Advocare Inc. additional information to the WA Legislative Council Select Committee into Elder Abuse.
Prepared by Diedre Timms CEO Advocare.

Information pertaining to the experience of Social isolation for older people, response to the question from the Hon Tjorn Sibma

Loneliness for older people can be triggered by life changing events or can be a continuing life experience.

> *Research commissioned by COTA Victoria cites several studies including research in Perth where seven per cent of seniors reported severe loneliness, with higher levels of loneliness reported by single participants, those who lived alone, and those with self-reported poor health. A national study of veterans found that 10 per cent were socially isolated and that another 12 per cent were at risk of social isolation*[1]

> *Research conducted to inform the United Kingdom's Campaign to End Loneliness estimated a prevalence of loneliness (either all or most of the time) of about 10 per cent of the general population over 65 years of age*[2]

It is expected that the actual number of people experiencing social isolation and loneliness would be higher than indicated because of the under reporting of loneliness due to the associated stigma.

> *Life transitions which are common in later life can weaken or diminish social roles that provide personal value, belonging and attachment.*
> *Poor physical and mental health, and needing care, can lead to loss of confidence and withdrawal from social engagement. Health issues such as sensory loss, impaired vision or hearing, onset of dementia, mental illness and disability are risk factors*

> *The literature is clear that socially active older people are happier and healthier than those who are not socially active, and that socially active older people, through continued participation, have reduced risk of social isolation and its negative health consequences.* [2]

With the current customer and government preference for older people to age at home combined with the projected increasing number of older people, there will be a concurrent increase in the number of people experiencing social isolation and loneliness.

> *Specific population groups at higher risk of isolation and loneliness include those living alone, those with limited English and people who provide unpaid care for others.*
> *Living alone is more common for older women. ….As identified in the literature review, people living on their own are at higher risk of social isolation and loneliness.*

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[1] Pate A 2014, *Social isolation: Its impact on the mental health and wellbeing of older Victorians*, COTA Victoria, Melbourne. p. 7. Cited in *Ageing is everyone's business*.
[2] Bolton M 2012, *Loneliness – the state we're in. A report of evidence compiled for the Campaign to End Loneliness*, Age UK Oxfordshire, Abingdon. p. 5. http://www.campaigntoendloneliness.org/

The data shows increasing numbers of older women will face a higher risk of isolation and loneliness.[2]

Combined with the specific older population groups that are susceptible to social isolation: those living alone, those from CALD communities, women, carers and members of the LGBTI community there are also locations of particular disadvantage for isolation:

- *rural areas with small populations in isolated locations with limited transport and service options*
- *areas experiencing high growth, including growth in the population of people 60 years of age or older, and with limited social and community infrastructure, particularly outer metropolitan fringe areas*
- *areas with low socioeconomic measures across the population, and with intergenerational disadvantage*[1]

Social isolation among older people is one of the biggest health risks facing Australia. **"*Social isolation is equivalent to the health effects of smoking 15 cigarettes a day or consuming more than six alcoholic drinks daily*"**[3]

> The consequences to health of experiencing loneliness for older people… *are dramatic, as feeling isolated from others can disrupt sleep, elevate blood pressure, increase morning rises in the stress hormone cortisol, alter gene expression in immune cells, increase depression and lower overall subjective wellbeing*.' *Research by Cacioppo and his colleagues has identified three core dimensions to healthy relationships: intimate connectedness, which comes from having someone in your life you feel affirms who you are; relational connectedness, which comes from having face-to-face contacts that are mutually rewarding; and collective connectedness, which comes from feeling that you're part of a group or collective beyond individual existence* - [4]

The challenges associated with reducing loneliness for individuals as cited in the *Campaign to end Loneliness*, Age UK can be summarised as:

1 **Reaching** lonely individuals
2 **Understanding** the nature of an individual's loneliness and developing a personalised response
3 **Supporting** lonely individuals to access appropriate services[5]

Age UK uses the term "foundation services" to identify the first steps in service provision to reduce loneliness, such as social groups and befriending schemes. However it is the "structural enablers", not the direct interventions such as clubs etc., but the mechanisms to

[3] http://www.adelaide.edu.au/news/news46361.html

[4] American Association for the Advancement of Science 2014, *Loneliness is a major health risk for older adults*. Viewed 30 November 2015, http:// news.uchicago.edu/article/2014/02/16/aaas-2014-loneliness-major-health-risk-older-adults.

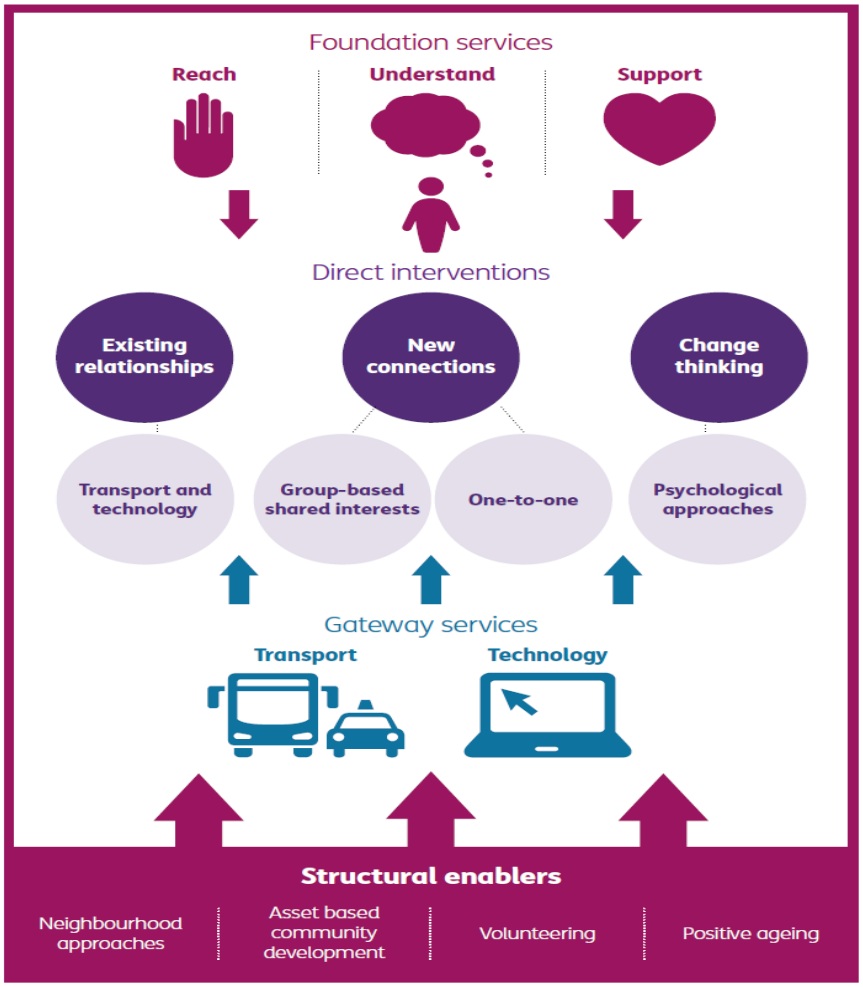
[5] http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life-1.pdf

create these interventions that are of significance and support the development of new structures within communities. Structural enablers include:

- *Neighbourhood approaches – working within the small localities with which individuals identify.*
- *Asset based community development (ABCD) – working with existing resources and capacities in the area to build something with the community.*
- *Volunteering – with volunteers working at the heart of services, wherever possible creating a 'virtuous circle of volunteering' whereby service users become volunteers.*
- *Positive ageing – approaches that start from a positive understanding of ageing and later life as a time of opportunity – including Age Friendly Cities, Dementia Friendly Communities, etc.*[8]

Further evidence indicates that communities needed to offer a menu of approaches, group based and one on one intervention to effectively reduce isolation.

Transport and technology were often identified as enablers for effective interventions to reduce isolation and loneliness and their absence often reduced interventions as ineffective.



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[6] Pg 11 http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life-1.pdf

Most effective interventions to reduce loneliness were not specific activities but services designed to address the key challenges for lonely individuals using a holistic and person centred approach. Loneliness is a highly individual experience affected by a range of compounding life challenges.

> *Actions that have been commonly found to successfully address social isolation among older people include access to health and aged care services, recreation, leisure activities,*
>
> *volunteering and life-long learning. Examples of successful approaches to address social isolation include mentoring, involving older people in service planning and design, and emphasising home care, ageing in place and good communication strategies.*
> *There is a longstanding correlation between old age and poverty in many developed nations around the world, including Australia. In later life people on a fixed income are particularly vulnerable to changes to their income situation.*
> *Many individuals receiving income support do not have substantial savings or other assets. The impact of this lack of discretionary spending is that a significant proportion of older people are excluded from fully participating in a social life due to limited financial resources, which can in turn lead to isolation and loneliness*.[Error! Bookmark not defined.]

The listening tour conducted by the Commissioner for Senior Victorians as part of the compilation of their evidence in the *Ageing is Everyone's Business* report indicated that as seniors age they want to have a meaningful role and continue to contribute to society. Many seniors referred to subtle age discrimination and the feeling that because they were getting older they had less to contribute.

Review of OPAN Elder Abuse Advocacy and Prevention programs – Attached

Summary of report:

SUMMARY OF RECOMMENDATIONS

Recommendation 1

It is recommended that the traditional pattern of resourcing by *both* Commonwealth and State/Territory governments continues to support the evolution of Australian elder abuse advocacy and prevention services. *(Section 1.3.4, page 28)*

Recommendation 2

It is recommended that the OPAN group source additional funding to support a national program of Elder Abuse Advocacy and Prevention. There is strong alignment for funding through the Department of Health, via NACAP, to address abuse experienced by older people who are current or potential consumers of aged care services, and through the Attorney-General's Department to address abuse experienced by older members of the wider Australian community. *(Section 2.2, page 44)*

Recommendation 3

It is recommended that in funding a national OPAN Elder Abuse Advocacy and Prevention program, the NACAP identify as an additional and priority special needs group, older people who are potential or existing aged care consumers and experiencing abuse. *(Section 2.2, page 44)*

Recommendation 4

It is recommended that OPAN members agree on the core features of a national elder abuse program model, the core skills and knowledge required for a nationally consistent training and professional development program for Advocates, and the partnerships that are essential to provide elder abuse advocacy and prevention. *(Section 2.2.1, page 46)*

Recommendation 5

It is recommended that a national OPAN Elder Abuse program include a core set of nationally consistent information and education resources, drawing from existing OPAN members' elder abuse resources and taking into account the development of the national elder abuse Knowledge Hub. The OPAN Elder Abuse Resource Centre should be located on the national OPAN website and one-off funding sought for its establishment. *(Section 2.2, page 47)*

Recommendation 6

It is recommended that a national OPAN Elder Abuse Advocacy and Prevention program include as part of its prevention activities, the provision of student education designed to build the capacity of future health and aged care (and other) workforces to recognise and address elder abuse. *(Section 2.4, page 51)*

Recommendation 7

It is recommended that a nationally consistent OPAN elder abuse dataset be developed, based on agreement by OPAN members about the information that should constitute a consistent core, and reflected in a template to support coherent collection and annual presentation of data. *(Section 2.5, page 52)*

Recommendation 8

It is recommended that OPAN members agree on a core set of outcomes that can be achieved by elder abuse advocacy services, and by prevention services, and develop a set of Key Performance Indicators that are linked to those outcomes and reflected in OPAN data collection. *(Section 2.5.2, page 58)*

Recommendation 9

It is recommended that OPAN members design a nationally consistent client feedback tool designed to yield information about the effectiveness of elder abuse service interventions from the perspective of the older person. Information from this feedback tool should be compared with outcomes-related data to determine service effectiveness and impact. *(Section 2.5.2, page 58)*

Recommendation 10

It is recommended that OPAN partner with Elder Abuse Action Australia and seek funding from the Attorney-General's Department and the Department of Health for a number of agreed pilots of best practice, and multidisciplinary and cross-sector models of elder abuse service provision, including prevention and early intervention approaches. *(Section 5, page 95)*

Recommendation 11

It is recommended that OPAN seek funding to support the employment of additional Advocates as part of a national OPAN Elder Abuse Advocacy and Prevention Program. As a guide, and to reflect jurisdictional differences, this should involve as a minimum, one FTE Advocate position in each smaller jurisdiction, and at least two FTE Advocate positions in each larger jurisdiction. *(Section 5, page 96)*

Page 15 correction:

Correction page 15: APIA is actually APEA (Alliance for the Prevention of Elder Abuse)

The CHAIRMAN: I think Advocare also chairs APIA?

Ms TIMMS: Yes.

The CHAIRMAN: Has that conversation come up in the APIA group?

Page 17 Advocare supplied a factual error, the funding from the Department of Communities for the Elder Abuse Help line is $90,000 per annum not $125,000 and it is until December 31st 2018

Page 18 Advocare will advise the committee when the education session are scheduled the new Elder Abuse Protocols.

Pge 23 Assets for Care publication. Advocare does not have the resources to produce this document at this time. We will inform the committee should the circumstances change.