Component</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Adaptability</strong></td>
<td>Could be adapted for other communities, particularly if supported by local governments through arts centres</td>
</tr>
<tr>
<td><strong>Name</strong></td>
<td>Silver Memories</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Brisbane (4MBS ClassicFM, Silver Memories) and ACT (ArtSound Silver Memories service)</td>
</tr>
</tbody>
</table>
| **Funding / deliverer** | 4MBS ClassicFM Silver Memories is delivered via community radio station 4MBS ClassicFM  
ArtSound Silver Memories service (ACT) in 2009-10 received funding from the ACT Government’s Office for Ageing and the Belconnen Rotary Club to develop a trial. Now, with funding from ACT Government of an additional grant under the ACT Seniors Grants and Sponsorship Program and collaboration of Infinite Networks the service will be permanent from ten sites in the ACT. |
<table>
<thead>
<tr>
<th>Start date</th>
<th>2008 (Queensland) 2009 (ACT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audience</td>
<td>The Queensland initiative is targeted at Older Adults in aged care facilities, isolated members of the community, while the ACT initiative is targeted to Older Adults in retirement villages, hospitals, hospices, etc.</td>
</tr>
<tr>
<td>Aim</td>
<td>Silver Memories is designed to address social isolation and loneliness in older people by broadcasting predominantly 1920–1950s music, serials and other programs</td>
</tr>
<tr>
<td>Description</td>
<td>Silver Memories is a new radio service for residents of aged care facilities, isolated members of the community and, in fact, all lovers of musical nostalgia. With a strong emphasis on music of the 1920s through to the 1950s, Silver Memories broadcasts the great musicals, big bands, swing and other popular music of the past. There are sing-a-long sessions, birthday calls, old radio serials, comedy spots, special highlights, requests and many other features to make Silver Memories a service with genuine community interaction. There is a social component as listeners can call in to share their ‘birthdays, anniversaries and special days’ with other listeners. The service operates 24 hours a day, 7 days a week and may be accessed through dedicated receiver units available from 4MBS. The Australian Centre on Ageing at the University of Queensland is working closely with 4MBS to evaluate the benefit of Silver Memories to residents of aged care facilities. The results showed a statistically significant improvement in measures of depression but no change in loneliness. The results were unaffected by the subjects conditions (e.g. lonely or not lonely, changes in health, and/or residential arrangements). The study concluded that ‘listening to Silver Memories appears to improve the QOL and mood of older people and is an inexpensive intervention that is flexible and readily implemented’ (Travers and Bartlett 2011, p.9)</td>
</tr>
<tr>
<td>Technology Component</td>
<td>Yes – the delivery mechanism of Silver Memories is not a broadcasting service. It is delivered via the Internet as a streaming digital audio service (known as audio over IP) to selected locations. Due to ArtSound internet ‘cloud’ based delivery, the services can be expanded to additional sites in the ACT and potentially anywhere in Australia for a relatively small incremental cost, there being no need for additional transmission infrastructure (ArtSound, 2014)</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Use of internet streaming at low cost</td>
</tr>
</tbody>
</table>
### Social Connectedness research report

<table>
<thead>
<tr>
<th>Name</th>
<th>My Story Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Variety of locations across NSW and ACT</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>IRT (Illawarra Retirement Trust) one of Australia’s largest community based seniors lifestyle and care providers. Manages communities in more than 30 locations across the Illawarra, South Coast of NSW and the ACT and provide lifestyle and care solutions to almost 7,000 customers.</td>
</tr>
<tr>
<td>Start date</td>
<td>2009-ongoing</td>
</tr>
<tr>
<td>Audience</td>
<td>Residents of IRT Care Centres with a medical diagnosis of depression and/or anxiety, and local high school students</td>
</tr>
<tr>
<td>Aim</td>
<td>The program allows residents and their family to share their story with the assistance of local students. The program uses the principles of Cognitive Behaviour Therapy to achieve positive outcomes for residents including the promotion of meaningful relationships, creating community and mateship, stronger sense of family, community and belonging and enhanced and maintained cognitive functioning.</td>
</tr>
<tr>
<td>Description</td>
<td>The My Story Matters program is a volunteer and community based program that brings together eligible residents with volunteers who employ interviewing techniques and use photo albums to prompt the residents to tell their stories. From 2011, IRT has engaged local school students as volunteers. Stories are recorded using digital recording equipment and the volunteers then edit the story onto a short DVD and add music and images. In 2011, My Story Matters won the National Aged Care Standards and Accreditation Agency’s ‘Better Practices Award’</td>
</tr>
<tr>
<td>Technology Component</td>
<td>Stories are digitally recorded and volunteers use iMovie to edit the stories (minimal digital interaction for the older adult participants)</td>
</tr>
<tr>
<td>Adaptability</td>
<td>My Story Matters is based on the findings of a European study using a step-care, multi-disciplinary model to prevent and treat depression and anxiety in older adult residents. Can be adapted and transferred to other Care Centres</td>
</tr>
</tbody>
</table>
## Stagebridge Senior theatre – International

### Location
Oakland, California

### Funding / deliverer
Stagebridge is governed by a board of trustees and funded through donations, fees and a range of supporters and sponsors including arts bodies and charitable foundations.

### Start date
1978-ongoing

### Audience
Older adults, older adult actors, frail elders in care, youth at risk, healthcare workers and senior service providers

### Aim
The aim of is to ‘transform the lives of older adults and their communities through the performing arts … Stagebridge’s unique position as a theatre company ‘for and of’ seniors demonstrates in action the many ways in which elders enrich our culture and our communities’ (Stagebridge Theatre, 2014)

### Description
Stagebridge initiative involves a mixture of arts activity-based interventions intended to improve the lives and community integration of older adults in a variety of ways. Stagebridge offers a range of classes, programs and performances designed to target different audiences. These activities include:

- professionally-taught classes for seniors in its Performing Arts Training Institute.
- storytelling programs in Bay Area public schools that bring seniors and students together
- Seniors Reaching Out events that bring high-quality entertainment and hands-on classes to community venues that serve both active and frail elder
- performance-based staff training to healthcare workers and senior services providers to improve understanding of and care for older adults.
- public storytelling performances and new theatrical works that showcase the rich and varied experiences of older adults to a multigenerational audience (Stagebridge Theatre, 2014)

Stagebridge is the winner of the 2013 MetLife Foundation Creative Ageing Award and the 2009 American Society on Ageing MetLife MindAlert Award

### Technology Component
N/A

### Adaptability
Senior Theatre organisations exist around the world. The particular programs offered by Stagebridge have been replicated in Hollywood and Santa Cruz, California. Stagebridge offers an email contact for those who want to replicate the organisation, founder@stagebridge.org

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Prepared for beyondblue
It is worth noting that much of the funding received by Stagebridge appears to come from private philanthropic and charitable foundations, of which there are fewer in Australia than the United States.

<table>
<thead>
<tr>
<th>References / Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stagebridge Theatre (2014) homepage, available online from <a href="http://www.stagebridge.org">www.stagebridge.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Soundings – Arts and Health South West REACH Initiative – International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Rural areas in South West UK (Milton Abbot, Princetown, Chudleigh). The three locations all have significant older populations and issues with isolation and poor access to services</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Aune Head Arts, Villages in Action, NHS Devon Partnership Trust.</td>
</tr>
<tr>
<td>Start date</td>
<td>2010 (finished)</td>
</tr>
<tr>
<td>Audience</td>
<td>Older people living in rural UK at risk of developing mental health problems as a result of isolation or lack of engagement with their communities and the mental health system.</td>
</tr>
<tr>
<td>Aim</td>
<td>The aims of the project were to:</td>
</tr>
<tr>
<td></td>
<td>1) Challenge attitudes towards ageing and mental illness</td>
</tr>
<tr>
<td></td>
<td>2) Improve quality of life, social inclusion and mental wellbeing for older people with, or at risk of, mental health needs and their carers</td>
</tr>
<tr>
<td></td>
<td>3) Recognise older people’s positive contribution to their local community</td>
</tr>
<tr>
<td></td>
<td>4) Give older people with, or at risk of, mental health needs a voice and enable that voice to be heard</td>
</tr>
<tr>
<td></td>
<td>5) Support sustainable local rural communities</td>
</tr>
<tr>
<td>Description</td>
<td>Professional artists worked with older residents and younger community members to create a series of autobiographical audio recordings. The artists were assisted in each location by a mental health support worker. The artists created a radio programme that covered topics including memory, listening, exchange, care, home and loss. The programmes were designed to celebrate the ageing process and encourage participants to share some of the trials, fears, and tribulations that they were facing. An informal evaluation of the project showed that for some of the benefits for the older participants included: a reduced sense of isolation and community, increased sense of wellbeing and being valued by others and reduced stigma and discrimination. In Chudleigh, a group formed through the project has continued to meet socially, with new members joining too. The project won the Royal Society for Public Health’s 2010 Arts &amp; Health Award</td>
</tr>
<tr>
<td>Technology Component</td>
<td>Yes – The initiative involved Audio recording, Video report, YouTube gallery, animation</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Adaptable</td>
<td>Could potentially be delivered in regional/rural locations in Australia through existing social arts organisations</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Knitting Social Fabric – International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Rotterdam, Netherlands</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>The initiative is funded and delivered by Granny's Finest, a social enterprise that is economically self-sustained through market products and services. Granny World is a non-profit organization that contributes to the improvement of the quality of life of older people, their households and their communities in developing countries</td>
</tr>
<tr>
<td>Start date</td>
<td>2011</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Adults (women) 65+ living in the Netherlands</td>
</tr>
<tr>
<td>Aim</td>
<td>The aim is to ‘eradicate social isolation of older people by intergenerational interaction with the fashion industry’</td>
</tr>
<tr>
<td>Description</td>
<td>The initiative is an intergenerational group activity (craft) – based intervention. The activity involves Older women meeting once a week to knit and interact with young designers to create pieces out of natural materials. The initiative’s 140 participants are taken on trips with the profits made. The underlying philosophy is that older people have something to contribute to society. The initiative piloted in 2011 with 15 Older Women and two designers. Latter in 2011, a store in Rotterdam was opened in addition to an online store to sell the 2011-2012 collection developed by those involved in the trial. The Rotterdam store also offers a space for social interaction. A finding from the pilot evaluation was participants indicated a high satisfaction rating with the knitting experience as well as the excursions organised. As a result of the pilot, Granny’s Finest won the RET Aardig Onderweg Award</td>
</tr>
</tbody>
</table>
('best project on the works') in the category of Society and Sustainability.

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>Yes – There is a website to sell the knitted products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptable</td>
<td>Imaginative use of online (to sell and promote) and offline (knitting, store and social activities) environments and use of profits to financial additional activities for social interaction</td>
</tr>
</tbody>
</table>
Granny World (2014) http://www.worldgranny.nl/eng/ - Has annual reports available |

5.1.7 Initiatives/projects based on activities/interests: Volunteering

<table>
<thead>
<tr>
<th>Name</th>
<th>TimeHelp</th>
</tr>
</thead>
</table>
| Location   | Five in Victoria - City of Greater Geelong, City of Hobsons Bay, City of Moreland, City of Manningham, and Surf Coast Shire  
One initiative in New South Wales - City of Holroyd  
One initiative in Western Australia - City of Kwinana |
| Funding / deliverer | Funding comes from Charities Aid Foundation Australia (CAF), Alcoa Foundation and SEAL Force, as well as additional support from philanthropic foundations, local councils, business and government. The average running cost has been estimated to be $140,000 annually |
| Start date | 2004     |
| Audience   | Older Adults and Primary and Secondary School age students |
| Aim        | The stated mission is to ‘connect two generations; young people and retirees, for education, well-being and community benefits’ (Timehelp, 2014). The objectives are:  
1) To bring to life, a community volunteer program that results in education benefits and life learning outcomes for young people, through interaction with the older generation.  
2) To provide a growing population of over 55’s and retirees with opportunities to enhance their own physical and mental well-being by contributing to and |
connecting with young people in their local community, in a meaningful, regular way.

3) To provide a structured and supported volunteer package to address needs of young people in government primary and secondary schools – in a way that does not have to draw on school’s own limited resources.

4) To ensure Timehelp is embraced, funded, and valued by the community for the community (Timehelp, 2014)

| Description | Timehelp is a volunteer activity-based intervention that matches Older Adults as volunteers with schools to the benefit of both. Volunteers assist schools with a range of activities, including:

- Reading and writing support
- Helping migrant and refugee children
- Lending a hand in the garden or grounds maintenance
- Helping out in the library
- One to one subject tutoring
- Supporting the art, sport, music or language programs
- Numeracy assistance
- Office administration
- Offering lunch time activities like chess club, book club, science club
- Listening to and conversing with students who need a bit of positive reinforcement (Timehelp, 2014)

Volunteers are trained and police checked prior to working with schools, in addition to being provided with a uniform, ongoing support and social events, such as an annual recognition event and social functions. Currently, there are 220 volunteers working with 70 schools.

Timehelp undertakes regular evaluation. The benefits cited to the Older Adults volunteering have been found to be (1) Physical wellbeing, (2) emotional wellbeing, (3) social wellbeing, new sense of purpose and self-worth, (5) new sense of community connection (Kingman, 2005, p.7-8). Noted were also broader community outcomes, including of engaged active seniors and intergenerational social links (Kingman, 2005, p.8-9).

| Technology Component | Possibly involved in supporting students

| Adaptability | Promising approach due to the social and health benefits identified for Older Adults from volunteering. The intervention operates in the preventative space for older women and men


### Name
Filo d’Argento (Silver Thread) – International

### Location
Italy, in all of the 20 Italian regions

### Funding / deliverer
AUSER Marche is an Italian non-government organisation that consists of a network of more than 1,300 local and regional sites all over Italy and over 300,000 members and 45,000 volunteers

### Start date
2002

### Audience
Older Adults, aged 65+ years old ‘who need practical, psychological and emotional support’ and are ageing in community.

### Aim
The mission of the AUSER Marche is to promote older people’s work as volunteers in several areas such as social utility services, training and education, and international solidarity. The aims of AUSER Marche is ‘promoting the self-management of services and actions for solidarity, supporting the right of older people to play an active role on a social and culture level by making the most of their specific experiences, skills and abilities’ (Ashoka changemakers, 2014)

### Description
The initiative is a one-to-one assistance-based intervention. The initiative offers assistance then attempts to builds the capacity of Older Adults by requesting (and facilitating their ability) to contribute back to society. The assistance offered to Older Adults can be in the form of concrete activities, such as help around the house, etc., as well as companionship from AUSER Marche volunteers. Assistance can be requested via a national toll free number. The Older Adult calling is perceived as needing assistance but also as a potential resource. Volunteers encourage Older Adults to become part of the organisations and contribute. They are linked with other people to play ‘an active role on a social and cultural level by making the most of their specific experiences, skills and abilities.’ Often this active role is in the form of being a ‘volunteer in several areas of activity such as social utility services, training and education, and international solidarity’ (Ashoka changemakers, 2014).

In 2011, Silver Thread received almost 1 million calls, which resulted in 230,000 Older Adults receiving over 1.3 million services delivered by the 20,000 volunteers. AUSER Marche reports to have undertaken quantitative and qualitative impact evaluation (Ashoka changemakers, 2014). However, these evaluations have not been found in an English version yet

### Technology Component
Telephone

### Adaptability
Interesting model as it builds individuals capacity to contribute, not just receive assistance

### References / Evaluations
<table>
<thead>
<tr>
<th>Name</th>
<th>Abitare Solidale – International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Toscana, Italy</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Auser and Artemisia are Italian non-governmental organisations. The project is delivered via (1) coordination and management team, which is composed of project manager and partner representatives, and (2) the executive team, which is composed of project operators and Commune Welfare Service officers who undertakes the operational activities and provides training for new volunteers.</td>
</tr>
<tr>
<td>Start date</td>
<td>late 2000s</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Adults (hosts) and people who show high risk of social exclusion or poverty (guests). Examples given of ‘guests’ include ‘families of migrants, unemployed people and students … women who are victims of domestic violence in need of a temporary shelter to start a new life.’</td>
</tr>
<tr>
<td>Aim</td>
<td>The initiative aims to use cohabitation to provide mutual support to Older Adults and those at risk of social exclusion</td>
</tr>
<tr>
<td>Description</td>
<td>The initiative approach is to use the housing stock of Older Adults, who might need some additional physical help and/or social support, to assist those who are at risk of social inclusion and/or poverty. The intervention is premised on mutual aid. The mutual aid basis is demonstrated in the description of the initiative as it: represents a solution for both of these target groups: they can have free housing in exchange for support. It is giving them a chance to have the basic right of decent and affordable accommodation, to be able to exercise other rights through an active participation in society (aspiration). Leaving the cohabitants to decide the conditions of cohabitation, the project not only provides answers to current problems, but it also builds the basis for a relationship of mutual support that, with the help of volunteers and professionals, is becoming more mature and sustainable (economically and socially) (Ashoka changemakers, 2014)</td>
</tr>
</tbody>
</table>

The project has been estimated to have reached 250 people. It was piloted for a year to refine the selection process and identify difficulties. Positive results from guest and host of
the cohabitation model and selection process from the pilot were recorded and the report is to increase *(self-reported – unable to verify at this stage)*.

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>Innovative model</td>
</tr>
</tbody>
</table>

**References / Evaluations**


**Name**  
AARP Experience Corps – International

**Location**
19 cities throughout the United States

**Funding / deliverer**
AARP Experience Corps draws on a variety of funding sources to ensure that the program is not overly dependent on any one funding stream and is sustainable over time. Current funding sources include the Corporation for National and Community Service (AmeriCorps), private foundations state and local public and private funds and in-kind donations.

**Start date**
1995

**Audience**
Older Adults aged 50+ years old

**Aim**
The AARP mission is to ‘create powerful opportunities for 50-plus adults to meet society’s greatest challenges’, which is complemented by its vision, which is ‘50-plus adults in service to children are an integral part of the education strategy across America. Through this generational exchange, children succeed, 50-plus adults thrive and communities are made stronger’

**Description**
The initiative is a volunteering based intervention where Older Adults contribute to their community by volunteering time to local schools and students in need. The initiative operates in 19 cities in the United States of America and involves 2,000 AARP volunteers. Volunteers are trained and most often work as literacy tutors for students in public schools. Volunteers work for four to fifteen hours per week with students.

Corps members experienced three broad rewards in meeting the challenge of teaching young children to read:

1. A sense of meaning and purpose was gained primarily through seeing children progress, experiencing the children’s thoughtfulness, and believing that they were contributing to the well-being of future generations.
2) Mental engagement stemmed from the rewards of learning about new things, such as the mechanics of teaching reading and the art of forging relationships with youngsters.

3) Social engagement came from developing new friendships and tapping the social networks of other volunteers.

Volunteers noted three types of support as central to rewarding experiences:

1) Programmatic supports. Volunteers especially valued initial and ongoing training, and day-to-day support and guidance from a site coordinator.

2) Team environments of five to 15 volunteers enabled volunteers to forge collegial relationships and support one another throughout the school day.

3) Supportive school communities as Sixty per cent of volunteers said teachers gave them advice about instructional strategies, and 42 per cent said principals played central roles in making them feel welcomed and appreciated.

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>Relevant evaluation findings</td>
</tr>
</tbody>
</table>
Robert Wood Johnson Foundation (2013) Growing Experience Corps: Expanding and assessing Experience Corps and establishing it as an independent nonprofit organization, January 25, available online from [http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2013/rwjf70265](http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2013/rwjf70265)

5.1.8 Initiatives/projects based on activities/interests: Sports

| Name | Gone Fishing Program |
### Social Connectedness research report

**Location**
City of Rockingham, Western Australia

**Funding / deliverer**
Local government as part of the Active Ageing Strategy of the City of Rockingham

**Start date**
2011 or 2012

**Audience**
Older Adults (Males) and Youth

**Aim**
The project forms part of the larger City of Rockingham’s Active Ageing Strategy, which aims to be ‘an age friendly community where older people feel included, valued, and respected for their contribution to the community.’

**Description**
The project is an activity-based (fishing) multi-generational intervention that aims to program that connects seniors with young people. The project run twice a year over summer and involves 25 young participants. The intended benefits are stated to be:

1) For young people to ‘learn about the techniques of fishing, enjoy evening fishing sessions in various locations around Rockingham and get the opportunity to make new friends and connect with some of the senior members of our community.’ and

2) For seniors ‘as mentors, you get the opportunity to share your knowledge and connect with some of the younger members of the Rockingham community.’ (City of Rockingham, 2014a)

Gone Fishing project sits within the larger Active Ageing Strategy of the City of Rockingham.

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**References / Evaluations**

City of Rockingham (2014b) Facebook page, available online from [https://www.facebook.com/CityofRockingham](https://www.facebook.com/CityofRockingham)

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**Name**
Table Tennis for Life

**Location**
Australia wide

**Funding / deliverer**
Making A Difference Foundation (MAD) funded through a community owned enterprise model
Start date | 2014
---|---
Audience | Older Adults (particularly those who could otherwise not afford access to similar activities)
Aim | To maximise the benefits of table tennis for older people and boost wellbeing and mental health whilst breaking down the isolation older Australians may feel.
Description | Table Tennis For Life is part of a specially designed active ageing program that utilises table tennis as a beneficial therapy program incorporating both competitive and casual play to create an appropriate level of exercise that includes fun and social interaction. Table tennis is being recommended as a method of warding off Alzheimer’s disease and for assisting in the treatment of dementia. The rationale being that table tennis combines physical activity with spatial skills, cognitive awareness and social activity. The project will provide daytime table tennis facilities at no cost to older Australians in the community.
Technology Component | N/A
Adaptability | This initiative has only just started and yet untested. There may be a need for support and evaluation before adaptability is considered. However, there does appear to be a significant body of research that highlights the benefits of table tennis for older people.

**5.1.9 Initiatives/projects based on activities/interests: Food**

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Spoons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>City of Port Phillip and City of Stonnington, Melbourne, Victoria</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Social Spoons is delivered by Inner South Community Health Service in Melbourne and is part of a larger network of social café meals operating across the state of Victoria</td>
</tr>
<tr>
<td>Start date</td>
<td>2011</td>
</tr>
<tr>
<td>Audience</td>
<td>Individuals who are ‘who are hoping to increase their involvement in general community life’</td>
</tr>
<tr>
<td>Aim</td>
<td>The aim of the Social Spoons is ‘to reduce food insecurity and social exclusion by providing participants access to subsidised meals in mainstream local cafés’ and ‘improve social connectedness across the community.’</td>
</tr>
</tbody>
</table>
## Description

The initiative is an activity-based intervention centred on food. People living in the local community, can opt in to receive a subsidies meal at a participating local café. Participation requires a ‘co-payment and meal subsidy and help of a key worker.’ In addition, it is intended that participants can be linked to health services (if required) and become more connected to the community. After a six-month trial in 2011, the trial evaluation reported that participants initially engaged in the initiative due to the incentive of a subsidies meal. However, participants continued to engage due to social benefits as well as reporting better interaction with family and friends and being more connected to the community because of their involvement (Monash University 2012).

## Technology Component

N/A

## Adaptability

N/A

## References / Evaluations


## Name

**Mather Café Plus – International**

## Location

Chicago, USA

## Funding / deliverer

Matherlifeways in Chicago, which is a non-denominational not-for-profit organization based in Evanston, Illinois
<table>
<thead>
<tr>
<th><strong>Start date</strong></th>
<th>1941 (organisation) early 2000s (Café Plus concept)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audience</strong></td>
<td>‘younger-older adults (age 50 and better)’</td>
</tr>
</tbody>
</table>
| **Aim**              | Mather Café Plus aims to be a ‘concept designed to attract active, younger-older adults (age 50 and better) by providing fun and educational, wellness-related programs and activities’  
                      | Mather Lifeways aims to make ‘neighborhoods better places for older adults to live, work, learn, contribute, and play in inspiring ways’ |
| **Description**      | This initiative is a restaurant/community project developed by Matherlifeways in Chicago. The initiative involves consumption with a wide range of social/leisure activities and learning opportunities. The café seeks to ‘avoid the look of an institution’. In addition to offering food, it also provides programs and services that older people find interesting and/or vital to their independence. This includes exercise programs, computer classes, information and assistance, and opportunities to meet with a nurse or social worker to concerns. The café menu and the services and daily programs offered are all created based on feedback provided by older community members through needs assessments, surveys, and focus groups.  
                      | In addition to the Mather Café Plus approach, Matherlifeways also delivers ‘Mather’s—More Than a Café’, ‘Mather Edgewater’, and ‘Telephone Topics’. The Telephone Topics program involves dialling into a teleconference type forum on topics as diverse as ‘chair yoga or meditation. Learn about Chicago history, famous people, and architecture ... insurance, saving money, and eating well.’ The service is free.  
                      | Since its launch, the Mather Café Plus model design has won a number of awards including the Best Practice Award from the Health Promotion Institute (HPI) of the National Council on the Ageing in 2002 and the Richard H. Driehaus Foundation Award for Architectural Excellence in Community Design in 2002. |
| **Technology Component** | Yes – training provider to use ICTs in the café, as well as the Telephone Topics program |
| **Adaptability**     | The Mather Café Plus approach has proven in practice to be adaptable to different context. Matherlifeways (2014b) reports that ‘since 2006, more than 35 organizations around the world have developed their own unique community programs expanding on and duplicating the Café Plus model.’ (Matherlifeways, 2014b) |
                      | Matherlifeways (2014b) making the journey, available online from [http://www.matherlifeways.com/about](http://www.matherlifeways.com/about)  
<table>
<thead>
<tr>
<th>Name</th>
<th>Casserole Club – International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Barnet, Tower Hamlets, Reigate and Banstead, United Kingdom</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Futuregov working with local government</td>
</tr>
<tr>
<td>Start date</td>
<td>2011</td>
</tr>
<tr>
<td>Audience</td>
<td>People who identify as unable to prepare meals – older / socially isolated mentioned, but not the only target</td>
</tr>
<tr>
<td>Aim</td>
<td>The initiative aims ‘to connect communities through the simple act of sharing a meal’ (Casserole Club, 2014)</td>
</tr>
<tr>
<td>Description</td>
<td>A trial initiative used a web-based interface were individuals needing a meal can register to find local meals available in their areas that volunteers have offered. The pilot evaluation revealed that one of the ‘biggest challenges has been in signing up diners to the website, as over 80% of our diners are over 80 years old and more often than not they don’t have regular access to the internet’ (Casserole Club, 2014). To address this findings, the initiatives is being altered to explore how to partner with local organisations in our rollout areas that can help us to find and sign up diners. We know from research, and from the hundreds of emails that we've had from organisations like councils and housing associations, that there are thousands who could benefit from the project across the UK. By working with local organisations and through their networks we're helping to get more people involved, and hopefully raise awareness of digital exclusion.</td>
</tr>
<tr>
<td>Technology Component</td>
<td>Yes – The initiative is based on a website were individuals can sign up to donate meals and others can search for dinners available.</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Potential innovative use of the online environments to share food. However, interesting evaluation finding of the limitations of engaging Older Adult by this web-based service model</td>
</tr>
</tbody>
</table>
Not just pretty Colours Design for Social Innovation (2013) How Casserole Club is using food to tackle the problem of social isolation in our communities, available online from |

5.1.10 Initiatives/projects: mixed proactive approach

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Inclusion Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Concentrated in the North and south of Melbourne and on the Mornington Peninsula, Victoria</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Brotherhood of St Lawrence in partnerships and with funding from State and Local government departments, businesses, community groups / non-government organisations and service providers</td>
</tr>
<tr>
<td>Start date</td>
<td>early 2000s</td>
</tr>
<tr>
<td>Audience</td>
<td>Program provides social activities and outings to older people, people with a disability and those managing a chronic illness</td>
</tr>
<tr>
<td>Aim</td>
<td>The project aims to improve peoples’ wellbeing through social interaction, physical activity and nutrition</td>
</tr>
</tbody>
</table>
| Description | The program consists of a number of different group based interventions to decrease social isolation and loneliness. Activities include exercise classes, nature walks, meal preparation, dining out, art classes, music and theatre events and community celebrations, such as national days. The activities are supported by door-to-door transport and personal care attendants during outings.  

The Brotherhood of St Lawrence approach to aged services is to: move towards ‘...models that foster agency, opportunity and choice. Their emphasis is on viewing people as ‘active agents’ who make significant contributions to society and know best how to determine their own lives, rather than as ‘passive recipients’ of care. To this end, over the last five years the BSL has already incorporated person-centred care, self-directed care and active service models into its program delivery’ (Kimberley et al. 2012, p.3) |
| Technology Component | Some – iPad courses (current) reformatted computers (previously) |
| Adaptability | iPad course of interest due to the internal evaluation noted continual use, in contrast to the discontinued use of PCs by Older Adults who were trained to use them. Speculation that the iPad interface and form is easy to use (e.g. light weight, can use in bed) and more flexible to
<table>
<thead>
<tr>
<th>References / Evaluations</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Inclusion and Social Support Training program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Victoria</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Brotherhood of St Lawrence developed in 2009 and piloted by Brotherhood of St Lawrence in 2010 in partnership with Benetas</td>
</tr>
<tr>
<td>Start date</td>
<td>2009</td>
</tr>
<tr>
<td>Audience</td>
<td>Care managers and professionals working in the field of aged care and disability services</td>
</tr>
<tr>
<td>Aim</td>
<td>The program aims to train participants to understand the importance and links between social inclusion, social support and mental/physical health outcomes of clients, as well as the use of community development framework to develop and delivery creative responses to implement in the workplace.</td>
</tr>
<tr>
<td>Description</td>
<td>The project is an education intervention targeted at care managers and professionals working in the field of aged care and disability services to reduce and/or prevent social isolation and loneliness of clients in their care. The training is delivered by peer-educations (experienced care managers) The training program is composed of nine modules delivered over two days. After the two-day training, there are additional learning activities over a three-month period, including the development and implementation of client action plans. The nine modules covered in the two-day training include:</td>
</tr>
<tr>
<td></td>
<td>1) Theories of social inclusion, exclusion, social support and ageing</td>
</tr>
<tr>
<td></td>
<td>2) The social determinants of health in the context of ageing</td>
</tr>
<tr>
<td></td>
<td>3) Community development</td>
</tr>
<tr>
<td></td>
<td>4) Recreation and lifestyle person-centred care</td>
</tr>
<tr>
<td></td>
<td>5) The volunteering experience</td>
</tr>
<tr>
<td></td>
<td>6) Implementing change</td>
</tr>
<tr>
<td>Technology Component</td>
<td>N/A</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Promising model due to its focus on supporting care providers to prevent and/or minimise social isolation and/or loneliness</td>
</tr>
</tbody>
</table>

**References / Evaluations**


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**Name**

Keeping Connected in the Community

**Location**

Caboolture, Queensland

**Funding / deliverer**

The Spiritus (Queensland) project was part of three projects funded by Anglicare Australia who, in turn, received funding from the Commonwealth Department of Health and Ageing, for three projects to be developed by members of the Anglicare Australia national network. The other two project were (1) The Brotherhood of St Laurence (Victoria) and (2) Anglicare South Australia.

**Start date**

2008

**Audience**

Older Adults living in a variety of assisted living arrangements with the Spiritus Caboolture retirement villages; varying in size, structure and facilities

**Aim**

The project aim was to develop and implement a self-sustainable program to address the needs of social isolation as experienced by older people living in the retirement villages in the Caboolture area

**Description**

The project consisted of a number of community development based interventions centered on participation and empowerment of residents in working towards overcoming social
exclusion. Staff worked with and enabled residents to participate in identifying and responding to the issue of social isolation within these residential communities.

From the evaluation, barriers identified included limitations in time and skillset needed to deliver the long term and highly skilled community development work that would be needed to bring the complex project plans and ensure sustainability of the projects, for example the desire to establish a community garden.

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>Limited to computer training from Older Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>No, but lessons learnt are important in regards to need for time and resources, as well as expectation on management on what can be achieved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Seniors Enquiry Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Queensland</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Funded by the Queensland Government and operated by UnitingCare Community</td>
</tr>
<tr>
<td>Start date</td>
<td>2013</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Adults, as well as their family, friends and carers to find out information for older adults</td>
</tr>
<tr>
<td>Aim</td>
<td>The aim of the initiative is, through a telephone call, to link older adults with community Information</td>
</tr>
<tr>
<td>Description</td>
<td>Seniors Enquiry Line is information-based intervention that provides personalised information and referral service to increase older adults’ awareness and knowledge of the services and activities available to them. The type of information available includes information on ‘concessions, social activities, household assistance, retirement accommodation, financial and legal matters, health, education, transport and many other issues’ (Seniors Enquiry Line 2014). Telephone calls cost the cost of a local call and the service operates from 9.00 am to 5.00 pm every weekday. An operator answers all calls (no pre-recorded message) and older adults can be called back, if their inquiry cannot be answered straight away.</td>
</tr>
<tr>
<td>Name</td>
<td>Wesley School for Seniors</td>
</tr>
<tr>
<td>------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Location</td>
<td>Sydney, New South Wales</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Wesley Mission with contributions from participants ($50 per term)</td>
</tr>
<tr>
<td>Start date</td>
<td>1969-ongoing</td>
</tr>
<tr>
<td>Audience</td>
<td>People aged 55+ based in and around Sydney CBD</td>
</tr>
<tr>
<td>Aim</td>
<td>The Wesley School for Seniors ‘provides a safe haven for people to sustain their mind, body and soul with a variety of leisure and learning activities.’</td>
</tr>
<tr>
<td>Description</td>
<td>The School offers people aged 55 and over the chance to attend a diverse range of courses for a very small fee ($55 per term for up to 10 courses). The schools is primarily a volunteer-based service and participants can choose from about 100 diverse courses which run a minimum of one 1hr class a week for a term that lasts between 9 and 10 weeks. The School runs four terms per year. The school currently takes in 550 students per term. It is the largest and longest running school of its type in New South Wales. Course topics for 2014 include, languages, dancing, music, arts, exercise, history, Christianity and faith, computer and digital media, digital tools, table games, card games, craft, English language and other interests, for example, mobile phones, Sudoku, Agatha Christie etc.</td>
</tr>
<tr>
<td>Technology Component</td>
<td>Courses in 2014 include a number related to computers and digital media, including: ‘Email and Internet, Protection and Maintenance, Creation of Documents, Spreadsheets and PowerPoint Presentations and Social Media, Workshops on Mobile Phones, iPhones, iPads, eReaders’</td>
</tr>
<tr>
<td>Adaptability</td>
<td>This model has already been adapted by other church-based and community organisations in other locations including Trinity School for Seniors in Perth and Launceston School for Seniors. The program also has similarities with U3A, and would be easily adaptable to other locations around Australia where similar organisations do not exist. To offer a similarly wide range of courses, it would be easier to adapt the model in major cities with high population density, and to keep course fees very low the organisation running the course would need</td>
</tr>
</tbody>
</table>
good resources/charitable funding/volunteer workforce.

### References / Evaluations


<table>
<thead>
<tr>
<th>Name</th>
<th>Over 60s and Better program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>23 locations around the state of Queensland</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Receives funding from the Queensland Government Department of Communities, as well as local government support, in addition to minimal membership (for example $7.70 per year for the Hervey Bay 60 &amp; Better program) and volunteers</td>
</tr>
<tr>
<td>Start date</td>
<td>2010 (unsure)</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Adults, aged 50+ years old, who are living in their communities</td>
</tr>
<tr>
<td>Aim</td>
<td>The aim is to encourage older people (50+/60+) to be involved in a variety of physical, mental and social activities to enjoy an active social and interesting life and to become involved in health enhancing activities. Some of the initiatives make the link strongly between the activities they offer and the intent to reduce social isolation (see, Southern Gold Coast 60 &amp; Better Program Inc., description below).</td>
</tr>
<tr>
<td>Description</td>
<td>The project involves a number of group-based interventions centred on learning social activities and physical exercise to support older people and manage healthy ageing in their own communities. The project is stated to include a mixture of: physical, social and intellectual activities. It is a great way to meet people and develop new interests. Activities include exercise programs, health talks, craft activities, theatre groups, card games and opportunities to explore computers and information technology (Queensland Government Department of Communities, 2014) The delivery of the project differs across locations. An example is the Southern Gold Coast 60 &amp; Better Program Inc., where the project involves (1) physical activities, i.e. walking groups, exercise classes, (2) social activities, which are concerned with Social isolation and exclusion are associated with increased rates of premature death, lower well-being, depression and a higher level of disability from chronic diseases. Factors that may put someone at risk for being socially isolated or lonely are poor health, disabilities, gender, loss of a spouse, living alone, reduced social networks, ageing, transportation issues, place of residence and others such as poverty and low self-esteem ... Our program is very social with morning teas,</td>
</tr>
</tbody>
</table>
dinner nights, theatrical shows, trips away and special events such as Easter and Christmas parties and fund raising events such as the Cancer Council Biggest Morning Tea (Southern Gold Coast 60 Better Inc. 2014).

The other set of activities are focused on learning, including ‘free Computer and Mobile phone usage lessons, Photoshop class or learn how to play Mah-jong’ (Southern Gold Coast 60 Better Inc. 2014).

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>Yes – but dispersed within individual projects, for instance the learning activities focused on understanding and using mobile phones, apps and the internet and other computer programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**References / Evaluations**


<table>
<thead>
<tr>
<th>Name</th>
<th>Community Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>National</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Mixed funding and levels of support from the State Government HACC Program, the Australian Government Commonwealth HACC Services and St John Ambulance Australia</td>
</tr>
<tr>
<td>Start date</td>
<td>Not apparent</td>
</tr>
<tr>
<td>Audience</td>
<td>Mixed, depending on the State and/or Territory delivered in. Tends to include older people, or younger people living with a disability, who are living in their own homes or in residential care.</td>
</tr>
<tr>
<td>Aim</td>
<td>The Community Care Program in South Australia aims to:</td>
</tr>
<tr>
<td></td>
<td>1) improve the quality of life for vulnerable people, especially those living independently at home,</td>
</tr>
<tr>
<td></td>
<td>2) further enable frail aged and younger people living with a disability ways to engage in the community in a way that is personally meaningful,</td>
</tr>
</tbody>
</table>
3) build social inclusion by providing companionship and support to members of the community in times of need and
4) increase economic and social participation by building individuals’ skill sets through training and assistance in learning (St John Ambulance South Australia, 2014).

The Tasmanian St John Ambulance aims are similar and include ‘build social inclusion by providing companionship and support to members of the community in times of need’ (St John Ambulance Tasmania, 2014).

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The project involves a one-to-one, face-to-face intervention to support health, wellbeing and social connection of older people and others requiring assistance, for examples those who are disabled and/or ill. Volunteers can engage in a variety of tasks to assist, including: shopping, non-emergency transportation, befriending. The latter, befriending, can include regular telephone contact, outings and/or volunteers visiting private homes. Project interventions are tailored to the different States and Territories they are delivered in. In Victoria, the Community Care program involves three projects. (1) The Visiting Friends program, which involves residents of Supported Residential Services in a variety of activities (one-to-one basis, go on an outing or just spend some time within the facility in a group activity), and has been developed in conjunction with the Department of Human Services. (2) Friends For Older People aims to improve the quality of life of residents in Commonwealth Government supported aged-care facilities, assist residents to maintain their independence, enhance social contacts and minimise isolation from the community. (3) Bus Outing Program (part of the Visiting Friends Program), which involves volunteer bus drivers assist in transporting residents of Supported Residential Services in a St John minibus with an Supported Residential Services staff member who organises the outings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>References / Evaluations</th>
</tr>
</thead>
</table>
Positive Ageing in Local Communities Project

42 councils across Victoria were funded to delivery 38 individual projects. By the end of the project in 2009, 73 out of the 79 Victorian councils, had completed a positive ageing strategy.

The Municipal Association of Victoria (MAV), Office of Senior Victorians and Council on the Ageing (COTA) Victoria Positive Ageing in Local Communities Project provided $1.4 million to build local government capacity in planning for an ageing population and to fund related demonstration projects.

2005-2009

Those Older Adults, aged 55+ years old

Overall project aims was to build local government capacity in planning for an ageing population and to fund related demonstration projects.

The Victoria Positive Ageing in Local Communities Project was a four year project which involved 38 individual projects informed by the World Health Organisation’s (WHO) Age-Friendly Cities framework (see, Age-Friendly Cities description for full details).

An example of the projects was the Glenelg Sire Positive Ageing Strategy 2008-2013. The strategy illustrates the challenge of ageing in rural and regional regions. By 2031, around 53% of the Glenelg Shire population will be aged 55+ years or older and this is in the broader context of significant socio-economic disadvantage in the area and a reducing population base. Their Positive Ageing Strategy included community consultation that helped inform the development of 12 priority areas (such as accommodation, the built environment and participation and inclusion) and a suite of actions under each area. A Positive Ageing Reference Group has recently been established to facilitate ongoing consultation and priority setting and the Glenelg Council works with a variety of service providers in the delivery of older persons’ programs. These include Neighbourhood Houses and the Dhauwurd-Wurrong Elderly Citizens Association in Portland. To date, there has been limited allocation of funds to ageing projects in the annual Council budgetary process.

Key learning’s from the Victoria Positive Ageing in Local Communities Project have been:

1) Planning for age friendly communities has been elevated in council planning processes and there is a strong base in place for further implementation of related strategies.

2) The project has provided councils with additional capacity to develop and implement age friendly strategies. This has included some new partnerships with community organisations and the leveraging of additional external financial support (from government and private businesses)

3) With some 10,700 older people participating in the project across Victoria, community engagement of this group has been enhanced and the challenges in
Social Connectedness research report

A number of metropolitan and large regional councils have access to resources for positive ageing projects. Small, rural councils with a limited rate base are less able to have the financial and staff resources to implement their positive ageing strategies developed through this project.

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>Evaluations findings are of interest</td>
</tr>
</tbody>
</table>

**References / Evaluations**

MAV/COTA Positive Ageing in Local Communities Project 2005-2009, available online from

<table>
<thead>
<tr>
<th>Name</th>
<th>ARPA Active Over 50s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>South Australia</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Membership fee ($25 per year) with support from local sponsors (Alfred James Funeral Homes and Gem Capital Financial Advice). A State Council that is elected by members manages ARPA. Each group has a coordinator and a committee to run the group for its members.</td>
</tr>
<tr>
<td>Start date</td>
<td>1981 (est. as Australian Retired Persons Association (SA) Inc.)</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Adults aged 50+ years</td>
</tr>
<tr>
<td>Aim</td>
<td>The aim of the initiative is ‘to help people over 50 achieve a fulfilling life, enhance their quality of life and promote their dignity, rights and status’</td>
</tr>
</tbody>
</table>
| Description           | The Australian Retired Persons Association (SA) Inc. is shortened to ARPA and ‘presently using the ARPA Active Over 50s banner to better represent the association and its members’. Established in 1981, it is guided by the World Health Organisation on ‘Active Ageing’; with active ageing defined as ‘the process of optimising opportunities for physical, social and mental well-being throughout the life course in order to extend healthy life expectancy and the quality of the life in older age’. There are presently about 2,700 members in the 30 or more groups that span rural to metropolitan South Australia. The activities within the groups are diverse. However, all groups offer social opportunities and are divided by ARPA into:

**1) Activity Groups:** These groups have a single focus such as golf, cycling, fishing, dancing, walking and many more. These groups are open to all members. There are presently 25
groups, which can be subdivided into performance, physical, indoor and educational.

(2) Regional Groups: These groups are open to all members. Activities vary greatly between groups and more information and localities are available on the ARPA Groups page. An example is the activities at the weekly Blackwood Regional group, where there is the option to ‘choose from table tennis, a variety of card games, board games, carpet bowls, or pool’ as well opportunities for day trips, outings and lunches (ARPA Active Over 50s, 2014).

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>N/A – Demonstration of the sort of on-ground initiatives, the range of activities conducted and use of the WHO framework</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Life Activities Clubs Victoria (LACVI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>22 clubs in rural and metropolitan Victoria</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>A not-for-profit community organisation with funding support from the Victorian Department of Health</td>
</tr>
<tr>
<td>Start date</td>
<td>1970</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Adults, specifically states ‘people in retirement or approaching retirement’ (LACVI 2014)</td>
</tr>
<tr>
<td>Aim</td>
<td>The aim, stated in the mission statement, is ‘to assist people in retirement or approaching retirement to enjoy a full, healthy, satisfying and connected community life, and to foster and maintain the lifelong wellbeing of all Club members through the provision of a range of social and recreational opportunities.’ (LACVI, 2014)</td>
</tr>
<tr>
<td>Description</td>
<td>LACVI is an activity-based intervention for older adults (both men and women) at the age of retirement and/or who have retired. Formed in the 1970s, the initiative used to be called ‘Life Planning Foundation of Australia Inc. and the Early Planning for Retirement Association’. The activities offered by the 22 member clubs differ and ranges across physical, social, educational, motivational and recreational activities. Interestingly the organisation states it focus to be on the transition between work and retirement, for example ‘help older men and women plan and manage significant change in their lives (including the transition from work to retirement), and to develop and maintain an active, engaged and enjoyable lifestyle’ (LACVI 2014)</td>
</tr>
</tbody>
</table>
5.1.11 Initiatives/projects based on whole of community approaches

<table>
<thead>
<tr>
<th>Name</th>
<th>Elder Friendly Communities Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Yorke Peninsular, South Australia</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Office for Ageing, Department for Families and Communities, South Australia, Councils delivering with University of South Australia</td>
</tr>
<tr>
<td>Start date</td>
<td>2007 (Copper Coast) concluded in 2011</td>
</tr>
<tr>
<td>Audience</td>
<td>Older people from four communities in the District Council of Copper Coast Region, as well as the District Council of Yorke Peninsular (partnership between councils)</td>
</tr>
<tr>
<td>Aim</td>
<td>The aim of the project slightly changed over the three stages. However, throughout the project there was the underlying aim of understand the needs and capacities of Older Adults, their experiences, and to incorporate their voices into ways to build elder friendly communities</td>
</tr>
<tr>
<td>Description</td>
<td>The project was built on a community development framework and principles of ‘ageing in place’. The project consisted of Stage 1 and 2, which was a collaborative partnership with the University of South Australia. An additional third stage was held in the District Council of the Copper Coast as it received a third round of funding, to support existing and new initiatives, which ended in August 2011. Elder Friendly Community Project origins are in Alberta, Canada in 2000 and were considered successfully, hence transferrable to Australian context. The projects’ ‘information sessions’ were singled out as a successful element. A key element of these sessions was ‘a social component within the sessions as many people attending may have little other social contact with people during the week’ (The District Council of the Copper Coast evaluation reports, 2011)</td>
</tr>
<tr>
<td>Technology Component</td>
<td>N/A</td>
</tr>
</tbody>
</table>

References / Evaluations  
### Adaptability
Adaptable to new context, for example transplanted from Canada to Australia.

### References / Evaluations
Three Reports available from District Council of Copper Coast (2011) website

The District Council of the Copper Coast (2013) Elder Friendly Communities Project

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Inclusion Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>National</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>The founder of Social Inclusion Week, Dr. Jonathon Welch AM, had the support of the Australian Government (not sure on status now)</td>
</tr>
<tr>
<td>Start date</td>
<td>2009</td>
</tr>
<tr>
<td>Audience</td>
<td>Target audience is diverse and includes ‘young people 12-25 years of age, jobless families with children, disadvantaged Australians, people with a disability or mental illness, people who are homeless, older people and Indigenous Australians’ (Social Inclusion Week, 2013)</td>
</tr>
<tr>
<td>Aim</td>
<td>The initiatives aims ‘to help Australians feel valued and to give people the opportunity to participate fully in society ... about connecting with local communities, work mates, family and friends to build relationships and networks, addressing isolation and exclusion by supporting people who may be unable help themselves’ (Social Inclusion Week, 2013)</td>
</tr>
<tr>
<td>Description</td>
<td>Social Inclusion Week is primarily an awareness raising activity on the problem of social isolation and encourages people and communities to reconnect. The initiative is an annual event that takes place in the last week of November. Prior to Social Inclusion Week, community groups, individuals, companies, and neighbourhoods to plan hosting or attending a social inclusion events.</td>
</tr>
<tr>
<td>Technology Component</td>
<td>N/A</td>
</tr>
<tr>
<td>Adaptability</td>
<td>N/A</td>
</tr>
<tr>
<td>Name</td>
<td>Community Learning Innovation Fund (CLIF) – International</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Location</td>
<td>Across England, United Kingdom</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>National Institute of Adult Continuing Education (NIACE) is a charity with a membership base composed of many ‘individual and corporate members, who range from universities, colleges and local authorities to the BBC, the National Federation of Women’s Institutes, the Trades Union Congress and the Ministry of Defence’ (NIACE 2014)</td>
</tr>
<tr>
<td>Start date</td>
<td>September 2012 and August 2013</td>
</tr>
<tr>
<td>Audience</td>
<td>Providers (e.g. local authorities, public bodies and the third sector) target of the report. However, within the 96 initiatives funded and reported on were targeted audiences of Older Adults</td>
</tr>
<tr>
<td>Aim</td>
<td>Mixed</td>
</tr>
<tr>
<td>Description</td>
<td>A host of funded initiatives (96) using a huge diversity of interventions to achieve a range of social outcomes. The key areas initiatives were targeted at health, volunteering, employability, families, digital inclusion and work with socially vulnerable groups. NIACE describes the program thus:</td>
</tr>
</tbody>
</table>

   In a wide range of creative, innovative and exciting ways, these projects have shown how learning improves the social and economic wellbeing of individuals, families and communities, strengthens local accountability and promotes sustainable local renewal. A distinctive element of CLIF was the collection by projects of robust evidence of their wider social outcomes. As a result, the Fund has produced a powerful set of messages about the value of learning to other social policy agendas. Co-production and co-delivery model are used in some projects as well positive mental health outcomes reported for nearly half of programs. NIACE has hosted a series of events on the topic of learning for social inclusion to help providers understand how community-based learning can better contribute to the delivery of local strategic priorities |
<p>| Technology Component | Yes – some of the initiatives |
| Adaptability | Adaptability would depend on area of interest |</p>
<table>
<thead>
<tr>
<th>Name</th>
<th>Kindred by choice – International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Germany</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>SOS-Mütterzentrum Salzgitter is a German non-government organisation</td>
</tr>
<tr>
<td>Start date</td>
<td>since 1990s</td>
</tr>
<tr>
<td>Audience</td>
<td>Older Adults and Families with children</td>
</tr>
<tr>
<td>Aim</td>
<td>The aim is to deliver intergeneration care in the one location (building) that ‘improves the health conditions of elderly, emotionally as well as physically ... helps children to develop self-esteem and become familiar with the grandparents’ generation’ (Ashoka changemakers, 2014)</td>
</tr>
<tr>
<td>Description</td>
<td>There is about 400 Mother Centres in Germany, which receive annually about 20,000 visitors, of which consist of 2,000 children, 600 Older Adults. The approach is to create a space where intergenerational interaction occurs for the benefit of all. Singled out is the Mother Centre, in Salzgitter that is described as a ‘modern two-story-building with an open architecture that facilitates daily encounters between several generations of both sexes, encouraging mutual help and understanding.’ (Ashoka changemakers, 2014). The centre is described a space where users ‘have to walk past each other’ and is modelled on a small village setting, with chairs distributed throughout to maximise options for people to interact for longer. In addition, communal meals are offered on a variety of sized tables. Facilitators (Gastgeberinnen) are there to ‘inspire mutual empathy and interaction.’ (Ashoka changemakers, 2014)</td>
</tr>
<tr>
<td>Technology Component</td>
<td>N/A</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Possibly not due to large investment in buildings, etc.</td>
</tr>
</tbody>
</table>
|              | Kindred by Choice (2014) home page (all in German), available online from http://www.sos-
<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th>The Elder Friendly Communities – International</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>Calgary, Alberta Canada (original) and has since been replicated in other locations in north America (Canada and United States of America), in addition to international locations, such as Australia</td>
</tr>
<tr>
<td><strong>Funding / deliverer</strong></td>
<td>The initiative was described as ‘senior-driven with support offered by program staff and supported by a collaboration including community agencies and the University of Calgary, Faculty of Social work’ (University of Calgary 2014). Participating organizations included the University, the main municipal organization, the non-profit fiscal agent agency, and a regional governmental health organization (Perrault, 2008, p.9)</td>
</tr>
<tr>
<td><strong>Start date</strong></td>
<td>2000-2007 (the original initiative), the initiative continues now as part of the Active Seniors Programming at Calgary Family Services.</td>
</tr>
<tr>
<td><strong>Audience</strong></td>
<td>Older Adults ageing in place</td>
</tr>
<tr>
<td><strong>Aim</strong></td>
<td>The initiative aims were to ‘engage and empower older adults in their neighbourhoods using community development to build skills, leadership, advocacy and organization ... as a vehicle for fostering vital involvement of seniors in their community, improving quality of life for older adults and supporting seniors in their own homes and neighbourhoods (Austin et al 2007, p.4).</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>The Elder Friendly Communities Program was intended to be a ‘collaborative, neighbourhood based, community development effort, accompanied by a systematic research agenda’ (University of Calgary 2014). The initiative consisted of a mixture of interventions, which took an overall community development approach to engage and work with Older Adults. Older Adults are considered in this program as capable and to be active contributors to identifying their needs and mechanisms to respond. The initiative had two phases. the first phase involved a needs assessment (titled A Place to Call Home) which identifying eight themes from Older Adults on ‘being valued and respected, staying active, building community, feeling safe, a place to call home, getting what you need, making ends meet, and getting around’ (Austin et al., 2001, in Austin et al 2007, p.5). The second phase involved delivering on these needs, via a community development approach, where Older Adults were engaged to deliver these with support of other actors. The initiative has been subject to internal and external evaluations. Perrault (2008, p.iii) These uncovered six themes as important for the Elder Friendly Communities initiative which were (1) establishing informal relationships and communication links, (2) mutual respect, understanding, and trust, (3) flexibility, (4) development of clear roles and policy guidelines,</td>
</tr>
</tbody>
</table>
(5) shared leadership, and (6) a learning purpose.

<table>
<thead>
<tr>
<th><strong>Technology Component</strong></th>
<th>N/A</th>
</tr>
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</table>

**Adaptability**
The initiative has been adapted to other North American and Overseas communities. The community development approach involving Older Adults in identifying their needs and action on delivering these needs seems to have benefits and builds further capacity. Additional information is available by contacting Calgary Family Services by emailing at peterc@calgaryfamily.org

**References / Evaluations**
- University of Calgary (2014) Elderly Friendly Communities, available online from [http://www.ucalgary.ca/fswresearch/node/98](http://www.ucalgary.ca/fswresearch/node/98)

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th>Age Friendly Cities – International</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Location</strong></th>
<th>Global network</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Funding / deliverer</strong></th>
<th>World Health Organisation (WHO), whose Age-friendly Environments Programme ‘helps cities and communities become more supportive of older people by addressing their needs across eight dimensions: the built environment, transport, housing, social participation, respect and social inclusion, civic participation and employment, communication, and community support and health services’ (WHO 2012)</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Start date</strong></th>
<th>2006</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Audience</strong></th>
<th>Older Adults</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Aim</strong></th>
<th>The WHO Age-friendly Environments Programme is ‘an international effort to address the environmental and social factors that contribute to active and healthy ageing.’ The aim is for cities and communities to be more supportive of Older Adults.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Description</strong></th>
<th>The WHO Age-friendly Environments Programme supports cities and communities to become more age-friendly via a host of interventions in the built, social, environmental, etc. areas. A checklist, developed in consultation with 33 cities in 22 countries, describes</th>
</tr>
</thead>
</table>
activities in eight key areas (1) outdoor spaces and building, (2) transport, (3) housing, and (4) social participation, (5) respect and social inclusion, (6) civic participation and employment, and (7) communication and information, and (8) community and health services. Key features related to social inclusion are:

1) Older people are regularly consulted by public, voluntary and commercial services on how to serve them better.
2) Services and products to suit varying needs and preferences are provided by public and commercial services.
3) Service staff are courteous and helpful.
4) Older people are visible in the media, and are depicted positively and without stereo-typing.
5) Community-wide settings, activities and events attract all generations by accommodating age-specific needs and preferences.
6) Older people are specifically included in community activities for ‘families’.
7) Schools provide opportunities to learn about ageing and older people, and involve older people in school activities.
8) Older people are recognized by the community for their past as well as their present contributions.
9) Older people who are less well-off have good access to public, voluntary and private services (WHO 2014)

<table>
<thead>
<tr>
<th>Technology Component</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td>Possible areas of interest and adaptability would be concerning research on the effectiveness of creating age friendly cities/communities, especially in relation to what might work for creating social inclusion. The programme provides good insights into world trends and research is growing in the area social isolation and loneliness in Older Adults. There could also be the opportunity to explore individual initiatives being implemented in the countries and cities involved.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Name</th>
<th>Neighbourhood Approaches to Loneliness programme – International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Four neighbourhoods within the United Kingdom districts of Bradford (Bradford Moor and Denholme) and York (Carr Estate, Acomb and New Earswick)</td>
</tr>
<tr>
<td>Funding / deliverer</td>
<td>Involved in the initiative were Joseph Rowntree Housing Trust and Joseph Rowntree foundation and neighbourhood based volunteers, service providers</td>
</tr>
<tr>
<td>Start date</td>
<td>2010</td>
</tr>
<tr>
<td>Audience</td>
<td>Neighbourhoods as a means to increase the security, independence and well-being of people at risk of, or experiencing, loneliness</td>
</tr>
<tr>
<td>Aim</td>
<td>The initiatives aims were to ‘support and facilitate community activity to address loneliness amongst people in four neighbourhoods within the districts of Bradford (Bradford Moor and Denholme) and York (Carr Estate, Acomb and New Earswick).’</td>
</tr>
<tr>
<td>Description</td>
<td>The initiative is premised on a community development-based intervention where people co-created, and were engaged in, the process of developing responses to loneliness and social isolation. In four United Kingdom neighbourhoods, 40 people started the process of exploring what caused social isolation and loneliness in their neighbourhoods. Over the initiative, they talked with over 2,000 other community members to understand what people who are experiencing, or at risk of experiencing, loneliness thought they could do to change their situation. They then worked with local communities and providers to adopt approaches and innovations that reflect this and influenced the willingness of others in the neighbourhoods to engage and contribute. The final stage was to capture and share lessons learnt. The lessons are to be reported in ‘Let’s talk about loneliness’ resource kit to be launched on the 4th November 2013. In addition there is to be and our independent evaluation in 2014.</td>
</tr>
<tr>
<td>Technology Component</td>
<td>N/A</td>
</tr>
<tr>
<td>Adaptability</td>
<td>There is a ‘Let’s talk about loneliness’ resource kit to be launched in early November 2013 that might be of interest and our independent evaluation in 2014</td>
</tr>
</tbody>
</table>
6 Methodology

This research project was a collaboration between beyondblue and Roberts Evaluation over the duration of February to April 2014. The process was composed of two stages, with the key deliverables of (1) a progress report, (2) a workshop, and (3) a final report.

Stage One: Literature and Desktop Review

Stage One involved a systematic review and report on the current state of policy, research and initiatives related to social isolation and/or loneliness in Older Adults. This stage was made up of four concurrent components, which informed each other and, at times, overlapped.

These were:

1. A scoping study based on a preliminary review of the research and policy context.
2. The refining of the criteria for the selection of further literature.
3. The production of a narrative review.
4. ‘Mapping’ Australian and international initiatives.

The first component was a Scoping Study. The scoping study identified:

- The current policy context and frameworks in Australia
- A body of research literature and informal (grey) literature in this area
- The main stakeholders and actors operating in this space
- Criteria against which be literature was to be selected.

The scoping study included a desktop review of literature provided by beyondblue and stakeholders interviewed. Roberts Evaluation staff conducted five semi-structured interviews. Interviews ranged in duration from 20 to 60 minutes with stakeholders from academic, private sector and service provides. The interviews served to gain a greater understanding of the current policy framework in-practice, identify additional sources of research literature and non-research literature, as well as identifying additional organisations, individuals and projects/initiatives operating in this space.

The second component involved refining the criteria to select literature. The final criteria were:

- Evidence based research on mental health, wellbeing and social connectedness, social isolation and loneliness produced over the past decade (i.e. excluding literature published before 2004).
- Interventions targeted at older adults to increase social connectedness and/or reduce loneliness and/or social isolation
- Specific research examining interventions targeting older men and/or using ICTs

Based on this refined criteria, research and project documentation was selected from a range of sources. These sources included: recommendations (beyondblue and interviewed stakeholders), academic databases, Google Scholar, and research published on NGO, government and community websites.

For specific project information and documentation, sources included: projects/initiatives referred to in the literature, recommendations (beyondblue and interviewed stakeholders), searches on NGO,
government and community organisations’ websites and internet searches (with key words derived from the refined criteria).

The third component was the narrative review. The selected literature and project information was distilled into a narrative review. The narrative review responded to the research questions and sub-questions through a synthesis of the main features and findings of selected literature, studies, evaluations and reviews. The narrative review identified common themes across the research and any gaps or inconsistencies within the literature.

Roberts Evaluation systematically organised and analysed the literature and documents utilising Nvivo 10 social research software to support the identification of themes, to describe:

- Causes of social isolation/loneliness in Older Adult Australians
- Particular issues affecting Older Adult Australian Men
- Differences in the coverage and mix of services in urban, regional and remote areas
- Perspectives on successful, and unsuccessful elements of, social connectedness/social isolation projects
- Barriers to, and enablers of, success in addressing social connectedness/social isolation projects
- Types of projects using similar mechanisms/interventions to address social isolation/loneliness
- The impact of context (e.g. geographical, cultural, social, political) on project outcomes
- What works and what does not work, with whom, in what context and why
- The use of the internet and social networking technology as a means to ameliorate social isolation and loneliness in Older Adults.

The fourth component was the ‘mapping’ of Australian and International initiatives/projects. In addition to the narrative review, Roberts Evaluation systematically described (mapped) a sample of projects that were selected to highlight the array of different intervention targeted at preventing and/or reducing social isolation and/or loneliness in Older Adults in Australia and Internationally.

These initiatives/projects were clustered into the areas of preventive (e.g. assisting older adults to maintain social connections) and reactive (targeted specifically at identifying and responding to isolated older adults) approaches, as well as approaches that target specific groups (e.g. Men) and/or use a variety of activities (e.g. arts, sport, volunteering). For each initiative/project, the following details were described:

- The aim of the project/initiative
- The context in which the project/initiative operates including:
  - The target audience and reach of the project/initiative
  - The organisation implementing the project/initiative, for example community organisation, governmental organisation or non-governmental organisation
  - The geographic location, and its ASGC-RA classification
  - The resources available including details of management/funding (where available)
- The degree of objective and robust data about project/initiative outcomes
- Project outcomes
- Key findings of reviews/evaluations
- Details of any social networking and online environments being utilised (if applicable).
Stage Two: Case Studies

Roberts Evaluation, in consultation with beyondblue, used the findings from Stage One to identify six projects to be documented as case studies. Three international projects and three Australian projects were selected, on the basis of their ability to provide the broadest representation of projects addressing the spectrum of initiatives targeting socially isolated and/or lonely Older Adults.

Additional criteria included:

- Relevance to beyondblue’s interests (as defined in the project brief)
- Level of existing objective and robust data on the project’s impact and achievement of its outcomes
- Interest and willingness of project staff to be involved (for Australian projects)
- Relevance of the policy context to Australia (International case studies)
- Potential for project elements to be rolled out more broadly (or fit with the Australian context for International projects)
- At least one case study specifically related to increasing social connectedness for Older Adult men
- At least one case study related to the use of the internet and social networking technology

The cases also served to illustrate the application of the factors identified in the narrative review as successful in ameliorating social isolation and loneliness. They were designed to provide valuable information for beyondblue and other organisations regarding the barriers and enablers to success in social connectedness projects operating in different contexts and using different mechanisms and interventions to achieve change.

For the International case studies information was sourced from existing information available on local and international websites any academic literature on the intervention; with the exception of the Casserole Club case, where a program staff interview was able to be conducted.

Overall the case studies provided:

- A detailed description of the project including its operating context (and the national policy context for international case studies)
- Details about the achievement of outcomes
- Conclusions about the level of success of the project
- Likely key factors in this level of success

The Australian Case Studies involved a mixture of primary and secondary data collection, together with ‘on-ground’ insights gained through semi-structured face-to-face, telephone and Skype individual and group interviews with staff and participants from each project.

The staff interviews focused on:

- Project operating context
- Barriers and enablers
- Observed and documented impacts of the project on participants
- Links between project activities and changes in participants’ behaviour and/or wellbeing
- Key learnings
- Possible participants suitable for interview
The participant interviews focused on:

- Project impact
- Changes in knowledge, skills, attitudes, aspirations or behaviour resulting from involvement in the project
- Successful elements of the project (what worked and why for them).

Roberts Evaluation requested project staff select appropriate interviewees to participate in interviews. Staff were asked to select only participants who have had a positive experience of the project and to avoid suggesting vulnerable individuals or those who may be adversely affected by participating in the interview. Project staff made prior contact with potential participant interviewees to assess their interest and capacity to be involved and seek informed consent. At the interview, project staff were present. Interviewees were reminded that the interview is entirely voluntary and that they can skip any question or withdraw from the interview at any stage if they feel uncomfortable or adversely affected. Interviews lasted from 30 to 60 minutes duration.

Additional data gathered (e.g. program documents, websites, newsletters) and was synthesised and presented in a narrative format, with observations and quotes from staff and participants, which illustrate:

- Project context, for example funding and governance
- Project aims
- Target audience
- Activities/mechanisms/interventions used and why
- Impact of these activities/mechanisms/interventions on participants and why
- Key learnings/transferable recommendations
7 References


Player, P. and McAndrew, E. (2014) Evaluation of the iPad Essentials Course 2012-2013: iPad technology course for BSL community care clients and wider community


Social Connectedness research report


8 Appendix

8.1 Summary of existing government strategies

Policies and plans that refer to the challenge of addressing social isolation and/or loneliness in older adults, and/or the need for social connectedness initiatives and projects

Joint governmental policies

In 2000 the Commonwealth, State and Territory governments released the ‘National Action Plan for Promotion Prevention and Early Intervention for Mental Health’ (Commonwealth of Australia, 2000). The Plan outlines a strategic framework for action to address the promotion, prevention and early intervention priorities and outcomes outlined in the Australian Ministers’ ‘Second National Mental Health Plan’ (Commonwealth of Australia, 2003). Older Adults are identified in the Plan as one of fifteen priority groups whose promotion, prevention and early intervention needs should be specifically addressed. Social isolation is identified as a risk factor for poor mental health and ‘social connectedness and social support’ is specifically identified as one of eight outcomes to address the mental health needs of Older Adults. The Plan also makes recommendations, including, ‘develop programs to enable older adults to participate fully in their communities and to develop and maintain social networks’.

In 2002 the Australian Government released a follow up document, ‘Outcomes and Indicators, Measurement Tools and Databases for the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000’ (Spence et al., 2002). The document was developed as a resource to assist with the implementation of promotion, prevention and early intervention in the Mental Health Plan. The document outlines process indicators against the Outcomes and Actions in the Plan, including ‘increased availability and uptake of programs to support the participation of older adults within the community.’

It also outlines Outcome indicators, including: ‘increased community participation of older adults and increased social support for older adults, particularly those in residential care settings.’

The Action Plan is still referred to on Government websites, but it has not been possible to access further information on how, and if, the Plan has been implemented.

Australian Government

In 2007 The Australian Government finalised its ‘Review Agreement’ in relation to the provision of financial assistance by Commonwealth of Australia to the State and Territory Governments for the Home and Community Care (HACC) Program (Australian Government, 2007). The objective of this Agreement was to support people in the target population to remain in their own homes and communities by funding and providing Services to those people and their carers in a way that:
• maintains and promotes independence; and
• helps avoid premature or inappropriate admission to Long Term Residential Care.

Many social connectedness initiatives are provided through HACC programs, and this agreement is therefore of relevance as it outlines:

• the target population for HACC services (including older and frail people with moderate, severe or profound disabilities)
• the types of eligible projects, the objective of the HACC program
• the responsibilities of the Commonwealth and States.

While this Agreement is not specifically related to social connectedness, it is clear that under this agreement many social connectedness projects which target older people and help them to maintain their independence would be eligible for HACC funding.

In 2010 the Australian Government released the 2008-2009 HACC Annual Report (Australian Government, 2010). The report provides an overview of the HACC Program’s performance, achievements and outcomes for 2008-09. The Report makes specific reference to the WA HACC Program’s ‘Wellness Approach’ which was adopted in Western Australia in March 2006 to guide the future delivery of HACC services across the state. The ‘Wellness Approach’ starts from the premise that people who are frail or disabled as a result of chronic disease or injury have the capacity to make gains in their physical, social and emotional wellbeing and can continue to live autonomously and independently in the community if positively supported to do so. The report includes a number of vignettes outlining successes from this approach, including one vignette where a HACC client who had previously severely isolated himself from his community and his carers, took small steps toward social interaction and an active role in his own care, eventually leading to psychological and physical gains and an expressed a desire to reconnect with his local support group.

Community West is a not-for-profit organisation committed to advancing quality services in the Western Australian community (Community West, 2014). The organisation’s website outlines the core components of the ‘Wellness Approach’, which including some which could support social connectedness projects, such as:

• Capacity building and social connectedness to maintain or promote a client’s ability to live as independently as possible with or without HACC support
• Support focused on functional and social goals with a focus on community connections

In 2011 the Productivity Commission released ‘Caring for Older Australians Inquiry Report’ (Productivity Commission, 2011). The report contains the Overview, Recommendations, and Summary of Proposals resulting from its inquiry into the social, clinical and institutional aspects of aged care in Australia. The report acknowledges a growing demand for services that support social connectedness and wellness more generally, and places quality of life, including social connectedness as a core factor influencing wellbeing in the context of aged care (see Figure 2 below).
The report also summarises submissions to the inquiry from a range of not for profit and government sources that stress the importance of social connections for older people.

The Australian Government released its response to the report in 2012 (Australian Government, 2011). The response document does not address social isolation and loneliness or the need for social connectedness in any meaningful way. However, it does refer to the new aged care reform package, ‘Living Longer, Living Better’, (Australian Government, 2012) which it states seeks to address the problems identified by the Commission, but gives greater with to the potential difficulties the sector would face in absorbing and responding to significant structural change in the short to medium term (Australian Government, 2012, p. 1). The ‘Living Longer, Living Better’ package does include a $39.8 million package of funding, ‘to support consumers and research through:

- Empowering consumers through advocacy
- Better connecting the lonely and socially isolated
- Improving the knowledge of older people’s care and support needs’

The document also outlines the Government’s Positive Ageing Agenda, which includes policies that aim to enable older Australians to live more active and financially secure lives in retirement,
including through, ‘encouraging lifelong learning and active ageing so people can be active and resilient, stay connected and increase their general wellbeing.’

One new initiative is listed that related to social connectedness by ‘promoting lifelong learning through a new grants program to expand educational opportunities to senior Australians.’ (Australian Government, 2012, p. 35)

**Victorian Government**

In 2006 the Victorian Government began a new *Count Us In!* Project. The project provided funding to community based agencies to work with Public Sector Residential Aged Care Services (PSRACS) and others living in the community to conduct initiatives that promote social inclusion for people living in residential care. The aim of the funding was to support projects that could achieve a range of social inclusion objectives through methods including:

- increased engagement between the local community and residential aged care residents
- improved access for people in residential aged care to the local community social supports and activity infrastructures
- increased expectations that it is usual for people in residential aged care to be involved in their local community (Victorian Government, 2006).

Across the community, projects would be also be supported to change the image of and attitude to residential aged care and the people living there. The booklet suggests that funding would be allocated to projects involving the establishment of:

- groups and networks
- resident participation in community education
- recreation or social activities
- production of resources and promotion
- training and publicity related to social inclusion for people in residential aged care.

In 2009 and 2010 the Victorian Government produced summaries of projects funded under the ‘Count Us In!’ Project (Victorian Government, 2009; Victorian Government, 2010). The Government also published annual reports on the project in 2009 and 2010 (Victorian Government, 2009a; Victorian Government, 2010a). The summaries and reports show that Healthcare providers and not for profit organisations received funding for a range of projects that used different approaches and strategies to strengthen community connections to residents. These strategies included:

- connecting with community clubs and organisations, local primary, secondary and tertiary institutions, volunteers, service support networks, local recreation and leisure groups;
- providing meaningful social activities and engagement for residents and community members;
- utilising local media, radio and print to inform and promote social inclusion;
- providing community members with volunteering opportunities to make a positive impact on residents’ quality of life; and
- developing creative approaches to improve resident access to transport and recruitment of volunteers.
In 2008-09 projects focussed on the key areas of:

- residents: empower and improve resident lifestyle and aspirations
- community: facilitating social inclusion for older people
- organisation: enhancing social inclusion practice, culture and workforce.

These reports also outlined some of the achievements and challenges of the program and sustainable changes and social inclusion options for the future.

In 2011 the Department released an Evaluation of the Count Us In! Project, which showed that the key challenges faced by the projects included:

- reliance on volunteers, which makes change difficult to sustain
- the fluctuating and/or poor health of residents which prevented them from participating in activities outside the care facility, and sometimes having to cancel their participation
- family and friends who were not always supported due to limited understanding of the capabilities of their relative and/or the value of certain activities
- transport not being available to and from events
- funding accountability and internal difficulties in obtaining reports on project expenditure, resulting in difficulty approving expenditure for purchasing equipment or funding activities.

Key success factors that contributed to the success of projects included:

- time spent engaging and involving resident
- the government funding
- strong organisational philosophies of wellbeing and social inclusion
- executive and senior management support, particularly a key high-level champion
- dedication and enthusiasm of project managers
- strong project planning and a person-centred approach
- mentoring staff from other areas within the project
- recruiting volunteers using successful and proven strategies
- involving the community and addressing negative attitudes
- obtaining support from staff and addressing concerns with effective strategies.

Future directions and recommendations were included in the report, and the government responded to these by noting that there had been a Governmental shift to a broader healthy ageing framework as opposed to delivering discrete programs that focus on specific issues within specific settings. The Government noted that in 2011-12 Healthy Ageing Demonstration Projects would be funded and would integrate principles of programs such as Well for Life, Making a Move, Count us in! and the HACC Active Service Model under the umbrella of healthy ageing. The demonstration projects should aim to enhance the health and wellbeing of older people, and must include integrated strategies to address nutrition, physical activity, emotional wellbeing and social connection.

The Victorian Government’s Well For Life policy had been operating since 2003, funding initiatives that use health promoting principles for older people who participate in Home and Community Care Services, live in public sector residential aged care services, and live in public housing. The initial focus of the program was on physical activity and nutrition; however, in 2009 the department
included a focus on improving the emotional wellbeing of older people (Victorian Government, 2011a). The Government published a Well for Life information resource in 2011 that aimed to provide a framework to assist and facilitate discussion and staff development about improving older people’s emotional wellbeing and to identify barriers to overcome them. The information resource includes a Help Sheet which focuses on the importance of social relationships and connections as a key factor in achieving and maintaining quality of life. The sheet identifies challenges for older people to maintain or created social relationships and connections, including:

- transport
- financial constraints
- attitudes
- hearing or speech impairment
- assumptions made by family members and staff.

The help sheet also offers strategies for supporting social relationships and connections including acknowledging diverse interests, communicating effectively with older people, and providing opportunities and encouraging older people to enjoy social activities.

**South Australian Government**

The South Australian Government’s Health Service Framework for Older People 2009-2016 (South Australian Government, 2009) sets out the government’s directions for health services for Older Adults. The Framework acknowledges the importance of social connectedness to physical and mental wellbeing. The framework outlines a planning focus that is directed toward the provision of flexible community-based care and support service responses and that promotes functional and psychosocial independence to ensure that older people maintain the highest possible levels of independent living and social integration within their community. The framework document states that the wellbeing and social integration of older South Australians can be supported by:

- promoting the ‘health in all policies’ approach taken by the SA Strategic Plan
- implementation of the State Ageing Plan ‘Improving with Age’ in particular actions that strengthen healthy ageing (this plan now appears to be obsolete and is no longer available on the SA government webpage)
- promoting a positive image of older people in service planning and service delivery.

The framework also suggests that Primary health care services have a key role in supporting older people to live socially connected lives.

**NSW Government**

The NSW Government held a whole of government roundtable in 2011 that brought together community leaders, advocates, experts and practitioners in the field of ageing, with the aim of starting the conversation that would help shape a whole-of-government and whole-of-community ageing strategy for NSW. The Ageing Roundtable Summary Paper (NSW Government, 2011) describes the three broad themes of the roundtable as being:
The importance of social inclusion was acknowledged, and discussion points included those related to encouraging older people to become involved and engaged with their community. The roundtable also noted the need for:

- accessible transport
- age-friendly planning
- social networking technologies for older people.

The paper recognised that connections promote positive mental health and wellbeing, and that some older people may need support to overcome barriers to community connection. To this end, the paper advocated local council involvement in promoting social inclusion strategies and providing opportunities for social connection, and recognised the importance of volunteer roles, educational and artistic and creative activities to allow older people to stay socially connected.

To date, an Ageing Strategy does not appear to have been developed.

**Tasmanian Government**

The Tasmanian Government’s Inclusive Ageing Tasmania 2012-2014 Strategy (Tasmanian Government, 2012) identifies projects that the Government has committed to over the next three years to benefit the lives of older Tasmanians. These projects provide new ways to foster opportunity and participation for our older people to remain independent and socially connected. The strategy document recognises that social isolation is widespread, and suggests that older people need to be supported to volunteer and have access to safe, affordable transport. The six projects included in the Strategy include three related to social connectedness:

- Engaging in different ways: voluntary contributions (goal: recognise and enhance the voluntary contributions made by older Tasmanians)
- Improving access: age-friendly communities (goal: Increase the capacity for older Tasmanians to access services, facilities and social opportunities that exist in their community)
- Contributing economically: workforce participation (goal: Increase the opportunities for connectedness and economic contribution for older people).

**ACT**

The ACT’s Strategic Plan for Positive Ageing 2010-2014: Towards an Age Friendly City (ACT Government, 2010) was developed in partnership with the ACT Ministerial Advisory Council on Ageing with a focus on the following key principles:

- social inclusion, participation and self-fulfilment
- respect and valuing
- support, independence and dignity
- partnerships
- consultation
• encouraging young volunteers to work with older people, thus creating intergenerational harmony could reduce the risk of social isolation
• improving transport and mobility for older adults
• encouraging workforce participation
• encouraging older people to become involved in volunteering.

The document outlines the WHO Age-Friendly Cities checklist of essential features mapped against the priorities of the Plan, and also outlines key goals and approaches against strategic priorities. The two most relevant strategic priorities include:

Health and Wellbeing
Approach: Appropriate and accessible information and support is made available to maximise health and wellbeing, reduce social isolation and increase community participation.

Housing and Accommodation
Approach: Affordable, appropriate and socially connected housing is created or maintained for senior Australians.

Western Australia
In 2002 the WA Government released ‘Health and Wellbeing of Older People in Western Australia, 2002-04: An Overview’. While this document is out of date, two pages do focus specifically at social activity and support and social isolation and loneliness. No recent similar document could be found (Western Australian Government, 2004).

Queensland
No specific and current documentation could be found, however a page on the Queensland Government website is dedicated to avoiding social isolation and offers references to information for seniors about recreation and staying connected, and a Seniors Enquiry line which offers tips about how to avoid social exclusion (Queensland Government, 2014).

NT
No specific policies or strategies related to social isolation, loneliness or connectedness for older Territorians could be found.