

# Alone in a Crowd: Supporting Older Australians Managing Loneliness

## PAPER REPORTING ON PROGRESS IN STAGE TWO OF THE STUDY – TOWARDS STRATEGY DEVELOPMENT

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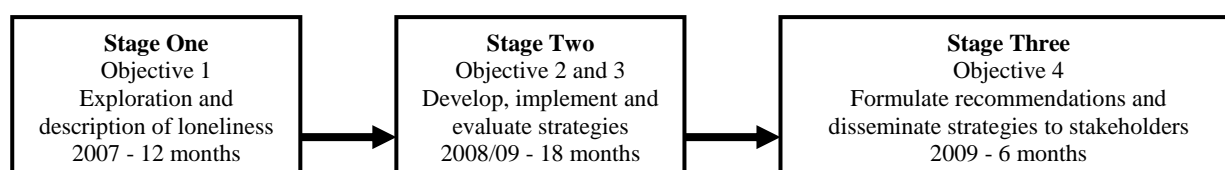
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# Overview of Phase One of Stage Two – Workshops to Explore Possible Strategies in Response to Issues Identified in Stage One

This paper presents findings of *Phase One of Stage Two* of the project, *Alone in a crowd: Supporting older Australians managing loneliness*. The second stage of the study built on the data generated in *Stage One*. The results of *Stage One* were summarised in a discussion paper that informed workshop discussions in *Stage Two* of the study. Figure 1 provides an overview of the research plan and the relationship between the various stages of the project.

**Figure 1: The Research Plan**



In summary analysis of the data collected in *Stage One* revealed five dimensions with respect to understandings of loneliness articulated by older people and support/service providers. The five dimensions were:

- **Loneliness as private**
- **Loneliness as relational**
- **Loneliness as connectedness**
- **Loneliness as temporal**
- **Loneliness as re-adjustment**

Each of these dimensions has been explored in depth in the Stage One Discussion Paper.

Drawing on action research principles, in *Stage Two, Phase One*, a program of workshops was used to identify and develop possible strategies, as well as to provide insights into what might be important to consider when framing particular strategies to address the five dimensions of understanding loneliness. Workshops were held in Queensland (n = 2) and South Australia (n = 2) in March and April 2008 respectively, in metropolitan areas. The participants in the workshops included members of Commonwealth and State departments; a variety of health care professionals from Partner Industry Organisations; managers of those providing direct care and support to older people; program coordinators responsible for allocating resources at Partner Organisations as well as other aged care providers; representatives from local councils and consumer groups; older people and their family members/significant others; and other groups with an interest in service provision for older people. All participants in each of the four workshops in *Stage Two* were sent the discussion paper, the final part of which asked the participants to consider how the identified five dimensions of loneliness related to their organisation or themselves, and what types of strategies might be developed to address the identified dimensions of loneliness. Participants were also encouraged to consult widely with their colleagues prior to the workshop.

The workshops began with a brief recap and overview of the project thus far and a reinforcement of the aim of the workshops. Depending on the size of each workshop, participants were either

organised into smaller groups, or asked to choose a discussion group. Each group was asked to focus on dimension(s) of understanding loneliness outlined in the discussion paper and to identify possible strategies, as well as ideas towards formulating possible strategies to address loneliness. Each group was also asked to identify any services/programs/strategies that already exist and to identify any ways of strengthening and enhancing them. At the conclusion of their discussion, each group reported a synthesis of their discussion and ideas back to workshop participants.

## **What this paper is about and how it informs the study to date**

The purpose of this paper is two-fold:

1. To provide a snapshot of the information that has emerged from the workshops conducted with older people, their family members, representatives of consumer groups and support/service providers.
2. To provide analysis of this information for what it reveals about the principles that inform and shape many of the strategies proposed in the workshop discussions
3. To use these principles to inform the development of a framework against which actual programs and strategies can be developed, trialled and evaluated
4. To provide the basis for further feedback concerning the ideas as well as specific strategies identified in the workshops. Feedback will become part of the discussions with the National Project Advisory Panel (NPAP) members.

The refined framework and principles will then be used to guide the development and refinement of concrete strategies which will then be developed further, implemented and evaluated at the Partner Organisations.

Thus this paper is not about THE solutions as such but rather the strategies and principles that form the foundation for, and precursor to, the development of programs or services in any aged care context. As such it is in line with the iterative research process that underpins the approach of the study. By this we mean that existing strategies can be refined and evaluated in light of these principles. In addition, new and different ones can be developed guided by such a framework and then trialled and evaluated thus constantly refining the new strategies. This gives the research sustainability and applicability across a wide variety of settings and contexts.

## **Towards Strategies to Assist Older People Managing Loneliness**

Participants identified a range of programs and initiatives designed to enhance, complement or replace existing practice. These ideas have been summarised in the sections to follow. The proposed strategies were then analysed to find common principles informing the suggestions. This analysis along with the analysis of data collected from the interviews and focus groups during *Stage One*, has led to the development of a broad framework of guiding principles. The framework can be used to assist the review of existing strategies and to guide the implementation of the identified strategies and against which suggested individual strategies could be tested/analysed/evaluated. These strategies could be at the individual, organisational and/or policy levels. Such a framework provides a fresh and innovative way to evaluate existing programs, modify them and provide the basis for the development of new programs.

The guiding principles emphasise that the strategies intended to assist older people to manage loneliness need to be multi-dimensional in terms of being cognisant of the various dimensions related to understandings of loneliness, as well as being adaptable, flexible and sustainable. The guiding principles are:

- The person and their needs are considered foremost; that is, client-centred practice.
- The focus on the person is considered at a number of levels (e.g., individual, organisational and community).
- A holistic approach to health and well-being of the person is taken into account.
- The person and their feelings are affirmed/validated/valued.
- The person feels they have a sense of purpose.
- Activities (when used) are meaningful to the individual.
- Programs are individualised as one size does not fit all.
- Programs are adjusted around the person, not the person to the program.
- Barriers e.g., access to transport, using IT are navigated.
- Attention is paid to sustainability.

Suggested strategies were grouped into the following areas: education; building and maintaining personal needs and connections with others; maintaining meaning and purpose in everyday life; strengthening community capacity; getting around: transport; uses of media; one size does not fit all: flexibility and diversity in service provision. The following is a summary of the key strategies identified by workshop participants to assist older people managing loneliness. A list of the suggested strategies can be found in Appendix One.

## **1. Education**

Participants identified the need to focus on different levels of education to assist older people to manage loneliness. As well as increasing awareness and knowledge in community more broadly to reduce the stigma associated with loneliness, participants emphasised the need to focus on educating health professionals and service providers in particular about the actual needs of older people. Participants also emphasised the need to focus on pre-retirement planning, and in particular, whether retirement from full paid work will have an impact on self-worth and overall well being, including mental health.

## **2. Building and maintaining personal needs and connections with others**

Participants suggested that building meaningful connections with others – peers, friends, family members, carers and pets – was important in relation to meeting the relationship needs of older people. While some participants identified specific activities, others came up with ideas focused on developing and putting in place mentoring and buddy systems which would enable older people to develop and sustain relationships, connections and interactions with others. Participants felt that buddy systems in particular should be in place and running prior to the arrival of new residents in retirement villages. Building rapport with others is particularly important to developing and maintaining meaningful relationships and connections.

### ***3. Maintaining meaning and purpose in everyday life***

Participants suggested that there is a clear need for older people to be involved in different activities which are mentally stimulating, meaningful and planned in consultation with them. That is, older people need to have or feel a sense of purpose in what they do. There must be a goal to making activity worthwhile and meaningful. Doing something for the sake of it is not rewarding if it is only there to fill free time. Participants also indicated that forming and maintaining groups was an important part of sustaining purpose, especially those centred on specific interests and hobbies and abilities. Participation in group activities may not only provide an outlet for activities and interaction but also become a source of motivating people to join, take up particular roles and responsibilities. Invitations to participate need to be encouraged in a manner that does not overwhelm the individual. In a way, participation in groups may give older people a sense of ownership, being needed, belonging and hope.

### ***4. Strengthening community capacity***

The need to strengthen communities was identified as crucial by many of the participants. Participants suggested that strengthening communities must take into consideration many aspects in order to respond more effectively to older people's needs, and in particular, enable those providing services to support older people managing loneliness. The suggestions offered by the participants show that helping older people manage loneliness is not something that older people should do alone, nor is it the responsibility of the aged care industry alone. While capacity building can occur at individual levels, it should also happen on a broader, collective level to make responses to older people's loneliness sustainable. Building links and partnerships between individuals, and between organisations, are part of the picture. Utilising existing resources to limit further costs during times when funding is difficult to attain is additionally part of the picture.

### ***5. Getting around: transport***

Participants suggested that transport is essential to helping older people manage loneliness. If access to transport is difficult, and its availability is limited, this in turn will limit older people's ability to access different services and facilities. Participants indicated that current transport services are inadequate and eligibility for free transport is limited. Furthermore, transport services must be flexible; include more than one option; be easy to access; and available more widely. Availability of transport should also be planned well in advance. This should be communicated with older people as an incentive for them to attend social events, and reduce the worry associated with whether they can attend a social event.

### ***6. Uses of media***

Participants identified media and its uses as extremely important to raising awareness about older people's loneliness and to thinking about how older people themselves might use media to reduce loneliness. This corresponded to the need to communicate via various communication mediums, e.g., telephone, radio, newsletters, IT, internet software and services. The use of media was seen not only as a means of increasing the visibility of older people in the community, but also as means of helping them to link into the lives of their families, peers, networks as well as the community at large.

### ***7. One size does not fit all: flexibility and diversity in service provision***

Like education, participants paid a lot of attention to the provision of support and services for older people. One message in particular was clear: one size does not fit all when meeting the needs of older people. That is, an individual approach must be considered in responses to older people's

experiences of loneliness as loneliness means different things to different older people. The problem, as some participants noted, is that programs in the aged care industry are set up and then older people are fitted into them, instead of it being the other way around.

## Appendix One

**Table 1: Summary of identified strategies**

Identified strategies	Sub-sets of identified strategies	Some examples of identified strategies	Five dimensions of loneliness
Education	<ul style="list-style-type: none"> <li>• Increasing awareness and knowledge in the community.</li> <li>• Personal self-development.</li> <li>• Education for health care professionals and service providers.</li> <li>• Pre-retirement planning.</li> </ul>	<ul style="list-style-type: none"> <li>• General discussions at public libraries, primary and high schools, TAFE.</li> <li>• Personal tutoring and short courses taught by retired academics, writers, high school students, e.g., writing, IT, “old crafts”.</li> <li>• Training sessions on dispelling myths; recognising possible signs; addressing specific topics such as functional abilities and mental health; the use of language in program and service development.</li> <li>• Planning sessions focused on financial, social, emotional and physical needs in the future.</li> <li>• Sessions on mental health education, with some attention to issues such as depression.</li> </ul>	<ul style="list-style-type: none"> <li>• Private</li> <li>• Relational</li> <li>• Connectedness</li> <li>• Temporal</li> <li>• Re-adjustment</li> </ul>
Building and maintaining personal needs and connections with others	<ul style="list-style-type: none"> <li>• Building and maintaining relationships through organised service provision.</li> <li>• Mentoring buddy systems.</li> <li>• Documenting life history projects.</li> <li>• Programs to help</li> </ul>	<ul style="list-style-type: none"> <li>• Visitor schemes, e.g., second person sent to eat a meal and talk to; a person designated to invite older people to social events on a regular basis, to welcome new residents in ILUs.</li> <li>• Personal life coaching.</li> </ul>	<ul style="list-style-type: none"> <li>• Private</li> <li>• Relational</li> <li>• Connectedness</li> <li>• Re-adjustment</li> </ul>

	older people adapt to losses.	<ul style="list-style-type: none"> <li>Follow up assessment after bereavement.</li> </ul>	
Maintaining meaning and purpose in everyday life	<ul style="list-style-type: none"> <li>Participating in leisure activities.</li> <li>Sharing food to connect with others.</li> <li>Participating in meaningful group activities, inclusive of a range of abilities.</li> </ul>	<ul style="list-style-type: none"> <li>Attending free matinee concerts/performance.</li> <li>Football training sessions.</li> <li>Regular group health programs.</li> <li>Regular night time events.</li> <li>Intellectually stimulating activities for visually impaired.</li> <li>Local coffee shops for older people; a community restaurant; "Happy Hours".</li> <li>A member of a small community hotel to take and deliver take-away orders on Fridays.</li> </ul>	<ul style="list-style-type: none"> <li>Relational</li> <li>Connectedness</li> <li>Temporal</li> </ul>
Strengthening community capacity	<ul style="list-style-type: none"> <li>Promoting the presence of older people in communities, including their resilience, value and health.</li> <li>Community one-stop-shops.</li> <li>Public spaces for older people.</li> <li>Building neighbourhood capacity.</li> <li>Consider housing options.</li> </ul>	<ul style="list-style-type: none"> <li>One-stop-shop for: transport, volunteers, tutoring, activities, operating as a drop-in centre.</li> <li>Promote the presence of older people in public places such as chemists.</li> <li>More sitting places allocated for older people in shopping centres, and social events such as concerts, e.g., "talking seats" for casual contact and conversation.</li> <li>Intergenerational programs.</li> </ul>	<ul style="list-style-type: none"> <li>Connectedness</li> </ul>
Getting around: transport	<ul style="list-style-type: none"> <li>Subsidised /free transport systems.</li> <li>Coordinated transportation.</li> <li>Use of community facilities.</li> <li>Raise public and transportation drivers' awareness</li> </ul>	<ul style="list-style-type: none"> <li>Local area free transport network.</li> <li>7-days-a-week ring in service.</li> <li>Use residential and school buses to take people to lunches and shopping.</li> </ul>	<ul style="list-style-type: none"> <li>Connectedness</li> </ul>

	of needs of older people.		
Uses of media	<ul style="list-style-type: none"> <li>• Communication systems to promote activities.</li> <li>• Communication systems to be reader friendly for older people.</li> <li>• Promote social use of IT, whether at home or in public libraries.</li> </ul>	<ul style="list-style-type: none"> <li>• Local radio station for older people.</li> <li>• Monthly calendar insert in the local newspaper.</li> <li>• Promote and encourage use of internet services such as Skype and Facebook.</li> <li>• Regular newsletters promoting the availability of services.</li> <li>• Community expo displaying information in relation to senior citizen groups.</li> <li>• More internet booths to access information.</li> </ul>	<ul style="list-style-type: none"> <li>• Private</li> <li>• Connectedness</li> </ul>
One size does not fit all: flexibility and diversity in service provision	<ul style="list-style-type: none"> <li>• Carers allocated time for social interaction.</li> <li>• Regular care workers.</li> <li>• Mobile diversion therapists.</li> <li>• Gender specific activities.</li> <li>• Telephone services.</li> <li>• More visible support for cultural and linguistically diverse groups.</li> <li>• More Day Activity Centres in different geographical locations.</li> </ul>	<ul style="list-style-type: none"> <li>• Flag approximate time of day for visits to reduce unnecessary staying at home.</li> <li>• Activities connecting past and present: e.g., farmers visiting farmers markets.</li> <li>• Send a birthday card to residents.</li> <li>• Day activity programs for house bound individuals.</li> <li>• Door-to-door delivery of library books.</li> <li>• Pet therapy, e.g., adopt a puppy program.</li> </ul>	<ul style="list-style-type: none"> <li>• Relational</li> <li>• Temporal</li> </ul>