Cross Government Project to Reduce Social Isolation of Older People

Townsville
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Arthur Schulz  Home and Community Care Program-Northern Queensland, Queensland Health
Francis Tapim  Ministerial Advisory Council for Older Persons
Nicki Hall  Australian Government Department of Veterans’ Affairs
Garth Harrigan  National Seniors/Committee on the Ageing
Patricia Walsh  Department of Communities (previously Department of Families)-Community Support Services
Pat Kennedy  Department of Communities-Community Support Services
Dr Alison Hogg  Townsville Division of General Practice
Caroline McCormack  Commonwealth Carelink
Judy Rabbitt  Aged Care Assessment Team, Queensland Health
Diana Drovandi  Ozcare Day Respite Centre

Disclaimer

The material in this report provides background on the Cross Government Project to Reduce Social Isolation of Older People and a summary record of community input to the project. This input has been provided by community members including representatives of agencies whose work currently impacts, or could impact, on social isolation of older people, and representatives of older people’s organisations. This input forms part of a range of issues to be considered by the steering committee for the project. It does not represent Government’s position or policy.
1. Introduction

It is well recognised that low social participation can adversely affect health and well being of older people. Social isolation encompasses both social and emotional isolation – that is, a low level of social participation and also the subjective experience of loneliness. There are many individual, social, community and environmental factors which can influence a person’s connection with their community. Although many older people are socially connected, there are some factors that more commonly impact on older people than on other age groups.

There is an association between communication and interaction with others and the maintenance of self-esteem, self-concept, and ultimately the mental well being of ageing individuals. Social isolation can affect physical health as isolated individuals may engage in behaviours and activities, which can be detrimental to their health and well being. People who are socially isolated may also choose not to seek or accept social support and health services or engage in behaviours and activities, which can have a positive effect on their health and well being.

Social participation and social resources support the positive ageing of older people. It is important that older people have the opportunity to be socially connected and, if they wish, to participate in community life. It is predicted that by 2021, 21% of Queensland’s population will be aged 60 years and over. There is a need to provide interventions and develop models, which facilitate the social participation of older people.

2. Purpose of Report

The Townsville report can be used as a resource to assist with community, service and agency planning for the Townsville area. It has therefore been written as a ‘stand alone’ report, including the project background, for those who did not participate in the Townsville consultation. The findings from the Townsville meeting and forum will be incorporated in the report on the project consultation phase, which is phase two, and will contribute to the development of knowledge to reduce social isolation of older people.

3. Background

3.1 Overview of Project

The Ministerial Advisory Council for Older Persons (MACOP) developed the original concept for the social isolation project. The Seniors Interests Unit (SIU) of the Department of Communities then led its development into a cross government approach which is being managed by SIU. The project aims to identify leading practice models used in the reduction of social isolation of older people. All the agencies involved have identified social isolation of older people as an important issue, (see appendix I for steering committee membership). The project provides the opportunity to work together and pool resources for an improved outcome.
The project is overseen by a steering committee which includes representatives of the project funders and those agencies providing ‘in kind’ support. Funders of the project are the Australian Government Department of Veterans’ Affairs, the Home and Community Care and Mental Health Units of Queensland Health, and Seniors Interests Unit, Department of Communities. Agencies providing significant ‘in kind’ support included MACOP, the Australian Government Department of Health and Ageing, Queensland Transport, the Australasian Centre on Ageing, the Aged and Community Care Reform Unit of Queensland Health, and Multicultural Affairs Queensland and the Office for Women from the Department of the Premier and Cabinet.

The project has five phases. These are not strictly linear and the timing of some phases will overlap.

**Phase 1**  
Research and analyse responses to social isolation, through a literature review.

**Phase 2**  
Identify local responses to social isolation, through community meetings, forums and a submission process.

**Phase 3**  
Identify innovative approaches to social isolation based on the findings of phase 1 and 2.

**Phase 4**  
Develop, implement and evaluate demonstration projects based on innovative approaches/leading practice models.

**Phase 5**  
Disseminate information about best practice models that prevent and reduce social isolation, and finalise project.

Phase 1 was completed in 2002, and phase 2 was implemented in 2003. Phase 3 is being progressed during the early part of 2004, and the demonstration projects will be developed during mid 2004.

**3.2 Phase 2: Identifying responses to social isolation of older people**

Two strategies were employed to elicit information regarding social isolation of older people. First, visits were made to ten localities across the state. These were Longreach, Southport/Labrador, Childers, Far Western Queensland, Mackay, Cairns, Townsville, Brisbane North, Toowoomba and Logan. Meetings and forums were held in these localities to identify local protective and risk factors in relation to social isolation, and to discuss solutions. In addition, several focus groups were held to identify issues that related to the social isolation of Aboriginal and Torres Strait Islander older people, Australian South Sea Islander older people and older people from culturally and linguistically diverse backgrounds.

Objectives of the community meetings and forums were to:

- map current service and community responses to social isolation of older people;
- identify models that may reduce social isolation of older people in a particular community;
- encourage the strengthening of collaborative responses to social isolation;
- strengthen existing networks and develop new networks; and
- provide opportunities for sharing of information across participants, related to the project issue.
Second, a submission form was disseminated across the state for completion by interested agencies, services and representatives of older persons’ organisations. The submission form replicated the questions which were discussed at the community meetings and forums. The submission process provided the opportunity for people across the state to contribute to the project.

A report on phase 2, covering the findings of the community meetings and forums and submissions will be made available to interested individuals and agencies in Townsville on completion.

4. Townsville Visit

A planning meeting was held in Townsville on 5 September 2003, (see appendix 2 for meeting attendees). The Townsville forum for the project was held on 27 October 2003, (see appendices 3 and 4 for program and participants). In addition, two meetings of Aboriginal and Torres Strait Islander people were held, to provide Indigenous input into the project. This input is documented in a separate report which will be made available to all Townsville forum participants as well as attendees of the Indigenous meetings.

5. Community Profile

The twin cities of Townsville and Thuringowa, often collectively referred to as Townsville, comprise the second largest metropolis in Queensland. Although Thuringowa and Townsville share a common boundary, with Thuringowa bordering Townsville to the east-north east, the two cities are separate and distinct Local Government areas.

The Townsville Region, which encompasses both Townsville and Thuringowa, provides the northern link for State and Federal Governments, as well as for private enterprise in primary and secondary industries, mining, commerce, retail, and community and cultural services. Key areas of economic activity in the Townsville Region include government administration, defence, education, health and community services; retail and wholesale trade; manufacturing; finance, insurance, property and business services; agriculture, forestry and fishing; transport, storage and communication services.

As at June 2001, the Australian Bureau of Statistics estimated the total population of the Townsville Region to be 145,879. The population of Townsville City, as separate from Thuringowa was estimated at 94,739. Between 1996 and 2001, the population of the Townsville Region grew from 132,667 to 145,879. This difference represents an increase of 10 per cent over 5 years, or an annual growth rate of 1.9 per cent. Specifically, Townsville City experienced an increase in population of 7.2 per cent from 1996 to 2001, representing an average annual growth rate of 1.4 per cent.

At the time of the 2001 census, 9.3 percent of the total population of the Townsville Region were aged 65 years or over. Similarly, 9.1 percent of the population of Townsville City were aged 65 years or over. Approximately 5.1 per cent of the
Townsville Region population, and 4.8 per cent of the Townsville population were Aboriginal and/or Torres Strait Islander.

The population of the Townsville Region is anticipated to increase at a rate of 7.8 per cent until 2006, and then at a rate of 8.7 per cent until 2011. The projected population for the Townsville Region in 2011 is 170,839 (Queensland Department of Local Government and Planning, 2002).

6. Protective factors, risk factors and groups at risk

Factors which can influence social isolation of older people can be individual, social, community and environmental. Individual factors such as financial status and health status can influence a person’s social participation, regardless of their location. However, other factors may relate to a person’s place of residence.

Townsville informants identified local protective and risk factors that impact on social isolation of older people (see Table 1). A number of factors may act in different ways, to both protect people from social isolation, and also to put people at risk of social isolation. Protective factors can be described as situations or circumstances that help a person to be socially connected. Recognising the factors that are protective in relation to social isolation is a first step towards maintaining and strengthening them. Working on existing community strengths can foster sustainability.

Risk factors can be described as situations or circumstances that increase the likelihood of social isolation. When planning for reduction of social isolation of older people in a particular community, local risk factors need to be managed, and where possible, reduced.

Risk factors and protective factors are inter-related. For example, an older person with a mental illness may live in a community where there are many services that address the individual risk factor of mental illness, such as psychiatry and counselling. However, there may be limited social opportunities in the community and limited infrastructure for positive ageing.

Conversely, a person with a mental illness may live in a community where there are no services addressing their mental illness on an individual basis, such as psychiatry and counselling. Consequently the person is unable to take advantage of social opportunities and infrastructure for positive ageing.

Table 1: Townsville factors influencing social isolation of older people, identified by local participants

<table>
<thead>
<tr>
<th>Individual factors</th>
<th>Protective factors</th>
<th>Risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil specific factors, related to the Townsville area, identified during Townsville meeting and forum</td>
<td>Financial hardship of some older people, including farming families in outlying areas</td>
<td>- Competition for the few dollars that people may have with inadequate money to sustain some leisure pursuits</td>
</tr>
</tbody>
</table>
Fear of crime by some older people and a false perception that older people are a particular target

Lack of information technology (IT) knowledge is prevalent in older people meaning they are unable to take advantage of IT opportunities for social interaction

Loss of driver’s licence

Language barriers for those from culturally and linguistically diverse group and for those older Indigenous Australians who have English as a second or third language

Domestic violence and elder abuse

<table>
<thead>
<tr>
<th>Social factors – relating to the family and/or group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protective factors</strong></td>
</tr>
<tr>
<td>Many people living in Townsville have had a country upbringing with strong family networks</td>
</tr>
<tr>
<td>Older people from culturally and linguistically diverse (CALD) backgrounds often have strong family and social networks arising from their background</td>
</tr>
<tr>
<td>Different cultural norms of CALD groups may limit older women’s and men’s lifestyles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local community factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protective factors</strong></td>
</tr>
<tr>
<td>Community spirit</td>
</tr>
<tr>
<td>- Sense of community</td>
</tr>
<tr>
<td>- Neighbourhood watch</td>
</tr>
<tr>
<td>- People help eachother</td>
</tr>
<tr>
<td>- Volunteering is alive and well</td>
</tr>
<tr>
<td>- Friendly people</td>
</tr>
<tr>
<td>- Many residents have a long history in the area</td>
</tr>
<tr>
<td>- Not too big a city</td>
</tr>
<tr>
<td>- Opportunities for seniors advocacy exist through Townsville and Thuringowa seniors’ organisations</td>
</tr>
<tr>
<td>Crime – some areas of the Cairns area have a relatively low level of crime</td>
</tr>
<tr>
<td>Active and positive ageing</td>
</tr>
<tr>
<td>- Walkway/bikeways</td>
</tr>
<tr>
<td>- The Strand area along the Coast</td>
</tr>
<tr>
<td>- A variety of sports, including bowls and tennis</td>
</tr>
<tr>
<td>- University of the Third Age – continuing education</td>
</tr>
<tr>
<td>- Mobile libraries</td>
</tr>
<tr>
<td>Social opportunities</td>
</tr>
<tr>
<td>- Community groups/clubs, community centres, sporting</td>
</tr>
</tbody>
</table>
groups, variety of seniors’ groups and seniors’ activities
- Public places and events that promote family and social interaction, eg the Strand.
- Free community activities are often supported by Townsville City Council and community groups

Transport
- Townsville and Thuringowa Transport Solutions
- Transport options for shopping eg taxi discount fare from approved shopping centres
- Community Care transport

Council-funded and state-funded home modifications to provide accessibility

Many opportunities for volunteering eg Meals on Wheels, Lifeline

Exchange of information
- The local media promotes events
- Free community activity newspaper
- Seniors Week

Sensorium
- Home and Community Care services, especially social support services
- Lifestyle packages
- Home visiting services

Queensland Transport has a contract with Sunbus and Townsville Taxis that is for both cities, as a whole entity, although the contract for taxis does not extend beyond Black River

Transport
- Expense of transport, both maintaining a private vehicle and using public transport
- Accessibility of vehicles for those who are frail &/or have a disability
- Timeliness of public transport
- Limited transport routes with public buses keeping to main routes
- Restricted eligibility for taxi vouchers
- Some people perceive that there are different transport systems for Townsville and Thuringowa

Decrease in resources/services/groups

No support, including financial, for grandparents who may be prime carers for their grandchildren eg in the case of mentally ill parents or parents with alcohol or other drugs problems

Ageism

Environmental factors

<table>
<thead>
<tr>
<th>Protective factors</th>
<th>Risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperate climate at many times of the year can encourage people to be active</td>
<td>Hot climate in summer can deter older people from being active</td>
</tr>
</tbody>
</table>
| Access to areas
  - The Strand has been built with consideration of older people and people with a disability, eg a jetty allows people with a disability access for fishing
  - There are numerous disability parking points along the time to talk to neighbours and to have time with older family members |

Services
- Lack of knowledge about services and inadequate communication when services change names
- 9-5 timeframe of services with limited or no after hours services available
- Limited resources for social support activities eg respite
- Public liability and litigation issues are compromising the delivery of some services, particularly those involving volunteers
- The relocation of services separating Townsville Hospital and Community Health means that the two cannot be visited at the same time
- Services are not located where many older people live, eg older suburbs such as West End
- Some people have a perception that there is competition between mainstream services and Indigenous services for funding. However agencies such as the Australian Government Department of Health and Ageing and HACC have Indigenous-specific funding

Transport
- Expense of transport, both maintaining a private vehicle and using public transport
- Accessibility of vehicles for those who are frail &/or have a disability
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Ageism
| Strand                                                                 | Lack of lighting in streets and parks  
|                                                                      | Some people perceive that there is a lack of  
|                                                                      | access to the beach and a lack of walking  
|                                                                      | paths that have adequate seating along their  
|                                                                      | route, and with adequate toilet facilities  
|                                                                      | Difficult access to Magnetic Island transport  
| Architectural barriers                                               | Older style high set houses, particularly in  
|                                                                      | older suburbs where older people often live  
|                                                                      | High walls around retirement villages  
|                                                                      | reinforce their segregation from the wider  
|                                                                      | community  
|                                                                      | Large retirement villages, eg 300 bed facility,  
|                                                                      | American models with own supermarket etc,  
|                                                                      | can also result in segregation from the  
|                                                                      | broader community |

**High risk groups**

Older people who were identified as being at risk of social isolation in Townsville and surrounding areas, due to local factors, included:

- the ‘old old’ who were likely to be frail and have a disability and/or chronic illness
- people in retirement villages;
- people living in outlying areas such as the Northern Beaches and the Upper Ross area;
- those without access to private transport;
- older people whose children and grandchildren have left the Townsville area;
- those older people who are socially isolated but have no services visiting them that might detect this problem;
- people from culturally and linguistically diverse (CALD) backgrounds; and
- Indigenous people.

**7. Responses to social isolation of older people in Townsville**

**7.1 Mapping of service and community responses**

The range of initiatives across a community should address individual, social, community and environmental factors. There are a limited number of programs and services in Queensland that specifically address social isolation and/or include the reduction of social isolation in their objectives. However, there are many groups programs and initiatives, which are having a positive impact on social isolation, even though that is not their main stated intention.

Some programs and initiatives are funded for specific groups of people who are known to be at risk, and therefore they are not available to all older people. Examples include:

- services of the Queensland Council of Carers and Commonwealth Carers Respite Centre are available for carers;
- services of Queensland Health’s Mental Health Service must have a treatable mental health condition under the Mental Health Act;
- HACC funded services are available for the frail aged and/or disabled who live in the community, have difficulty in performing everyday tasks and may require admission into long term residential care without assistance;
- Community Aged Care Packages have legislated eligibility criteria; and
- Some RSL Care services are targeted particularly at the veteran community.

A classification system that can be used for complex issues such as social isolation, and which is based on the level of initiative, describes three levels. For the purposes of this project, it has been adapted as follows:

- **universal** initiatives are directed at everyone in a given population, regardless of their risk of social isolation;
- **selective** interventions/services are directed at, or impact on, older people within a population who are at above average risk of being socially isolated; and
- **indicated** interventions/services are directed at, or impact on, older people who are socially isolated.

Initiatives can be mapped against the ‘universal/selective/indicated’ classification system and against eligibility, to indicate the inclusiveness and community coverage of approaches to reduce social isolation. Some examples of initiatives, available to Townsville residents, that impact on social isolation of older people are listed in appendix 5.

### 7.2 Sample of local initiatives/services

#### Townsville and Thuringowa Transport Solutions
**Key success factors**

- pooling of community transport resources to meet unmet transport needs;
- a peak older person’s organisation (Townsville Committee on the Ageing) developed a partnership with a private company (Townsville Taxis) which has taken over the organisational and operational aspects of the program; and
- five State Government departments collaborated on the program.

#### Stepping Out
**Key success factors**

- multi-strategic program which focuses on minimising major risk factors underlying falls in older people, including individual, social and community;
- network of agencies working together on the same issue with sharing of information across organisations; and
- evidence-based and has borrowed extensively from literature reviews, existing prevention programs and best practice guidelines;
- sustainability beyond the initial funding, from Health Promotion Queensland, has been accomplished through project partners introducing the project activities as core business; and
- raises community awareness of active ageing opportunities eg. exercise classes, Tai Chi.
The Friendship Program operated by Disability Services Queensland  
Key success factors

- helps community-based recreational and interest groups foster environments that cater for people, including older people, with a disability;
- provides information for people with a disability on how to increase their friendship opportunities; and
- has a range of resources on friendship that have been developed for service providers.

Townsville Commonwealth Carelink  
Key success factors

- free 1800 telephone number
- provides direct contact with a local person and does not rely on an automated telephone response
- one stop contact point for information on services and activities for older people available by phone or through shop fronts in major centres
- broad overview of all sectors, including health
- available to all members of the community

Lifeline Do Care Visitor Program  
Key success factors

- targets a high risk group – those isolated to the home
- provides one to one companionship to people in the home;
- volunteers are matched to individual older people; and
- provides emergency alarms, for those older people who need them, to feel more secure.

Pioneer’s Lunch  
Key success factors

- entertainment and lunch event held once a year, focussing on seniors’ interests;
- collaboration across different agencies – organised by Townsville City Council, with Rotary assisting with transport, aged care facilities providing transport for their residents and a church volunteer group assisting;
- free event, and free transport is provided for older people who need it;
- provides an opportunity for older people to meet their friends, particularly those who have been separated through moving to aged care facilities and other forms of accommodation for older people; and
- word of mouth publicity supplements publicity through the written media, (attendance of 1000 seniors in 2003).

Safe Communities  
Key success factors
- a World Health Organisation concept which determines standards for safe communities;
- community capacity building focus;
- Townsville/Thuringowa safe communities project has a Seniors’ Safety Group with members including older people, specialists in safety and related areas and key stakeholders groups such as the Department of Veterans’ Affairs and council;
- multi-level, multi-strategy approach due to the many factors influencing community safety; and
- the program is investigating older people’s perception of crime and the safety of public places, such as supermarkets.

**Generation Chat Project**

**Key success factors**

- an intergenerational project, which involves seniors meeting and speaking with primary school students. The goal of this project is to encourage a sense of understanding between young people and seniors and diminish the social gap which exists between these two groups;
- transport is provided to those seniors who need it; and
- the program includes informal group discussions whereby seniors and children are split into small groups in order to share life experiences with each other, and a whole group activity.

**8. Key issues**

The main issues that were identified throughout the Townsville consultations were related to:

- positive and active ageing;
- supporting older people at risk;
- access to the community;
- awareness of social opportunities and services; and
- local planning.

**8.1 Positive and active ageing,**

There are many opportunities for older people regarding social participation, lifelong learning and physical activity. Examples mentioned by forum participants included:

- initiatives such as Generation Chat, Adopt a Granny, Morning Melodies and Pioneers’ Luncheon;
- public family events, such as multicultural festivals, Seniors Week and the weekend market, that are held in the day, are free, held in accessible areas, have toilets nearby and are well advertised. The Strand was seen as a good venue for such events;
- local public library services and art galleries;
- walkways and bikeways along the Strand; and
- free computer training courses, University of the Third Age courses and tertiary education opportunities.
Positive images of older people are promoted through Townsville and Thuringowa seniors’ organisations which have strong advocacy roles. Key success factors of these organisations were suggested to be:

- advocacy for seniors’ issues by seniors;
- pro-active consultations; and
- persistence to achieve outcomes.

It was suggested that the role of older people in the Townsville/Thuringowa area as volunteers could be more actively promoted, as this work benefits both the volunteer and the recipient. It was noted that a number of services that rely on volunteers, such as home visiting programs, have difficulty recruiting. The impact of public liability insurance is a major factor that is impacting on volunteering.

The importance of interaction with other generations was seen to be important for positive ageing. Therefore, the accessibility of older people to mainstream activities which attract all ages was emphasised. There was one suggestion that the school curriculum could include discussions and learning about intergenerational issues.

Health promotion initiatives that encourage older people to be more active, particularly when combined with safe community approaches, were recommended.

### 8.2 Supporting older people at risk

Many different services for older people are available in the Townsville/Thuringowa area however some people at risk are not able to access these services because they do not meet the eligibility criteria. For example, an older person who is socially isolated due to mental illness or a reclusive personality type may not be eligible for HACC services unless they are also frail or have a disability. Eligibility may also be restricted because a person is a self-funded retiree.

Given that major risk factors for social isolation of older people are mental illness, physical illness and chronic disease, it was emphasised that health and health support services are important. There is a lack of local specialist medical and allied health personnel due to the relocation of some services, and a shortage of trained personnel. Many older people cannot afford private healthcare and therefore are forced to be on waiting lists for surgery and are unable to obtain timely outpatient appointments at the local hospital. The need for services to be flexible and to cater for the needs of older people outside normal business hours and on the weekends was stressed.

It was suggested that greater coordination across agencies regarding case management of individual older persons ‘at risk’ as well as in addressing community-wide factors relevant to social isolation would make a major contribution to the issue. There were anecdotal reports of different services going into a person’s home, without them being aware of other services also going into the home. This can result in a lack of coordination, leading to gaps in service delivery and inadequate cross referral. It was recognised that collaborative planning across relevant agencies and older persons organisations, to reduce social isolation of older people, would have greater impact than the planning of single agencies. The practice of several older people’s representatives meeting regularly with the HACC Area Manager was seen as
important in informing service delivery for HACC eligible older people. Townsville and Thuringowa City Councils both work with older people’s representatives to inform their planning.

Some older people do not access services they need for a variety of reasons. It was suggested that multimedia social marketing strategies could be used to change the perceptions, attitudes and behaviours of older people in an effort to encourage them to utilise current systems and services.

Suggestions for identifying older people at risk of social isolation included:

- pharmacists and pharmacy assistants who get to know their customers may have the opportunity to identify those at risk and link them with social support services;
- practice nurses and general practitioners may also have this ‘gatekeeper’ role;
- the practice of groups such as Legacy and Rotary making contact with isolated members, rather than waiting for members to contact them, was seen as important; and
- Centrelink has an opportunity to act as a ‘gatekeeper’ for the ‘younger old’ people ‘at risk’, and it already holds advisory groups for seniors.

Ideas that were put forward for ways of reducing social isolation of older people who were socially isolated included:

- active promotion of social opportunities and services in the area by active reaching out, rather than waiting for older people to contact services;
- improving day respite, including catering for ‘blokey’ respite;
- home visiting and outing services matching the visitor to the individual older person;
- recognising that older people are all very different and incorporating flexibility in social programs so that older people can choose social activities;
- the use of interest checklists;
- free social events;
- a regular ‘Happy Hour’ when phone calls are free ;
- teaching people how to use the internet ; and
- finding out neighbour and local people’s skills and circulating a list of these through various groups with the intention of encouraging people to help each other out.

The social support role of community care services such as Meals on Wheels and domiciliary nurses was recognised and there was concern that there is often insufficient time for the workers to interact with clients.

The needs of males as well as females need to be considered when developing responses to social isolation. It was recognised that many social support programs cater principally for the interests of women. In particular, men need access to male interest activities and age friendly sports at the point when they leave work and lose the social contacts available in the workplace. The need for men to plan, before they retire, for a positive and active life was emphasised. A suggestion was the development of pre-retirement packages that covered social isolation and ways to reduce it, including encouraging men to join organisations and groups to extend their
social connections. In addition, it was suggested that retired men have many skills from previous work and life experiences. Opportunities that would allow them to transfer their skills by acting as mentors to other community members would help them to feel valued and socially connected, whilst assisting other people.

8.3 Access to the community

Although transport was felt to be a significant factor underlying social isolation of many older people in the area, it was recognised that some important work had been done to improve the access of older people to the community. Particularly mentioned were the Townsville and Thuringowa Transport Solutions Program and the Taxi Transport Scheme, which is upiced by local shopping centres. The availability of taxi vouchers and HACC transport for those who are eligible is seen as important in addressing unmet transport needs in the area.

It was suggested that Townsville needs a monorail system to provide public transport to the suburbs and outer beaches, in addition to improved public bus transport. It was also suggested that motorised transport used by some frail older people should be given access to bike lanes and that the Townsville Mall should be made wheelchair accessible.

Pedestrian access needs to be improved in Townsville and Thuringowa, through better and more extensive footpathing, including widening and paving footpath areas. It was thought that older people might be encouraged to go out more at night if there was good street lighting across all city and suburban areas.

8.4 Awareness of social opportunities and services

Although a number of social opportunities and services are available to older residents in the area, there is often a lack of knowledge of their existence, their location and their function amongst residents. This can result in older people being isolated despite the presence of opportunities for them to be more socially connected, and the availability of services that could address individual factors or transport factors related to their isolation.

The value of word of mouth communication was stressed as the most effective communication for some older people, whereas some existing communications rely on the written word. Commonwealth Carelink was mentioned as a telephone service and shop front service that provides information on local services. It was felt transfer of information to older people through general practitioners, community health and the local newspaper is working well.

A Recreation Guide is available from the Townsville Community Information Centre. This provides information on local clubs and community group activities, many of which have a social aspect. The Townsville and District Community Resource Directory was seen to be of importance in raising the awareness of the different Townsville agencies in the area. It was also suggested that the Townsville Activity Calendar could be delivered free to residents.
Information flow between services is an area that could be strengthened, particularly in relation to service changes.

**8.5 Local planning**

Concern was expressed regarding the division of the region created by having two councils – Townsville City Council and Thuringowa City Council. It was felt that the region isn’t large enough to need two councils and that many issues for older people are similar across the region. This division creates inequities for older residents and some confusion for them. There are two different sets of by-laws, different service types and levels of service for older people, different facilities and different accommodation options, In addition, there are different priorities regarding community infrastructure.

Concern was raised regarding large retirement complexes and the risk that such complexes poses for residents. They are seen to be segregated from the rest of the community by being enclosed, and through their location. For some older people, larger complexes are not suitable and discourage them from interacting with other residents compared to small-scale facilities. High fences, such as those that surround a new subdivision, are barriers to interactions with neighbours, and it was felt that they should not be approved.

Multi-centres for all age groups that incorporate services, community groups and commercial activities such as coffee shops were suggested. Having different agencies and businesses located together would be a way of reducing the need for people to travel to different parts of the area and would also be an opportunity for older people to interact with a wide range of people.

**9. Summary**

Townsville was selected as one of the locations for the community meeting and forum stage of the Cross Government Project. However, the close location of Thuringowa city and the similar issues for older people identified in both cities suggest that an inter-related planned approach to social isolation of older people across both cities and outlying areas would be advantageous. There is already good collaboration between a number of representatives of older people’s organisations in both areas and many services cover the whole region.

A wide range of community factors underlying social isolation of older people in the area were identified. Forward planning that is informed by an understanding of impact of these factors on social isolation may help to minimise some of the risk factors and build on protective factors. There were many suggestions to help identify older people at risk of social isolation and those who are socially disconnected.

Strengthening of networking across services, including coordinated service delivery, and case management of socially isolated people emerged as areas where benefits to some socially isolated people could be realised.

The isolation of people ‘ageing in place’ where services come in to the home, but the person has limited opportunities to go out into the community, is an issue that needs
some exploration. In addition, those people in different types of older person’s accommodation such as aged care complexes, are seen to need opportunities to go out into the broader community.

A major difficulty is the lack of awareness of some older people, their friends and relatives, concerning social opportunities and services available in the area and how to access them. A cross agency communication strategy, building on existing communication and information initiatives may help to address this.
Appendix 1: Project Steering Committee Agencies

Ministerial Advisory Council for Older Persons
Seniors Interests Unit, Department of Communities
Mental Health Unit, Queensland Health
Home and Community Care Unit, Queensland Health
Australian Government Department of Veterans Affairs-Queensland
Queensland Transport
Aged and Community Care Reform Unit, Queensland Health
Multicultural Affairs Queensland, Department of the Premier and Cabinet
Australian Government Department of Health and Ageing-Qld
Australasian Centre on Ageing
Office for Women, Department of the Premier and Cabinet

Other agencies providing support to the project are the Department of Transport and Regional Services and Queensland Health Public Health Services.

Appendix 2: Townsville Planning Meeting Attendees

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthur Schulz</td>
<td>Home and Community Care Program-Northern Queensland, Queensland Health</td>
</tr>
<tr>
<td>Francis Tapim</td>
<td>Ministerial Advisory Council for Older Persons</td>
</tr>
<tr>
<td>Nicki Hall</td>
<td>Australian Government Department of Veterans’ Affairs</td>
</tr>
<tr>
<td>Garth Harrigan</td>
<td>National Seniors, Committee on the Ageing, Regional Ministerial Communities Forum</td>
</tr>
<tr>
<td>Patricia Walsh</td>
<td>Department of Communities-Community Support Services</td>
</tr>
<tr>
<td>Pat Kennedy</td>
<td>Department of Communities-Community Support Services</td>
</tr>
<tr>
<td>Dr Alison Hogg</td>
<td>Townsville Division of General Practice</td>
</tr>
<tr>
<td>Judy Rabbitt</td>
<td>Aged Care Assessment Team, Queensland Health</td>
</tr>
<tr>
<td>Diana Drovandi</td>
<td>Ozcare Day Respite Centre</td>
</tr>
<tr>
<td>Susan Chisholm</td>
<td>Seniors Interests Unit, Department of Communities</td>
</tr>
</tbody>
</table>
Appendix 3: Townsville Consultation List  
(including forum participants)

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alison Abbott</td>
<td>Tropical Public Health Unit, Queensland Health</td>
</tr>
<tr>
<td>Angie Akee</td>
<td>Aboriginal and Torres Strait Islander Home and Community Care Program</td>
</tr>
<tr>
<td>Alison Hogg</td>
<td>Townsville Division of General Practice</td>
</tr>
<tr>
<td>Annette Larsen</td>
<td>Home Care Service, Queensland Health</td>
</tr>
<tr>
<td>Arthur Schulz</td>
<td>Home and Community Care Program-Northern Area, Queensland Health</td>
</tr>
<tr>
<td>Barbara Dennis</td>
<td>Queensland Council of Carers</td>
</tr>
<tr>
<td>Barry Benson</td>
<td>Association of Totally and Permanently Incapacitated Ex-Service Men and Women</td>
</tr>
<tr>
<td>Betty Rintoul</td>
<td>War Widows Guild, Laurel Club</td>
</tr>
<tr>
<td>Cathy Jones</td>
<td>Disability Services Queensland</td>
</tr>
<tr>
<td>Caroline McCormack</td>
<td>Commonwealth Carelink Centre</td>
</tr>
<tr>
<td>Caroline Kingston</td>
<td>National Seniors</td>
</tr>
<tr>
<td>Ellen Mepham</td>
<td>Queensland Lifestyle Services</td>
</tr>
<tr>
<td>Emma Costabeber</td>
<td>National Seniors Association/Townsville Region Committee on the Ageing</td>
</tr>
<tr>
<td>Francis Tapim</td>
<td>Ministerial Advisory Council for Older Persons</td>
</tr>
<tr>
<td>Agnes Tapim</td>
<td>ABIS Housing</td>
</tr>
<tr>
<td>Fereshteh Doostkhah</td>
<td>International Women’s Group – Migrant Resource Centre</td>
</tr>
<tr>
<td>Fred Prince</td>
<td>Legacy</td>
</tr>
<tr>
<td>Gladys Brown</td>
<td>National Seniors Association</td>
</tr>
<tr>
<td>Garth Harrigan</td>
<td>National Seniors Association/Townsville Region Committee on the Ageing</td>
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<tr>
<td>Garth Brimelow</td>
<td>Thuringowa Seniors Council</td>
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<tr>
<td>Grant Allott</td>
<td>Mental Health Services, Queensland Health</td>
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<tr>
<td>Greg Wright</td>
<td>Queensland Lifestyle Services</td>
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<tr>
<td>Hazel Hune</td>
<td>National Seniors Association</td>
</tr>
<tr>
<td>Jeanette Chisholm</td>
<td>Vietnam Veterans Federation</td>
</tr>
<tr>
<td>Jeanette Eadie</td>
<td>Lifeline – Community Care Transport</td>
</tr>
<tr>
<td>Julia Knight</td>
<td>Townsville City Council</td>
</tr>
<tr>
<td>June Kain</td>
<td>Community Health Services</td>
</tr>
<tr>
<td>Kathy Speechley</td>
<td>Queensland Lifestyle Services</td>
</tr>
<tr>
<td>Kelly Chick</td>
<td>Townsville Taxis</td>
</tr>
<tr>
<td>Karen Ryall</td>
<td>Community Health Services, Queensland Health</td>
</tr>
<tr>
<td>Lyn Tyson</td>
<td>Mental Illness Fellowship of Northern Queensland</td>
</tr>
<tr>
<td>Lynn Parker</td>
<td>Christian Concern Group</td>
</tr>
<tr>
<td>Marg Hegerty</td>
<td>Social Work Department, The Townsville Hospital</td>
</tr>
<tr>
<td>Anne Mathews</td>
<td>Thuringowa Seniors Council/Townsville Region Committee on the Ageing</td>
</tr>
<tr>
<td>Margaret Mills</td>
<td>National Seniors Association</td>
</tr>
<tr>
<td>Marjorie Hall</td>
<td>Lifeline Do Care Program</td>
</tr>
<tr>
<td>Mary Cunningham</td>
<td>RSL Homecare</td>
</tr>
<tr>
<td>Neville Abbey</td>
<td>Townsville Region Committee on the Ageing</td>
</tr>
<tr>
<td>Nicki Hall</td>
<td>Department of Veterans’ Affairs</td>
</tr>
<tr>
<td>Patricia Cook</td>
<td>Barrier Reef Institute of TAFE</td>
</tr>
<tr>
<td>Name</td>
<td>Organization</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Rebecca Murphy</td>
<td>Ozcare</td>
</tr>
<tr>
<td>Robin Warren</td>
<td>Townsville Division of General Practice</td>
</tr>
<tr>
<td>Ron Costabeber</td>
<td>Thuringowa Seniors Council</td>
</tr>
<tr>
<td>Sandra Soto</td>
<td>Ethnic Community Care Links</td>
</tr>
<tr>
<td>Sue Renton</td>
<td>Department of Health and Ageing</td>
</tr>
<tr>
<td>Susan Parkin</td>
<td>Disability Services Queensland</td>
</tr>
<tr>
<td>Selma Sparks</td>
<td>The Community Emergency Support Centre</td>
</tr>
<tr>
<td>Suzy Loudon</td>
<td>Townsville Taxis</td>
</tr>
<tr>
<td>Vance Palmer</td>
<td>Association of Totally and Permanently Incapacitated Ex-Service Men and Women</td>
</tr>
<tr>
<td>Kay Dodd</td>
<td>Community Services, Lifeline</td>
</tr>
</tbody>
</table>
Appendix 4: Forum Program

TOWNSVILLE FORUM

12.45 for 1pm start to 4.30pm Monday 27 October 2003
Venue: Townsville RSL, 139 Charters Towers Rd., Hermit Park, Townsville.
Lunch, preceding the forum, will be provided from 12.15pm.

Master of Ceremonies
- Francis Tapim, Community Member,
  Ministerial Advisory Council for Older Persons

Traditional Owners Welcome

Opening comments
- Garth Harrigan, Townsville Senior of the Year,
  President of National Seniors-Townsville

Overview of project
- Francis Tapim, Community Member,
  Ministerial Advisory Council for Older Persons

Protective factors and risk factors for social isolation of older people
Susan Chisholm, Project Officer for the Social Isolation Project

Identifying protective factors and risk factors of Townsville,
in relation to social isolation of older people
  – small group discussions

Summary of group discussions on protective factors and risk factors of Townsville
in relation to social isolation of older people

Afternoon tea

Group questions:
1. What works, and why, in Townsville to prevent and reduce social
   isolation of older people.
2. What does not work and why, in Townsville to prevent and reduce social
   isolation of older people.
3. What could possibly help, in a community like Townsville, to prevent
   and reduce social isolation of older people.

Feedback from small groups

Where to from here? - Susan Chisholm

Evaluation Form

Close of Forum – Francis Tapim
Appendix 5:
Some examples of initiatives and organisations, available to Townsville residents, that impact on social isolation of older people

(The full range of initiatives can be mapped against the ‘universal/selective/indicated’ classification system and against eligibility, to indicate the inclusiveness and community coverage of approaches to reduce social isolation).

- Commonwealth Carelink
- Lifeline Community Transport
- HACC program – social support, domestic assistance, personal care, home maintenance, centre and non centre-based respite
- Silver Cord Telephone Reassurance Service - St John Ambulance volunteers make daily phone calls to isolated elderly
- Community Health
- Domiciliary nursing – Bluecare, Ozcare, St Lukes, Green Nurses
- Meals on Wheels
- Aged Care Assessment
- Home Assist Secure
- ‘Just Walk It’
- Services Clubs
- Diversity Gardens
- Lifeline Do Care Program
- Queensland Health-Mental Health Services
## Appendix 6: Factors influencing social isolation of older people

<table>
<thead>
<tr>
<th>Individual</th>
<th>Social</th>
<th>Community and Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living alone</td>
<td>Loss of relationships through death or divorce</td>
<td>Physical isolation</td>
</tr>
<tr>
<td>Health status – mental or physical</td>
<td>Family support</td>
<td>– location of residence</td>
</tr>
<tr>
<td>Disability, eg hearing Impairment</td>
<td>Loss of children when they leave home</td>
<td>– availability of public transport</td>
</tr>
<tr>
<td>Ability to use existing public &amp;/or private transport</td>
<td>Network of friends</td>
<td>Local infrastructure for healthy living/healthy ageing</td>
</tr>
<tr>
<td>Being in the workforce</td>
<td>Grandparenting</td>
<td>– safe and accessible walkways &amp; bikeways</td>
</tr>
<tr>
<td>Engagement in meaningful activity</td>
<td>Relocation to new community</td>
<td>Public space available for community members to use</td>
</tr>
<tr>
<td>Resilience - the ability to recover and move on in the face of difficulty</td>
<td>Loss of grandchildren if family moves away or following divorce</td>
<td>Accessibility of buildings for those with a disability/frailty</td>
</tr>
<tr>
<td>Socio-economic advantage/disadvantage</td>
<td>Being a carer</td>
<td>Range of social and health services needed to meet needs of community</td>
</tr>
<tr>
<td>Gender</td>
<td>Availability of wide range of opportunities for meaningful social participation activities</td>
<td>Access to information on services</td>
</tr>
<tr>
<td>Speaking English</td>
<td>- social recreational/health promoting/activities</td>
<td>Ageism, racism, sexism</td>
</tr>
<tr>
<td>Literacy</td>
<td>- transport assistance to and from activities</td>
<td>Norms and myths that stereotype older people</td>
</tr>
<tr>
<td>Attitude to &amp;/or knowledge of technology</td>
<td>Access to learning and development opportunities</td>
<td>Social Capital – cooperative networks and trust in a community</td>
</tr>
<tr>
<td>Perception of level of crime/violence in community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willingness to accept help</td>
<td></td>
<td></td>
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</tbody>
</table>