SENIORS’ SOCIAL ISOLATION
A SCOPING STUDY

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Abstract

Given a number of varying factors, seniors have a higher risk of being socially isolated. This in turn has extensive ramifications on their health and well-being, which then impacts on society as a whole. This scoping study focuses on the social isolation of seniors and, through the interviewing of seniors and the integrating of their voices with existing local research as well as national and international research, explores viable ways of addressing it. The resulting findings suggest that while social isolation is a very complex issue, it is nonetheless important to look at it and address it in its full context of intergenerational living within society. This approach also leads to positive implications for the advancement of policy that can be both specific (as in related to individuals) and comprehensive (remaining within context).
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**Introduction**

The aim of this study is to highlight everyday issues that affect seniors’ participation in community life in order to appreciate the degree of prevalence of seniors’ social isolation in Western Australia. The resulting discussion from these findings is intended to suggest the possible direction for the development of policy responses to redress the causes of isolation, as well as to point to any further in-depth studies that may be needed.

We are living in ever changing times, with one of the more noticeable changes being that developed countries are fast becoming homes to ageing societies. According to projections given in the 2009 March issue of the Australian Social Trends (published by the Australian Bureau of Statistics) in 2007 there were five working people for each person over 65, but by 2056 there will be less than 3 working people for each person over 65. In actual numbers this means going from 2.7 million people over 65 in 2007 to approximately 8 million by 2056.

In an ageing society it thus becomes increasingly important to explore issues that affect seniors with a view to pursuing positive outcomes, not the least because these will clearly have a greater impact on society as a whole. With this in mind, social isolation becomes an issue especially worthy of investigation given its well proven links to well-being and health, community participation and other matters that have a direct bearing on positive ageing (Howat et al 2004; Steed et al 2007; Grenade & Boldy 2008).

**Definitions**

The meaning of isolation can be traced back to its etymological root "insula", which is Latin for island – a piece of land that is separate and cut-off from the mainland (Oxford English Dictionary). Social isolation can therefore be defined as being separation from the community or disconnection from the collective.

Social isolation is connected to and gives rise to loneliness, as van Baarsen et al (2001, p. 120) point out, according to Weiss (1973, 1993) there are “two types of loneliness:
loneliness through social isolation and loneliness through emotional isolation. The former describes loneliness caused by a lack of social integration and embeddedness. ... The latter – emotional isolation - refers to an absence of a reliable attachment figure, such as a partner.” With the ageing of seniors the possibility of the loss of a partner, or significant other, increases and this renders them more vulnerable to loneliness with all its associated issues and risks. It could be argued that it is therefore of even greater importance that their social connectedness be maintained.

**Method**

To gain insight into the issues linked with social isolation a number of seniors and service providers to seniors were interviewed. It was deemed sufficient for a scoping study to aim for 30 to 50 interviews, with most of these to be held as informal focus group discussions.

Participants for the first two focus groups held were invited by COTA, and included people who had considerable experience in working with seniors and who in many cases were also seniors themselves. There were representatives from a wide number of associations and groups such as: COTA, both on the Board as well as volunteers in various capacities such as working in the office, for the magazine editorial group, or as peer educators for Beyond Blue; the Red Cross Board; Trinity School for Seniors; the Country Women's Association of WA; Older Women's Network; Prime Time; a lobby group for retirement villages; Office of Seniors Interests; Department for Communities; with some of these people also having previously worked for the Positive Ageing Foundation.

To be inclusive of the wider community of seniors, it was decided to place an invitation in the seniors’ paper *Have-A-Go News*. This brief article (included in full as an Appendix) invited readers to phone in to share their experiences, and any ideas they might have on how the social life of seniors could be enhanced. Three more seniors joined the study through this.
A third focus group had participants invited by the City of Joondalup and included: recipients of Home and Community Care (HACC) services with diverse backgrounds, volunteers helping with seniors, a widow with English as a second language and a retirement village resident. Further to the focus groups, follow-up interviews were held with some of the participants. A few additional people considered relevant to this research were also interviewed at the suggestion of some who were already involved in the study, these covered community development, counselling and a home-bound senior.

The interviews and focus group discussions recording was undertaken by hand rather than audio-taped – this was in line with holding open and informal discussion. Two people undertook the recording for each of the focus groups to allow for greater accuracy and cross-checking, thus although not formally audio-taped many of the participants’ comments were nonetheless taken down word for word, and some of these are given below in quotation marks.

Thirty-three people in total were interviewed for this study, with among them representatives from reasonably diverse socio-economic backgrounds. This diversity was clearly apparent from the discussions, and was also due to the fact that many of the participants were not only speaking for themselves but were putting forward the experiences and wishes of other seniors who they were representing – friends, family, acquaintances or people to whom they had in the past provided services, or to whom they were still providing services. Nonetheless, there were notably parts of the population who were not represented – this being mainly indigenous seniors - while seniors from culturally and linguistically diverse backgrounds were represented by only one participant. Seniors living with disability and those living in rural areas also had a very small representation; however, there were many other participants who spoke for them as service providers who had in-depth knowledge of their experiences.

On completion of all interviews and focus groups a broad literature review was compiled (included in full after the participants’ responses). This has allowed for determinants and current responses to social isolation to be linked to the participants’ voices in recommending the directions for local policy development. As such, the literature review is an integral part of the overall methodology of this study as it also
enables more insight to be provided for those sections of the Western Australian seniors’ population who were under-represented by the participants.

Guiding questions

Having garnered information from reading literature on research connected to this topic, and after consultation with COTA in their role as commissioning body for this study, six questions (though the second one was soon judged to be unnecessary given the obvious importance of social isolation) were developed by an initial researcher to guide the discussion for the focus groups and interviews. These were designed to be open-ended and exploratory as much as possible so as to encourage discussion by participants:

1. *What do you think social isolation is and how do you identify it?* – **Understanding of social isolation.**

2. *Is social isolation an important issue for seniors?* – **Importance of social isolation.**

3. *What are the main factors for social isolation? What prevents social engagement?* – **Determinants of social isolation.**

4. *What impact do you think isolation has on everyday life for seniors? In what ways does this manifest? (For example: health, accessing services, family involvement, and wellbeing)* – **Consequences of social isolation.**

5. *What do you think is being done to address social isolation for seniors? (e.g., policy initiatives, programme developments.)* – **Current successful ways of addressing social isolation.**

6. *What do you think needs to be done to address social isolation for seniors?* - **Suggestions for ways of addressing social isolation.**

These questions were then posed to the participants by the author of this report. Although this was not by design it was, in retrospect, found to be fortuitous as it allowed the participants’ responses to be listened to openly and be accepted as all being equally important. Not having read specific literature on research connected to this topic prior
to holding the interviews and not having been party to the development of the questions, the researcher was therefore free of any expectancy and bias as to what responses might have been the most likely.

For the last focus group, rather than use the above problem-focused questions, they were changed so as to be worded from a positive approach:

1. *What does it mean for a senior to have sufficient social connections and support? And how do you identify someone who does not have this?*

2. *What are the main factors that prevent social engagement? What stops people from forming social connections?*

3. *For those seniors who feel they do not have sufficient social connections and support, how can this impact on their daily life? (For example: health, accessing services, family involvement, and wellbeing?)*

4. *What do you think is being done to help seniors develop and maintain social connections (friendships and relationships)?*

5. *What do you think needs to be done to enhance the likelihood of seniors forming sufficient social connections and support?*

**Findings – participants’ responses and discussions**

All of the participants, whether taking part in a focus group discussion or an individual interview, regarded social isolation as an important issue worthy of consideration and had much to share about it.

The following is a combination of direct quotes (shown by quotation marks) and a synthesis of the participants’ comments and discussions from all of the focus groups and interviews held. The author’s priority has been to communicate the full essence of what each interviewee contributed to the discussion, for this reason the words and phrases used have been kept wherever possible, regardless of acceptable current usage; though in some cases wording has been altered for grammatical correctness and ease of
Understanding of social isolation

- Social isolation is widely seen as being linked to loneliness and the feeling of loneliness, and it was emphasised that the main thing giving rise to this feeling is not being connected to others and not having a sense of belonging. This may also mean no interaction, or not being able to interact, with like-minded people as often as one would like because of physical isolation – due perhaps to being home-bound or not being close to reliable transport and not being able to drive for whatever reason. On the other hand seniors don’t necessarily have to be living on their own to be socially isolated as “you can be with people but still feel lonely”. Similarly it is possible for someone with a strong network of friends and family to feel connected to others through phone calls even if they are not able to get together very often. Social isolation thus seems to be more of a psychological problem than a physical one. People have a sense of place (of belonging); if you move out of your network then it is often easy to become isolated.

- Social isolation is also seen as being highly subjective. “Having enough soul satisfying activities to engage in, and people to share them with”, can mean different things for different people. For example “some people are quite content to be solitary”; on the other hand when one suddenly becomes a carer for someone who is living with disability, or frail, then being solitary (something that is a choice) can turn into social isolation (something imposed through circumstances and often believed to be beyond control) which is a more significant issue, as both isolation and loneliness become extreme in times of need.

Other seniors who retire after a very intense working life having made, in many cases, only “occupational friendships” may find it difficult to rebuild a network
that is not connected to work. This is especially true for men and is becoming increasingly true for women.

- Groups were identified amongst seniors of those more likely to be vulnerable to social isolation. These include those who have suffered the loss of a partner, especially as some couples divide the carrying out of certain tasks between them so thoroughly that when one of them passes away they are incapable of fulfilling these tasks by themselves. This can apply to many things like cooking, banking, looking after the car, and so on. Bereaved seniors are also likely to be more dependent on their remaining family members for emotional support. If the support is not forthcoming this can further exacerbate their loneliness and vulnerability to social isolation because the shame felt prevents them from sharing their predicament with people outside their family. A similar situation may present itself in cases of seniors living in unhappy marriages, something which might be more prevalent than we might presume as their generations do not necessarily agree with divorce.

Seniors who are carers for family members, such as a son or daughter who lives with disability, or are raising their grandchildren (a situation which is surprisingly on the rise for various reasons) face considerable risk of social isolation as they have little time or resources to maintain social connections. Seniors in this situation have reported even feeling ostracised and stigmatised by other members of their extended family.

“I look after my son who is in his 50s. I don't have any younger friends and I'm worried about what's going to happen as I'm ageing. I've rung lots of different places, but I haven't found anyone who can help. It is very lonely; there must be lots of very lonely people.”

Another vulnerable group is that of the itinerant house-sitters – people who house-sit in 3 to 6 months stays because by not having to pay for accommodation they can stretch their pension further thus making their finances more viable. Being always on the move they have difficulty in making any kind of deep
connections. Similarly grey nomads (who usually tend to drive to their next stop on pension day) can be faced with the same sort of problems.

- Some isolated seniors may sometimes be identified by others, like family or neighbours. Carers (such as from HACC - Home and Community Care, providers) are often able to tell if the person they visit is only visited by them as it can be difficult for the community in general to notice - “They are surrounded by a fence so that they are hidden away, so it is very hard to know that they are isolated.” Seniors who feel isolated may reveal this in telephone conversations regarding other matters. For example when calling local council or other service providers they will often stay on the phone for as long as they can and are also likely to repeat the phrases: “I am all alone” or “there is just me here” several times.

- To speak of social isolation can be offending to many seniors especially if the term is used in asking a direct question. This is because ‘social isolation’ can be understood to mean ‘failure’, there can be shame attached to it and thoughts like: “If my family doesn’t keep in touch then who would want to?” and “I'm very independent, I don’t go around saying I'm lonely. But if they (sons and daughters) can't tell that then I’m not going to tell them, then I go and cry my eyes out in my bedroom.” It is thus important to take care in how the term is used.

**Determinants of social isolation**

- A lack of community - how many people know their immediate neighbours and the rest of their neighbourhood? Neighbours always appear to be very busy with their own lives, you only ever see them driving in and out, they are too busy to stop and talk. “You can't talk to people if they have things in their ears” (earphones from i-pods and the like or mobile phones). “Community, as it was understood once, doesn’t exist anymore because houses are empty during the day.” Fear plays a big part in preventing the forming of community. Seniors are often concerned with crime and safety and this is intensified by media reports, although there are different views – some people see security as keeping people
out, while others realise that there is more security to be had by developing community and encouraging more people to connect.

The new generations have been brought up not to talk to ‘strangers’ because of the ‘stranger danger’ training at school. To exacerbate this, seniors believe that they have to be independent, a classic statement they are known to say frequently is: “I don’t want to put you out”. On one hand there is the fear of becoming involved – “Having to spend time that you don’t think you have with people you don’t want to know”. And on the other there is fear of change and fear of rejection - “Will people be nice to me? Will they like me?” The more fear there is, the less likely people are to make an effort to connect with others. People prefer to stay with what they know rather than risk the unknown. Also there is not just isolation to contend with, but alienation, discrimination and stereotyping.

- ‘The system’ counts on families being there as support for the elderly, but we are moving into contexts where families are not always available, or are simply not there – “Some seniors don’t have families”. Also, as seniors age their children age too, or even die, and thus may not be able to provide the support they once gave. On the other hand family connection can sometimes be one of the causes of social isolation, as elderly people who move from overseas or interstate to be near their son or daughter will have no friends or connections other than the family one. Making new friends is not always easy, for example in social clubs seniors often form cohesive groups especially if they have known each other for a long time, and this being protective of each other might make it difficult for an “interloper” to fit in.

Language can also be a problem as there are people from lots of different nationalities in Perth. In addition to finding it difficult to understand English, those with English as a second language can feel shy in speaking to people they don’t know in case they make mistakes.

- A main factor for social isolation is ageing because of a variety of related reasons. People lose access to a considerable amount of social interaction when they stop
work and retire; it is therefore important to educate for the transition to retirement with the focus being that it is not “the end” of life. Also if most of one’s friends are in their same age group then: “By the time you reach your 80s many of your friends have passed away.” Similarly, if somebody’s social contacts were mainly frequented with the partner they have lost then they are less likely to remain connected – people will often even stop going to a senior’s club when bereaved, or else the mutual friends they had with a partner may find it too difficult to continue seeing them.

There is a concern that government services that enable seniors to have care in their own home, rather than have to be moved to a nursing home (although social isolation can also be prevalent in nursing homes), while providing care will not necessarily provide adequate social opportunity to enable sufficient socialisation so as to prevent social isolation.

- Transport is another major factor that prevents social engagement for seniors. It is a big issue in WA and not only in rural areas, especially as many people give up their driving licence even before they have to (seniors need to pass a driving test at 85) because their children are concerned and worried that they might have an accident. The driving test for seniors is another issue, with many seniors believing that it is biased against them. Of course sometimes the driving licence has to be given up because of health issues – strokes, seizures, heart problems, arthritis, and so on. “In Perth the intra-suburban public transport is virtually non-existent”, and there are problems with the bus/train connections. Some people have reported that they have had to wait up to one and half hours for a bus after their train ride.

In most country town stations there is poor access to boarding trains; that is the physical distance from the actual platform to the train steps is too high for many aged seniors.

- The ever increasing cost of living, coupled with the inadequate amount of funds provided by the old-age pension when applied to current day to day expenses contribute to social isolation. "When something is to go up in price it increases
overnight while it is taking four months to increase the pension.” Pensioners need to be provided with a decent amount to live on, and with more inexpensive services. At the moment “pensioners really do it tough”. “I can barely buy food and keep the utilities on never mind going and joining a group and participating socially!” The pension is so inadequate that some people find it difficult to afford even the unsubsidised amount for ‘meals-on-wheels’ (about $7.50 per meal).

- Disabilities and illnesses, either one’s own or a partner’s, can also affect social engagement, and particularly if this involves the management of chronic pain. For example, one who is caring for a partner with dementia or a physical disability of some sort is more likely to be at risk of social isolation; this is because the focus becomes the partner they are caring for. Seniors who are caring for a spouse with disability often think that they have to do it all on their own and are not always aware that they can connect with support groups from organisations such as Carers Australia; “it is especially difficult to get the blokes to come away and get some relaxation”.

Becoming ill or incapacitated, even the lessening of sight and/or hearing can lead to a loss of independence as it may mean many changes from having to give up a driver’s licence to going into a nursing home. When one becomes more dependent on others for one’s basic needs then there is a loss of volition which can make it difficult for social connectedness to be maintained.

- Additionally, there can be social pressures at play against social engagement; the very word ‘retirement’ indicates a withdrawing from life’s activities. The pressure for this can be quite strong in retirement villages, and it is difficult to engage people who just want to ‘retire’. Also some people may not have the social skills or confidence needed to reach out to others.

Seniors are not necessarily prepared to say that they need help. People do not like to move out of their “comfort zone” even when this would be of benefit to them, and resistance to change can cause self-pity. On the other hand there is a stigma associated with saying that you are lonely, and this is especially the case where there exists among some seniors the prevailing feeling that the “young
Consequences of social isolation

- “Social isolation impacts on every aspect of seniors’ lives”, including mood, well-being, and health. Problems and phobias are likely to increase as a result of social isolation. “The impact on self-esteem is especially massive as they have no one to vent to, to debrief with”. The effect of this is stronger if they have poor health or are becoming increasingly house-bound, if they have lost a spouse/partner or even if they have a poor relationship with their spouse/partner, or if they have lost their driver’s licence. Even if their spouse/partner is still alive but has reduced cognitive abilities then isolation will be compounded.

Social isolation has the biggest impact during holiday breaks – times like the Christmas break, or even long weekends. This is in fact a time when services which may provide some respite to isolation are not available due to the ‘holidays’.

- Social isolation can exacerbate the loneliness experienced by some seniors, especially of those living alone and bereaved, and may lead to depression which can then cause more introversion and disconnection that in turn can result in decline in physical and general health. “This is because people who are depressed don’t bother with eating and looking after themselves” - forgetting to take medication, getting insufficient exercise, exposure to sunshine and fresh air. “Life becomes such a struggle that even simply staying connected loses any priority it might have had.” This can be even worse for those who are affected (either themselves or as a carer) by a chronic disease like cancer or Alzheimer’s.

The scenario for someone who is depressed may run along these lines – “self-esteem goes down, can’t do anything, nobody is of help, behaviour changes including less physical activities, don’t eat well, don’t bother with anything and
have a fear of failure which stops them from doing anything because they believe it wouldn’t go well anyway. The family doesn’t want to hear about it, the partner puts up with it but can’t do much about it otherwise they risk being resented.”

- Social isolation can increase seniors’ vulnerability to exploitation. It can also increase their fearfulness, as in being fearful of being taken advantage of and being frustrated for not being able to live one’s life as one wants to. As a result seniors simply do without many of the things that they would like to do, as well as the social contact they would like to have, because there are too many factors that prevent this from happening. Seniors can become so used to this that they do not tell other people how they are feeling. This can even stop connections being made between seniors themselves, as for example in many Senior Citizens’ Centres there is a “perceived elderliness” which makes people remain in their own shell. “Laughter, although being recognised as the best medicine, is not always welcomed at these venues”. “Many people are driven to go there by loneliness”, and there are many more women than men even up to 55 women to five men.

“The only thing you can think of is your situation and how bad it is, and focusing on your problems almost guarantees depression.” “When the elderly deteriorate in their mind, then they physically deteriorate as well.”

**Current successful ways of addressing social isolation**

- There is much awareness of social isolation and it seems that everyone is trying to address it. There are programmes such as:
  
  - “*Living Longer, Living Stronger*” – a COTA endorsed programme whereby strength training courses are provided to more than 6,000 over fifty year olds in more than 70 locations in Western Australia;
  
  - “*Healthy parks, healthy people*” – promotes the benefits (mental, physical and social) that can be gained by frequenting parks, this programme organises walking groups among other activities;
• “Men’s Shed”- workshops organised for men in many locations throughout Australia which focus on varied activities, from fixing toys for Christmas to restoring cars. This fosters community building, learning, sharing knowledge as well as a feeling of belonging and of being an active useful member of society;

• “Act Belong Commit” – a collaborative programme run by COTA and Mentally Healthy WA that promotes the mental well-being of seniors by encouraging them to keep mentally, physically and socially active, and where possible join an organised group according to one’s interest and contribute to it by becoming an active participant.

As well as these there are “lots of little things that are being done by lots of not-for-profit groups”, from craft activities to Bible studies to outings. Local councils provide the infrastructure for Senior Citizen Centres which organise recreation, sporting activities, dancing, morning teas, and so on. Local government also promotes other various initiatives, many of which are intergenerational and thus include seniors’ participation. Among them are: The Neighbourhood BBQ City of Joondalup initiative that was held in April this year and Good Neighbour Day, both events encouraging neighbours to get to know each other with the aim of fostering a sense of community.

Libraries offer some excellent programmes; both the State library as well as the suburban libraries. Some have more programmes than others; just as some councils are seen to have more available than others. The Melville library, for example, runs “Aging with a positive attitude”. Most libraries run various activities and remain open during the holidays unlike many other places which “close down over the Christmas holidays for over a month”.

• Local papers have a good range of ads for various activities and groups. There is also Have-A-Go News - a free monthly paper for over 45s that provides information about recreational and social activities as well as offering a free social classifieds section which acts as a social network. “Have-a-Go News is terrific but I don’t know that all the seniors know about it or bother with it.”
There are lots of organisations for volunteers that people can get involved in, with most of these able to be accessed through Volunteering WA. Being a volunteer can allow seniors to connect with the community and feel a sense of being valued, of belonging and of being needed, all of which are socially enhancing attributes. Many seniors also make new friends through volunteering.

- Another voluntary organisation, which COTA was instrumental in setting up, is “The University of the Third Age (UWA Inc)” supported by UWA since 1986. It has lecturers and tutors and guest speakers who offer their services voluntarily at a number of different branches. It offers courses without exams so that one learns without having to pursue diplomas or degrees, and is pitched at an ABC2 type of audience. There is also the Trinity School for Seniors, a Uniting Church initiative which runs courses for people 55 and over and also allows people to offer courses in areas in which they have expertise. There are other learning centres with courses being offered even by local libraries; Learning Centre Link has a significant network throughout WA.

- Despite this abundance of activities, there seemed to be mixed feelings about what is on offer, with people saying: “There are a lot of things out there, but there could be more”, “There is almost too much ...” “People also need to be encouraged to seek out things that are available.” Thus the overall sense was that although a lot is being done many of the activities and events are not necessarily easy to access, this is especially given problems with transport as well as the financial considerations for pensioners. Furthermore, when people retire they often “want to be free of the business side of things, they have been there and done that, they want to be free from timetable and commitments.” However, if opportunities are rejected then seniors may be ‘labelled’ as not wanting to participate and so they are not asked again, without the real reasons that these people did not take part in activities being looked into. “Timeliness is important”, as people only need to know about things when they are interested in them or need them.

For the sporting activities that are organised by many of the Senior Citizens Centres there has been the comment made that not all people like playing formally. It is useful to bear in mind that in fact formal sporting events are
possibly not very conducive to socialising as the focus is on the sport and on the winning and losing aspect of it. “There again we had to play competitions instead of being allowed to have a hit about and a few laughs at each other's prowess or lack thereof.”

• An example of a grass-roots local activity was given of The Ideas Place, which was set up a few years ago in a suburb south of the river by a private citizen. This got people together to see what they liked and what they wanted to do (by writing out their ideas and what they liked on butcher’s paper), those with common interests then formed groups and decided whether to meet on a regular basis, where, and when. Groups from this are apparently still ongoing.

• It was generally pointed out that being a senior is not a prerequisite to being socially isolated as many young people can also experience social isolation. It is not very likely that seniors who have been socially active throughout their life will suddenly become socially isolated simply because they are seniors. Bearing this in mind, it was suggested that it may be worth considering the promotion of social connectedness at an early stage in people’s lives, with intergenerational connectedness being especially important as it was felt that this would form an essential basis for community building. This linked to the appeal of initiatives like the Neighbourhood BBQ and Good Neighbour Day.

“Surprisingly there are a lot of older people out there who do not enjoy the company of other old people and by that I mean people who are old at thirty, some of us may be eighty but thirty in our outlook.”

Suggestions for ways of addressing social isolation

• As transport is such a huge problem it was suggested that maybe more frequent minibuses could be set up to offer both inter-suburban and intra-suburban travel. This appealed as a sensible approach given that the normal size buses on their current routes so often seem to travel with very few passengers on them. “If the transport company wants seniors to travel in the off-peak times they have to
offer a better service”, this includes ensuring that buses are frequent enough to connect with trains and travel to the suburbs in a reasonably direct way.

Schools and churches could be encouraged to become involved in helping to provide transport, with churches organising car pooling and lifts for seniors who have no other way of getting to church, and schools organising transport for seniors, or other school children, through parents who are going in the same direction to drop-off and pick-up their children to and from school. There could also be a volunteer mini-bus service set up for seniors and made available to others in need of transport, like mothers with young children. This would ideally be co-ordinated by local government for their city area and have volunteer drivers.

- Another way of offsetting the transport problem would be for seniors to have social contact and connection available closer to home. “I don’t know that it is up to the government, I think that it is up to the individuals to start up social activities or clubs, like The Ideas Place.” “There is a need for more low-tech, low cost social opportunities.” With seniors starting up their own “social hubs” there would be a greater variety of inexpensive and local activities and events, making them much more convenient for people without easy access to transport, as well as more affordable for pensioners. Support by local government of these types of initiatives would further encourage community building. This support might mean providing some financial and organisational assistance to those starting up the groups or activities, making meeting places available like Senior Citizens Centres, and ensuring that parks are well equipped and maintained, with toilet facilities, BBQs, shelters, and maybe even outdoor fitness equipment.

Interestingly it was remarked that even retirement villages lack a community development focus – “the managers don’t have the skills to do this and the focus is mainly on the financial benefits for the property management and business sides”. It was suggested that it would be beneficial for the residents if the managers were trained in community development, or if training for this was made available, through diploma courses or even single tertiary units, to people
already working within the system; though the pressure to do this training would have to come from their employers.

• “What is the main thing that seniors want out of life? To feel worthwhile and to contribute. To belong, to feel as though you belong in society, as you can still feel isolated even though you may be physically surrounded by people.” In answer to this it was thought that more intergenerational contact would be beneficial. Intergenerational relations are very important particularly as the traditional family is so mobile and families can live geographically far from each other, also many seniors do not have access to family, or do not actually have a family. Examples were given of ways of providing intergenerational contact - retirement villages built close to kindergartens and schools; school programmes with children/youth interviewing the “elders”.

Programmes like Anglicare’s ‘Adopt a grandparent’ (operating in Tasmania) could be more widely implemented. In America similar schemes operate in many states and match seniors with families who may not have grandparents living close by.

• “It is important to realise the need to continue to make friends, as friends move, pass away, and so on.” Community papers could play a pivotal role in connecting people. They could provide a wider variety of more timely information on facilities and services available for seniors. As the timeliness of information was raised as being an issue it was suggested that information could also be made to reach seniors through letter box drops, the radio e.g. 6PR, or a Television channel could ‘donate’ some air time.

Councils could form residents’ committees to both get information to people in their city as well as get feedback and ideas from them. This is being done in some areas of Sydney; it would be a form of community building as it could provide connectedness through an easy two-way communication channel.

• To help counter social isolation, seniors need to be given support at the times when they are most vulnerable, this tends to be at ‘transition times’ – from work to retirement, moving location, becoming widowed, and so on; with more
community education being required to promote a higher level of social interaction. For example there could be forums designed for people thinking of going into retirement villages to discuss life changes.

One way to ensure this sort of support would be to give assistance to the voluntary sector, especially to smaller not-for-profit organisations as this would enable them to offer more decentralised programmes. This might mean more partnership agreements between the not-for-profit associations and government groups as well as between academia and private enterprise. This would mean more connections forming and would help ensure that funding went where it was required.

With more funding being required it was suggested that there is the need to attract the corporate world to get behind the “ageing” so as to financially support programmes and activities for seniors that positively address social isolation. This would possibly be more attractive to the corporate world if financial contributions made could be tax deductible (even partly so) but for this to occur programmes and groups looking for funding need to gain charitable status from the Australian Tax Office, something which is currently a very convoluted and difficult process.

- Possible solutions to lessen the social isolation for home-bound seniors would be government funded visitor schemes such as Do Care – this used to operate through the Wesley Mission, who it ran for approximately 15 years, before passing it on to another section of the Church more closely involved with seniors’ issues. Do Care provided a weekly volunteer visitor to home bound seniors. Another aspect of the programme was Teletlink which organised weekly conference calls to groups of up to 10 seniors. Initially a staff member or volunteers led the groups and later some of the seniors themselves became volunteers in leading a group. This also gave rise to Tele-church run by a minister, and this is still running in Busselton. There was also a bus programme for occasional outings that picked people up. Do Care had around 400 clients, all home-bound seniors from across the Perth metropolitan area. In conjunction with the Positive Aging Foundation, in 2003/2004, Do Care organised “laptop on
wheels” to help home-bound seniors stay connected. Many participants mentioned that the Do Care programme had been very successful in mitigating the social isolation of home-bound seniors.

- In country areas, while the perception is that there is a good community network in place there isn’t sufficient infrastructure to care for seniors’ needs (accessible transport, medical facilities etc) to allow them to remain living in the location they are in and so stay connected to their community. Instead many end up having to move to the city for various reasons and this is can be a cause for social isolation. This lack of facilities needs to be addressed. An example of what could be offered can be found in Dalwallinu Shire, where a house (an old doctor’s house - ‘Pioneer House’) has been made available for seniors’ gatherings, crafts and various activities. “This sort of thing needs to be made available in other country regions by local regional government taking a more active part in making available a wider variety of activities that can interest more people”.

- “Affordable housing is important, but so is affordable living.” When seniors, especially pensioners, find it financially difficult to afford products needed to maintain their home and garden and if, coupled with this, they are not easily able to physically do this work of maintenance, then they cannot be house-proud and garden-proud as they would like. This can have an impact on social isolation as they may avoid inviting people home because of shame. Councils could help this situation by liaising with big businesses (like Bunnings for example) to offer pensioner discounts on goods needed for home and garden maintenance. Also schools could organise programmes of community services where students went and helped seniors do odd jobs, for example having windows cleaned costs around $120 for a town house/unit size home.

- It was mentioned that not enough is provided for the mental stimulation of seniors, especially in regional areas, as courses are not always available to people in their own districts. One way to help with this would be to educate older people to be “computer savvy”, so that they may have the option of accessing courses online. It is important to plan for computer literacy early rather than leaving it to when seniors are older, as it could then become an insurmountable obstacle.
“There is a need for a revision of the changing social landscapes of later life, and getting universities interested in re-tailoring university education for mature age learning. The Bradley review is incredibly ageist.” “An old dog can learn new tricks!”

Review of research relevant to this report

Introduction and Definitions

Developed by the World Health Organization for the Second United Nations World Assembly on Ageing (held in Spain in 2002), the Policy Framework *Active Ageing* (2002, p.28) lists loneliness and social isolation as main determinants, among only a few others, that “greatly increase older people’s risks for disabilities and early death”. On the other hand, social support is given as one of a handful of “key factors in the social environment that enhance health, participation and security as people age”. Furthermore, given that “Social isolation and loneliness in old age are linked to a decline in both physical and mental well being” (p. 28) it is recommended that:

Decision-makers, nongovernmental organizations, private industry and health and social service professionals can help foster social networks for ageing people by supporting traditional societies and community groups run by older people, voluntarism, neighbourhood helping, peer mentoring and visiting, family caregivers, intergenerational programmes and outreach services.

We are told in the Cornell review (2007, p.1) - ‘Social Isolation: Strategies for Connecting and Engaging Older People’ (a “research review [that] focuses on scientifically tested strategies for reducing social isolation among older adults”, sponsored by the Cornell Institute for Translational Research on Aging), that “Interest in social integration and social isolation dates to the founding of gerontology as a scientific field in the 1960s”. Here too it is reiterated that “*social isolation*, or the lack of access to social support and the lack of meaningful social relationships, roles, and activities, is related to poor health and lower well-being”, while it relates “*social integration* -
participation in multiple life roles and activities and access to social support in times of need - to good health and well-being among older people”.

Current studies and research present very similar definitions of social isolation, with the stress being on its complexity. Ottmann et al, in – ‘Social Connectedness and Health: A Literature Review’, (2006, p. 5) give a useful and clear description on the common intricacies of these definitions:

Definitions of social isolation generally fall into two categories. Studies that seek to employ ‘objective’ measures tend to focus on the number of relationships, social interactions, or the extent of networks, whereas subjective studies focus on the quality of interactions. Most recent studies employ both objective and subjective measures quantifying social interaction, while taking into account subjective feelings of emotional isolation and loneliness [16-19]. Indeed, not everyone with low levels of social interaction is necessarily lonely or socially isolated [20]. Hence, subjective measures are seen by some to be crucial in determining social isolation. More controversially, terms such as ‘social exclusion’ but also ‘social fragmentation’ ... are used to paraphrase social isolation.

Loneliness and Social Isolation

Given their interconnected nature, loneliness and social isolation are typically discussed together with the terms often being used interchangeably. Van Baarsen et al give a convincing and lucid explanation of this interconnection in their 2001 paper: ‘Lonely but Not Alone: Emotional Isolation and Social Isolation as Two Distinct Dimensions of Loneliness in Older People’. This paper reports on a study where the De Jong-Gierveld Loneliness scale was used to interview older people, with findings from this being correlated to Weiss’ theory of relational loneliness. As van Baarsen et al tell us (p.120):

Weiss (1973, 1993) identified two types of loneliness: loneliness through social isolation and loneliness through emotional isolation. The former describes loneliness caused by a lack of social integration and embeddedness. This type of loneliness may, for instance, be experienced following relocation and can best be resolved by acquiring new contacts. The latter – emotional isolation - refers to an absence of a reliable attachment figure, such as a partner.
When responses from the research were analysed for bidimensionality (where the “Loneliness Scale consisted of two subscales: a negative Emotional Loneliness subscale and a positive Social Loneliness subscale” (p. 132)) results supported “the theoretical distinction between emotional isolation and social isolation made by Weiss (1973)” (p.132). Furthermore it was concluded that: “The distinction between emotional and social loneliness may be particularly relevant for studies among older people because, due to the death of aging relatives and friends, the probability of having or finding an intimate attachment figure decreases with age” (p. 132).

This finding and use of a “Social Loneliness subscale”, which allows for the relative ‘quantifying’ of a subjective perception, might prove helpful in devising an acceptable way of measuring social isolation; always bearing in mind that the focus needs to be on the subjective perception which of course changes from person to person.

Local Studies

There have been a number of recent local studies directed to social isolation and loneliness in older people that have been published as papers. Following are some of the more relevant ones to this report:

- ‘Social isolation and loneliness among older people: issues and future challenges in community and residential settings’ (2008) by Linda Grenade and Duncan Boldy. This paper gives an overview of the topic and relates findings which support many of the participants’ responses given in this report. The conclusion (p. 475) is based on three main excellent points –

  1. Working together to provide responses to social isolation and loneliness: “greater cooperation between service providers, researchers, and governments, at all levels” is needed. “Initiatives such as the Queensland Cross Government Project, which involves a variety of organisations and groups, including university researchers, in an effort to address social
isolation among older people in the state, is a good example of such a collaborative approach.”

2. Allowing seniors a voice as “the importance of involving older people themselves ... in particular in the development of intervention strategies or programs and their evaluation, also needs to be recognised.”

3. Being open to “flexible and innovative thinking on the part of all concerned in order that older people are provided with maximum opportunities to remain a part of their communities and to maintain a good quality of life.”

- ‘The demographics of loneliness among older people in Perth, Western Australia’ (2007), by Lyndall Steed, Duncan Boldy, Linda Grenade, and Helena Iredell. The aim of this study was to “determine the prevalence and demographic correlates of loneliness in a sample of older people in Perth” (p. 81). Three hundred and fifty-three participants completed a questionnaire in regard to loneliness. The conclusions drawn from the results were: “Although loneliness is not universally reported by older Perth residents, its prevalence is still considerable and worthy of attention from health practitioners and policy-makers” (p. 81).

- ‘Transitions in Ageing Research Project: An Overview 2006’ – this was conducted by the Western Australian Office of Seniors Interests and Volunteering in collaboration with Patterson Market Research. This study investigated what seniors (aged 65 and over) saw as successful ageing. There were various conclusions for the different sets of questions asked and among them were: “The findings also indicate a need for programs that assist older people to cope with the death of important others” (p. 21); “Again, the priority for seniors of maintaining their health and independence is apparent, reinforcing the need for greater priority to be placed on preventative health by all tiers of government” (p. 22); “This finding suggests that approximately one in five Western Australians aged 65 and over may be experiencing some degree of mood depression” (p. 23).

- ‘Reducing Social Isolation amongst Older People – Implications for Health Professionals’ (2004), by Peter Howat, Helena Iredell, Linda Grenade, Anita
Nedwetzky, and Jenny Collins. The aim of this study was “to clarify factors contributing to social isolation and to identify strategies that promote social participation of older Western Australians” (p. 13). Again this study revealed many of the factors also mentioned by the participants who contributed to this report, as being factors preventing social connection and support. Similarly, as with the responses given in this report, the possible responses for reducing social isolation were not necessarily straightforward to implement. To this regard the most important point made in the conclusions was the need for consultation to garner the “target group’s perspective ... Such consultation is also recommended to identify strategies that the seniors are likely to support. ... there are still likely to be unique local conditions that program planners will only be able to learn about if they undertake careful consultation ... prior to the development of any intervention” (p. 18).

**Research pertaining to seniors under-represented by participants in this report**

The article - ‘Health and social needs of older Australians from culturally and linguistically diverse [CALD] backgrounds: issues and implications’ (2007), by D Visala Rao, Jeni Warburton and Helen Bartlett – points to similar determinants for the social isolation of this specific group as those given in this study. However, it points out that “issues faced by older people from CALD backgrounds can be exacerbated by factors such as cultural and language difference, migration experience, financial sufficiency, and their location” (p. 177). Furthermore, “social intolerance or racism can result in ghetto-type ethnic communities” which can cause “reluctance on part of migrant communities to integrate into mainstream society and increasing the degree of social isolation” (p. 177).

On the other hand there have also been some positive findings, like that of “many older people from CALD backgrounds able to benefit from strong familial and community arrangements” (p. 177). This study underlines the importance of the “need for more research into approaches that take a whole of government and holistic community approach” (p. 178).
The findings of this study were echoed by the Department of Disability, Housing and Community Services’ report on the ‘Comparative social isolation amongst older people in the ACT’ study, conducted by the Cultural and Indigenous Research Centre Australia (CIRCA) in January 2009. In their executive summary (p. 2) they write:

While older people from CALD backgrounds replicate the need factors of the wider community, they experience particular disadvantage where they have limited English language capacity (as identified in the research). This factor needs to be considered when developing strategies addressing social isolation. As well as language, [there are] cultural barriers that need to be overcome by intervention strategies to accommodate cultural sensitivities.

Likewise, for indigenous seniors there is also “the need for service interventions that accommodate Indigenous cultural considerations in design, staffing and delivery” (p. 2). In addition it was found that:

While a small target group, the disadvantaged status of Indigenous people in the wider community indicates that particular attention needs to be given to the needs of older people from Indigenous backgrounds, especially in specific life circumstances such as diminishing health, having carer responsibilities and losing a partner ... (p. 2).

The inequity in life expectancy between Aboriginal and non-Aboriginal people has been described by the House of Representatives Standing Committee for Long Term Strategies (Commonwealth of Australia, 1992) as “the greatest inequality in health in Australia” (in Harrison 1997, p. 125). Harrison reports that “throughout Australia, Aboriginal people have a fifteen-to-twenty-year shorter expectancy of life than non-Aboriginal people”, and further, “Aboriginal adult mortality rates are the highest in the world apart from regions experiencing war” (p. 122). Harrison argues that the inability of many of those “responsible for policy development and practice in aged care to operate from anything other than non-Aboriginal determined priorities is seriously impeding the protection of the rights and cultural necessities of old people’s lives” (p. 122).

The Women’s Advisory Council of Northern Territory identified race relations as a significant factor in life for women in the NT (in Harrison 1997, p. 123):
We found a great deal of misunderstanding about the life circumstances of Aboriginal people with considerable ignorance about the extreme poverty that the majority suffer. There is also a general lack of understanding about Aboriginal traditional culture and insufficient recognition of Aboriginal languages.

Harrison points out that service priorities and success measures are often premised in non-Aboriginal notions of what might be needed. In her experience however, it is necessary to recognise “that priorities concerning social relationships, cultural and ceremonial renewal and identity ... were always interacting in daily life and in particular in the lives of old people” (p. 124). Importantly, she argues that old people’s priorities are not predictable according to non-Aboriginal criteria – “awareness forms the basis of a recognition of the importance of a self determination framework for Aboriginal aged care” (p. 125). These observations are examples of cultural isolation which are also relevant to remote Western Australian communities such as the Pilbara and the Kimberley regions.

As well as remote communities Western Australia has rural populations. As Celia Bevan points out in ‘Rural Ageing’ (2000) “particular issues associated with ageing in rural Australia” need to be borne in mind as misinterpreting them can result “in the marginalisation of rural older people by the implementation of urban centric policies and service models” (p. 104). She further adds that:

Dempsey (1990) has developed a limited profile about rural ageing and revealed the marginalisation of older rural Australians. Dempsey's research found rural older people received significantly lower incomes than younger adults. ... [thus] risk being marginalised as the lower income level reduces self-sufficiency and the capacity of individuals for social participation (p. 105).

**Research on other factors that can contribute to social isolation**

Transport is a consistently identified issue with regard to people being able to access and participate in social and community activities (Howat et al 2004; Feldman et al 2002; OSIV 2006). Feldman et al (2002, p. 139) argue that “access to efficient, appropriate transport, was found to be essential for optimal interaction with the social
world of family, friends and community and in mitigating against dependency on others”.

Howat et al (2004, p.17) identify transport problems in Perth as including:

Not being able to travel before nine o'clock in the morning to obtain the discounted fare with the Senior’s Card which created difficulties for attending early morning social appointments. Other transport related difficulties included: distance from friends and relatives, especially when public transport had to be used; not living close to public transport; difficulty with bus steps (too high); and coordinating outings with public transport.

In ‘Disability and family carers’ (2007, p. 31), Ian Spicer points out that carers of family members living with disability, often experience a loss of social connections:

They may find it difficult to maintain their pre-caring social activities as their responsibilities to the person with a disability may not be flexible enough or allow them sufficient time. Consequently, many family carers experience isolation from their community.

This demanding situation is further compounded as carers age: “Because of the advances in medical and other services, people with disability are now living longer … The flow-on from this is that the family carers themselves are also getting older …” (p. 31).

This lack of time is also experienced by grandparents who are raising their grandchildren. Consequently, as Emma Baldock writes in ‘Grandparents raising their grandchildren because of alcohol and other drug issues’ (2007), “many grandparents [raising grandchildren] reported losing contact with their friends” (p. 73). Loss of social support at such a crucial time further intensifies the difficulties of seniors in these situations. Moreover, “stigma of substance abuse may affect attitudes of neighbours, grandparent and grandchildren’s friends, the school, other parents and classmates” (p. 73).

Lyman makes it clear that people diagnosed with Alzheimer’s disease and/or who are known to suffer from dementia, regardless of the pathological effects stemming from the disease, suffer significant social loss and limited social opportunities. Using the work
of Charmaz (1983) and Strauss (1975) she argues “severe blows to self-esteem that accompany chronic illness, largely as a result of social isolation and negative expectations of others. Particularly for persons with a dementing illness, the self deterioration accompanying the disease is exacerbated by negative experiences in social relationships” (2000, p. 346).

Mitteness & Barker (2000, p. 308) assert that the “Social consequences of urinary incontinence range from embarrassment, depression, and confusion to extreme social isolation and vulnerability to institutionalization.” Further, “an incontinent elder isolates himself or herself at home, where loss of bladder control is tolerable, and avoids visitors because their presence would threaten these ‘normalizing’ strategies” (p. 320).

The May 2009 Policy Bulletin of the Australian Housing and Urban Research Institute (AHURI), tilted ‘Housing insecurity and its link to the social inclusion agenda’ states that: “Lower income renters’ experiences of housing insecurity have six important dimensions. Compounded by other aspects of social and economic disadvantages, the result is social exclusion” (p. 1). The six dimensions given are: housing mobility, housing instability, lack of privacy, feeling unsafe, lack of belonging, lack of physical comfort. (p. 3). Given the low financial worth of the pension, there are pensioners who indeed experience these sort of housing insecurities and it is easy to see how this contributes to placing them at an increased risk of social isolation through social exclusion. This experience runs counter to the “Australian Government’s vision of a socially inclusive society ... in which all Australians feel valued and have the opportunity to participate fully in the life of our society” (Commonwealth of Australia 2008, p. 1).

As Bowoski et al (1997, p. 15) point out “governments caught between the twin pressures of an ageing population and declining revenues, have found it extremely difficult to formulate rational and comprehensive policies”. While positive measures brought in by government include that it introduced a tax rebate for “self funded retirees, raised the limit for superannuation contribution from 65 to 70, and recognised voluntary work as a valid form of activity to procure unemployment benefits. It also moved towards the WHO [World Health Organization] agenda for positive ageing or healthy ageing” (1997, p. 15).
The paper ‘Social Isolation and the elderly: causes and consequences’, presented at the 2006 Shanghai International Symposium for Caring for the Elderly by Professor Anja Machielse, asserts that: “Besides societal factors there are also more personal factors that can increase the risk of social isolation ... [and] in most cases there is a complicated combination of different factors and circumstances” (p. 7). Most of these have been mentioned and elaborated on by the participants to this report; similar factors are also listed by the CIRCA study as “risk factors” (2009, p. 2):

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

As well as these, the study also lists factors that “can protect older people from becoming socially isolated” (pp. 2-3):

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

Additionally, the CIRCA report states that:

Emerging strongly from the consultations with stakeholders and community members is the need for opportunities to participate in the cultural, civic and social areas of society, giving people a variety of meaningful roles that value and honour people's skills. Addressing negative community perceptions towards ageing and providing a range of formal and informal options for social interaction and participation were felt to promote feelings of self-worth, pride and real belonging in the community (p. 3).

This need to participate so as to feel connected, mentioned in the above quote, is given an even wider understanding by Simon Biggs in ‘Aging in a critical world: The search for generational intelligence’ (2008). In this article he discusses critical gerontology which is “a radical approach to adult ageing drawing on both the personal experience of older adults and their relationship to social and structural inequality” (115). In what is essentially a suggested approach to policy direction in the best interests of all, he advocates that:

A prerequisite for critical gerontology in the 21st century would be to enhance intergenerational understanding and solidarities under conditions of increasing scarcity and competition between groups, generated in part by environmental change. In order to confront this challenge, we will need to critically evaluate the strategies that are currently used for social inclusion and examine how we negotiate the boundaries between groups
identified by age. A starting point would be to recognise that, while we are all increasingly in the same environmental boat... a stimulus to solidarity, recognition of common interest also depends on recognising the special, complementary qualities that each generational group can bring (p. 119).

**Recommendations of feasible directions for policy responses**

Several practical directions for policy to address social isolation emerge from the participants’ responses of this scoping study. These are further supported and developed by the literature review given above.

- **Supporting positive relationships**

One of the main needs of seniors was stated as being able to feel connected and having a sense of belonging to community. In relation to this, the comments and suggestions made by the participants (most of which were supported by local, national and international research) invariably pointed to intergenerational connection and community building as ways of mitigating or preventing social isolation.

Interestingly, the ‘practical’ segregation of ‘client groups’ that is commonly incorporated in our (Western) institutional infrastructure seems to have exacerbated several of the causes of social isolation. Although admirable in principle, many of the services on offer to seniors are very formally organised, ’from the top down’, so that it is difficult for them to be co-ordinated with other aspects of seniors’ lives and people can ‘fall through the cracks’.

The responses on how to address this point is to focus on rapport and more positive relationships, with the ideal being neighbourhoods that flourish into connected communities. The role of government (and of seniors’ organisations, and possibly other organisations) would be to actively encourage small groups and individuals to undertake initiatives to foster community building and then provide adequate support to facilitate their success. Support could also be implemented for existing initiatives following an evaluation of each.
• **Providing transport that meets people’s needs**

One of the vital aspects for facilitating initiatives of social integration would need to focus on attaining ways of providing adequate transport. This would mean making transport available to people who need it, when they need it, at least most of the time. There are various possible recourses to achieve this; for example some of the suggestions given in the response section of this report could be trialled together with the instigation of some action research allowing for development and evaluation.

• **Appreciating current successful programmes**

There is much that is already being done and it is important to value this. A constant ‘problem-solving’ outlook and approach can be overwhelming in its pressure, and can fail to allow adequate time for programmes to develop; thus rather than giving due recognition to success, with necessary changes being made at appropriate times, it might try ‘fixing what isn’t broken’. A positive approach that promotes community development is described in some detail by Ottmann et al, in ‘Social Connectedness and Health: A Literature Review’, (2006, pp. 19-20):

Asset-Based Community Development (ABCD) is an approach to community development which seeks to identify and develop existing strengths (assets) in the community [129, 130]. These form the building blocks for community-based projects to address local needs. ABCD posits that in every community there are latent capabilities, skills, and opportunities for individuals and groups to build upon. This approach contrasts with traditional forms of community development “from above”, which identifies needs and deficiencies and establishes programs to address them. ... ABCD argues that no strong and vital community is built out of weaknesses. If meaningful progress is to be made in renewing community bonds and the benefits that come from them, strengths and capabilities need to be identified and developed across the spectrum of community actors [131, 132]. For ABCD to be truly effective it needs to be driven by community members and have broad-based support within the community. Few successful community development projects are imposed “from above” or implemented by a select few.

This kind of positive approach could be implemented even in interventions for those ‘groups’ at risk of social isolation, as discussed in the responses. This would encourage
an active participatory role from members of the targeted groups which would be more likely to empower them to make positive changes.

- **Targeting education with a view to opening attitudes and perspectives**

In line with current life-long learning approaches, it would be beneficial to implement a broad based intergenerational education movement that focused on:

1. the dissemination of strategies for successfully navigating the major transitions in life;
2. the fostering of resilience and self-development;
3. the augmentation of skills and know-how for social integration and community building;
4. the exploration of the choices that can be made to look at ageing in a positive way.

All of this could be made available through formal and informal courses offered by diverse groups and establishments as well as by means of access to information via various means including – printed media, television advertising (like the current promotion of the Act Belong Commit programme), and leaflets distributed through libraries and other community centres.

- **Interconnecting research to practice – action research**

While it is essential in any study to emphasise the voices of those the research is about, it is also important to connect to other research in similar fields so as to widen the findings and knowledge base. Action research is a type of research that is able to blend these two facets relatively seamlessly. Ottmann et al describe it as being “particularly suited to evaluation research as it is practiced on projects as they are in progress” (2006, p. 23). Further:

It is conceived of as a reflective and evaluative part of a social change project, rather than a research project conducted separately [138]. The evidence collected through action research is usually qualitative, though interviews and discussions, rather than quantitative survey data. It appears to be particularly compatible with health, educational and other
community projects because of the compatibility of values (with health and social work ethics and ideals), and the skills of project workers in that area. Crane and Richardson [138], writing on action research use for the Department of Families, Community Services and Indigenous Affairs, report that action research became a well-regarded part of project planning and implementation for the human services workers they worked with.

Action research would thus appear to be well suited to the evaluation of programmes and pilot studies connected to the recommendations discussed in this report.

**Conclusion**

Social isolation is a complex issue, dependent on the quality of human relationships as well as on many personal aspects and dynamics of day to day living. As we have seen from the comments of the participants, to speak of social isolation is to speak of ‘feelings’ of social isolation as it primarily gives rise to a state of mind, which is therefore invisible and very difficult to measure and quantify. However, its consequences are as real and visible as they are detrimental to both the individuals experiencing them and society as a whole; this is even if just considering the costs linked to the decrease of mental health and well-being.

Looking expressly at the social isolation of seniors further complicates matters by taking a complex issue out of context, as social isolation is not just a concern for seniors but is a holistic intergenerational concern which is clearly interconnected to wider societal issues. Social isolation is a ‘big picture’ issue; as such it is harder to see and understand how to offset it when it is out of context and when attempts are made to break it down into its components. On the other hand, while the intricacy of social isolation becomes clearly apparent in openly discussing it, it is also easier to understand as its links are plainly shown for all to see. This is evident in the responses given by the participants interviewed for this scoping study.

Consistently, research on the social isolation of seniors has pointed out the importance of consulting with those concerned and ensuring they play a pivotal role in any planned intervention. This needs to be borne in mind when conducting further research, so that studies may be designed to be both in-depth (as in appropriate for the individuals concerned) and holistic (as in remaining connected and relevant to context and society
as a whole). This sort of approach could facilitate the formulation of policy that is both practical and far-reaching.

References


Cultural and Indigenous Research Centre Australia 2009, *Department of Disability, Housing and Community Services’ Comparative Social Isolation Amongst Older People in the ACT Final Report*, CIRCA, Sydney & Melbourne.


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Appendix:

The article in Have-A-Go News read as follows:

"Do you have a circle of relationships, including friends, family and acquaintances, where you feel you belong? Is there anything that stops you from making new friends or searching out like-minded people? Or anything that maybe makes it difficult for you to catch up with family and friends? In today's modern world the pace of living is sometimes not as favourable to the sort of social life we might like. In view of this, Murdoch University’s Centre for Social and Community Research, in partnership with
COTA, is currently undertaking research to develop ways to enhance the social life of seniors. Maybe you have some ideas or experience on this, or perhaps even a wish-list. This could be from suggestions of action to be taken by your local government to simple advice to community groups or even individuals.

If you do have any thoughts to share you may call Helen Ferrara (you will not need to give your name if you prefer not to) on 9360 1396 on a Thursday between 10:00 am and 3:30 pm, she would love to hear from you!