



TOWNSVILLE
COMMUNITY LAW

SUBMISSION TO PARLIAMENT OF QUEENSLAND

COMMUNITY SUPPORT AND SERVICES COMMITTEE

INQUIRY INTO SOCIAL ISOLATION AND LONELINESS

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We know enough to state with confidence that social isolation and loneliness are widespread among older people in most regions of the world, that they have serious consequences for their physical and mental health and longevity and that we should, therefore, invest in effective interventions and strategies to reduce social isolation and loneliness in this population.

Social isolation and loneliness among older people: advocacy brief. Geneva: World Health Organization; 2021.

Recommendations

Townsville Community Law recommends a range of measures to address social isolation and loneliness:

- A. Investment by the Queensland Government in services and programs to prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland, including:
 - Funding for state-wide consultations with older persons to determine the causes and drivers of, and find solutions for, social isolation and loneliness;
 - Increased funding to the Seniors Legal and Support Services (SLASS) program within DSDATSIP to allow for increased and expanded interventions in cases of social abuse, and to develop community education on identifying and responding to social abuse;
 - Funding for agencies to engage in individual and community interventions, particularly those targeted to vulnerable and disadvantaged groups and those most at risk;
 - Funding for communication and awareness programs to address concerns such as the victimization-fear paradox;
- B. Investment in critical infrastructure that promotes age-friendliness, promotes and protects human rights and combats social isolation. This includes amenities such as public toilets.
- C. The development of a state-wide strategy and complementary action plan to address social isolation and loneliness. This needs to be linked to Queensland existing state plans on:
 - Queensland's Age-friendly communities Strategic Direction and Action Plan
 - Queensland's Part of the Plan to Respond to the Abuse of Older Australian
 - Queensland's Disability Service Plan
 - Queensland's Disaster Management Plans

Background

1. Townsville Community Law is a non-profit community legal centre providing services in North Queensland.
2. Townsville Community Law's services include specialist services to older persons who are vulnerable to social isolation and violence, abuse and neglect.
3. This submission reflects on the experiences and views of older persons in Townsville about the risk factors for and causes of social isolation and provides locally successful models for intervention.
4. Townsville Community Law notes the significant impacts of social isolation and loneliness on older persons, including premature death, poor physical and mental health, and general dissatisfaction with life.¹ Rates of loneliness and social isolation are high among older people.²
5. The World Health Organization's recent *Advocacy Brief on Social isolation and Loneliness among Older People*³ provides importance contextual background to the issue. We commend this brief to the Committee and annex it to our submission.
6. Social isolation is a risk factor for elder abuse, as well as a consequence and type of elder abuse.⁴ It occurs in community and institutional settings.⁵

A Decade of Working against Social isolation

7. Townsville Community Law has worked at individual, community and societal levels on the issue of social isolation for more than decade. This has given us unique insights into the social isolation experienced by older Queenslanders and particularly those living in a regional and rural setting where social isolation can be more significant.⁶
8. This submission reflects on our own action research and provides insight into two of the key terms of reference:
 - The causes and drivers of social isolation and loneliness, including those unique to Queensland; and
 - The protective factors known to mitigate social isolation and loneliness.

Action Research: Townsville Seniors Speak Out

9. Townsville Community Law's first foray into this societal issue was in 2010 when we conducted the Townsville Seniors Speak Out Forums.

10. The Speak Out Forum outcomes included the *Townsville Seniors Speak Out Report* in 2011, which we annex to this submission. The *Townsville Seniors Speak Out Report* collated the views of 122 Speak Out Forum participants, canvassing a wide range of issues.
11. The Speak Out Forums were held to empower seniors to speak out about their needs and to harness their knowledge of how the risk factors for elder abuse can be addressed in the community. The Speak Out Forums also sought to identify barriers that prevent seniors from planning ahead and to assess seniors' understanding of legal documents that assist to prevent elder abuse.
12. Speak Out Forum participants noted social isolation is a significant issue:

Social Isolation:

Social isolation can be described as having two components; a low level of interaction with others combined with the experience of loneliness. The impact of social isolation is significant and can be associated with an increase in depression, poor health and wellbeing, morbidity and mortality. People experiencing social isolation are less likely to access health and support services. Approximately 8% of seniors experience social isolation. Age itself does not cause isolation; rather it tends to be triggered by key life events that generally occur in the later years such as:

- *Retirement*
- *Losing a licence*
- *The death of a partner*
- *A sudden change in health*
- *Moving to a different community.*

Seniors were specifically asked why they thought people became socially isolated and what could be done to assist them to participate more fully in social and community activities. Seniors' responses supported the findings of research. Seniors themselves attributed the causes of isolation to the following:

- *Fear of crime*
- *Neighbourhoods*
- *Lack of transport*
- *The death of a partner*
- *The cost of participating*
- *Lack of public amenities*
- *Changing structures of family*
- *Changes in community attitudes*
- *Layout and entry of shopping centres*

13. Speak Out Forum participants proposed solutions to social isolation:

Social Isolation: Solutions

The fears surrounding social isolation and the solutions clearly identify that seniors want to remain connected and that many barriers related to ageing, neighbourhoods, finances, transport and current

ageist attitudes prevent participation. Seniors clearly identified wanting to interact with all age groups and not wanting to be herded to “seniors activities.”

Seniors made many suggestions about preventing social isolation. Seniors suggested preventing isolation early through educating people in their fifties and sixties about the importance of staying socially active. Seniors suggested enhancing inter-generational interaction and improving understanding and respect for seniors through:

- *Mixing groups so that younger people and seniors socially interact*
- *School-based education programs on respectful relationships, including respect for seniors*
- *Increasing participation of residents in the community through attendance at events or activities*
- *Developing a community program such as “adopt a senior” to encourage children to connect with older people*

Encouraging schools to increase intergenerational opportunities through: organising excursions to residential care facilities where students can talk with or read to the residents; inviting seniors to attend generational chats or be involved in classroom activities

Improving the provision of information to seniors about activities through advertising in the free paper and on radio.

Seniors suggested reducing the cost of participating through:

- *Increasing the rate of age pension*
- *Funding social groups for seniors*
- *Reducing the cost of registering a car for seniors*
- *Reducing the price of public transport for seniors*
- *Reducing the price of seniors tickets for theatre events*
- *Increase funding for community-based transport services*
- *Providing seniors card holders with free entry and transport to public events.*

14. Speak Out Forum participants were effectively pointing out a range of age-friendly and human rights issues in their solutions including:

- Access to safe and navigable outdoor and public spaces
- Access to transport
- The importance of social and civic participation
- Increased respect and inclusion for older persons
- The need for targeted and effective communication and information
- Access to community support and other services

15. In respect of effective communication and information, Speak Out Forum participants noted that traditional forms of media still present opportunities to break down social isolation. Obviously technological uptake is increasing among older persons,⁷ and a mixture of media should be considered.

16. The *Townsville Seniors Speak Out Report* led to the creation of the Seniors Creating Change, which was developed as a primary intervention to address elder abuse and social isolation.
17. The Seniors Creating Change Model was described by the 2014 publication *Seniors Creating Change: From Idea to Intervention*, which is annexed to this submission. More detail on this model is provided later in this submission.

Action Research: Townsville Seniors Expo Survey

18. Townsville Community Law conducted a second piece of action research in 2016 which involved looking into factors that contribute to social isolation for older residents of Townsville.
19. Townsville Community surveyed 143 older persons attending the annual Townsville Seniors Expo. The survey asked about issues that might cause older residents to not go out and become social isolated. Townsville Seniors Expo Survey participants ranked issues from a possible 18 choices:

Table 1. Reasons for Not Leaving Home

Answer	Responses		Answer	Responses	
Toilets	57.34%	82	Water	14.69%	21
Parking	54.55%	78	Security cameras	14.69%	21
Safety	38.46%	55	Police/security guards	12.59%	18
Shade	34.27%	49	Food	11.19%	16
Seating	32.17%	46	ATMs	10.49%	15
Adequate lighting	23.78%	34	Other (please specify)	6.99%	10
Airconditioning	20.98%	30	Telephones	4.90%	7
Public transport	17.48%	25	Other people	4.90%	7
Disability access	14.69%	21	Hearing loops	3.50%	5
Answered 143					

20. Townsville Seniors Expo Survey participants identified themes were consistent with the outcomes of the Speak Out Forum six (6) years earlier. Responses also closely mirrored accepted age-friendly domains.

Access, Amenity and Environmental Issues

21. Townsville Seniors Expo Survey participants identified a range of access, amenity and environmental issues:
 - Parking (55%)
 - Shade (34%)

- Seating (32%)
- Air-conditioning (21%)
- Disability access (15%)
- Water (15%)
- Food (11%)
- Bank ATM access (11%)

22. Townsville Community Law submits that these issues continue to hamper and restrict older persons' active participation in the community.
23. Townsville Seniors Expo Survey responses reveal that age-friendly domains are interrelated and interdependent – for example Social and civic participation are dependent on transport and outdoor spaces and buildings and communication and information.
24. In our view access, amenity and environmental issues continue to be a serious driver of social isolation.

Access to Toilets

25. Townsville Community Law was not surprised that access to toilets was the highest rated issue. We asked a follow up question: "How often do you restrict yourself from going out because you are worried that toilets might not be available?"
26. Townsville Seniors Expo Survey responses indicated that almost 70% of older respondents restricted travel outside the home because of limited access to toilets. This is also a clear age-friendly domain issue limiting social and civic participation and represents a failure to provide essential community support.
27. The Human Rights implications of this issue are poorly understood. In our view access to toilets is a human right that is intimately tied to social isolation. The Canadian organisation PHLUSH (phlush.org) provide significant detail on this issue. They suggest "[T]he ability to respond to a universal biological human need is a human right. Beyond these fundamentals, public restrooms deliver multiple benefits to contemporary communities."
28. In our view access to public toilets continues to be a serious driver of social isolation.

Fear of Crime

29. Townsville Seniors Expo Survey participants ranked safety considerations highly given the consolidation of Safety/Security cameras/Police-security guards with a combined score of 83%. This also matched the outcomes from the *Townsville Seniors Speak Out Report*.

30. What has become known as the “victimization-fear paradox”⁸ asserts that although older people objectively (i.e., statistically) bear the lowest risk of any age group of becoming the victim of a criminal act, their fear of victimization is the greatest of any age group.⁹
31. Townsville Community Law submits that the victimization-fear paradox has not been adequately addressed by policy initiatives. This is also a clear age-friendly domain issue for outdoor spaces and buildings. Systemically, communication and information and community support are needed to address this issue.
32. In our view the victimization-fear paradox continues to be a serious driver of social isolation.

Mobility and Transport

33. Mobility and transport issues were at 72% (combining public transport and parking). The responses may indicate that many attending the expo did not rely on public transport but no further detail assists us to expand on this issue.
34. We note that age-friendliness is dependent on transport options. Transport is a cross-cutting issue. Older persons cannot share the benefits of most of the domains with access to transport and the removal of other mobility barriers.

<h3>Seniors Creating Change: An Intervention Model</h3>
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35. Townsville Community Law’s Seniors Creating Change is a grassroots group of older persons empowering themselves to call for an end to elder abuse and raise awareness of the root causes of ageism and social isolation.
36. In 2011, Seniors Creating Change was developed as a Primary Intervention and reflects several established social science approaches including:
- **Community Development** approach to overcoming issues facing older persons in society.
 - **Group Work** theory.
 - **The Strengths Approach**
 - **Empowerment** focuses on empowering the individual to define and meet his or her own needs (Mullender and Ward, 1991) or overcome challenges (Rankin, 2006).
37. Seniors Creating Change perform in a range of settings:
- Residential aged care facilities
 - Day respite centres

- Retirement villages
- Community events including markets, open days, conferences, seniors' expos, and festivals
- Community groups (e.g. Dementia Support Group, NQ Association for the Blind, Parkinson's Support Group)

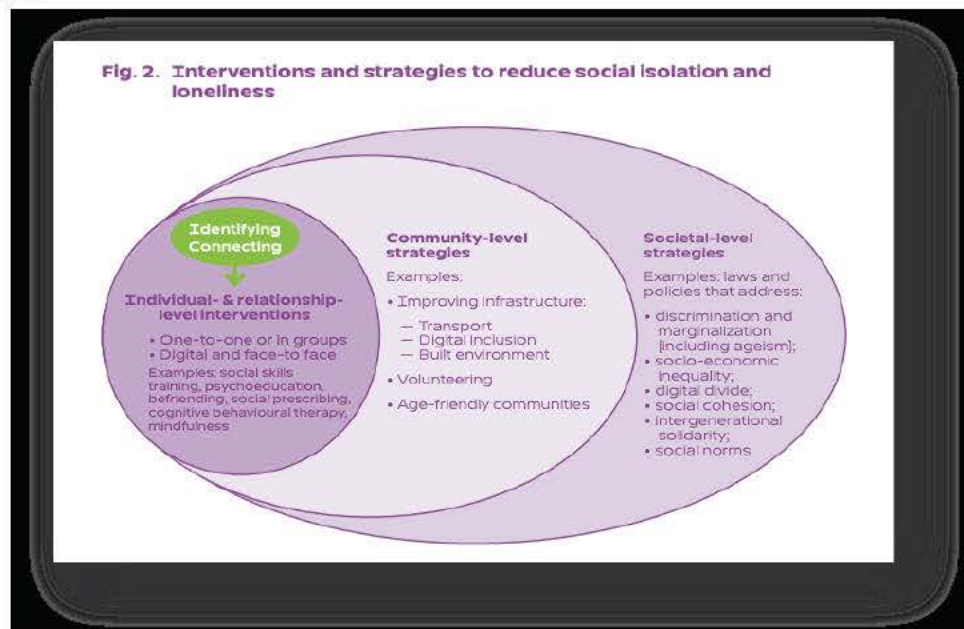
38. Combatting social isolation has always been a key aspect of its work:

Combating Social Isolation

SCC identified Social Isolation and Social Exclusion as targets for their work, at individual and systemic levels. Social isolation is a low level of interaction with others, combined with the experience of loneliness (Queensland Government, Department of Communities, 2007). It occurs when people are not able to participate in key activities in their community (Anglicare, 2010). People experiencing social isolation are less likely to access health and support services (Warburton and Lui, 2007). Social isolation is a risk factor of elder abuse. Seniors Creating Change works to breakdown social isolation for its members and for those they visit in aged care.¹⁰

39. Seniors Creating Change addresses social isolation by creating a space for victims of elder abuse or those at risk to re-connect socially, regularly engaging with residents of aged care facilities through performances, performing at community events and expositions to promote positive and healthy ageing and to raise awareness of issues affecting older persons within the Townsville and surrounding community.

40. We note the World Health Organization Advocacy Brief provide details on three levels of successful intervention:



41. At an individual level, Seniors Creating Change model works to address both the individual member's social connections within their community. For individual members, Seniors Creating

Change is a welcome and diverse peer group, where strong friendships and community connections can be established and maintained. Involvement contributes to the positive mental health and wellbeing of all group members. This was especially so during the COVID-19 lockdown and instances of consequent social isolation where Seniors Creating Change continued to meet online. This had the additional outcome of increased the ICT adoption and skills of group members including use in unrelated online communications.

42. **At a community level**, Seniors Creating Change presents a positive image of ageing, socially connects with community members including residents at aged care facilities and provides an opportunity to engage with their peers through music and song. Throughout the COVID-19 lockdown, residents at aged care facilities were particularly isolated from family and friends. Seniors Creating Change were able to remain connected with and perform to residents in aged care facilities using online platforms.
43. **At a societal level**, the Seniors Creating Change model is recognised as a successful intervention. The United Nations Secretary General's recent Policy Brief on the Impact of Covid-19 on older persons recognised their work:

> In Queensland, Australia, a grassroots, community group of 100 older persons called Seniors Creating Change sings in public places and long-term care facilities to raise awareness of the root causes of ageism and social isolation. They also conduct health and well-being checks, sharing news and community information, while working to break-down ageist stereotypes and social isolation.¹¹

Seniors Legal and Support Service: A Social Abuse Intervention

44. Townsville Community Law's Seniors Legal and Support assists individuals subject to or at risk of elder abuse including social abuse. Social abuse is the intentional prevention of an older person from having social contact with family or friends or accessing social activities of their choice.¹² Social abuse is also called social isolation or social exclusion.
45. The reported prevalence of social abuse is 6% however in our view it is much higher and commonly forms part of an abusive pattern of behaviour.¹³
46. This form of abuse is sometimes described as 'social isolation' and often occurs in conjunction with other types of abuse, such as psychological abuse because it allows the perpetrator to isolate the victim from sources of help and support, enabling them to hide the abuse and keep the victim under their control.¹⁴
47. Townsville Community Law is identifying increased numbers of cases that involve social abuse, particularly within the circumstances of the Covid-19 pandemic and associated public health directions.

The Impacts of Ageism

48. The World Health Organisation's recent Global Report on Ageism¹⁵ provides important context to this issue.

Ageism increases social isolation and loneliness in three main ways.

First, ageism can result in feelings of being undesired, unwanted, betrayed and socially rejected, which can lead to social withdrawal.

Second, as in a self-fulfilling prophecy, older people can internalize ageist stereotypes – for instance, that old age is a time of social isolation and low social participation – and then act accordingly, by withdrawing from society.

Third, ageist society-wide laws, norms and practices, such as mandatory retirement or design features of the living environment (e.g. inaccessible transport, cracked or uneven sidewalks), can act as barriers to older adults' participation in social activities, leading to social isolation and loneliness.¹⁶

49. Intergenerational contact has been identified as an intervention for ageism and consequent social isolation.¹⁷

Framing Issues: Age-friendliness and Human Rights

50. The issue of social isolation should be addressed from two central framing policies for the Queensland Government:

- Age-friendliness; and
- The human rights implications

Age-friendliness

51. Queensland seeks to be an age-friendly community¹⁸ and has a Strategic Direction Statement¹⁹ and Action Plan.²⁰ This policy recognises that social isolation is a key challenge in making age-friendly community a reality. The challenge includes ensuring participation and that there is a strong link between wellbeing, social connection and transport options.
52. The Independent Expert on the enjoyment of all human rights by older persons Report on Social exclusion: concepts, manifestations and the impact on the human rights of older persons highlighted the importance of age-friendly communities.
53. Many of her suggestions reflect the comments made by older Queenslanders in our action research. For example, the Independent Expert reported:

The promotion of age-friendly environments is a strategy to ensure that neighbourhoods respond to the needs of older persons and preferences without leading to their isolation or invisibility. Urban planning must be geared towards the equal participation of older persons in society. That includes measures that

enhance the safety of older persons (for example adequate lighting and safe pedestrian streets), accessible environments and policies that aim to enhance intergenerational exchange and inclusion in the community. States must take care to maintain social networks and to retain community centres and other structures and institutions that are important to older persons and enable them to meet and engage socially and civically. They can also facilitate the creation of informal networks around older persons that can help fight isolation, but also provide assistance, enhance their feeling of security and improve their quality of life.²¹

54. Queensland should consider reviewing its suite of age-friendly policies and strategies to see whether they support effective interventions against social isolation and loneliness.

Human Rights Implications

55. Taking part in public life is a human right²² under section 23 of Queensland's *Human Rights Act 2019*:

23 Taking part in public life

- (1) Every person in Queensland has the right, and is to have the opportunity, without discrimination to participate in the conduct of public affairs, directly or through freely chosen representatives.*
(2) Every eligible person has the right, and is to have the opportunity, without discrimination—
(a) to vote and be elected at periodic State and local government elections that guarantee the free expression of the will of the electors; and
(b) to have access, on general terms of equality, to the public service and to public office.

56. Any overarching plan to reduce social isolation should consider decisions taken by public entities that potentially restrict human rights and thereby contribute to social isolation.

ENDNOTES:

¹ Australian Institute of Health and Welfare, *Social isolation and loneliness* (Web page, 11 September 2019) <https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness>.

² Global report on ageism. Geneva: World Health Organization; 2021, p. 53.

³ Social isolation and loneliness among older people: advocacy brief. Geneva: World Health Organization; 2021.

⁴ Blundell, B., Clare, J., Moir, E., Clare, M. & Webb, E. (2017). Review into the Prevalence and Characteristics of Elder Abuse in Queensland. Perth, WA: Curtin University and Murdoch University, p. 47.

⁵ <https://www.who.int/news-room/fact-sheets/detail/elder-abuse>

⁶ Henning-Smith C, Moscovice I, Kozhimannil K. Differences in social isolation and its relationship to health by rurality. *J Rural Health*. 2019;35(4):540-549. doi:[10.1111/jrh.12344](https://doi.org/10.1111/jrh.12344)

⁷ <https://www.pewresearch.org/internet/2017/05/17/tech-adoption-climbs-among-older-adults/>

⁸ Clemente, F., & Kleiman, M. B. (1976). Fear of crime among the aged. *The Gerontologist*, 16, 207–210. doi:10.1093/geront/16.3.207

⁹ Werner Greve, Bernhard Leipold, Cathleen Kappes, Fear of Crime in Old Age: A Sample Case of Resilience?, *The Journals of Gerontology: Series B*, Volume 73, Issue 7, October 2018, Pages 1224–1232, <https://doi.org/10.1093/geronb/gbw169>

¹⁰ Townsville Community Legal Service Inc., Senior's Creating Change: From Idea to Intervention, March 2014, p.15.

¹¹ United Nations, Policy brief: the impact of COVID-19 on older persons, May 2020, p.4; independent expert on the enjoyment of all human rights by older persons, impact of the coronavirus disease (COVID-19) on the enjoyment of all human rights by older persons, UN Doc A/75/205, 2020, p. 10.

¹² Blundell, B., Clare, J., Moir, E., Clare, M. & Webb, E. (2017). Review into the Prevalence and Characteristics of Elder Abuse in Queensland. Perth, WA: Curtin University and Murdoch University

¹³ Ibid, p.30.

¹⁴ Ibid, p.45.

¹⁵ Global report on ageism. Geneva: World Health Organization; 2021.

¹⁶ Ibid, p.52.

¹⁷ Ibid, p.130.

¹⁸ <https://www.dsdsatsip.qld.gov.au/our-work/seniors/queensland-age-friendly-community>

¹⁹ <https://www.dsdsatsip.qld.gov.au/resources/dsdsatsip/seniors/age-friendly-community/qld-an-age-friendly-community.pdf>

²⁰ <https://www.dsdsatsip.qld.gov.au/resources/dsdsatsip/seniors/age-friendly-community/qaafc-action-plan.pdf>

²¹ Available at: <https://www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/Reports.aspx>

²² Queenslanders also have a right to free movement under section 19 of the *Human Rights Act 2019*



**Decade
of healthy
ageing**

ADVOCACY BRIEF:

Social isolation and loneliness among older people



**World Health
Organization**



**United
Nations**

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Advocacy brief: Social isolation and loneliness among older people

Summary

- ⦿ Social isolation and loneliness among older people are growing public health and public policy concerns which have been made more salient by the COVID-19 pandemic.
- ⦿ Social isolation and loneliness among older people are widespread. For instance, 20–34% of older people in China, Europe, Latin America, and the United States of America are lonely.
- ⦿ Social isolation and loneliness are harmful. They shorten older people's lives, and damage their mental and physical health and quality of life.
- ⦿ But they can be reduced:
 - Through face-to-face or digital interventions such as cognitive behaviour therapy, social skills training and befriending;
 - By improving infrastructure [e.g. transport, digital inclusion, built environment] and promoting age-friendly communities;
 - Through laws and policies to address, for instance, ageism, inequality and the digital divide.
- ⦿ A strategy for reducing social isolation and loneliness among older people should aim to:
 - Implement and scale up effective interventions to reduce social isolation and loneliness;
 - Improve research and strengthen the evidence for what works; and
 - Create a global coalition to increase the political priority of social isolation and loneliness among older people.

Human beings are fundamentally social animals. To have survived for millennia as hunter-gatherers in often harsh environments, individuals depended for their lives on strong bonds with a tightly knit social group. High-quality social connections are essential for our mental and physical health and our well-being – at all ages.

Social isolation and loneliness have serious consequences for longevity, health and well-being. In older age, social isolation and loneliness increase the risks of cardiovascular disease, stroke, diabetes, cognitive decline, dementia, depression, anxiety and suicide. They also shorten lives and reduce the quality of life. Life transitions and disruptive life events [such as retirement; loss of a spouse, partner or friends; migration of children or migration to join children; and disability or loss of mobility], which are more likely to affect older people, put them at particular risk [1, 2].

Until recently, however, social isolation and loneliness, including among older people, were neglected social determinants of health. In some countries, these problems have started to be considered pressing public policy and public health issues. The COVID-19 pandemic and the attendant physical distancing measures have increased the salience of these topics [3–5]. For instance, in 2018, the United Kingdom Government appointed a "loneliness minister" and published "A connected society – a strategy for tackling loneliness" [6]. In 2021, Japan followed suit, partly in response to the pandemic; the Prime Minister added a "loneliness minister" to his cabinet and created an inter-ministerial task force to address the issue [7]. In the United States of America in 2020, the National Academies of Sciences, Engineering and Medicine published a consensus report entitled "Social isolation and loneliness in older adults: opportunities for the health care system" [2].

Several windows have opened for international, regional and national policies,

described below, to change the way in which social isolation and loneliness are addressed. One of the most prominent is the United Nations Decade of Healthy Ageing 2021–2030 [8], which includes four interconnected action areas for safeguarding the health and well-being of older people, their families and their communities: [i] change how we think, feel and act towards age and ageing; [ii] ensure that communities foster the abilities of older people; [iii] deliver integrated care and primary health services tailored to older people; and [iv] ensure access to long-term care for older people. Although social isolation and loneliness occur throughout the life-course, this advocacy brief focuses on older people.

What we know about social isolation and loneliness among older people

We know enough to state with confidence that social isolation and loneliness are widespread among older people in most regions of the world, that they have serious consequences for their physical and mental health and longevity and that we should, therefore, invest in effective interventions and strategies to reduce social isolation and loneliness in this population. Many questions and uncertainties remain, however, which should be addressed by the research community [2, 9, 10].

Social isolation and loneliness are distinct but related concepts. "Loneliness" is the painful subjective feeling – or "social pain" – that results from a discrepancy between desired and actual social connections [11–13]. "Social isolation" is the objective state of having a small network of kin and non-kin relationships and thus few or infrequent interactions with others. Some studies have found only a weak correlation between social isolation and loneliness [14–16]: socially isolated people are not necessarily lonely and vice versa. How lonely a person feels depends partly on their own and their culture's expectations

of relationships [17]. For some aspects of the problem – such as its scale, distribution and trends – more evidence is available on loneliness than on social isolation.

The scale of social isolation and loneliness

Although there are currently no global estimates of the proportion of older people in the community who are experiencing loneliness and social isolation, estimates for some regions and countries are available. For instance, 20–34% of older people in 25 European countries [18] and 25–29% in the USA [10] reported being lonely. A study in 2021 indicated a prevalence of loneliness of 25–32% in Latin America, 18% in India but only 3.8% in China [19]. Other estimates of the prevalence of loneliness among older people, however, were 29.6% in China [20] and 44% in India [21] – on a par with or higher than in the rest of the world. Few comparable estimates of the prevalence of social isolation are available. Those available are 24% in the USA [22], 10%–43% in North America [23] and 20% in India [24].

Differences in methods may account for some of the differences in the estimates, such as the type of measure used, the mode of data collection [e.g. face-to-face or self-administered questionnaires], the representativeness of the sample and the inclusion criteria [e.g. older people in institutions, homeless people, and ethnic minorities] [10, 19, 25]. In general, there are few comparable estimates for low- and middle-income countries [19]. Although there are many instruments for measuring social isolation and loneliness, there is no standard, international, widely used, cross-culturally valid measure of the two concepts [19, 26, 27].

The prevalence of loneliness among people living in long-term care institutions appears to be higher than that in the community. A review of 11 studies – three in middle-income and eight in high-income countries – indicated that 35% of older people in residential and nursing care

homes were very lonely. All four studies that made direct comparisons between care-home residents and people living in their own homes in the community reported a higher prevalence of loneliness in care homes [28].

Age and loneliness

It is not clear whether loneliness increases or decreases with age. Some studies show a U-shaped curve along the life-course, loneliness being more prevalent at younger and older ages [18, 29–31]. Others suggest a steady decrease in loneliness through life [25, 32], sometimes with an increase after 75 years [33]. Yet others suggest that the relation between loneliness and age is non-linear and fluctuates during the life-course [34–36]. A nationally representative study in the USA, for instance, found peaks in the oldest and young adults and in those aged 50–60 years [34].

Gender and loneliness

A recent review of 575 studies on gender differences in loneliness indicated similar levels in males and females across the lifespan. Males were slightly more lonely in childhood, adolescence and young adulthood (with the largest differences), but these small gender differences disappeared in middle adulthood and at older age [37]. Loneliness among older women is a concern, as life changes such as widowhood and relocation, which are associated with greater vulnerability to social isolation and loneliness, affect women more than men [38].

Recent trends

It is not known whether global rates of loneliness among older people are increasing overall. A review of 25 studies in China found large increases in loneliness between 1995 and 2011, which were correlated with increasing rates of urbanization, divorce, unemployment and social inequality [38]. In a study in the USA, the prevalence of loneliness increased



by 7% between 2018 and 2019 [39, 40]. In contrast, no increase in the rate of loneliness among older people in recent decades was found in Sweden [41], and studies in Finland and Germany suggest that loneliness may have decreased [42, 43]. The increasing longevity and ageing of the global population could nonetheless result in more older people experiencing loneliness and social isolation (Box 1).

Social isolation and loneliness shorten lives

A review conducted in 2015 indicated that social isolation and loneliness were associated with a 29% and 26% increased likelihood of mortality, respectively. Both significantly predicted premature mortality, and equivalently so, and middle-aged adults may be at greater risk of mortality than older adults when they are socially isolated or lonely [50, 51].

The relation between social isolation and loneliness and mortality (and the other negative health outcomes described below) might be causal, but it is difficult to demonstrate [2, 52, 53]. Social isolation and loneliness affect mortality similarly to well-established risk factors such as obesity, lack of physical activity, smoking, other forms of substance abuse and poor access to health care [2, 50].

Social isolation and loneliness damage older people's health and quality of life

There is strong evidence that social isolation and loneliness increase the risks of older adults for physical health conditions such as cardiovascular disease and stroke and for mental health conditions such as cognitive decline, dementia, depression, anxiety, suicidal ideation and suicide [2, 43, 54–57]. There is also evidence, although it is not as strong, that social isolation and loneliness increase the risks of other health conditions (e.g. type-2 diabetes mellitus, high cholesterol) and limit mobility and activities of daily

Box 1. Living arrangements, loneliness and social isolation of older people

"Living alone" is defined as occupying a one-person household. Most studies show that living alone is a risk factor for both social isolation and loneliness, with some mixed results [44–48].

Not only population ageing but also social and economic changes are reshaping the context in which older people live, including the size and composition of their households and their living arrangements. The changes also include decreased fertility; changes in patterns of marriage, cohabitation and divorce; higher educational levels of younger generations; continued rural-to-urban and international migration; and rapid economic development [49].

Globally, more older people live alone. In western Europe and the USA, intergenerational residence has decreased dramatically, and most older people now live either in single-person households or in households consisting of a couple only or a couple and their unmarried children. In many less developed countries, despite the persistence of traditional family structures and cultural norms that favour multi-generational households, a slow shift is occurring towards smaller families and different types of household, including living alone [49].

Globally, more older women than men live alone. Between 2006 and 2015, older women were twice as likely as older men to live alone [24% vs 11%]. The gender gap was widest in Europe and Northern America [37% vs 18%], followed by Australia and New Zealand [33% vs 18%]. Whereas, globally, 15% more older men than older women lived with a spouse [38% of men, 23% of women], the gap was wider in Europe and North America [56% vs 33%] [49].

living [2, 57]. Social isolation and loneliness are also risk factors for violence and abuse against older men and women, the prevalence of which, at least in the USA, appears to have increased during the COVID-19 pandemic [2, 58]. Some more limited evidence indicates that social isolation and loneliness worsen the quality of life of older adults [2, 57].

The effect of social isolation on mortality has been studied more extensively than that of loneliness, while the effect of loneliness on health has been studied more extensively than that of social isolation. The relative effects of each on health are, however, complex and not fully understood. Little attention has been paid to the discordance between social isolation and loneliness [e.g. high social isolation but low loneliness] and its impact on health [2, 59, 60].

Currently, three plausible causal mechanisms have been proposed for the effects of social isolation and loneliness on health [Fig. 1]. First, they lead to excess stress reactivity, and, in the absence of the stress-buffering effect of social support, the physiological systems of lonely and isolated individuals may absorb more of the stressors encountered in daily life [2, 10, 61, 62]. Secondly, they result in inadequate or inefficient physiological repair and maintenance processes. For example, social isolation and loneliness affect the quality and quantity of sleep, which influence a variety of physical health conditions [e.g. cardiovascular disease, diabetes]; and poor sleep is associated with increased mortality [2, 61]. Thirdly, some, albeit mixed, evidence indicates that social isolation and loneliness lead to behavioural risk factors, such as lower physical activity, poorer diet, poor adherence to medical treatments and more smoking and alcohol consumption [2, 10, 57, 61].

The costs of social isolation and loneliness

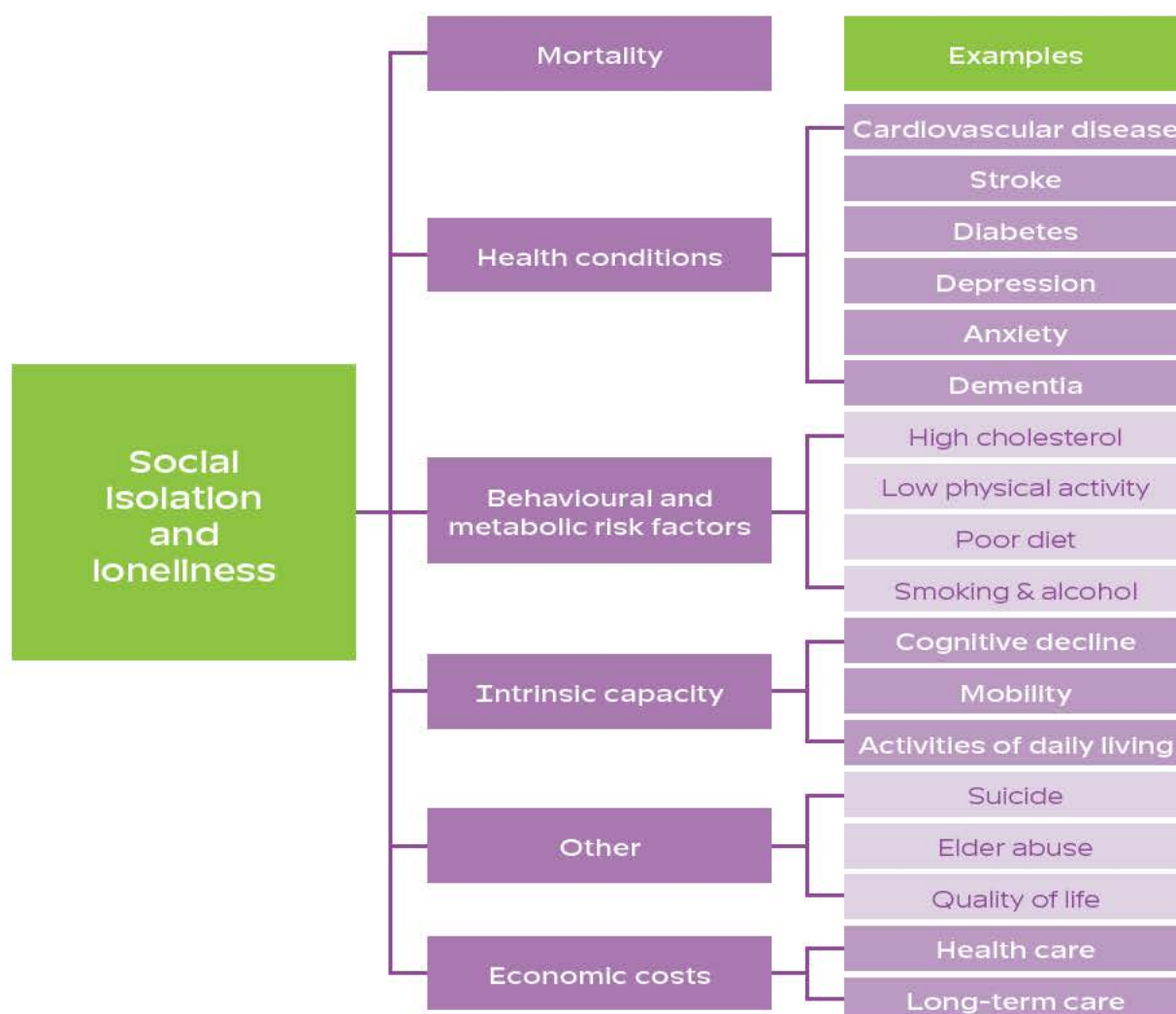
Social isolation and loneliness appear to impose a heavy financial burden on society, but the extent of the burden is not well understood. A review of studies on the economic costs of loneliness at all ages included only four studies on the costs of social isolation and loneliness in older people and addressed the costs of health and/or long-term care in high-income countries [63]. In a study in the United Kingdom, the excess costs for health and long-term care due to loneliness was estimated to be GBP 11 725 per person over 15 years [64]. Lonely older people are more likely to visit their doctor for social contact rather than for medical treatment, thus increasing medical costs [65, 66]. In the USA, an estimated US\$ 6.7 billion in annual federal spending has been attributed to social isolation among older adults [67].

Why are older people at risk of social isolation and loneliness?

A complex range of individual, relationship, community, societal and system level factors put people at risk of social isolation and loneliness [68–70]. Identifying risk factors at these four nested and interacting levels helps to make sense of the many interventions and strategies which target these risk factors to reduce social isolation and loneliness [Fig. 2].

At the level of the individual, physical factors such as having heart disease, stroke or cancer can increase the risks of both social isolation and loneliness, although the relation is often bi-directional [2]. Decreases in intrinsic capacity, such as sensory impairment and hearing loss, increase the risks, as do psychiatric disorders such as depression, anxiety and dementia [2]. Certain personality traits – such as neuroticism [i.e. negative affect], disagreeableness and low levels of conscientiousness – increase the risk of loneliness, and these are partly genetically determined [71–73].

Fig. 1. Consequences of social isolation and loneliness



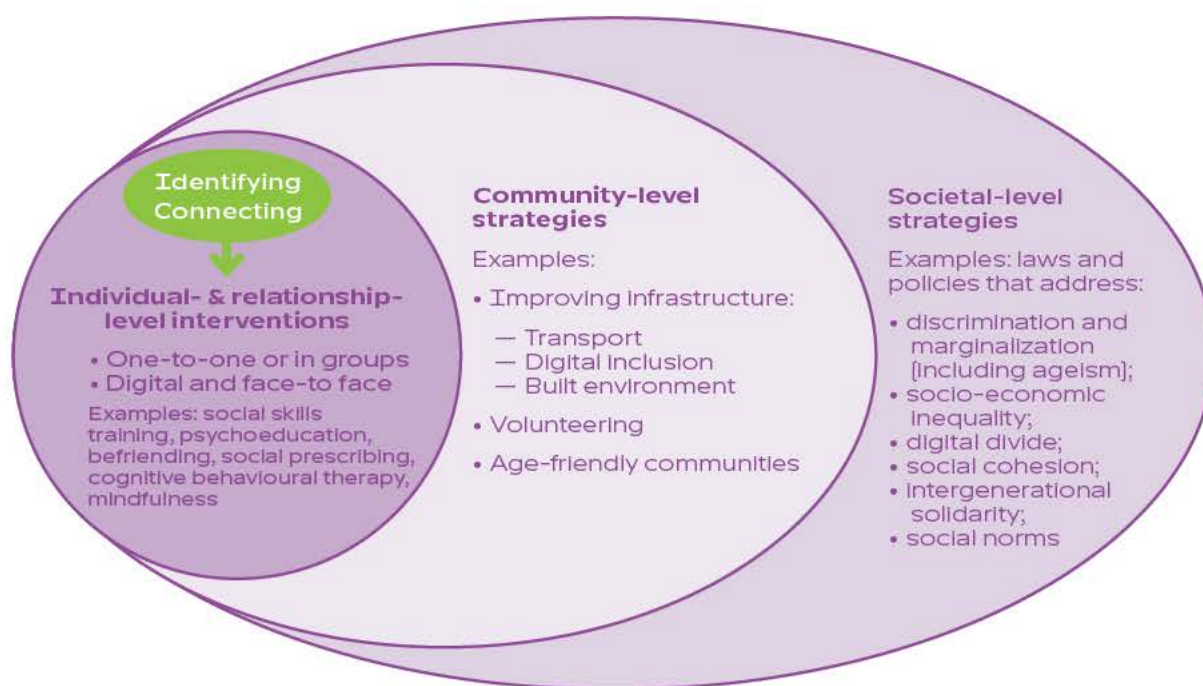
The absence of supportive relationships and difficult or unfulfilling relationships can increase loneliness. Life transitions and disruptive life events such as retirement and bereavement can increase the risks of both social isolation and loneliness among older people [2, 10, 69].

Social groups at greater risk of social isolation and loneliness, which are sometimes poorly served by mainstream services, include ethnic minorities; lesbian, gay, bisexual and trans+ people; people with physical and learning disabilities and long-term health conditions; care-givers;

and older people in residential and nursing care [2, 74]. Being an immigrant is also a risk factor, as immigrants tend to have fewer – especially long-standing – social ties and less social integration and often face language and communication barriers [2, 74].

At community and societal levels, lacking socio-economic resources, limited education, inadequate transportation, lack of access to digital technology, poor housing, ageism, marginalization and remote residence can all lead to loneliness and social isolation [2, 10, 69, 75].

Fig. 2. Interventions and strategies to reduce social isolation and loneliness



Sources: references 1, 69, 70, 74

What works to address social isolation and loneliness?

Many interventions and strategies have shown promise, but we do not yet know which are the most effective and for whom. Fig. 2 suggests that various sectors must be involved for a population-level impact on social isolation and loneliness, e.g. health, social work, information and communications technology, transportation and housing; and stakeholders such as government, older people, civil society organizations, practitioners, academia and the private sector must act at multiple levels at the same time.

As for strategies to address other health and social problems, however, current evidence for what works to reduce social isolation and loneliness is primarily

for individual- and relationship-level interventions, with little evidence for community- or societal-level interventions [1, 2, 74, 76, 77]. Furthermore, social isolation and loneliness can occur at any age, and interventions and strategies to address them starting earlier may be needed [78].

Identifying and connecting: Before older people who are socially isolated and lonely can be offered help, they must be identified and connected to services [see Fig. 2]. The health sector has an important role to play in identifying older people at risk of or already experiencing loneliness. "Connector services" reach those at risk of loneliness and social isolation, understand their predicament and support them in accessing appropriate services and interventions, including to overcome practical and emotional barriers stemming from ageism and stigmatization. Connector services include outreach services

[e.g. knocking on doors in the community], guided conversations and motivational interviews. Evidence for how well such services work is, however, limited [74].

Individual- and relationship-level interventions: Interventions at this level are based on three main mechanisms: [i] maintaining and improving people's relationships, [ii] supporting people to develop new relationships and [iii] changing how people think and feel about their relationships [74, 79].

Many studies and at least 24 reviews have evaluated the effectiveness of interventions at the individual- and relationship-levels [80]. Although some of the findings are encouraging, there is too little high-quality evidence to identify the most effective type conclusively [2, 10, 81–84]. Interventions for maladaptive social cognition with cognitive behavioural therapy appear promising for reducing loneliness. "Maladaptive social cognition" refers to inflexible, inappropriate expectations, thoughts and feelings that people have about their relationships, particularly hypervigilance – increased attention and surveillance – for social threats, such as rejection or exclusion [17, 85, 86].

Interventions for social isolation and loneliness among older people can be delivered either one-to-one or in groups and either digitally or face to face. They include social skills training; psychoeducation [providing information and support to better understand and cope]; peer-support and social activity groups; "befriending" services, which offer supportive relationships either in person or over the phone, usually by volunteers; social prescribing, which helps patients to access local non-clinical sources of support; cognitive behavioural therapy; mindfulness training; psychopharmacology, including anti-depressants; and coalitions and campaigns to increase awareness of the issues [2, 80, 82].

The evidence for effective interventions has several serious limitations, which

should be addressed in future research [see Box 2]. Few randomized controlled trials have been conducted; the samples are often too small; interventions often do not address loneliness among the most vulnerable older adults; and few studies have been conducted in low- and middle-income countries [2, 10, 80, 82–84]. Also, social isolation and loneliness are often not clearly distinguished [particularly in reviews] and are sometimes conflated into a single concept. It cannot be assumed that interventions that work for one will necessarily work for the other [2, 80, 83].

Features of interventions that appear to be the most promising include an educational approach, the involvement of the individuals targeted in designing the intervention and a strong theoretical basis [2, 10, 80, 82–84]. Lonely people appear to be more interested in connecting with others when they pursue activities based on shared interests [e.g. exercise groups] than in meeting for purely social reasons [74, 89]. Preliminary evidence also suggests that interventions that increase social contact [e.g. befriending and peer-visiting] may be particularly cost-effective [63].

Digital interventions are of particular interest because of both the increase in their use during the COVID-19 pandemic and the rapidly increasing role of technology in the past 10–15 years – particularly the Internet, smart phones and social media – in mediating social relations. Digital interventions include training in use of the Internet and computers, support for video communication, messaging services, online discussion groups and forums, telephone befriending, social networking sites, chatbots and virtual artificial intelligence "companions" [90–92]. Although they have sometimes been found to be effective, the findings are often mixed or inconclusive [86, 90–96].

Digital interventions are associated with several ethical concerns, such as potential infringement on privacy, informed consent



Box 2. Opportunities for improving data and research and strengthening the evidence

Opportunities for improving data and research and addressing the many gaps and uncertainties in the evidence base for social isolation and loneliness include the following.

1. *Develop a standard, international instrument for measuring both social isolation and loneliness:* Although many measures exist, there are currently no widely used, cross-culturally valid, international instruments for measuring the two concepts [19, 26, 27].
2. *Improve understanding of prevalence, distribution and trends:* An agreed international measuring instrument would generate comparable cross-national prevalence data for better estimates of the distribution of the problem [including across the life span] and trends over time, allowing better planning and evaluation to reduce the problem.
3. *Generate better evidence for effective interventions:* The first priority is to strengthen the evidence of what works to reduce social isolation and loneliness at all levels, from the individual and relationship levels to the community and societal levels [2, 74, 84].
 - The current large but uneven evidence base should be carefully mapped to identify strengths and weaknesses, so future research can be commissioned in a more cost-efficient and strategic way.
 - In order to produce conclusive evidence, evaluations should be large, theory-based and of high quality [randomized controlled trials if possible] and should clearly distinguish between social isolation and loneliness [80, 83, 84].
 - Better understanding of digital interventions is necessary and especially of digital divides, potential harmful effects of digital interventions and whether virtual connections can supplement face-to-face social connections.
4. *Increase research in low- and middle-income countries:* More research should be conducted on all aspects of social isolation and loneliness in low- and middle-income countries: their prevalence, consequences and determinants, which may be different from those in high-income countries, and on interventions that are effective in different contexts [10, 19].
5. *Elucidate the mechanism underlying health impacts:* Research of appropriate design, e.g. prospective longitudinal and controlled experiments, should be conducted to elucidate the causal mechanisms underlying the health impacts of social isolation and loneliness, including possible bi-directionality [2, 61].
6. *Estimate costs and cost-effectiveness:* Information on the cost of the problem and the cost-effectiveness of interventions is limited. Both are critical for making a persuasive case to raise the priority of the issue.
7. *Translate evidence to make it more accessible:* High-quality evidence should be synthesized and stored on accessible databases, platforms and portals and distilled into forms likely to be used by policy- and decision-makers, such as evidence-based policy briefs, guidelines and checklists [87, 88].

and autonomy and disparities in access, including for older people with disabilities. Furthermore, the extent to which online relations can supplement face-to-face interactions and the potential harmful effects of digital interventions, particularly the risk of further isolating older people, are currently poorly understood [2]. It is important to protect the right to remain offline and develop alternatives for those who cannot or do not wish to connect digitally.

Community-level strategies: Several strategies at the community level have the potential to help reduce loneliness and social isolation. Some address the infrastructure – such as transportation, digital inclusion and the built environment – required to ensure that people can maintain their existing and form new relationships and to deliver interventions to reduce social isolation and loneliness.

Appropriate, accessible, affordable transportation is vital to keep people connected [74]. Although empirical evidence of the impact of transportation policy on social isolation and loneliness is limited, a study in the United Kingdom showed that the introduction of free bus travel for people aged 60 years and over reduced loneliness and depressive symptoms [97].

The built environment in communities can either foster or hinder social connection. The design of housing [e.g. communal areas], of public spaces [e.g. good lighting, benches, public toilets] and of restaurants, shops and cultural institutions such as libraries and museums [e.g. accessibility and inclusivity] may all affect social isolation and loneliness [74, 98].

Digital inclusion strategies, while critically important are not easy to implement. They raise the issue of several digital divides – for instance, between younger and older people, between older people [e.g. those ≥60 years and those ≥80 years], between those who cannot afford or lack the ability to use digital technology and those who can, and between higher

and lower-income countries [74, 90–92, 95]. Nonetheless, governments, policy makers and all stakeholders, including the private sector, should make information and communication technologies [ICTs] available, affordable and accessible to older people who wish to be connected and ensure that those who wish to remain offline do not suffer exclusion as a result. Furthermore, in their policies, strategies and programmes related to ICTs, they should include accessibility requirements relevant to digital information, products and services aimed at reducing social isolation and loneliness among older people. They should also provide appropriate digital knowledge and training to allow older people to adopt new technologies [99].

Several other community strategies might reduce social isolation and loneliness among older people [74]. One is volunteering, which can increase the well-being and social connections of those who volunteer and provide the personnel for interventions to address loneliness [74]. Another is promoting "age-friendly communities", which, in line with the WHO framework [100], are designed to foster healthy, active ageing. They can help raise awareness and promote collaboration across a range of key stakeholders within a local area to address social isolation and loneliness.

Societal-level strategies: Societal level strategies to reduce isolation and loneliness include laws and policies to address discrimination and marginalization [including ageism], socio-economic inequality, digital divides, social cohesion and intergenerational solidarity. They may also seek to change social norms that prevent social connection, such as prioritizing accumulation of financial rather than social capital. Evidence for the effectiveness of such measures is, however, limited [1, 74, 101].

"Social in all policies", similar to WHO's "health in all policies", has been suggested as a means of tackling social isolation

and loneliness. Cross-cutting "social in all policies" would include social isolation and loneliness in all relevant sectors and policy areas, including transportation, labour and pensions, education, housing, employment and the environment [102]. For instance, policies could be implemented that include flexibility in the labour market, allowing older people more choice in how and when they retire. This could ease the transition from working life to retirement and promote intergenerational support, with retired workers acting as mentors to younger workers.

Policy windows

United Nations Decade of Healthy Ageing

The United Nations Decade of Healthy Ageing 2021–2030 offers a unique opportunity to intensify work on social isolation and loneliness globally. The aim of the Decade is to bring together governments, civil society, international agencies, professionals, academia, the media and the private sector for 10 years of concerted, catalytic, collaborative action to improve the lives of older people, their families and the communities in which they live [8].

The Decade also intends to achieve the pledge of the Sustainable Development Goals that no one – including older people – will be left behind. Older people make key contributions to achieving the Goals, building on what has been started in many countries. The Goals are an important process that can be used to address social isolation and loneliness among older people.

Fourth review and appraisal of the Madrid International Plan of Action on Ageing

The Madrid International Plan of Action on Ageing, adopted by the Second World Assembly on Ageing, held in Madrid, Spain, in 2002, includes a bold, comprehensive

agenda for three priorities: older people and development; advancing health and well-being into old age; and ensuring enabling, supportive environments [103]. Several of the recommendations highlight the risks posed by social isolation and loneliness and call for action. The Plan is reviewed and its implementation appraised every five years. Reducing older people's social isolation and loneliness, particularly through digital technology, has been identified as an important issue for the fourth review and appraisal, due to be completed in 2023 [104].

United Nations General Assembly Open-ended Working Group for the Purpose of Strengthening the Protection of the Human Rights of Older Persons

The Open-ended Working Group on Ageing was established by the United Nations General Assembly in 2010 to consider the international framework of the human rights of older people and to identify any gaps and how best to address them. The Group is considering the feasibility of further instruments and measures, including a convention on the rights of older persons [105]. The Group will increase awareness of social isolation and loneliness, not only as public health issues but also as moral and human rights imperatives and socio-economic necessities.

A three-point strategy for reducing social isolation and loneliness during United Nations Decade of Healthy Ageing

1. Create a global coalition to increase the political priority

A global coalition should raise awareness about social isolation and loneliness and increase their political priority to ensure that financial, technical and human resources are invested on a

scale commensurate with the severity of the issue. As part of the United Nations Decade of Healthy Ageing, this multi-stakeholder and multi-sectoral coalition, with the engagement of older people, should strengthen collaboration among the main international, regional, national and local stakeholders.

The coalition should involve the United Nations Interagency Group on Ageing [106], which ensures inclusion of older people in the work of the United Nations system. The Group can act as an important agent to strengthen information sharing and cooperation among United Nations agencies and to raise awareness of the issue.

2. Improve research and strengthen the evidence for effective interventions.

Filling the significant gaps in our understanding of social isolation and loneliness should be a key component of the strategy. More important still will be to strengthen the evidence on effective interventions to reduce social isolation and loneliness. Box 2 lists seven opportunities for improving data and research and strengthening the evidence.

3. Implement and scale up effective interventions.

Social isolation and loneliness will be reduced only if effective interventions and strategies are implemented at scale in a multi-stakeholder, multi-sectoral effort. This will require identification of effective interventions and strategies (existing or new) and addressing all the factors required to scale them up to achieve an impact at population level, including a cycle of continuous evaluation and optimization, estimation of intervention costs and benefits, adapting interventions for scale-up, determining their reach and acceptability, developing implementation infrastructure and a workforce and ensuring sustainability [2, 107].

Social isolation and loneliness, which affect a considerable proportion of the population of older people globally, shorten their lives and take a heavy toll on their mental and physical health and their well-being. COVID-19 and the resulting lockdown and physical distancing measures have been a stark reminder of the importance of social connections in the lives of older people. The United Nations Decade of Healthy Ageing 2021–2030 offers a unique opportunity for United Nations agencies and stakeholders in all sectors to act together internationally, regionally, nationally and locally to reduce social isolation and loneliness among older people.

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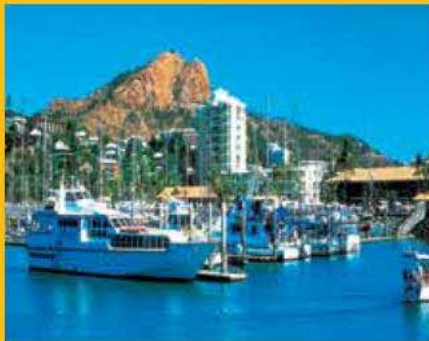
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**Decade
of healthy
ageing**



Townsville Seniors Speak Out



Townsville Community
LEGAL SERVICE INC

The Townsville Community Legal Service Inc. acknowledges the **122 Townsville seniors** who bravely and honestly spoke out about the issues they face. **Their voices are the outcome of this report.**

TCLS thanks actor **Una Way** and director **Paul Wilson** who brought to life the play ***Dance Like a Butterfly*** to life. Their talent and commitment to the forums was integral to the success.

TCLS thanks the **Townsville Returned Services Leagues Club** for their care and attention to the requirements to the Forum and the seniors who attended.

TCLS also thanks the facilitators of the discussions who generously gave their time to make the Townsville Seniors Speak Out Forums a success:

Neville Abbey	<i>Seniors Legal and Support Service Reference group</i>
Ginni Hall	<i>Seniors Legal and Support Service Reference group</i>
Sandy McIntyre	<i>Carers Queensland</i>
Errol Neale	<i>Townsville Regional Committee of the Ageing</i>
Arthur Schultz	<i>Townsville City Council.</i>

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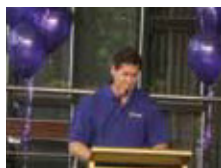
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Executive Summary

This report reflects the views of the seniors involved in the [Townsville Seniors Speak Out Forums](#). The Forums were held to empower seniors to speak out about their needs and to harness their knowledge of how the risk factors for elder abuse can be addressed in the community.

The Forums also sought to identify barriers that prevent seniors from planning ahead and to assess seniors' understanding of legal documents that assist to prevent elder abuse.

This is not a scientific report. Rather, it is an amalgam of the views expressed by seniors, research that supports their opinions and the conclusions that can be drawn from these two sources.

Part 1 - Background

Part 1 provides a background introduction to the initiators of this report, the [Townsville Community Legal Service Inc.](#), its specialist [Seniors Legal and Support Service](#) along with demographic and statistical information about the Townsville community.

Part 2 - Elder Abuse

Part 2 introduces elder abuse by defining the term, identifying the risk factors and explaining the consequential impact for seniors who experience this type of harm.

It also explores the costs to the individual and community as well as the cost-saving benefits available if preventative measures are employed.

Part 3 - The Townsville Seniors Speak Out Forum

Part 3 provides information about the development of the Forums. It explains the genesis of the concept, the recruitment of participants, the choice of venue and room layout. There is a description of the program format, the method of gathering information during the facilitated discussions, the subsequent analysis and evaluation method.

Part 4 - Dance Like a Butterfly

Part 4 provides information about the play "[Dance Like a Butterfly](#)" which was the central platform for the Forums' facilitated discussions.

Part 5 - Themes and Findings

Part 5 presents the three main themes that were evident from the facilitated discussions – loss of independence, social isolation and transition to aged care.

It also provides information about other areas of concern that seniors raised such as the perceived lack of support for independent retirees and Centrelink recipients.

The seniors' solutions to issues arising out of these themes can also be found within this part.

Part 6 - Barriers to planning for the later years

Part 6 presents the seniors' views about the barriers that may inhibit them from planning for future years.

It explores seniors' knowledge of legal documents such as Wills, Enduring Powers of Attorney, Advanced Health Directives, Family Agreements and Loan Agreements.

It also provides information about solutions that seniors thought would assist them to consider future arrangements.

Part 7 - Conclusion

Part 7 draws together the findings of the Forums and seeks to establish a way forward that would allow the implementation of the seniors' solutions as sustainable actions.

It presents a framework that would assist seniors in the local community and more broadly at a national level.



Background

Townsville Community Legal Service

Townsville Community Legal Service is a non-profit, community based legal centre. It was established as a volunteer service in 1991 and funded in 1992.

Since then the Service has grown and offers general legal advice, casework and representation and provides a range of specialist services including:

- Welfare Rights advice, casework and representation
- Immigration advice and assistance
- Financial Counselling
- Seniors Legal and Support Service
- Cyclone Legal Help
- Family Law advice

The Seniors Legal and Support Service

The Seniors Legal and Support Service (SLASS) began as a pilot project funded by the Queensland Government's Department of Communities in 2007.

SLASS was established to provide legal assistance and support to people over the age of 60 at risk of or experiencing elder abuse or financial exploitation.

The pilot was funded in five sites throughout Queensland including, Brisbane, Toowoomba, Hervey Bay, Townsville and Cairns.

In 2010 SLASS became triennially funded.

The SLASS is staffed by three EFT positions – administrative officer, solicitor and social worker.

In its first three years the Seniors Legal and Support service provided:

- 325 seniors with casework assistance
- 150 seniors with legal advice
- 1224 seniors with legal information

The majority of clients accessing SLASS were within the 70-80 year age range.



Townsville

Townsville is situated in coastal North Queensland. It lies approximately 1,300 kilometres north of Brisbane, and 350 kilometres south of Cairns.

As at 30 June 2009, Townsville had a population of 181,743. Of this population 9.3% were aged 65 years and over.¹

The national population of people over the age of 65, as at May 2010 was 13.5%.²



Elder Abuse

Australian research estimates that between 3-7% of seniors will experience abuse each year. ³ With the proportion of the population aged 65+ set to increase from 13% of the population to 23-25% by 2056, elder abuse is a significant social issue. ⁴

Definition

Elder abuse is defined as “Any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can include physical, sexual, financial, psychological and social abuse and/or neglect.” ⁵

The Risk Factors

The main risk factors of elder abuse are:

- Isolation
- Dementia
- Family conflict
- Physical illness
- Lack of services
- Dependency of the victim due to physical or mental incapacity
- Psychopathology of the perpetrator (including substance abuse). ⁶

A number of other factors have been cited as contributing to elder abuse including community attitudes towards the ageing population, carer stress, financial dependency on seniors, shared living arrangements, a lack of community awareness about elder abuse and lack of support for carers. ⁷

The Impact on the Individual

Elder abuse has significant consequences for seniors. Seniors who are abused:

- Have an increased risk of developing depression ⁸
- Have an increased risk of developing dementia ⁹
- Are more than three times more likely to die within three years than those who have not been abused ¹⁰
- Are more likely to enter residential care prematurely. ¹¹





The Cost of Elder Abuse

The cost of elder abuse is largely unknown. There are direct costs to the individual and indirect costs to the broader community – the cost to the taxpayer and government.

The Elder Abuse Prevention Unit in Queensland (EAPU) has estimated that almost \$100 million is taken from Queensland seniors each year as a result of financial exploitation.

The EAPU has also estimated a total cost to the Queensland community of up to \$5.8 billion each year.

This included the cost to seniors and government services.¹²

Saving Costs through Prevention and Intervention

To reduce the cost to the community and impact on the individual we need to move away from treating elder abuse with a narrow person-centred approach and a move toward developing a holistic community response.

Elder abuse needs a response that addresses inequalities, develops community intolerance of abuse, provides community education, creates support services and as a last resort, provides legal intervention.¹³

Preventing elder abuse saves costs across the board. The Institute for Sustainable Futures investigated the economic value of prevention and intervention activities of community legal centres (CLCs).

The Institute found that in cases where CLCs assisted victims of financial exploitation, elder abuse and domestic violence, the broader outcomes included cost savings across all levels of Government and to the community.

They also found preventative activities such as theatre style community education were a proactive approach that filled an important service gap.

These activities provided a medium to assist a social group that face significant legal challenges and isolation from society.¹⁴ The activities also helped prevent potential legal disputes.¹⁵

Elder abuse is estimated to cost the Queensland community up to **\$5.8 billion** each year.



Townsville Seniors Speak Out Forum

Each year around World Elder Abuse Awareness Day (marked on 15 June), TCLS conducts a **“Step Out Speak Out”** campaign to raise awareness of elder abuse and to promote protective strategies to combat it.

As part of the 2010 campaign, two Forums for seniors were held at Townsville RSL to give seniors the opportunity to speak out about the issues affecting them.

The Concept

In 2002 the World Health Organisation and the International Network for the Prevention of Elder Abuse (INPEA) released “Missing Voices: Views Of Older Persons On Elder Abuse”.

The report collated and analysed information received from focus groups held with seniors and health professionals in eight countries. It identified ageist attitudes and disempowerment as a major cause of elder abuse and a contributor to its hidden nature.

A significant recommendation from this report was that seniors should be empowered to exercise their own rights and advocate their own interests.¹⁶ This recommendation was the genesis of the Forums.

The Forums were designed to provide an avenue for Townsville seniors to come together and speak about their concerns and interests and to have their voices heard.

Participants

SLASS invited seniors to attend one of two Forums held at the Townsville RSL. The first Forum was held in the morning and the second Forum was held in afternoon.

The SLASS drew seniors from local seniors’ groups through community networks and advertising.

Venue/Entry/Seating

The Townsville RSL Club was chosen as a senior friendly venue. Each Forum was ticketed to ensure that catering was adequate, although entrance was complimentary. Seating was planned to ensure that the seniors could view the performance and interact easily with each other during facilitated discussions.

Accordingly, seniors were seated in a horseshoe shape in groups of nine at round tables facing the stage. An empty chair was placed at the top of the horseshoe to allow the facilitator to join the discussion during the breaks. If the seniors knew each other they were seated together.





Format

The format of each Forum was based around excerpts from the play *“Dance Like a Butterfly”* by Aviva Ravel. The SLASS chose to use theatrical performance to create a platform for discussion and gathering information.

Discussion Sessions

Two 30 minute facilitated discussion sessions were held during the course of each Forum. These sessions were arranged at points in the play that highlighted hot topics for seniors.

Discussion was initiated by open questions that reflected the issues highlighted by the play. The facilitators (staff and volunteers from TCLS) were instructed to focus on collecting the views, comments and opinions of the seniors, without leading the conversation.

Discussion questions focused on the issues raised by *“Dance Like a Butterfly”* and centred on three of the major risk factors associated with elder abuse:

1. Social Isolation
2. Loss of Independence
3. Transition to Aged Care

Discussion also traversed the barriers that prevent seniors from planning ahead for their later years. Additionally, discussion sought to assess seniors’ knowledge of measures that may assist to prevent abuse or exploitation. Specific questions were asked of the seniors about these issues.

Morning or Afternoon tea was served to the seniors at their tables to allow the conversations to continue during a break.

Data Analysis

Hand written notes of the discussions from each table were transcribed. Themes evident from discussion notes were collated.

The themes are the basis for the recommendations in this report.

Evaluation

Feedback forms were used to capture any further comments, identify the best way to provide information to seniors in the community and to gauge the success of the Forum.



Dance Like a Butterfly

The play *“Dance Like a Butterfly”* by Canadian playwright Aviva Ravel¹⁷ was performed at the Forums by an accomplished local actor Una Way, and directed by Paul Wilson.

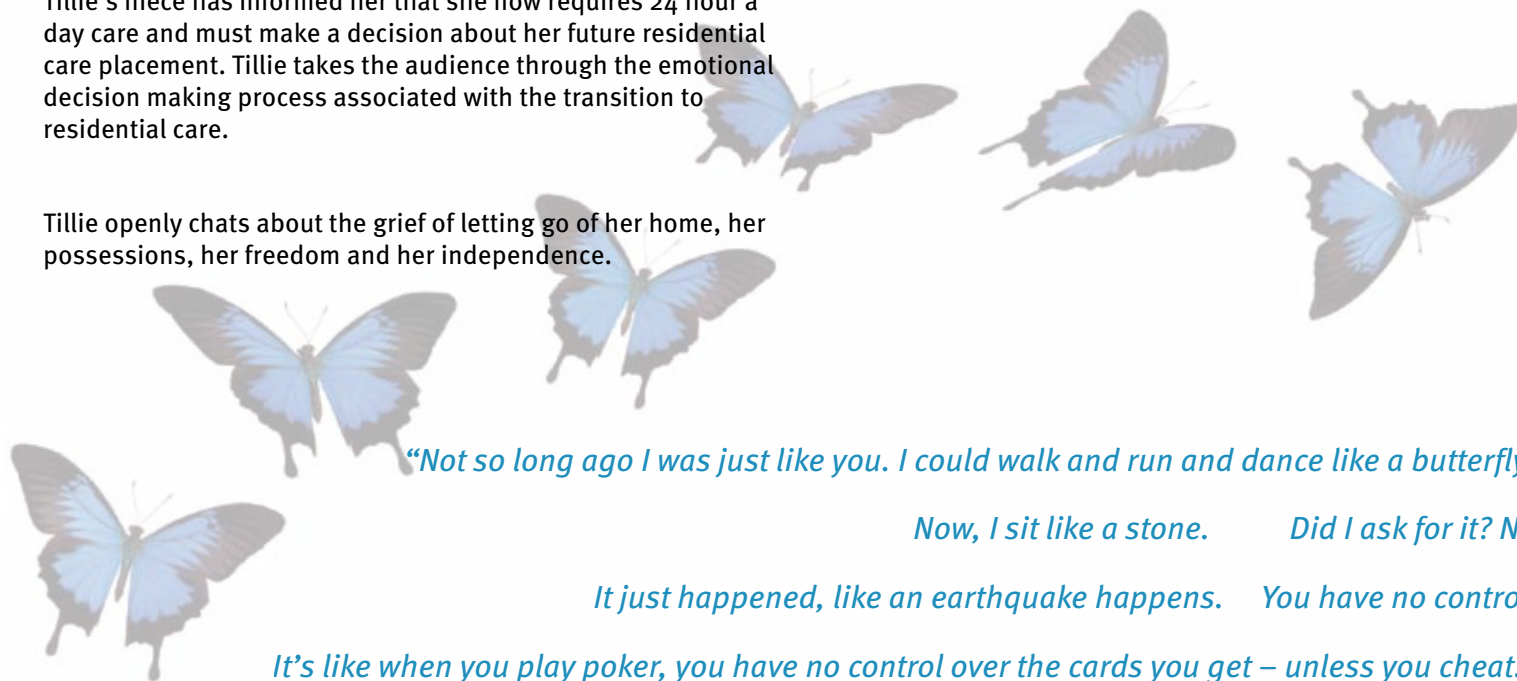
The play was chosen because it explores a number of issues and fears associated with ageing that place a vulnerable senior at risk of abuse.

“Dance Like a Butterfly” is a cleverly crafted script, which highlights the sudden decisions that a person may need to make as they age. This poignant yet humorous monologue tells the story of Tillie Rheinblatt, an 85 year old migrant woman, who finds herself in a rehabilitation ward following a series of falls.

The issues raised include social isolation, the role of family and friends in deciding aged care or financial matters, the fears of leaving one’s home to enter nursing home care and the grief associated with adjusting to what is often considered the final step in life.

Tillie’s niece has informed her that she now requires 24 hour a day care and must make a decision about her future residential care placement. Tillie takes the audience through the emotional decision making process associated with the transition to residential care.

Tillie openly chats about the grief of letting go of her home, her possessions, her freedom and her independence.



“Not so long ago I was just like you. I could walk and run and dance like a butterfly.

Now, I sit like a stone. Did I ask for it? No.

It just happened, like an earthquake happens. You have no control.

It’s like when you play poker, you have no control over the cards you get – unless you cheat.”

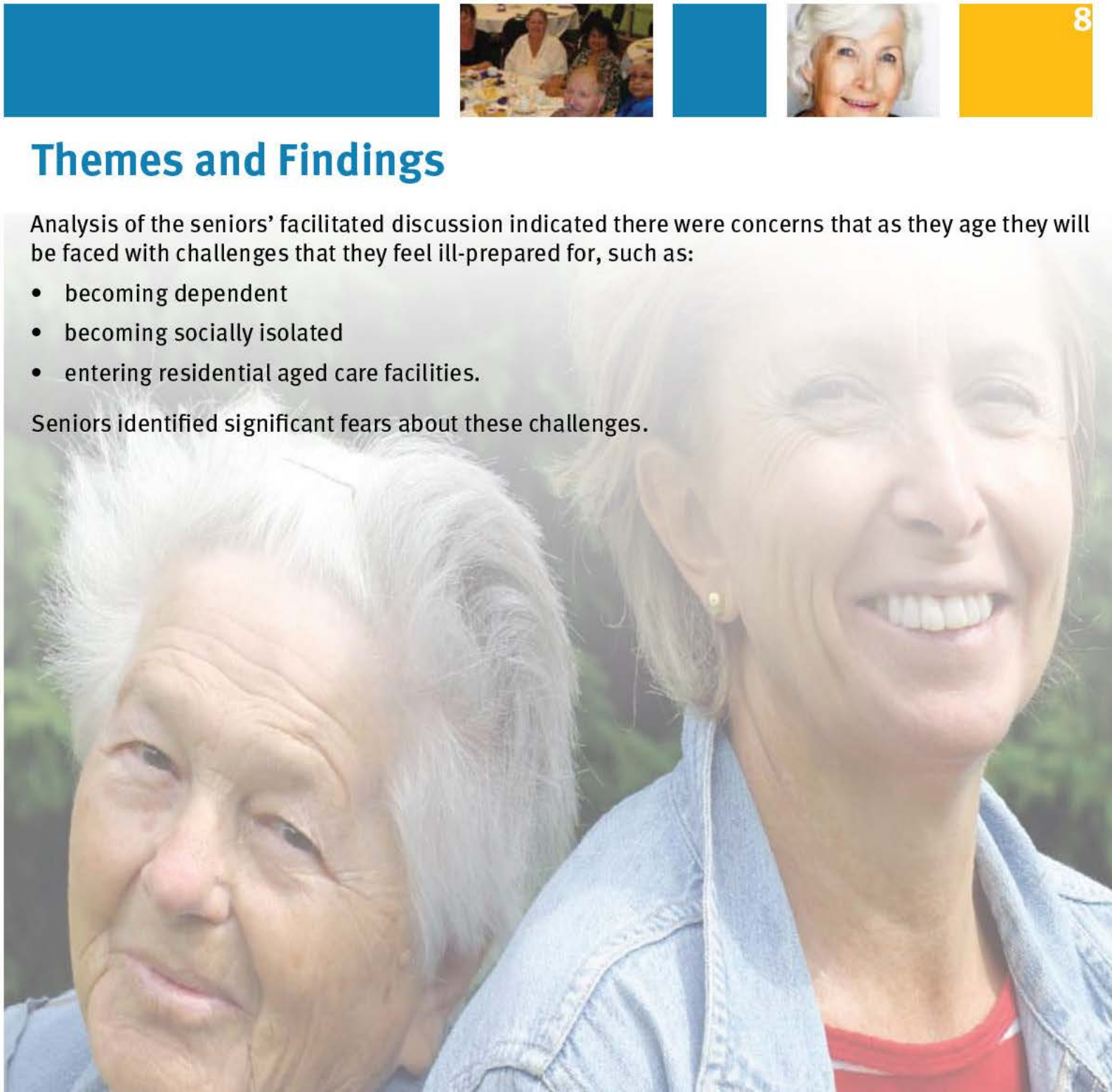
An excerpt from *“Dance Like a Butterfly”* by Aviva Ravel

Themes and Findings

Analysis of the seniors' facilitated discussion indicated there were concerns that as they age they will be faced with challenges that they feel ill-prepared for, such as:

- becoming dependent
- becoming socially isolated
- entering residential aged care facilities.

Seniors identified significant fears about these challenges.





Loss of Independence: issues

“Once you become **dependent** you feel like **you have lost the lot**”

- Participant, Townsville Seniors Speak Out Forum

Many seniors were concerned that they will become dependent on others in the future.

There was consensus that seniors do not want to be a burden, a bother or nuisance to others and that it is difficult for them to ask others for help because of how they may be perceived.

The fears of dependence related to loss of health, physical function, mobility, capacity (not being able to make decisions for themselves), drivers licence, grooming ability, personal care and a general sense of loss of control over their life.

While some of the fears discussed were common to all, others appeared more gender specific e.g. more men discussed concerns about losing their licence while more women discussed concerns regarding the loss of ability to groom and dress themselves. One female participant stated that she did not want to be dressed in “funny clothes and shoes”.

The fear of becoming dependent on others is a fear that is often expressed by seniors along with the fear of developing dementia or losing one’s memory. A survey undertaken by Bupa Care Services found that four out of five Australians have this fear.

The Alzheimers Association predicts that the numbers of people living with dementia will more than triple from 212,000 currently to 730,000 by 2050.

Developing an illness such as Dementia or Alzheimer’s is not the sole cause of loss of independence in later years. Other factors such as ill health, lack of transport and changing technology contribute to lost independence.

Research into the financial management of assets by seniors, indicated that:

- 72% of older Australians received help with their paperwork
- 55% received help with paying bills
- 42% received help with accessing their money and banking
- 37% received help with their pensions and superannuation
- 31% received help with their property management
- 16% received help with accessing financial advice
- 11% received help with their investments. ²⁰

These findings did not include other forms of assistance such as transport, home/yard maintenance and personal care. Dependence on others for assistance with some or all tasks is a reality for the majority of seniors in their later life. Seniors were aware that dependence on others, especially for financial management of assets could place them at risk of abuse.



Loss of independence: solutions

Seniors identified that these fears may be alleviated by:

- Running home-support seminars to provide information about the availability of in-home care and how to access it
- Increasing the availability of in-home services and appropriate transport
- Individuals creating care plans with family through family meetings or discussions
- Having self-determination – “maintaining a sense of independence to the end.”

- Retirement
- Losing a licence
- The death of a partner
- A sudden change in health
- Moving to a different community. ²³

Seniors were specifically asked why they thought people became socially isolated and what could be done to assist them to participate more fully in social and community activities.

Seniors' responses supported the findings of research. Seniors themselves attributed the causes of isolation to the following:

Social Isolation: issues

“Isolation is very **real**”

- participant, Townsville Seniors Speak Out Forum

“Social isolation can be described as having two components; a low level of interaction with others combined with the experience of loneliness.” ²¹

The impact of social isolation is significant and can be associated with an increase in depression, poor health and wellbeing, morbidity and mortality. People experiencing social isolation are less likely to access health and support services. Approximately 8% of seniors experience social isolation. ²²

Age itself does not cause isolation; rather it tends to be triggered by key life events that generally occur in the later years such as:

- Fear of crime
- Neighbourhoods
- Lack of transport
- The death of a partner
- The cost of participating
- Lack of public amenities
- Changing structures of family
- Changes in community attitudes
- Layout and entry of shopping centres



Ageist attitude

Seniors identified that they are often marginalised and treated differently. They said:

- “You feel like people are pushing you. They think because you are old they have to make the decisions for you, as they think they know what is right for you”
- “People think you are hard of hearing”
- “Young ones don’t understand what it is like. They need to adapt to the needs of older people”
- “There is a lack of recognition for older peoples skills and knowledge”
- “They claim that older people don’t really know”
- “The media forget elderly people. If you are not young and beautiful you are not on TV or in magazines”
- “People don’t listen to you”
- “Young people don’t respect older people”
- “Young people think that they can bully older people and discriminate against them.”

Ageist attitudes towards seniors arise out of the myths that surround ageing, the ageing process and being old.²⁴

Ageist attitudes have a negative consequence on the wellbeing of seniors.

The Australian Human Rights Commission recommended action to address the current negative stereotypes of seniors in the community if their wellbeing, participation and contribution to the economy are to be improved.²⁵

Lack of Public Amenities

Seniors raised concerns about the inability to easily access public amenities, including toilets. They suggested that this would prevent a person from participating due to likely embarrassment if they were unable to control their bladder or bowels.

Seniors identified that lack of access to toilets is an issue in many places they frequented including government agencies, public malls, business districts and shopping centres.

It is estimated that around 37% of seniors over the age of 60 experience symptoms of incontinence.²⁶

The Department of Health and Ageing suggests that people who experience incontinence or other toileting issues can place major life restrictions on themselves to avoid embarrassment.

These restrictions can include limiting fluid intake, limiting social outings only to places where they know the location of toilets, avoiding places (such as theatres) where it is difficult to get to a toilet, restricting social and intimate interactions or ceasing going out all together and becoming isolated.²⁷

A review of the National Public Toilet Map for Townsville revealed the Map is incomplete and incorrect. For example, major shopping centres did not even have their toilets listed.

“Lack of toilets can stop an older person from going out because they are **too scared that they won’t be able to control themselves”**

Costs of participation

Many seniors discussed the expense of social participation and made statements such as:

- “I love the theatre, particularly the Civic, but I can’t afford the \$40 (pensioner price) ticket”
- “As a former serviceman it costs me double to join the RSL as a social member.”

The costs of a social life and being entertained were noted as the lowest budget priority and were often relinquished for life’s necessities.

Disability Access

Accessibility of public places including shopping centres was cited as a reason for not being able to participate and attend to daily living activities. The seniors identified a number of issues:

- Disability car parks are difficult to access
- The centres are often too large leading to a sense of disorientation
- That shopping centre entries are not designed for people with disabilities
- There is insufficient seating within shopping centres to be able to have a rest
- Parking in general is quite a distance to the entrance, especially for those who are required to carry medical equipment such as an oxygen tank.

“Shopping centres are a wilderness”

- participant, Townsville Seniors Speak Out Forum

Other Obstacles

Seniors also named footpaths, street lighting and roaming dogs as factors that inhibit participation and activity.

Fear of Crime

Seniors identified the fear of being a victim of crime prevented some seniors from participating in the community.

Seniors made numerous comments that related to the level of fear, its causes and the isolating impact that it can have on seniors.

Fear of Crime

- “I’m too scared to go out after dark”
- “I’m too scared to even go for a walk”
- “I don’t feel safe in large shopping centres or the mall”
- “You go through a routine of locking yourself in at night”
- “I don’t even go down the backyard because it is too difficult to lock up”

Police and the Justice System

- “The Police don’t come when you need them”
- “The Police have said that they are unable to physically handle people”
- “Police don’t act when they should”
- “The justice system is too soft. A fish is worth more in fines (\$10,000) than a human being drink diving”

Community

- “A lot of people are suspicious of others”
- “It’s too hard to go out at night-time - frightened, poor eye sight”
- “Feel vulnerable with the way some of the young ones act”

Media

- “We only hear about older people being bashed”
- “All the focus is on crime”



Seniors are less likely to be the victim of crime than those of a younger age group, yet they are more likely to report fear of being a victim of crime.²⁸ Seniors appear to fear crime at a higher rate than their younger counterparts. A number of factors create a sense of vulnerability, including:

- Isolation – living alone and having no-one to assist during a crime, provide support while reporting an event or not knowing the neighbours well enough to ask for help
- Decline in physical health, strength, agility, sight, hearing and the subsequent perception of diminished ability to protect oneself
- The likely consequences of being a victim can be seen as more serious for older people due to an increased risk of serious injury and the reduced economic, physical and social resources to recover
- Perception of incivilities – disorderly environments (abandoned vehicles, broken glass, graffiti, untidy yards) or signs of social unrest (disruptive neighbours, rowdy youths or homeless people) can lead to a belief that a neighbourhood is out of control
- Media sensationalism - headlines such as “Thugs assault elderly walker”, “Elderly man slain in own home”, “Youth crime haunts region” can reinforce a notion that older people are not safe in the community
- Political law and order campaigns can lead to an unintended effect of increasing anxiety
- Lack of confidence in the police and a perception that offenders are not being adequately punished.²⁹

Whether seniors fear crime more than other groups within the community is unresolved. Seniors at the Forums indicated that there is fear of crime amongst seniors and that this is affecting participation within the community.³⁰

Justified or not, fear of crime leads to social isolation.

Changing Lifestyle and Family Structures

Seniors identified that changes to the family unit can lead to isolation. The changes identified included:

- The competing interests within blended families
- The mobility of families
- The loss of extended family
- Social breakdown in the family itself.

There was a view that younger people felt they knew everything but in fact had very little understanding of seniors' lives.

There was a general feeling amongst the seniors that seniors feel very alone when family or friends do not visit them. While these generational issues are “old chestnuts”, they continue to contribute to social isolation.

“There is no family unity, so there is no longer dignity and respect”

- participant, Townsville Seniors Speak Out Forum

Lack of Transport

Lack of transport was considered a major reason that seniors become isolated. Seniors listed a number of difficulties with current transport options:

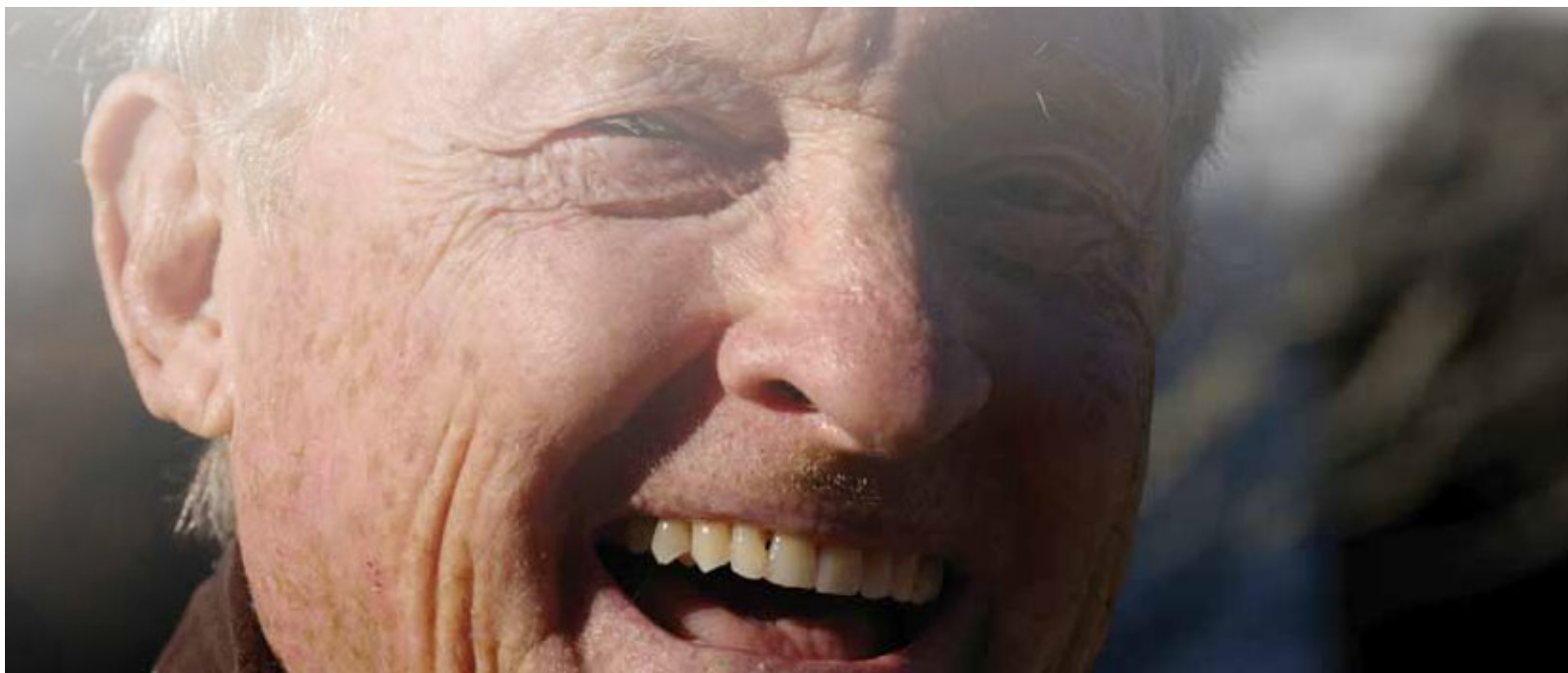
- Living too far away from bus routes
- Limited or no weekend service after 6pm
- Physically being unable to get onto the bus
- Limited information available about public transport
- Community venues being inaccessible because of lack of transport.

Some seniors were aware of community transport schemes and others had not heard of them.

Seniors identified that while community based transport options provided an excellent service, for many it was unaffordable.

“Public transport is not OK – you can’t even get to the bus stop”

- participant, Townsville Seniors Speak Out Forum





Health

A number of health reasons were cited as causing isolation, including being hearing and vision impaired, feeling unwell, breathing difficulties, pain and losing mobility.

Poor health has been found to be the most significant predictor of social isolation in seniors.³¹ There is also evidence that social isolation itself is linked with negative health outcomes and lower quality of life.³²

A recent comparison between poor social relationships and known risk factors for mortality found that social isolation has a similar influence upon health to smoking 15 cigarettes a day, consuming six alcoholic drinks a day and that the risk exceeds factors such as obesity and physical inactivity.

It concluded that people with adequate social relationships are 50% more likely to live longer than those with poor or inadequate social relationships.³³

There is a spiralling relationship between social isolation, ill health and difficulty negotiating the health care system, which causes fear and powerlessness for seniors.³⁴

Figure 1 *A Spiral of Deterioration: Socially isolated, Old and Getting Sicker*, below illustrates this relationship.

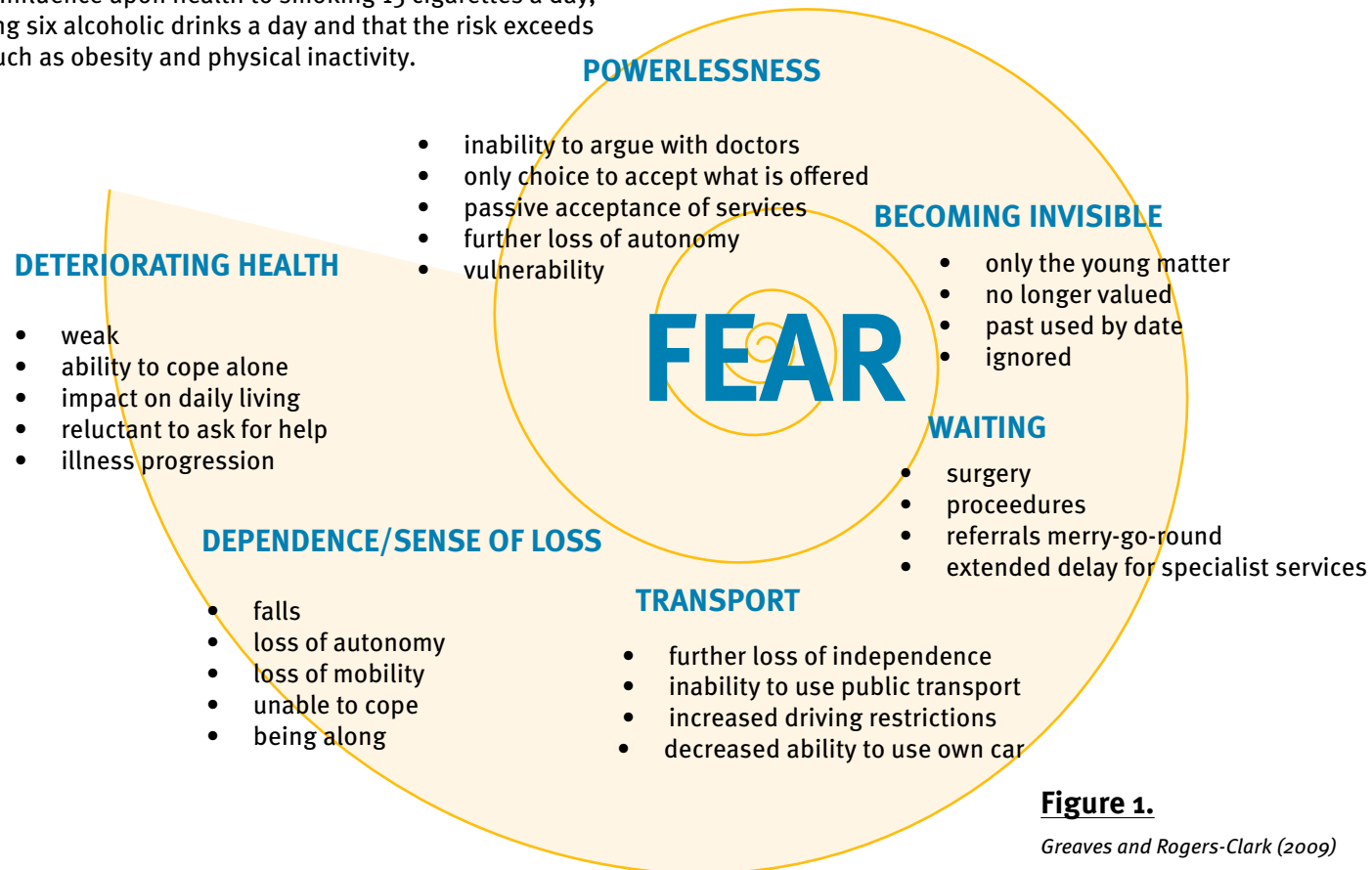


Figure 1.

Greaves and Rogers-Clark (2009)

Emotional/psychological barriers

Seniors' comments indicated that there are numerous emotional and psychological barriers that prevent participation. These included:

- Depression
- Living alone
- Fear of rejection
- No-one to go out with
- Grief after the death of a partner
- Not wanting to “put other people out”
- Feeling lonely after the entry of a partner into nursing home.

“It’s hard at any age to be rejected”

- participant, Townsville Seniors Speak Out Forum

Neighbourhood

Seniors observed that neighbourhoods and communities had changed significantly over time and that there was “no sense of community anymore” adding to the isolation felt by older people. They attributed the reduced interaction in the neighbourhood to:

- Neighbours no longer socialise together
- Most neighbours work and spend long hours at work
- Young neighbours have a lack of understanding of the elderly
- New people moving into the area are not interested in getting to know their neighbours
- Neighbours no longer care about each other.

Social Activities/Groups

Seniors identified that there is inadequate information available in the community about social activities and groups. They also noted that the multiplicity of rules and regulations for committees running social groups. This “red tape” created concern amongst committee members regarding personal liability.

Seniors identified that elitism within social groups can impact upon participation or prevent new members from joining.

Many of the seniors indicated that they wanted to be involved in mixed age group activities. Seniors highlighted that younger people are reluctant to join in if a club was associated with seniors or had the word “senior” in it.

Technology

The seniors observed that information that would assist with participation in the community is often promoted through the internet now.

The seniors stated that some “elderly do not want to keep up with modern technology.”

Particular mention was made about automated telephone services used by government departments. The service was described as “Robots on phones” that “push you from one place to another”. There was concern that communication in this manner is impersonal and confusing.



Retirement Villages

Seniors raised concerns about retirement villages. There was a view that retirement villages are promoted as social living environments but the reality was quite different.

The lack of intergenerational contact and the size and location of retirement villages were seen as factors that hinder residents from being able to participate in the wider community.

Social Isolation: Solutions

The fears surrounding social isolation and the solutions clearly identify that seniors want to remain connected and that many barriers related to ageing, neighbourhoods, finances, transport and current ageist attitudes prevent participation.

Seniors clearly identified wanting to interact with all age groups and not wanting to be herded to “seniors activities.”

Seniors made many suggestions about preventing social isolation. Seniors suggested preventing isolation early through educating people in their fifties and sixties about the importance of staying socially active.

Seniors suggested enhancing inter-generational interaction and improving understanding and respect for seniors through:

- Mixing groups so that younger people and seniors socially interact
- School-based education programs on respectful relationships, including respect for seniors
- Increasing participation of residents in the community through attendance at events or activities
- Developing a community program such as “adopt a senior” to encourage children to connect with older people

- Encouraging schools to increase intergenerational opportunities through: organising excursions to residential care facilities where students can talk with or read to the residents; inviting seniors to attend generational chats or be involved in classroom activities
- Improving the provision of information to seniors about activities through advertising in the free paper and on radio.

Seniors suggested reducing the cost of participating through:

- Increasing the rate of age pension
- Funding social groups for seniors
- Reducing the cost of registering a car for seniors
- Reducing the price of public transport for seniors
- Reducing the price of seniors tickets for theatre events
- Increase funding for community-based transport services
- Providing seniors card holders with free entry and transport to public events.



Seniors suggested improving transport and pathways through:

- Providing bus services after 6pm
- Maintaining footpaths to disability standards
- Improving disability parking by colour coding parking spaces to match disability stickers
- Providing specific bus services into Retirement Villages and Aged Care Facilities
- Linking pathways and roads to ensure accessibility for people in wheelchairs, motor scooters or mobility aids
- Providing buses for seniors to take them to community events such as the Fireworks on the Strand.

Seniors suggested preventing crime and increasing safety through:

- Improving street lighting
- Enhancing community policing
- Reducing media sensationalism in the reporting of events
- Improving police understanding of how to respond to seniors.

Seniors themselves taking responsibility to reduce isolation of their peers through:

- Volunteering
- Encouraging friends to attend groups with them
- Being part of a volunteer group that telephones people who live alone
- Being part of a volunteering group which visits isolated people, develops rapport and trust with the person and eventually assists the senior to become involved in mainstream activities.



Transition to Residential Aged Care: Issues

Seniors are fearful about the transition into residential aged care and have a negative perception of the aged care system and facilities. Their concerns related to the following:

- Losing their dignity
- The lack of privacy
- Losing their freedom
- Not being listened to
- Living in a “depressing” environment
- Entering “God’s Waiting Room” and accepting the finality of life
- Leaving behind their home, possessions and other symbols of independence
- Living with the restrictions, rules and regulations present in residential facilities
- The lack of companionship and concerns that, once placed in a home, they will become forgotten.

Seniors attributed their concerns to observing past experiences of a family member in residential care, observing the quality of life of residents and media reports about abuse or mistreatment of residents by staff members and rumours.

Particular mention was made about the building works and redevelopment of residential care facilities. It was perceived that there was a lack of respect or concern for the comfort of residents during a redevelopment process. Residents are not compensated nor are their fees reduced in recognition of the upheaval and discomfort associated with the process.

There was also a concern about the lack of choices for people entering residential care.

The size of waiting lists was seen as being very problematic as people have to take whatever place becomes available. Application for entry was very complex.

There was a perception that all forms of government have not fully considered the needs of seniors and that this is reflected by the lack of facilities available, the type of facilities built and the complexity of entry criteria.

“If you take me out of my home I will die”

- participant, Townsville Seniors Speak Out Forum

Transition to Residential Aged Care: Solutions

Seniors felt that residential care facilities could be improved by:

- Improving the choice of activities available
- Individual Care Plans that include diversional therapy
- Staff training that focuses specifically on respect for residents
- Promoting residential care facilities as a place to live rather than a place to die
- Allowing residents to choose which social activities they wish to be involved in rather than forcing participation in activities that a person may find demeaning
- Inspectors being able to attend without notice and have right of entry to all areas of a facility
- Improving staff to resident ratios so that more than the basic needs of residents can be met.

Centrelink

Seniors stated accessing Centrelink to make enquiries was difficult. Lengthy waiting times to speak to a customer service officer when making a telephone or face-to-face enquiry and the locality of the Seniors Office in Townsville were raised as contributors to this.

Seniors raised concern that the sale of their home could impact upon their pension rates.

Many seniors were concerned about their ability to meet the rising cost of daily living.

Other Issues

Independent Retirees

There was a view amongst seniors who were independent retirees that they tend to be forgotten. They observed that they do not receive concessions to assist them with rates, electricity or other expenses.

They stated that they feel “penalised for being careful with their money and saving for retirement.” They considered that the lack of assistance for independent retirees creates a lack of incentive for people to save.

*“So what do you think? If I give up my apartment,
I’m finished, it’s all over.*

*No more kitchen, no more curtains, no more linen,
no more cutlery.*

*All your life you accumulate, in the end they tell you
to get rid of everything.”*

An excerpt from “Dance Like a Butterfly” by Aviva Ravel



Barriers to planning for the later years

The **Seniors Legal and Support Service** (SLASS) has observed that some seniors presenting at the service were resistant to consider plans for their future years that may assist to prevent elder abuse.

The SLASS was interested in hearing the views of participants as to why this attitude might exist and how it may be overcome.



Planning for the later years

Seniors were specifically asked why they put off planning for their later years when most people plan for other developmental areas of life such as purchasing their first car or home, marriage, children and retirement. The responses indicated that:

- There are significant emotional/psychological barriers to planning including denial of ageing, lack of confidence in oneself, fear of legal documents, fear of change and fear of loss.
- Seniors thought that the aged care system was too complex and they would not be able to negotiate it without assistance. They felt that there is a lack of information available about options for community assistance and residential care, the costs involved, funeral planning and the legal documents one requires.
- Housing was raised as an issue that seniors would like to know more about including where to find low level accessible accommodation to purchase at a reasonable price, how to make a choice between renovating one's home or moving, when is the best time to make this choice.

Legal Documents

Information was gathered about seniors' knowledge of legal documents that might assist to prevent elder abuse and exploitation. Seniors were specifically asked about Wills, Enduring Powers of Attorney, Advanced Health Directives, Family Agreements and Loan Agreements. Analysis of the discussion suggests that seniors were all well aware of the function of a Will.

There appeared to be mixed levels of understanding about the function of Powers of Attorney (General and Enduring), Advanced Health Directives and how these documents can be

created, varied and revoked. There was concern that Powers of Attorney can easily be misused. There appeared to be limited knowledge about Family Agreements and Loan Agreements and their ability to protect a person from elder abuse. Seniors also viewed legal documents as expensive to create and that the actual (or perceived) cost was a deterrent from having these types of documents drawn up.

Solutions suggested by seniors to increase knowledge amongst seniors about the importance of planning for later life included:

- Encourage media to run stories on the importance of these types of documents
- Develop an easy to read guide that contains all the information required to plan ahead
- Encourage Health Professionals to provide this type of information to clients or patients
- Develop a "whole of community" campaign to promote the benefits of these documents and move the public perception from seeing this as a seniors issue
- Create a workbook for seniors to help with decision making and recording of any arrangements or decisions made
- Harmonise these types of documents across all states so that they are consistent nationally
- Continuous advertising through workshops, newspaper articles, Centrelink's seniors magazine articles and radio interviews.

"They are the final decisions I will ever make"



Conclusions

Seniors are well aware of the issues that they will face as they age and have significant ideas about changes that could occur to enhance dignity, respect and care for older people in the community. Although unspoken, the seniors seemed to inherently understand that human rights are about dignity and respect.

There were concerns amongst the seniors that as they age, changes in health could leave them dependent, isolated, alone and requiring care. These concerns or fears appear to be related to their observations of how the community treats seniors.

Add to this their view that there are insufficient services, support, age-friendly environment, transport and information to allow them to remain living independently for as long as possible.

The combination of theatre and discussion appeared to create a safe avenue whereby seniors were able to normalise their emotive reactions to ageing and identify that their peers also had similar concerns.

Seniors perceived that their needs are overlooked, their voices are unheard and they are treated as invisible. It was evident that seniors feel disempowered and discriminated against, because of their age.

Seniors provided practical and achievable solutions that would combat the ageist attitudes they describe, as well as enhance their ability to live and participate independently. Yet, it is impossible for the seniors' solutions to become sustainable actions without considerable reorientation of societal views, policy, legislation and resources.

It also requires a collaborative commitment between all tiers of government, non-government agencies, and the wider community.

For example, the seniors recommend intergenerational chats in schools as a way to improve respect and understanding between the older and younger generations.

Local Government has the ability through their library curriculum to coordinate this. The Federal Government have developed a National Framework for Values Education in Australian Schools that includes enhancing respect.

Yet, if the State Government chose not to implement this into their Education Queensland curriculum this recommendation would be unachievable.

Progress is already underway with each layer of Government planning for the changing age demographic.

The Townsville City Council have consulted widely with seniors in the community and are developing a Seniors Action Plan.

The Queensland Government have consulted with seniors throughout the State and have developed a Positively Ageless Seniors Strategy to take the Queensland Community through to 2020.

The Federal Government have initiated a number of reviews such as the Older Persons and the Law report to explore the needs of seniors into the future.





A national framework would be useful to draw together the work already accomplished by the different tiers of government. This would ensure cooperation and commitment to change. The framework would need to:

- Collaboratively involve all levels of government and community
- Address inequality
- Seek to change public attitudes through promoting and protecting the rights of seniors
- Develop urban environments that enhance participation
- Provide services that increase independence and choice
- Intervene early where there is mistreatment toward seniors
- Deal with and redress the most significant form of mistreatment of seniors, elder abuse
- Restore dignity and care following harm
- Be underpinned by the values of the United Nations principles for older people – Independence, Participation, Self-fulfillment, Dignity and Care

A national framework thereby would increase the wellbeing of all seniors and address the risk factors associated with elder abuse and could prevent its incidence.

**“Design for the young and you exclude the old;
design for the old and you include the young”**

- The late Bernard Isaacs, founding Director of the Birmingham Centre for Applied Gerontology

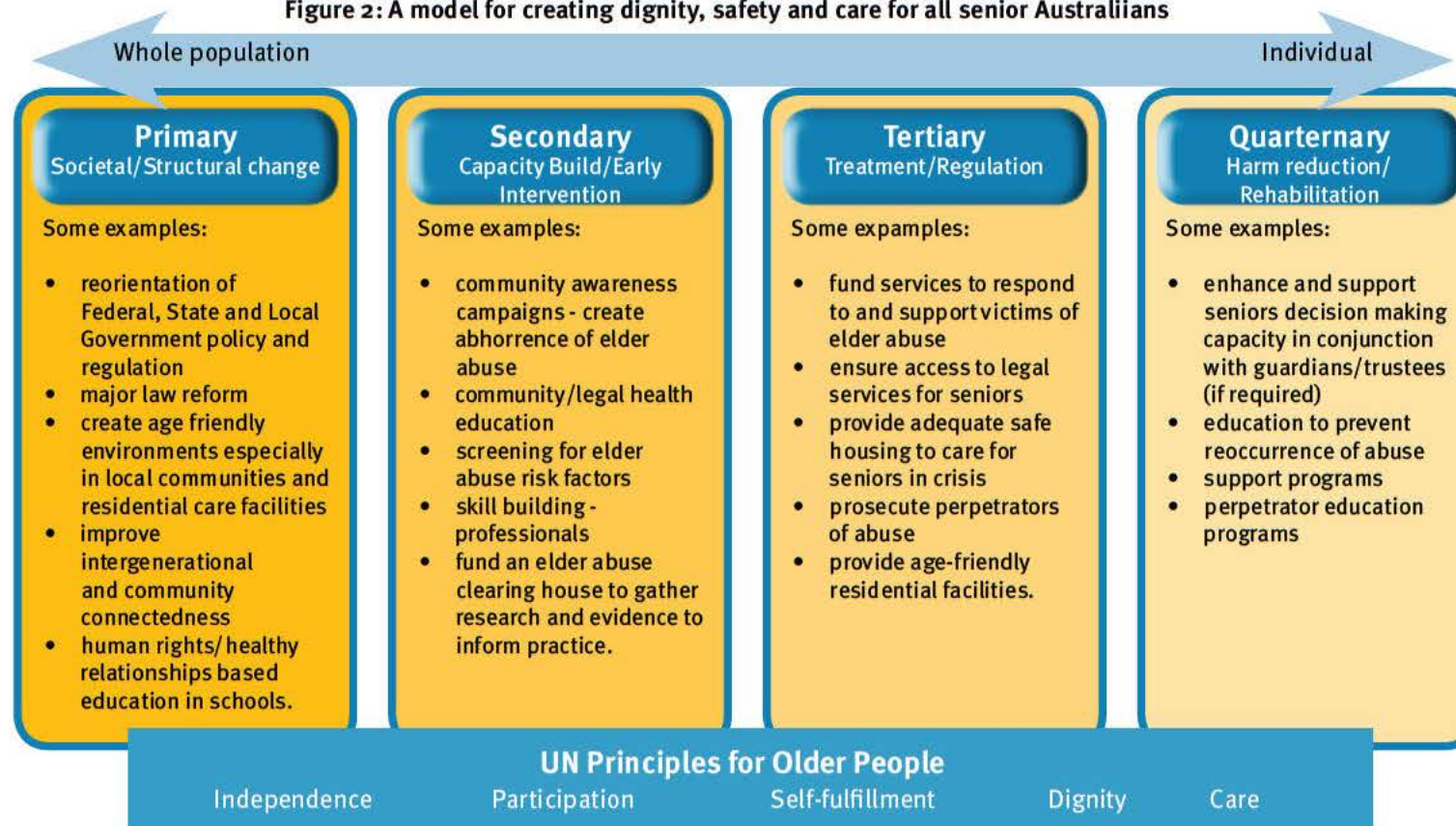


An example framework, heavily influenced by the Population Health model and seniors' feedback has been developed and is displayed in figure 2 below.

Seniors themselves have the wisdom and knowledge to contribute to this change and need to be given opportunities, such as the Forums, to participate in creating inclusive, age friendly places.

Solutions in this report stand on their own merits. Those with the power to create change must now do their part.

Figure 2: A model for creating dignity, safety and care for all senior Australians



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Townsville, Queensland.

Image courtesy Tourism Queensland.



Townsville Community
LEGAL SERVICE INC



**FROM IDEA TO
INTERVENTION**

MARCH 2014



Townsville Community
LEGAL SERVICE INC





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INTRODUCTION

Background

Townsville Community Legal Service (TCLS) is a non-profit, community based legal centre established in 1991. It provides general legal advice, casework and representation and a range of specialist services. One specialist service – the Seniors Legal and Support Service (SLASS) provides free legal assistance and support to people over sixty (60) years who are at risk of, or are experiencing elder abuse or financial exploitation. SLASS began as a pilot in 2007 funded by the Queensland Government in five sites including Brisbane, Toowoomba, Hervey Bay, Townsville and Cairns. SLASS was triennially funded in 2010 and is due to renew its funding in 2014.

In Townsville, the SLASS is staffed by three full time positions – administrative officer, solicitor and social worker. This multi-disciplinary team takes a holistic approach to client work, using promotional activities like Seniors Creating Change to raise awareness of the issues facing seniors and to generate client referrals.

A Need for Early Intervention?

During the first few years of service provision, TCLS noted that SLASS clients would often have limited legal or other remedies available to them. SLASS identified a **need for early intervention and prevention** around elder abuse and financial exploitation.





Step Up Speak Out & Dance Like a Butterfly

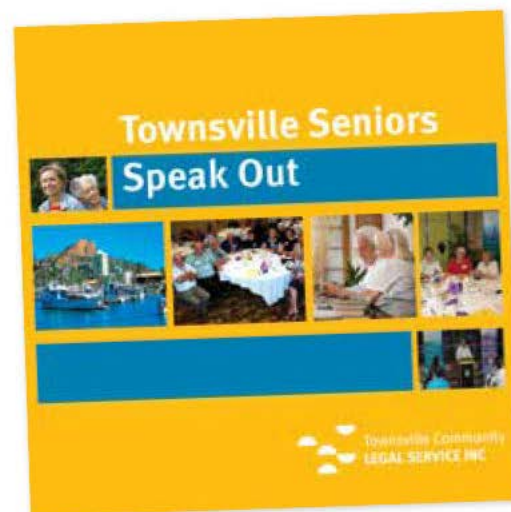
In 2010 TCLS held the **Step Up Speak Out Campaign** to mark **World Elder Abuse Awareness Day** held on 15 June annually. As part of the Campaign, two seniors' forums were held at Townsville RSL Club. The forums gave several hundred seniors an opportunity to step up and speak out about issues affecting them. Actress Una Way portrayed scenes from Aviva Ravel's play **Dance Like a Butterfly**. In *Dance*, Tillie Rheinblatt is an octogenarian recovering from an operation. As hospital staff and relatives visit, she takes her audience on a journey that examines our conceptions of old age. Way's portrayal of Tillie prompted seniors to reflect on key ageing issues.

The issues raised by participants were legion. Big picture items included **elder abuse, neglect, ageism, disempowerment** and **social isolation**. The issues raised by seniors perfectly aligned with the known risk factors and causes of elder abuse, exploitation and neglect.

The forum's concept came from the World Health Organisation and International Network for the Prevention of Elder Abuse report **Missing Voices: Views Of Older Persons On Elder Abuse**. This report called for seniors to be empowered to exercise their own rights and advocate their own interests. In 2011 TCLS published **Townsville Seniors Speak Out** reflecting the views and conclusions of the forum participants, including recommendations for areas of policy intervention and attention.

Seniors Creating Change – A Primary Intervention

After the forum, SLASS's approach to elder abuse shifted. In 2011 a **primary legal intervention** was established. Called **Seniors Creating Change (SCC)** it focused on seniors empowering themselves to call for an end to elder abuse and raise awareness of root causes such as ageism and social isolation. The strategy was underpinned by the **UN Principles for Older People** and based on a **Public Health Model**.



“Singing cheers me up.”

TCLS ELDER ABUSE PREVENTION PLAN



Primary Structural Social Change	Secondary Capacity Build Early Intervention	Tertiary Treat Regulate	Quaternary Harm Reduction Rehabilitation
<ul style="list-style-type: none">• Law Reform• Seniors Advisory Committee• Townsville Seniors Speak Out Report• Financial Abuse Prevention Working Group• Seniors Creating Change	<ul style="list-style-type: none">• Symptom Identification Education• Community Legal Education• Newspaper Articles• Radio Interviews• Step Out Speak Out - WEAAD Campaign• TV Ad Campaign• Bus Ad Campaign	<ul style="list-style-type: none">• Legal Casework / Advice• Social Work / Advice / Assistance	<ul style="list-style-type: none">• Legal Casework / Advice• Social Work / Advice / Assistance

UN Principles for Older People

Independence Participation Self-fulfillment Dignity Care

Seniors Creating Change – The Formative Years

Seniors Creating Change was designed to capture the attention of the community, media and politicians. In 2011 a **Queensland Government Regional Arts Development Fund Grant** funded the pilot. These funds secured the services of a **Registered Music Therapist** and a **Theatrical Director** to put the model into practice. It also funded associated costs such as musical instruments.

Practice Makes Perfect

Practice sessions involved warm-up vocal exercises and light stretches lead by the Music Therapist. Group decision-making processes were developed and morning tea facilitated socialisation among the members.

Five practice sessions occurred before the debut performance. The first session explored the purpose of the group, discussed singing experiences and begun singing songs from a songbook created by the Therapist. The second and third sessions focused on song choice. The third session had members explore what they would change if they had the opportunity. Issues discussed included improving respect for seniors, the invisibility of seniors' issues, improving aged care, housing and transport. The fourth session brought the chosen song together with theatrical components including spoken word and placards.

Debut Performance

The debut performance was a **'flash mob'** at Stockland Shopping Centre in Aitkenvale. This flash mob consisted of thirty (30) seniors surprising shoppers in the Food Court. The seniors stood up, peeled off their over-shirts to reveal a common red t-shirt and sang Seeger and Hay's classic, civil rights movement song, **'If I had a hammer'**.

The performance roused considerable interest among media sources. Footage of that event has almost 8,000 hits on **YouTube**. The debut lead to requests for future performances across North Queensland.

SCC Commits to Ongoing Work

Given their initial success, SCC elected to stay together. Throughout 2011, they continued to sing for change and raise awareness of issues affecting seniors. They aimed to create awareness, connect seniors with the community, promote positive images of seniors and most importantly sing for justice, freedom, respect and dignity. Within SCC, seniors were empowered to create change.

Since the debut, SCC met each Saturday for practice. They performed at many events in assorted venues. They developed a Facebook presence and email list of supporters. The group has grown strongly with a current membership of 60+ seniors from diverse religious and ethnic backgrounds. The outcomes for the group went further than initially imagined and included social re-connection for victims of elder abuse, increased inclusion for residents of nursing homes, increased awareness of elder abuse in the community and opportunities to socially and politically engage.



SENIORS
CREATING
CHANGE'S
COMMUNITY
ENGAGEMENTS
HAVE BEEN
HECTIC AND
ECLECTIC.





COMMUNITY ENGAGEMENT

Events in 2012

Nomination for Townsville Art Awards
Townsville Hospital -World Health Day
Good Shepherd Nursing Home
Belgian Gardens Senior Citizens Club Open Day
Flash Mob at Reef HQ
World Elder Abuse Awareness Day Street March
Full Throttle Theatre Season Launch
Ross River Cruise
Charters Towers Gold Festival
'Dance Like a Butterfly' play at Full Throttle Theatre
Wulguru Senior Citizens Club
Seniors Picnic in the Park
Magnetic Island Seniors Day
National Community Legal Centres Conference
RSL Open Day
Garden Settlement Nursing Home
Older Persons Health Forum at Jupiters Casino
Mental Health Conference at James Cook University
'Light the Night Lantern' Fundraiser for Leukaemia
Grace Cottage Open Day
Christmas Break up party
Anglicare Aged Care Event
Charters Towers Neighbourhood Centre

Events in 2013

Angel Paws Family Day
Full Throttle Theatre Season Launch
International Women's Day at Thuringowa Library
AASW World Social Work Day event
Seniors Harmony Expo
John Hathaway MP visit to SCC practice
Ignatius Park School assembly (1200 students)
Human Services Staff Training Workshop
ATSI Family Day
RSL Open Day
On Golden Pond – Theatre event
'Light the Night' Candle Ceremony at The Women's Centre
Rotary Willows Markets
Rollingstone Seniors Morning Tea performance
'Respect for Seniors' Street March & Civic Reception
Fundraiser Movie Night 'Song for Marion'
Grey Nomads Rally Performance & Ross River Dam Cruise
Willows Markets

Ingham Seniors Day
Rollingstone Seniors Lunch
Seniors Week Information Stall
Seniors Week Luncheon
James Cook University Human Rights Lecture
Cotters Market Singing & Sausage Sizzling
Belgian Gardens Seniors Citizens Club Open day
Cotters Market Main Stage performance
Cranbrook State School Fete
Ryan Community Centre Dementia Info Morning
Villa Vincent Nursing Home
Tropical Gardens Expo Riverway Arts Centre
Garden Settlement Nursing Home
Richmond Full Moon Festival
Strand Night Markets
North Qld Association for the Blind
SCC Christmas Party
Thuringowa Seniors Club

“It’s inclusive and friendly in a way that no other group offers.

I am still a member of SCC because of the close bond with all members.

We are united together in songs.”



When Seniors Create Change*

* To the tune of ‘When the Saints go Marching In’

Flash mob call out lines:

**We are traveling in the footsteps of those who’ve gone before
And we will stand united until a new world is in store
Some people say this ageist world is the only one we need
But we’re waiting for that morning when a new world is revealed...**

We are the seniors creating change; we are the seniors creating change
O how I want to be in that number, when the seniors create change

O when the seniors get respect, O when the seniors get respect
How I want to be in that number, when the seniors get respect

And when our leaders learn to listen, when our leaders learn to care
How I want to be in that number, when our leaders are really there

When we can live in dignity, when we can go with dignity
Yes when we are **‘the people’** - not just cogs in the ec-ono-my

And when the banks are there for us - when its people, not profits, count
Because everyone is struggling – but the profits mount and mount

When we are safe within our home, when its safe to walk at night
When the abandoned, addicted and homeless are treated fair and right

When there’s money to pay the bills and the bills are sent for free
When we can pay for the dentist and the doctor...then we’ll jump & shout with glee!

O when the air is fresh and clean and we all have food to eat
When big business does not control us and cruel taxes we defeat

We are the seniors creating change, we are the seniors creating change
O how I want to be in that number, when the seniors create change

We are the seniors creating change, we are the seniors creating change
We want **YOU** to be in that number – and we **ALL** can create change

POLITICAL KUDOS

Seniors Creating Change is recognised on the political stage. Politicians have attended events – even become honorary members. The Mayor of Townsville and Councillors have invited SCC to perform at many local events.

The **Member for Townsville, John Hathaway MP** twice mentioned SCC in the **Queensland Parliament**. In April 2013, Mr Hathaway said:

This group has grown to a membership of over 50 members and they receive calls to perform from across North Queensland. I first saw them perform as part of Townsville Seniors Week in March last year. However, last Saturday week I was privileged to be a guest at their rehearsal. The news of my singing ability preceded my arrival, because a tambourine was thrust into my hand. If they had had information about my inherent lack of coordination and rhythm they might not have been so eager to assign me to percussion. I enjoyed the morning with them. They have a broad repertoire, including many of the traditional protest songs of the sixties and seventies and many old chart busters with their message for change superimposed over the lyrics. I was presented with badges and booklets—and I proudly wear that badge tonight—for myself and the Premier, which I have passed on....

Following that **Premier Campbell Newman** wrote to SCC commending them on their work:

What a fantastic grass roots group!...I admire the goals of the group...it is always encouraging to hear about groups such as yours and I wish you all the very best for the remaining events you have planned for this year.

The **Member for Herbert, Ewen Jones MP** recognised them in a speech in the **Australian Parliament**:

The 'Red Shirt Brigade', my friends, then struck up a song—and for the benefit of Hansard and most people here, I will not sing it. The tune was When the Saints Go Marching In and the key lines were as follows: that the seniors could create change themselves; that seniors deserve respect; that we as a community and political leaders have to listen to our seniors and actually care about them; that all they want is to live with dignity and not just be part of the economy; that they want to be safe in their own homes; that they want to walk safely in the evening; and that those who have fallen on hard times are treated right and fair; that they want to live sustainably and not be belted by big business and cruel taxes.





“ It has a powerful message to deliver and I believe we are **raising awareness** of the impact of ageism in our society. ”

WHAT ARE SCC SINGING ABOUT?

What are SCC singing about and what issues do seniors face? The same ones recently identified by the **United Nations** as significant:

...major challenges faced by older persons that were common to all or most regions and that undermined the social, economic and cultural participation of the aged, namely, income security, access to age-appropriate health-care services, access to labour markets and social protection, protection from abuse and violence and age discrimination. (Economic and Social Council, Commission for Social Development, E/CN.5/2014/4)

The group isn't afraid to be political, but most of what they sing about are everyday issues affecting seniors.

Positive Ageing

Seniors Creating Change promote the positivity of our ageing society. Seniors are the fastest growing population worldwide, and one that raises major societal, economic and political challenges. Nationally, seniors will be one quarter of the population in 40 years time. In Townsville seniors currently make up 9% of the population. By 2031 they will be 17.5% of the population. They are the fastest growing group between now and 2031 with a growth rate of 250%. The only other group that will grow is those aged between 45-64, which will increase to 24% of the local population at a growth rate of 37%. All other age groups have negative growth projected. Given these projections SCC's work as **positive role models** can only become more important as time goes by.

“Ageism, is insidious and menacing, a conspiracy to sap confidence and deny competence.”

Morgonroth Gullette, 2011

Elder Abuse Awareness

SCC are particularly interested in raising awareness about and reducing the incidence of **Elder abuse**. Elder abuse is “any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can be physical, sexual, financial, psychological, social and/or neglect” (INPEA, 1997). Elder abuse is a serious social problem and important public health issue. It is a violation of human rights and causes significant injury, illness, lost productivity, isolation and despair (ANPEA). The extent of elder abuse is unknown and reported cases are likely to be the tip of the iceberg. As the population ages, elder abuse seems likely to increase. The consequences of elder abuse are stark. Seniors who are abused are more likely to develop depression and dementia (Bitondo et al, 2000) and enter residential care prematurely (Age Concern New Zealand, 2009). Elder abuse can even hasten death (Lachs et al, 2004). Elder abuse occurs for many reasons including a loss of respect for seniors. It is this lost respect that SCC seeks to regain.



Opposing Ageism

SCC has recognised that ageism is at the heart of many seniors' issues. It is inherent to abuse in older populations (Megret, 2011). It is a process of systematic stereotyping of and discrimination against people simply because they are older (Lord, 2011). It is a prominent social phenomenon of labelling of older persons as incompetent merely for their age (Doron and Apter, 2010). In Australia there is an obvious negative attitude towards ageing and older people, a manifestation of which is the often-patronising, and devaluing stereotypes of older people portrayed by the media (EAPU). Accordingly, we do not give the same weight to something that happens to an older person (Yates, 2013) and we take the view that 'people cease to be people, or become people of a distinct and inferior kind, by virtue of having lived a specific number of years' (Megret, 2011). SCC opposes **Ageism** through their activities, by breaking down negative, ageist stereotypes and engaging with the community in contemporary ways.

Combating Social Isolation

SCC identified **Social Isolation** and **Social Exclusion** as targets for their work, at individual and systemic levels.

Social isolation is a low level of interaction with others, combined with the experience of loneliness (Queensland Government, Department of Communities, 2007). It occurs when people are not able to participate in key activities in their community (Anglicare, 2010). People experiencing social isolation are less likely to access health and support services (Warburton and Lui, 2007). Social isolation is a risk factor of elder abuse.

Seniors Creating Change works to breakdown social isolation for its members and for those they visit in aged care.

We Are Seniors*



* To the tune of 'I am Woman'

We are seniors, hear us roar
In numbers too big to ignore
And we know too much to go back an' pretend
'Cause we've heard it all before
And we've been down there on the floor
No one's ever gonna keep us down again

**Oh yes we are wise, but it's wisdom born of pain
Yes, we've paid the price, but look how much we gained
If we have to, we can do anything
We are strong (strong)
We are invincible (invincible)
WE ARE SENIORS!**

You can bend but never break us
'Cause it only serves to make us
More determined to achieve our final goal
And we come back even stronger
Not a novice any longer
'Cause you've deepened the conviction in our soul

**Oh yes, we are wise, but it's wisdom born of pain
Yes, we've paid the price, but look how much we gained
If we have to, we can do anything
We are strong (strong)
We are invincible (invincible)
WE ARE SENIORS!**

We are seniors - watch us grow
See us standing toe to toe
As we spread our lovin' arms across the land
But we're still just embryos
With a long long way to go
Until we make our leaders understand

**Oh yes we are wise, but it's wisdom born of pain
Yes, we've paid the price, but look how much we gained
If we have to, we can FACE anything
We are strong (strong)
We are invincible (invincible)
WE ARE SENIORS..... CREATING CHANGE!**

PRIMARY INTERVENTION

Seniors Creating Change was developed as a **Primary Intervention** and reflects a number of established social science approaches.

Community Development

SCC fits the **Community Development** approach to overcoming issues facing seniors in society. Community development is a 'broad-based change for the benefit of all community members' (Telly and Caputo, 2005). Community can be locality, common geographical area or shared interest (Mayo, 2002). SCC helps 'people with shared interests to come together, work out what their needs are among themselves and then jointly take action together to meet those needs' (Mayo, 2002). SCC includes 'holistic, collective, preventative and anti-discriminatory approaches to meeting social needs, based on value commitments to participation and empowerment' (Mayo, 2002).

Group Work

SCC is a grassroots group within **Group Work** theory. Group work is 'goal directed activity ... aimed at meeting socio-emotional needs and accomplishing tasks' (Toseland and Rivas, 2011). SCC's group goal is to raise awareness of elder abuse and break down ageist attitudes and stereotypes. SCC achieves this by spontaneously singing in public places and adding commentary about seniors' situations, rights and interests. The activities have a dual focus including individual member benefits and benefits to the group as a whole (Toseland and Rivas, 2011).

SCC is established as an open group, which means the group is ongoing and members can join and leave when it's appropriate (McDermott, 2002). Each new member is provided with a red SCC T-shirt, SCC badge, calendar of events and a songbook. The red T-shirt entitles them to Life Membership and they come and go as they want. This creates a sense of belonging, without conditions attached.

SCC is a social action group that 'empowers members to engage in collective action and planned change efforts to alter some aspect of their social or physical environment' (Toseland and Rivas, 2011). SCC has the capacity to bring about social change and within this personal empowerment (Mullender and Ward, 1991). The benefits of the group setting include providing help and mutual support, instillation of hope by other group members, removal of stigma from problems seen as socially unacceptable by the larger society, opportunities to overcome isolation, and group members confirming similar experiences, problems and concerns (Toseland and Rivas, 2011).

Music is a powerful source of communication and is pivotal to SCC as it 'facilitates communication which goes beyond words, induces shared emotional reactions and supports the development of group identity' (Hallam and MacDonald, 2013).





The Strengths Perspective

SCC articulates a **Strengths Based Approach**. This approach is grounded in the principle that people have existing competencies, resources and capabilities to learn new skills and problem solve (Ponnuswami et al, 2012). Further, it recognises the resilience of individuals rather than looking at their limits (Scera, 2012). Group work is a unique opportunity to identify and build upon member's strengths. The approach ensures member's voices are heard and understood (Ponnuswami et al, 2012).

Empowerment Theory

Empowerment focuses on empowering the individual to define and meet his or her own needs (Mullender and Ward, 1991) or overcome challenges (Rankin, 2006). Empowerment is 'a social action process that promotes participation of people, organizations, and communities towards the goals of increased individual and community control, political efficacy, improved quality of community life, and social justice' (Lord et al, 1993).

Empowerment is 'the means by which individuals, groups and/or communities become able to take control of their circumstances and achieve their own goals, thereby being able to work towards helping themselves and others to maximize the quality of their lives' (Adams, 2003). In SCC it was acknowledged by group leaders and members that 'elderly people have innate capacities for musical development and those capacities are maintained with age' (Creech et al, 2013). SCC noted that members had the capability to learn, or re-learn, musical skills when facilitated in groups where they are treated as capable and functioning adults (Creech et al, 2013).



“ For me it's being a part of a group that I can relax with and have a couple hours of singing ... its stress free.

I laugh a lot, I relax.

I have learnt that I can **laugh** a lot more and be more **relaxed**. ”



SENIORS
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“ Singing is a great way to have a good time. It is very rewarding and helps to keep you feeling young and alive. The satisfaction of creating a **happy atmosphere**. There was a period in my life recently where I didn't want to leave my unit ... the seniors singing group has given me the incentive and a reason to get out and enjoy life. ”



HUMAN RIGHTS OF SENIORS

Human rights are defined as the 'rights people are entitled to simply because they are human beings, irrespective of age, citizenship, nationality, race, ethnicity, language, gender, sexuality or abilities'.

Seniors 'suffer disproportionately from human rights violations' (Megret, 2011). Seniors have all the 'hallmarks of a constituted group raising specific human rights challenges' and they are 'indeed one of the last global groups not to have their own human rights treaty' (Megret, 2011). 'Seniors are also a group that have specific vulnerabilities and human rights needs' (Rodriguez-Penzon et al, 2003; Doron and Apter, 2010).

The African Commission on Human and Peoples' Rights noted 'it is remarkable that no specific UN Convention exists to proclaim and regulate the rights of elderly people' (Yuen, 2010). Currently, older persons only have a set of principles, The United Nations Principles for Older Persons. These principles include independence, participation, care, self-fulfillment and dignity (UN, 1991). They are not legally binding and are referred to as norms and precepts that governments agree to but without any requirement to account for adherence (UN, 2009).

REFLECTIONS

A detailed survey of members was undertaken in 2011. 28 participants provided feedback on the music therapy and general aspects of the group. Members thought the music therapy aspects provided a good approach to explore issues for older people. Members felt that SCC processes were safe, supportive, inclusive and democratic. Outcomes reported by members included improved and increased self-expression and self-confidence.

In 2012 another survey was undertaken. Feedback reflected a group moving beyond formative stages:

- Reasons for joining included social outing, meeting peers, interest in singing, supporting the work of TCLS and being involved in the community
- The positive aspects of SCC were good laughs and company, bringing folk together, making friends, good exercise, having fun, entertainment value, helping peers, sharing ideas and raising awareness
- It could be improved by more gigs, more targeted audiences of peers
- Personal involvement brought new friends, new social opportunities, learning to sing, enjoyment, entertainment, stronger sense of community and being more active
- Awareness raising was successful because the group was out and about, involved in the community, at local events performing positively, covered by media and getting direct feedback about their message

In 2011 and 2012 Members' feedback was used to inform group processes and better reflect members' needs. For example, based on feedback the group booked more and better targeted gigs, took the message outside Townsville to Charters Towers and Richmond, and targeted vulnerable seniors and aged care residents.

In 2013, TCLS thought it was again important to capture the thoughts of SCC members. 32 members completed a survey form. Additionally, the group facilitators and musician completed in-depth questionnaires. Feedback showed that members remained in the group for long periods and the group was still attracting new members. Common themes arising out of the 2013 survey included:

- SCC was active in the community, raising elder abuse and other seniors' issues
- Members had a strong belief in what they were doing
- Seniors started as members but became friends
- There were health benefits in participation
- Including musical leadership, was an important aspect of SCC's success

Each of these themes is now explored in more detail.



“ Delivering a musical message about human rights issues. ”



An Important Message

Members thought SCC was effective at raising awareness about elder abuse and other important seniors' issues in the community.

I relish the thought of being able to partake in a group whose principal agenda is to raise awareness of the plight of elderly people who are being abused, exploited or neglected.

Creating change in a novel way through music.

All the activities have a purpose and therefore reach a group of people to help them understand the issues.

It has a powerful message to deliver and I believe we are raising awareness of the impact of ageism in our society.

We have a message to get out to the wider community.

Stand up and be counted and bring forth real issues.

You have to get out and be counted.

Acknowledges elder abuse is not ok and helps to make the public aware that this is a very important seniors issue.

Hopefully putting pressure on local politicians, to improve the lives of the elderly.

There seemed no doubt that SCC facilitated greater community activity, activism and engagement for members.

Strong Belief in Goals and Purpose

SCC members identified that believing in and working towards the overall purpose and aims of the group was essential.

Dedication and belief in a cause.

Believing in the cause wholeheartedly.

To believe in what it's all about.

Fellowship and Friendship

Creation of fellowship and friendship was a commonly stated outcome of involvement. Musical interventions can act as an aid to social bonding (Glynn, 2013) and SCC members reflected on the social bonding aspect within the group.

Listening to music offered a medium for members to express themselves and connect with others. Additionally, membership of the group provided a context where they could maintain social relationships (Creech et al, 2013). Singing in groups was a strong community resource that fostered trust and created fellowship between members (Creech et al, 2013).

Health Benefits

Musical interventions (singing, listening to music, playing) play a health care role:

- Impacts on physiological and psychological health
- Increases happiness
- Contributes to recovery from depression
- Lowers stress
- Increases and aids relaxation
- Provides a source of enhanced social cohesion, enjoyment, personal development and empowerment
- Is spiritually refreshing and can assist in promoting self-expression, positive health and well being

(Coffman, 2002; Sixsmith & Gibson, 2007; Glynn, 2013; Creech et al, 2013). SCC Members experience all of these important health outcomes.

Personal Contentment

SCC members found personal contentment through their involvement. It reinforced their 'value' as a person and as a senior.

That I am ageing and its ok.

I can still do things as a senior. Age is no hindrance at all.

Friendship, acceptance, value as a person.

I feel appreciated for the input that I can contribute but don't feel put upon to do more than I can.

Leadership

Leadership, including facilitation and musical leadership, was fundamental to SCC's success. The leader(s) were central contacts for members and brought a range of resources and qualities to the group including ideas, visions, personal characteristics and style of leading, and capabilities, skills and knowledge to achieve the group's purpose (McDermott, 2002).

The tremendous effort put in by coordinator and facilitator ... the right personality people for the situation.

I believe the leadership/facilitation is strong and dedicated.

The guidance and energy of coordinator and facilitator, the fortunate choice of musician.

The organisation by coordinator and facilitator and musician's music.

The keys to success have to be facilitator, coordinator and musician – because without them there would be no SCC.

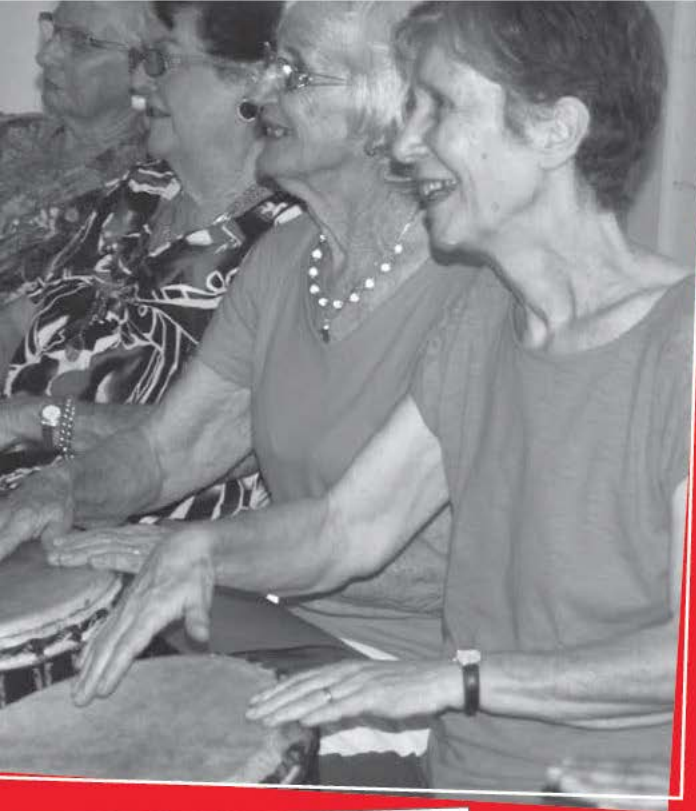
The continuing support of the musical director who leads the singing with force and clarity.

“ Music positively influences the quality of life amongst older people.

(Creech et al, 2013).

”





We'd Like To Teach The World To Sing

We'd like to teach the world to sing
In perfect harmony
We'd like to see all seniors get
Respect and dignity

We'd like to feel safe at home
And live there with no fear
We'd open up our hearts to all
Spreading universal cheer

**(chorus) that's the song we hear
Let the world sing today
A song of peace that echoes on
And never goes away**

We'd like to see the world for once
All standing hand in hand
Grandmas, grandpas, grandkids too
Spreading peace throughout the land

We'd like to teach the world to care
For all of those in need
We'd like to show you how to share
There is no place for greed.

**(chorus) that's the song we hear
Let the world sing today
A song of peace that echoes on
And never goes away.**

We'd like to see a great big smile
On everybody's face
We'd like to say 'just stop a while..
Enjoy the human race'

We'd like to share this song with you
And you can sing along
We'd like to stand together in truth
United we are strong!

**That's the song we hear...let the world sing today...a song of
peace that echoes on & never goes away (repeat)
It's a song of peace that echoes on & never goes away (repeat)**



“ I remind us all, older people are us, now or later. What do we want for ourselves? ”

Intervention Speech – National Association of Community Legal Centres to the UN Open Ended Working Group on Ageing.



THE FUTURE OF SCC

The engagement and inclusion of seniors in society is fundamental to combating elder abuse, exploitation, ageism and social isolation/exclusion. SCC is an effective means of overcoming social isolation for its members. It creates fellowship, support and trust and is a means of building and maintaining social relationships for members. It also provides a powerful role model for our community. SCC offers a stress free environment for its members and this is key to its sustainability.

The members of SCC are deeply committed to seniors' rights – their own rights. They have a strong vision of what these rights should include and are content with their efforts to make this happen. Seniors Creating Change is a platform for members of the community to actively engage and participate in making change for seniors. The group is essential as a way of:

- Raising local awareness of elder abuse
- Putting seniors issues on the agenda
- Overcoming social isolation and exclusion in the community
- Challenging ageist stereotypes of seniors

SCC grew from idea to intervention. Importantly, SCC grew out of grass roots consultation with seniors. It has become a recognised primary intervention with political and institutional respect. It remained local, building on core strengths of group work, empowerment, human rights and community development. While SCC has built active seniors it has also built strength of purpose among members – a faith in what SCC does. It has created strong, lasting friendships, had health and wellbeing benefits for members. It has fostered leadership around important community issues. It has made seniors visible where they were hidden. It is Seniors Creating Change!

“ That I am ageing and its ok.
I can still do things as a senior.
Age is no hindrance at all.

**Friendship, acceptance,
value as a person.**

I feel appreciated for the input that
I can contribute but don't feel put
upon to do more than I can.

”



DEDICATION

Some members of Seniors Creating Change are no longer with us. Their memory lives on through their performances and friendships with those who remain.

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“Always keep
a song in
your heart. „



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