

Where have all my friends gone?

Ageing well and targeting loneliness and isolation.

One of the biggest challenges facing the delivery of quality community aged care services is dealing with social isolation (lack of a relationships with others) and loneliness (feelings of lack, or loss of companionship) among older people.

Australian Census figures show that over one in three women and one in five men aged 65 or older live alone. Aged and Community Services Australia reviewed a wide body of research and found up to 10% of older Australians suffer from loneliness.¹ People experiencing social isolation and loneliness are more likely to have poorer mental and physical health, and are at greater risk of dementia and mortality.²

A high level of social participation and engagement has been found to contribute to lower levels of psychological distress, higher self-rated health, better physical function, and lower risk of future dependence for activities of daily living (ADLs) in community-dwelling older adults.³ Those at particular risk of isolation and loneliness include older people living with a disability, with low socioeconomic status, living in rural areas, or with low levels of literacy limiting their access to information and services.

While there are some research studies that demonstrate the existence of social isolation and loneliness in the community, systematic approaches to identifying older people in the community who may desire and benefit from greater social participation are rare. Targeting

social participation and engagement presents opportunities to improve older adults' quality of life (QoL) by keeping them connected to their community and the activities they enjoy. The burden on healthcare may also be reduced, as social participation helps to maintain the physical and psychological health of older adults and in turn can reduce their need to access healthcare services, such as support to complete ADLs or treatment for depression due to social isolation.

In an innovative new project, the Centre for Health Systems and Safety Research, Australian Institute of Health Innovation at Macquarie University, has partnered with Uniting to consider new ways for gaining insights into the social lives and experiences of their clients. The aim of this project is to support clients in gaining greater access to social participation activities which can enhance their lives and allow them to continue to engage with their communities. The project involves discussions with clients about their social participation using a validated survey, the Australian Community Participation Questionnaire (ACPQ),⁴ as well as assessing their quality of life using and the ICEpop CAPability Measure for Older Adults (ICECAP-O),⁵ as part of regular community aged care assessments.

A pilot study among 289 clients and 12 case workers in Northern Sydney found the survey questions can help to initiate conversations between clients and their case workers about

ways to enhance social participation. The project therefore seeks to measure how these conversations and assessment tools might drive greater uptake of social participation activities, and, as a consequence, improve individuals' QoL by reducing social isolation and loneliness. The project has been funded through a Dementia and Aged Care Services Fund grant from the Commonwealth Department of Health.

From a client perspective, they will be helped to identify what brings purpose, meaning and value to their lives. They can then use appropriate services to increase social participation and reduce loneliness.

For care providers, case workers, and community care planners, the integration of the ACPQ and ICECAP-O into routine community aged care assessments provides valuable insights into essential aspects of their clients' health that may not have been previously assessed. The tools allow staff to quantify changes in social participation and QoL over time. By linking client responses to these tools with Uniting service use data we will be able to examine associations between service use and client outcomes.

The project may also benefit the wider community through increased social participation and engagement bringing extra resources into the community. Using community services such as transport and companion support can help older people to develop and maintain connections with

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families and friends. Additional benefits include uptake and maintenance of membership of groups such as neighbourhood associations, and religious and service organisations.

In summary, the novel tools selected for this project can easily be incorporated into routine assessments, and have the potential to substantially improve QoL for older adults living in the community, as well as improving community aged care services provision, and benefiting the community as a whole. **ha**

References

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