

# **SOCIAL ISOLATION AND OLDER PEOPLE IN CANTERBURY**

**Prepared for Age Concern Canterbury**

**By**

**Sarah Wylie (MA hons), Independent Researcher**  
**[swylie@socialresearch.co.nz](mailto:swylie@socialresearch.co.nz)**



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## **EXECUTIVE SUMMARY**

### **Background**

In late 2011, Age Concern Canterbury contracted the services of a researcher, Sarah Wylie, to undertake a stock take / overview, focused on gaining information about specific services available in the city to redress older adults' sense of social isolation. The overview also sought to clarify the most common causes of older adults' social isolation.

The objectives of the research were as follows:

- Identify services available to reduce social isolation in Christchurch and the surrounding area.
- Identify any duplication in services.
- Identify any gaps in services.
- Identify possible collaboration solutions to enhance social connectedness.
- Provide recommendations about how to reach the 'hard to reach' older persons who are isolated. This could include anecdotal suggestions from agencies.
- Provide recommendations about how to promote social connection activities for older persons.

### **Methodology**

In order to effectively meet the research objectives, the research comprised the following methodological components:

A small literature review was undertaken, focused particularly on New Zealand research concerning causality and impacts of social isolation, and on successful models used to enhance social connectedness and wellbeing for older people.

Age Concern Canterbury's web-based Information Centre, CINCH, Eldernet and other key community directories were scanned for information on services and groups.

The researcher consulted with a wide range of key stakeholders, primarily via face to face interviews, but also with focus groups. The researcher acknowledges that there are many more agencies in the community which could usefully have been included in consultations, but could not be included given the scale of the project. Where group consultations are undertaken, these brought together informants from the same organisation. Interviews and consultations followed a semi-structured format.

## **Research Findings**

### **The Issue of Social Isolation of Older People in Canterbury**

Most older people do not live lives characterised by loneliness and isolation; solitude does not equal loneliness. Nonetheless, social isolation is a concern for around 10 percent of the older population. In Christchurch, evidence from service providers working with older people indicates that isolation and feelings of loneliness do seem to have become more common among the city's older population post-quakes. The Canterbury earthquakes occurred at a time when New Zealand was already in recession, with some older people, and especially males, forced out of employment before they were ready to retire. This potentially compounds the issue of isolation.

A range of post-quake trends regarding social isolation and older people were identified in the present research. The capacity and inclination of some older people, as with other age groups, to engage in social activities has been adversely affected by a number of factors:

- It is much harder to get from A to B, either walking, by car, by bus or other means.
- Many people are more reluctant to go out than they were before the earthquakes.
- People who were happy being by themselves now experience loneliness.
- Some people are struggling to meet basic needs of housing and warmth, and this impacts on choices around how and where they spend their time.
- Many older people have seen family move out of Christchurch or to other parts of Canterbury, leaving them less supported and socially connected than before.
- Some older people have had to move to other parts of the city or region, or further afield, removing them from social supports.
- Others remain in their residence while supports move away from them due to land damage.
- The earthquakes forced closure/loss of a number of churches, libraries, halls, licensed premises, cafes and shops where people used to go to socialise, engage in activities or just feel part of the community.
- Carers are now having to manage for much longer periods before frail older people receive residential care, and carers are under considerable stress in many cases.

### **Manner and Extent to Which the Issue of Social Isolation of Older People is being Addressed**

Feedback from the stakeholders consulted in the present research regarding effective local interventions currently targeting social isolation and the characteristics that make them effective closely paralleled findings of other researchers. Most commonly, effectiveness was attributed to:

- localised, neighbourhood focus
- empowerment, strengths-based, community development model, within which users had the opportunity to contribute and participate and to feel valued

- tailoring to local need
- transport being available to those who need it
- adequately resourcing
- skills of facilitators
- relational focus

The research literature reviewed, predominantly Australian in focus, associated the following with effectiveness:

- Group activities
- Targeted
- Tailored
- Strengths-based and empowering
- Using well-trained facilitators
- Grounded in community, building neighbourhood capacity
- Recognising that causality of isolation is complex with no one solution
- Collaborative
- Addressing barriers including transport taking a relational focus, offering a caring, warm environment.

While some of the more resource-intensive interventions operating in Canterbury were praised for their impact on isolation, including day programmes and falls prevention courses, many of the activities which were seen as making the biggest difference for their users were quite low-key, community-based activities, often operating with significant volunteer input, including many older people. Examples were Probus groups, and church, community cottage or cultural society-provided activities such as craft, fitness, walking groups, games sessions, shared meals or outings, as well as initiatives at suburban level led by small social service and community development NGOs. These typically served a suburban-neighbourhood community. Examples also include men's sheds and community gardens. Walking groups, library-based activities and fitness classes operating at community level through council providers also emerged as effective initiatives for reducing isolation.

Alongside the interviews with stakeholders, the researcher attempted to undertake mapping of opportunities for social engagement for older people, drawing on activity information published in the Age Concern Canterbury information Centre, the CINCH database, the Selwyn Health and Social Services Directory and brochures publicising activities at Selwyn's recreation centres. It is acknowledged that these alone do not give a complete picture of the full range of activities on offer in Canterbury, with many activities operating from chartered clubs, service clubs, churches, cultural groups and a range of other organisations in the community. However they do provide some insight into the range of what is on offer, and good information on more formal services.

The review of published information on social activities for older people in Canterbury suggested a considerable gap in organised activities for older people in the Banks Peninsula area, including the Lyttelton basin.

More useful information on gaps and areas of duplication in service delivery relating to social isolation was gathered via interview.

Four strong themes emerged in relation to gaps in services and activities addressing social isolation: transport, information on what is available, specialist support for older people living in the community with dementia, mental health issues and other care needs, and advocacy.

- **Transport**

Demand for transport assistance to activities and services was commonly identified as having increased, feeding into a perceived demand for local, neighbourhood level activities.

- **Information**

Connecting older people with the things that are available remains a challenge for some, and especially at a very local level. This relates not only to the ease with which older people themselves can find out about things happening in their own community and neighbourhood, but also the ease with which their family, GPs and other support people can find out this information. Locally focused hard-copy directories were identified as of considerable value.

- **Special Needs**

Demand for day care places has increased to a level far exceeding supply, and more day programme places are needed. A lack of support for people with Alzheimers at the less severe end of the scale (eg. early diagnosis Alzheimers) is another significant gap in service availability. Some older people don't yet require the care level of a day programme, but do need someone alongside them to enable them to actively participate in craft, mechanical, cultural or interest-focused activities.

- **Advocacy**

There does appear to be a lack of resource to help older people address their own needs, including connecting them to things in the community which will enhance their social connectedness and wellbeing. Lack of brief intervention is a related and significant gap.

Other gaps appear to include:

- difficulties identifying who the isolated people are in our communities, including lack of access to assessment tools;
- lack of respite care and short-term, time-out care for people with dementia, mental health issues or other care needs living with a spouse or adult children;
- lack of suitable housing for older people, both of low SES and in rural areas;
- lack of men's activities, especially with support available for those with dementia;

- lack of supports for older people with mental health issues;
- a need for more practical, craft-based activities catering for older people from CALD backgrounds who may not be connected to other linguistically appropriate social activities;
- older people-friendly transport solutions;
- underserving of rural Canterbury by support services; and
- lack of choice in service availability.

The research did not identify any areas of duplication in service provision. However it did identify relatively good levels of access to fitness and gentle exercise classes, walking groups, groups offering a range of activities (trips, speakers, entertainment, etc.) and operating on a fortnightly or monthly basis.

### **Collaborative Approaches**

While collaboration between agencies working to address social isolation could still be stronger than it is, agencies network well together on the issue through a number of forums. Some partnership approaches are also being taken to address the issue. The value of networking and keeping each other informed of initiatives is significant.

The greatest potential for developing collaboration solutions to enhancing social connectedness appear to exist at suburban level. With value in developing more localised approaches to the issue it would be exciting to see agencies like Age Concern, Neighbourhood Support Canterbury, CDHB, CERA (via earthquake coordinators), PSUSI, and church-affiliated social service providers looking collectively at models like Communities and Neighbours (CAN) and ways in which connectedness of older people can be enhanced through simple initiatives at local level. Given the issues raised around difficulties identifying isolated older people and providing advocacy and brief intervention support for them, there is considerable potential for a collaborative approach in this area. The Gatekeeper Programme which has operated in the US for decades emerged from the literature review as a model worthy of further exploration.

### **Service Promotion and Engagement**

It seems from the experiences of local providers that initiatives aimed at enhancing social connectedness are most likely to engage the most isolated individuals when the service itself is well-promoted, they can be connected with the individual by a trusted person already in contact with them, when they focus strongly on building a relationship with that individual, when they are delivered in a local accessible to them, and when they enable older people to make a meaningful contribution, and to receive the service with dignity and a sense of independence. Services will always work best when older people are involved in their design and delivery. Services are far more likely to engage vulnerable, isolated older people when they can be connected to the service through someone they know, but to do this, that person

needs to know about the service or be able to connect them through someone that does know the best options available.

In terms of promoting social connectedness opportunities to older people and potential referral sources, the information needs to be distributed in lots of different ways. When in print form, it pays to choose a good size, clear font and aim for clean layout to ensure it is readable to people with visual disabilities.

### **Summary**

Canterbury is fortunate to have a number of agencies with a commitment to ensuring that the needs of vulnerable older people are met in a holistic manner. It is also fortunate to have local authorities which recognise the ageing population structure, and the importance of inter-agency networking and collaboration to ensure that everyone has the opportunity to lead a social connected life into old age. There are some great programmes and activities operating in Canterbury to provide older people the opportunity to connect with others. Some of these are relatively large-scale and generic, but many are small in scope and in resourcing. It is these small initiatives which in many cases are the vehicle to social engagement for their users. In undertaking this project, the researcher heard stories from many of those interviewed of older people whose quality of life was greatly enhanced through friendships and/or relationships of reciprocal generosity and care developed through connections made at a walking group, fitness class, craft group outing etc.

The challenge facing Canterbury's community right now is the rebuild and re-establishment of the things we already had pre-earthquake, including groups, activities, supports and specialist programmes designed to foster social connectedness and reduce isolation. However coupled with this, Canterbury has a rapidly ageing population structure, and demand for these kinds of services will grow rapidly. Sustainability and accessibility need to be a key principle guiding development of new services and programmes. With this in mind, the move towards locally based solutions built on partnership is a move in the right direction.

## **RECOMMENDATIONS**

On the basis of the research findings, the following recommendations are made, pertaining to Age Concern Canterbury and to other providers of services for older people in Canterbury:

### **Information**

- i. Age Concern Canterbury should promote its Information Centre to all churches and places of worship via their dioceses and regional bodies, urging them to provide details on activities and services operating for older people, and incorporating this information into the database.

- ii. Age Concern Canterbury should share its a pamphlet promoting the Information Centre to health practitioners (including GP practices and pharmacies) and social service providers as well as having it available to the public.
- iii. Age Concern Canterbury, in collaboration with Christchurch City Council, Selwyn District Council and Waimakariri District Council, Christchurch Resettlement Services and Canterbury Men’s Centre, should consider producing hard copy directories of social activities for older people, targeting geographic communities as well as cultural communities and men’s activities.

### **Transport**

- iv. Age Concern Canterbury should collaborate with Christchurch Resettlement Services to combine its client base with the Age Concern minibus outings database, supported by CRS staff as necessary.
- v. A working group should be established with a focus on enhancing transport access to social activities for more vulnerable older people. Red Cross should be encouraged to participate in such a group.

### **Special Needs**

- vi. Groups working with frail older people and those with dementia in Canterbury need to mobilise and actively lobby CDHB and other key decision-makers regarding the need for increased day care places in Canterbury.
- vii. Alzheimers Canterbury and other key groups should be supported to work together to develop a proposal for a service enabling people with Alzheimers at the less severe end of the scale (eg. early diagnosis Alzheimers) to actively participate in craft, mechanical, cultural or interest-focused activities. Models utilising trained volunteers should be actively explored.
- viii. Agencies working with older people should actively lobby for increased funding and capacity building for respite care for frail older people and those with mental illness.

### **Advocacy**

- ix. Methodist Mission, Christchurch City Mission, PSUSI, CERA and other interested parties should be encouraged to develop a proposal for a service offering advocacy and brief intervention for older people, complementing Earthquake Support Coordinators.

### **Identification of Need and Development of Local Solutions**

- x. Efforts to develop screening tools for identifying social isolation and loneliness in older people should be supported.

- xi. In liaison between Age Concern Canterbury and Neighbourhood Support Canterbury, the US Gatekeeper Program could be further explored and its applications in Canterbury considered.
- xii. The CAN – Communities and Neighbours project concept being developed by Eldernet’s Coordinator, Hornby Presbyterian Church and others should be supported where this connects and integrates with Neighbourhood Support and other local initiatives.

# 1. BACKGROUND

Age Concern Canterbury has long been concerned about social isolation and its impact on the health and wellbeing of older people. Social isolation was identified on the organisation's national "wishlist of research topics for 2011", both within the context of older people living in the community and in residential care, as well as in community living settings. Currently Age Concern Canterbury's contribution to increasing social connectedness includes an Accredited Visiting Service, outings on two minibuses and it has recently appointed a Social Network Co-ordinator. Age Concern Canterbury is also developing relationships with the University of Canterbury which will enable students to undertake research on social isolation and related matters.

Whilst Age Concern Canterbury is aware that a number of other agencies also contribute to reducing social isolation, there is no information available that gives a reliable overview.

For this reason, Age Concern Canterbury has identified a need for a "stock take" of what is happening to reduce social isolation. This will enable identification of any duplication, a gap analysis, and lead to better matching of services. The need for this project has been heightened by the recent earthquakes.

Age Concern Canterbury has identified three layers of people who will benefit from this project:

- Agencies who will have improved access to information and be able to work collaboratively to improve outcomes, and there will be better co-ordination within the sector.
- Those who are currently isolated will be able to participate in other programmes and improve choice.
- Funders should benefit as gaps will be identified and future planning clearer.

## **2. PROJECT DESCRIPTION AND PURPOSE**

In late 2011, Age Concern Canterbury contracted the services of a researcher, Sarah Wylie, to undertake a stock take / overview, focused on gaining information about specific services available in the city to redress older adults' sense of social isolation. The overview also sought to clarify the most common causes of older adults' social isolation.

The objectives of the research were as follows:

- Identify services available to reduce social isolation in Christchurch and the surrounding area.
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- Identify possible collaboration solutions to enhance social connectedness.
- Provide recommendations about how to reach the 'hard to reach' older persons who are isolated. This could include anecdotal suggestions from agencies.
- Provide recommendations about how to promote social connection activities for older persons.

### **3. METHODOLOGY**

In order to effectively meet the research objectives, the research comprised the following methodological components:

#### **1. Literature Review**

A small literature review was undertaken, focused particularly on New Zealand research concerning causality and impacts of social isolation, and on successful models used to enhance social connectedness and wellbeing for older people. Literature was identified primarily through key New Zealand-based governmental and NGO websites and Google Scholar search.

#### **2. CINCH and Eldernet Review**

Age Concern Canterbury's web-based Information Centre, CINCH, Eldernet and other key community directories were scanned for information on services and groups. On review, it became apparent that the Age Concern Canterbury Information Centre is a very complete resource for identifying information on services which aim to address the issue of social isolation. Rather than duplicate this resource, the researcher sought to identify activities and services not already detailed in the information centre and pass this information on to Age Concern's Information Coordinator for inclusion. The full range of activities and services identified were categorised in terms of type of service, area served, and whether transport was provided to the activity.

#### **3. Stakeholder Exploratory research**

The researcher consulted with a wide range of key stakeholders, primarily via face to face interviews, but also with focus groups. The researcher acknowledges that there are many more agencies in the community which could usefully have been included in consultations, but could not be included given the scale of the project. Where group consultations are undertaken, these brought together informants from the same organisation. Interviews and consultations followed a semi-structured format, canvassing the following:

- The nature and extent of social isolation in Christchurch/Canterbury
- Initiatives and programmes already in operation, and future plans for these
- The ways existing programmes are having an impact, including critical success factors
- Known gaps – geographical, cultural, gender-linked and social
- Known areas well-covered by existing programmes
- Options to implement/pilot new programmes
- Potential barriers and challenges
- Potential partners
- Other complementary programmes

The following were consulted via focus groups:

- Age Concern Canterbury staff: Stephen Phillips, Chief Executive, Susie Milne, Social Network Coordinator, Liz Reese, Accredited Visiting Service Coordinator, Ahi Allen, Minibus Coordinator
- Canterbury DHB Older Persons Health Services: Nine members of the Older Persons Health Social Work Team
- Alzheimers Canterbury Manager Darryl Campbell and Social Work Team: Jacqui Bould, Sasha O'Brien, Claire Coveney, Anthea McDonald

The following people were interviewed for the present research:

- Gail Payne, Metropolitan Advisor: Older Persons, Christchurch City Council
- Mary Richardson, Executive Director, Christchurch Methodist Mission
- Penny Taylor, Regional manager, Presbyterian Support Upper South Island (PSUSI)
- Lesley Symington, Community Services Manager & Diane Chesmar, Community Development Advisor, Selwyn District Council
- Valda Reveley, Community Connections Facilitator, Selwyn, PSUSI
- Donald Pettit, Manager, Canterbury Men's Centre
- Gail Moore, Senior Social Worker & Lisa Logan, Community Health Promotion Team Leader, Christchurch Resettlement Services
- Grey Crawford, Manager, Social Services, Christchurch City Mission
- Alison Jephson, Manager, Anglican Aged Care, Christchurch
- Eleanor Bodger, Eldernet, but interviewed in relation to her voluntary work developing the Communities and Neighbours (CAN) initiative
- Vicki Lucas, Enliven Manager and Sue Holton, Homeshare Coordinator, PSUSI (interviewed together), based in North Canterbury
- Kim Button, Neighbourhood Services Coordinator, Neighbourhood Trust
- Kim Slack, Learning Specialist, South Learning Centre, Libraries and Information Unit, Christchurch City Council
- Paul Barclay, Manager, Arthritis Society, Canterbury
- Steph Dwyer, Coordinator, Totara Club and Laurie Lee, Coordinator, Harakeke Club, PSUSI Day Clubs, Riccarton
- Maree McGovern, Social Worker, Caring for Carers
- Jill Coe, Senior Project Manager, Partnership Health Canterbury
- Linda Goodrick, Agency manager and Nina Collins, Whanau Worker, Belfast Community Network
- Fenn Shaw, Care Manager, Care Coordination Centre
- Betty Chapman, Community Worker, Avonside Wainoni Methodist Church
- Major Des Buckner, Companions Club Leader & Pastoral Care Coordinator, Christchurch City Corps, The Salvation Army
- Diane Smith, Coordinator, Elder Care Canterbury

## 4. FINDINGS OF LITERATURE REVIEW

As the population structure ages and more people live alone, social isolation among older people is fast emerging as a major issue facing our modern world, and particularly because of its adverse effect on health and well-being. Social isolation and loneliness are identified as targets for reduction by the Ministry of Health and DHBs in the Health of Older People Strategy, published in April 2002. While inter-related, social isolation and loneliness are separate concepts, defined slightly differently across the literature. In a paper prepared for Age Concern New Zealand (Rees, 2009), social isolation was usefully defined as being able to be assessed objectively, and relating to the extent of an individual's social network and engagement with society, while loneliness was defined as a subjective negative experience relating to dissatisfaction with the quantity or quality of relationships with others.

We know from research that social isolation is associated with a range of health concerns: increased mortality for over 65s (Bower, 1997); depression (Gutzmann, 2000); elevated blood pressure (Bower, 1997); heightened propensity for dementia (Fratiglioni, 2000); and increased risk of suicide (Rapagnani, 2002). While not everyone who lacks social contact will experience loneliness as a result of this, social isolation and loneliness are strongly linked (Grenade & Boldy, 2008). Further, the ageing process is not the cause of social isolation, but it does strengthen its impact. A literature review undertaken in Australia by the Sidney Myer Fund & The Myer Foundation (2010) found that there are two distinct pathways to social isolation: where it constitutes a continuation of previous experience, and where it is a new experience, triggered by a key life event of transition later in life.

A number of studies have been undertaken attempting to quantify the prevalence of social isolation in the older population. In Australia, studies by Gardner, Brooke, Ozanne & Kendig (1999) with a veteran population and Edelbrock, Buys, Creasey & Broe (2001) with general older population identified rates of around 10 percent of older people socially isolated and a further 12 percent at risk of social isolation. Isolation is an issue of concern not only for older people residing in the community but also for some older people in residential care settings (Dragaset, 2004; Hicks, 2000). With a focus only on loneliness, Steed, Boldy, Grenade & Iredell (2006) found prevalence of severe loneliness in an older population in Western Australia to be between 7 and 9 percent. A literature review conducted by Warburton & Lui (2007) found rates generally around 7-8 percent. However in their literature review, Grenade & Boldy identified prevalence rates as often much higher in certain populations, and rates generally found to be higher when in-depth qualitative methods are employed. *Alzheimers New Zealand* (2010), while lacking officially recorded information on the issue, identified it as "prevalent" among people with dementia and their carers.

Isolation is brought about by a range of factors, many of which are outside the older person's control (eg. loss of a partner, retirement, change in financial circumstances, changes in social networks, loss of independence, socioeconomic factors, role as carer, poor physical health or

disability, mental illness, transport difficulties, geographic isolation and communication problems) Findlay, (2003), Sidney Myer Fund & The Myer Foundation (2010). The Myer Foundation Australian-focused literature research and Warburton & Liu's (2007) research identified the following groups as at greatest risk of social isolation associated with loneliness:

- Older men living alone
- Older adults in remote and rural areas
- Older migrants from culturally and linguistically diverse backgrounds
- Indigenous older people
- Carers
- Residents of aged care facilities and age rental accommodation.

Because of the many factors which can contribute to social isolation and associated loneliness, Findlay (2003), Cattan, White, Bond & Learmouth (2005) and others have acknowledged that designing effective interventions to combat isolation is very difficult. Furthermore, while a wide range of interventions have been developed for the purpose of reducing social isolation and associated loneliness for older people, many have little or no evaluation component to them, and there is a lack of strong evidence on exactly what works best. Even large scale reviews which have sought to tease out just what makes a good programme for combatting isolation have their shortcomings.

Grenade & Boldy (2006) identified the wide variety of interventions aimed at reducing social isolation and loneliness as including group activity-based (eg. self help groups), one-to-one interventions such as home visiting programmes, provision of services such as transport and broader community development focused efforts, such as where social activities are provided with the aim of developing community networks and peer support. In residential care settings, interventions include family friendly policies, outings and visits, pets and animal therapy.

While lacking in detail in its findings, a review by Cattan & White (1998) put forward a list of characteristics of effective interventions for social isolation, cited in Findlay (2003). These are as follows:

- *Group activities:* for example, discussion; self help; social activation; bereavement support.
- *Target specific groups:* eg. women, the widowed.
- *Use more than one method and are effective across a broad range of outcomes.*
- *The evaluation fits the intervention and includes a process evaluation.*
- *The programme allows participants some level of control.*

In a more recent and far more extensive systematic review by the authors (Cattan et al, 2005), they reiterated the same characteristics but with the addition of group-based interventions

having a focused educational input or targeted support activities. Cattan et al's 2005 review found the only majority characteristic of ineffective interventions as being one-to-one interventions conducted in people's own homes. With differences in the way the terms social isolation and loneliness are defined and measured, the authors cautioned comparing the findings of one evaluation with another.

Findlay's own review findings were also offered with caution, given that only small numbers of well-designed evaluations were identified. With caution, Findlay offered the following guidelines for development of future interventions:

- High quality approaches to the selection, training and support of facilitators / coordinators is one of the key factors underpinning successful interventions.
- Interventions are more likely to be successful when they involve older people themselves in the planning, implementation and evaluation stages.
- Success is more likely where interventions utilise existing community resources and aim to build community capacity.

In reviewing research regarding a range of interventions, Findlay (2003) highlighted the Gatekeeper program from the US as a programme achieving particular success at identifying people experiencing social isolation, connecting them to supports and reducing social isolation among the referred group. Gatekeeper runs in many states across America, training retail, service workers and other people who have contact with older people in their homes or through their client base in how to identify signs of isolation and then report it on the services who can intervene. Key factors in the programme's success were identified by Findlay as the mobilisation and training of non-traditional referral sources, allowing members of the public to take action on behalf of vulnerable adults without becoming too involved, its adaptability to different community settings, cost effectiveness and the way it opens up communication between agencies and builds community capacity.

Other worthwhile intervention types identified through Findlay's (2003) review were teleconferencing programmes, especially where they targeted geographically isolated older adults, support groups for women which operate for at least five months, and a move to retirement village living for those actively seeking social contact.

In the more recent reviews undertaken in Australia (Sidney Myer Fund & The Myer Foundation, 2010; Queensland Government, 2009), the authors reiterated Findlay's (2003) frustrations at the paucity of formal evaluations. The more recent studies concurred that bringing older people together in group settings controlled by others and providing one-on-one welfare support were relatively ineffective on their own in addressing social isolation. With causes of isolation complex, there is a need for a range of responses. These studies reinforced the importance of resourcing and supporting older people to address their own issues, and also identified other characteristics of best practice as follows:

- Base interventions soundly in theory and with clear programme logic - what is the programme trying to achieve and how?
- Target critical transition points – responding at critical times of loss.
- Target specific high risk groups.
- Address underlying risk factors while building on protective factors.
- Build place-based community capacity – local, neighbourhood level community development, building networks.
- Use a strength-based approach, building on the significant strengths, capacities and resources of older people, many of which constitute protective factors.
- Build on existing community networks and services – foster collaborations.
- Recognise and address the barriers to participation (eg. transport).
- Provide adequate timeframes and related funding – projects need time to develop.
- Incorporate evaluation from project inception, and provide the training needed for this to effectively occur.
- Programmes should not try and be “all things”.
- Interventions need to be delivered within a culture of caring - a welcoming and warm, comfortable environment.
- Programmes should be socially and culturally appropriate.
- There should be multiple entry points to the project.
- Activities should have meaning and purpose.

The Queensland Government’s Cross Government Project to Reduce Social Isolation of Older People presents these and other guidelines for best practice, drawn from their literature review and from five demonstration projects.

In response to loneliness and its adverse effects, Age Concern NZ operates an Accredited Visiting Service (AVS). This service works alongside other services, seeking to complement existing social networks (Neville & Rees, 2008). This service meets many of the factors associated with success identified by research. It has been externally evaluated, uses well-trained volunteers and is available long-term for those who want the service. The programme was included along with a range of other befriending services in an evaluation undertaken for the Ministry of Health in 2004. While this evaluation did not identify changes in life satisfaction services as a result of involvement in such a programme, it did show a trend towards enhanced social integration (in Rees, 2009). The study identified five key attributes of successful befriending services:

- Reliability
- Compatibility
- Intimacy
- Reciprocity and
- Support.

Age Concern's internal evaluation of both its community-based and residential care visiting programmes assessed the services against these five attributes and showed favourable results. The researcher called for further exploration of the befriending needs of those in residential living arrangements.

## **5. INITIATIVES IN PLACE IN CANTERBURY TO FOSTER SOCIAL CONTACT**

Age Concern Canterbury maintains an extensive directory of activities and services relating to older people, available publicly via their website, <http://info.ageconcerncan.org.nz/search/>. It was initially intended that the present project would include compilation of a list of activities and initiatives in operation across the region to reduce social isolation among older people. However on review of the Age Concern Information Centre, it became clear that this approach constituted a significant duplication of effort and resource. Instead, the Age Concern Canterbury directory was reviewed, along with the Christchurch City Council CINCH database, the Selwyn Health and Social Services Directory and the Waimakariri Community Directory. Activities were coded according to type, frequency and location, and whether or not transport was available. Readers interested in making contact with particular services are directed to the Age Concern Canterbury website's information centre at the address above, using the keyword search "social contact".

It is acknowledged that the activities identified do not constitute the full range of activities which an older person may engage in to reduce social isolation. Many smaller scale and informal activities are not identified in any directory, or are identified only under a much more generic heading in directories, with details unavailable.

Additionally, older people may obtain social contact through non-age-targeted activities centred around:

- Workingmen's clubs
- Service clubs
- Sports
- Libraries and Learning centres
- Churches, mosques, other religious gathering places and religion-focused groups
- Arts, craft and hobby classes and societies
- Volunteering opportunities
- Commercial gyms and fitness and wellbeing classes
- Support groups

Excluding such activities, the range of those identified is illustrated in Table 1.

<b>Table 1. Distribution of Activities Fostering Social Contact for Older People by Location and Activity Type</b>											
<b>Activity Type - primary purpose</b>	<b>Christchurch-wide</b>	<b>Northwest Chch</b>	<b>North Chch</b>	<b>Northeast Chch</b>	<b>West Chch</b>	<b>South Chch</b>	<b>East Chch</b>	<b>Central City</b>	<b>North Canterbury</b>	<b>Banks Peninsula</b>	<b>Selwyn District</b>
<b>Day trip / outings</b>	3, 2 with transprt from home (TFH)			1				1			1 TFH
<b>Day Care</b>		1 TFH		1TFH	1TFH		1 TFH	1 TFH	1 TFH		
<b>Craft - weekly</b>		5			3		1				
<b>Craft- 1-2x monthly</b>			1	1		2					
<b>Games - weekly</b>		3	1	1		3		1			1
<b>Games- 1-2x mthly</b>		1					1				
<b>Activity Group - weekly</b>		4	3	3	7, with 1TFH		1	3			1
<b>Activity Group - 1-2x monthly, many include outings</b>		6	5	3	2	10, with 1 TFH	7		6	3	6, with 3 TFH
<b>Older exercise classes</b>		7	4	1		3	5	1	2		3
<b>Dance - weekly</b>		1			1	1	2				1
<b>Dance - 1-2x mthly</b>								1			
<b>Cultural activities</b>	1	1						1			
<b>Walking Groups</b>	1		1		1	1 TFH	1	1			
<b>Technical/mechanical - weekly</b>						1	3	1			
<b>Community meals</b>					2		3	1	1		
<b>Older people interest groups</b>		5	2		2	1	2	3			
<b>Carer support group</b>	1	1		1	1		1	1	1		
<b>Visitor service</b>	2										3
<b>Telephone support</b>	3										

## **6. FINDINGS OF CONSULTATIONS WITH SERVICE PROVIDERS**

### **6.1 The Issue of Social Isolation and Older People in Canterbury Post-Earthquake**

Each consultation began by asking the informant(s) what they knew of the issue of social isolation and older people, especially post-quake in Canterbury.

Some key points were raised which connect well with the literature relating to social isolation:

- Solitude does not equal loneliness. Just because someone lives alone or is not extensively engaged in the community it does not mean they are not satisfied with life.
- It is important when looking at the issue of social isolation that we remember that many people live fulfilling and meaningful lives to a very old age. It is important not to take a deficit view of ageing.
- Social isolation is much more likely to be experienced when a person experiences sudden negative changes in circumstances.
- Social isolation is associated with serious consequences for health, depression, alcohol use and early entry to care.
- The recession “bumped” some older people, and especially males, out of employment before they were ready to retire. Loss of employment, and entering retirement without planning for this and adjusting to it is associated with feelings of isolation.
- Addressing social isolation is an under-resourced area. This is especially true of older people with special needs, such as those with early stage dementia who require something in between unsupported activities and day care.
- Alzheimers and early stage dementia results in loss of confidence, and this is a barrier to participation. People with Alzheimers are at greater risk of social isolation, and need more encouragement to participate in social activities.
- In-home supports have been reduced over time as health funding constraints reduce access to support. At a time when people were less able to get out of their home to engage in social contact, they needed this support more than ever.
- Social isolation has always been a concern for older people in rural areas of Canterbury including Selwyn. Lack of public transport impacts heavily on the capacity of older people to engage in activities with others and access support. Many immigrant families (predominantly from the UK) living in towns in Selwyn and North Canterbury have older family members living with them. These people are at home alone for long periods.

Remembering that this experience is not universal, social isolation for some older people within our community has been an issue of concern for some time, long preceding the

earthquakes. Lack of interested family members, language barriers, increased longevity leaving older people long-outliving their spouse and peers and isolating living situations were flagged as factors which have always put people at greater risk of isolation. However most, although not all informants felt that the situation had worsened post-quakes. In reporting impacts of the earthquakes on engagement in social activities, some of the informants commented that some of the changes in behaviour post-quake observed among older clients and service users had also been observed in other age groups. An example was reluctance to travel too far from home for activities.

A range of trends were identified post-quake regarding social isolation and older people. These are summarised below.

### **Transport and mobility issues**

Transport was the most commonly identified issue when informants were asked about social isolation post-quake. This was widely identified as the largest barrier to social connectedness in post-quake Christchurch. While transport difficulties have always been there for frail older people, a range of factors were identified as having increased the isolation of many older people, by changing their driving behaviour or capacity, impacting on bus use, limiting their capacity to walk to the places they need to go or use mobility scooters and walking aids:

- Increases in traffic congestion, road works, road closures, loss of landmarks, relocation of facilities and activities and the need to use different routes to get to activities was reported as triggering a decision to discontinue driving for some older people, and especially those who drive within a “comfort zone”. For others, it means they choose not to drive to access activities which previously were accessible by car. For those in the east, car maintenance costs have increased significantly with pothole damage and dust levels, and this has also impacted on capacity to continue driving.
- Damage to footpaths and kerbs has made it much harder to walk either aided or unaided or use mobility scooters. Fear of falls results from awareness of footpath damage, and this has reduced willingness to walk to access activities see friends etc. close by.
- Road closures and service/activity relocations resulted in increased travel distances to get to places people used to go for social interaction. For Total Mobility and other taxi users, this increased transport costs significantly.
- Buses are harder to use now, with route changes making some venues less accessible and generally requiring more effort to take the bus. Some routes now require people to hail the bus in order for it to stop. For those with a visual impairment, or with early stage dementia or cognitive processing deficits, by the time they either see the number of the approaching bus or recognise it as their bus, it has already passed by.
- For those living in areas with considerable damage, and less accessible by car, bus or walking, their neighbourhood and home becomes less accessible to potential visitors, further increasing isolation.

### **Feelings of vulnerability and uncertainty**

A number of informants had observed a change in the vulnerability of their client group since pre-quake times, and believed that this had heightened feelings of isolation. A number of people commented that they knew of a number of clients / service users who were the kind of people who managed well pre-quake, either engaging in activities or feeling happy and content with their lifestyles, even when these did not include much opportunity for social engagement. Post-quake, they were seeing requests for support or higher demand for services and support from these people. A representative from a social service agency expressed the belief that many more of the most marginalised older people were isolating themselves than in the past. With some older people living in grossly substandard housing, this person was aware of older people staying in bed all day on cold days in order to keep warm. With a lack of rental accommodation in the city, substandard housing is likely to have major implications for social isolation of older people in the city during winters in the near future.

### **Changes in demand for service**

Some providers, and especially those in the east of Christchurch had experienced a down-turn in numbers attending their programmes or using their service. As examples:

- Avonside Wainoni Church runs older people's activities on weekdays, They have lost a lot of attendees as they move from the red zone. They have also noticed that when the weather is cold or wet, their numbers are down, when weather never impacted on attendance pre-quake. They are aware that people are being far more cautious with their health post-quake, staying home when the weather is poor.
- Age Concern is finding it much harder to fill a minivan for outings than in the past. Some people who used to enjoy the outings now prefer to stay close to home.
- Arthritis Society Canterbury experienced a downturn in demand for services following the earthquakes as health was no longer the main priority for people.

Others are experiencing increases in demand, with new people coming along to activities all the time, some relocating to their part of the city, and others looking for more opportunities to get out of their homes and be with other people.

### **Dislocation from family and community**

It was widely reported that many older people have seen family move out of Christchurch, leaving them less supported and socially connected than before. Some older people have had to move to other parts of the city or region, or further afield, removing them from social supports. Informants from rural areas were aware of older people whose homes in Christchurch were damaged and who subsequently moved to live with their adult children. With family typically at work all day and children at school, some of these older people now spend large amounts of time alone and some considerable distance from the activities they used to engage in. Informants who work with CALD communities were also aware of older people whose family members have moved elsewhere because of loss of homes or employment resulting from the earthquake. Where older people speak languages other than English and family move away, language becomes more of a barrier to social connectedness.

Older people who have had to leave their homes have often lived in that house or *neighbourhood for many, many years, and moving away is a huge wrench.*

### **Red zone and other badly damaged areas**

A number of informants had first-hand knowledge of older people who remained in the red zone or on the fringes of these zones, in areas where most of their neighbours had already moved away, taking with them significant informal supports. Being in these areas with few neighbours around them raised a range of anxieties, including fear of burglary and arson, squatters staying in empty properties, worries about future insurance or under-insurance for damage sustained. Many parts of these areas were identified as looking and feeling desolate and sad. All of these factors were associated with potential negative health impacts and heightened feelings of vulnerability.

One provider servicing a red zone neighbourhood identified difficulties in keeping red zone residents informed of recreational and social opportunities in their area. Connecting people with information was difficult with local papers no longer being delivered to properties in the area and lots of people moving and changing phone numbers.

### **Loss of places to gather**

The earthquakes forced closure/loss of a number of churches, libraries, halls, licensed premises, cafes and shops where people used to go to socialise, engage in activities or just feel part of the community. While many activities and venues have reopened post-quake in the same or relocated premises, the closure was observed to have resulted in a loss of habit of participation for some, and some activities operate less frequently than they did in the past. Others still avoid places where they do not feel safe, such as large buildings with few exits or movie theatres.

### **Access to care and impact on carers**

Prior to the earthquakes, there was already trend towards older people's care needs being managed in their own homes for as long as possible before going into residential care, through the single point of entry. However with the loss of many care beds as a result of the earthquakes, carers are now having to manage for much longer periods before frail older people receive residential care. This has put pressure on day care places, and those becoming eligible for these are also much frailer than in the past. Carers are under considerable stress in many cases. Many carers become isolated themselves as they focus on meeting care needs of their spouse. Many also choose not to engage socially with others because of embarrassment over their spouse's condition.

### **Silver lining**

A potential flipside to the negative impacts of the earthquakes on social isolation was identified by several informants. They were aware that the doorknock exercises undertaken following the September earthquake and major aftershocks had identified a number of very

socially isolated and lonely older people, some of whom had very high needs which had not been acted on. Doorknocks and other earthquake related visitors including EQC assessors had identified need which had resulted in service referrals. The earthquakes also triggered many people to reach out to their neighbours and get to know each other. Some older people are more connected to their neighbours than they were pre-quake, and this was identified as an opportunity to be built on.

A key challenge was identified by one respondent as moving beyond the one-off contacts to more meaningful social engagement.

## **6.2 Initiatives of Agencies Consulted Designed to Reduce Social Isolation**

### **Age Concern Canterbury**

- ***Accredited Visiting Service (AVS)***

Around 120 visitors were operating at the time the information was gathered, with capacity to grow this further, thanks to recent doubling of the service CDHB contract. Trained volunteer visitors spend a minimum of an hour per week with a client, either in-home or taking them on an outing. Post-quake, the service has found it harder retaining and recruiting volunteers, with some visitors relocating from the city or finding the stress of supporting clients too much on top of their own stresses. The service has a paid coordinator.

- ***Telephone Support***

Age Concern Canterbury provides phone contact with vulnerable clients who receive the Accredited Visiting Service but require additional support. The service is also provided to clients waiting to be matched with an Accredited Visitor or whose visitor is away. All clients on the AVS database are periodically telephoned to check on their well-being, and all receive birthday cards.

- ***Minibus Outings***

With a paid coordinator, volunteer drivers and volunteer hosts, Age Concern service around 400 minibus outing clients per year, providing each with an outing every four-five weeks. Outings typically comprise a trip after lunch to a private or business host, and afternoon tea at the venue. The service is provided by 20 volunteer drivers and 35-40 volunteer hosts. Each minivan takes 8 older people per trip. The service has found it harder to fill the vans post-quake, with people more reluctant to go far from home.

- ***Social Network Coordinator***

Age Concern Canterbury has recently developed a new role, the Social Network Coordinator. On referral, this person visits older people in their homes and finds out what their social needs are. The worker then matches these needs with activities in the community. These may include a coffee club developed and coordinated as part of the role, and/or may connect the person with activities provided by other services and community groups.

## **Christchurch City Council**

Christchurch City Council mentions age friendly cities in its LTCCP and is involved in providing a range of services and activities which impact on social isolation:

- ***Libraries***

Libraries are very strong on this issue. *Older Persons Champions*, advocates for the needs of older library users, are being established at each library. Christchurch City Libraries operate an outreach service taking books and other library resources out to older people in rest homes and in some cases to their own homes. The Age Concern minivan has taken outings to libraries. Learning Centres offer a number of courses which appeal to older people, and the coffee and computers course in particular is most popular with this age group, operating during the day. The CNCH database of community activities aims to connect people with recreational and social opportunities in their community.

- ***Recreation and Events***

Council deliver a range of leisure activities which target social engagement as well as health and wellbeing, including a number of walking groups and walk and talk groups around the city. Two parks offer older peoples' play equipment. The *Summertimes* event series is popular with older people.

- ***Social Housing***

Around half of Council's tenants are older people. Provision of this housing was identified as addressing social isolation.

## **Selwyn District Council**

- ***Day Clubs***

SDC operates monthly social get-togethers for seniors in Rolleston, Leeston and Lincoln, with transport provided for those who need it. It also supports a number of other groups which operate in the district, provided social activities for older people.

- ***Older People-Friendly Libraries***

Selwyn's libraries are being developed as social hubs for older people, with spaces and places created to enable people to have a coffee, read the paper and connect with other people in their community.

- ***Recreation programmes***

A number of older people's fitness programmes are supported by SDC.

SDC are in the process of establishing a Neighbourhood Support Coordinator role based in the community. Selwyn district was previously serviced by the NS coordinator in Christchurch.

## **Alzheimers Canterbury**

Alzheimers Canterbury offers a range of activities intended to support people with Alzheimers and their carers and connect them with others facing similar challenges, reducing feelings of isolation:

- **Memory Groups**

These operate monthly and five-weekly

- **Café and Social Programme**

A cafe operates once per month for carers and clients, and other social activities are also held during the year.

- **Companion Volunteers**

25-30 volunteers provide one-to-one interaction with clients with Alzheimers, most supporting one client but some supporting two.

A proposal is currently with the CDHB for development of an activity programme, but this will only proceed with funding. PSUSI and Alzheimers Canterbury have a joint application in place with CDHB for social workers to be based in PSUSI Day Care Programmes.

## **Partnership Health Canterbury**

- **Partnership Community Workers**

Partnership Health Canterbury contracts 19 community worker positions, based within community organisations across Canterbury and connected to specific primary medical practices, and intended to enhance access to primary health care for the most vulnerable health consumers. These workers work increasingly with older people, a group with a high level of enrolment in GP practices but for whom transport and cost can be significant barriers to seeking health care.

- **Falls Prevention Contracts**

Partnership Health Canterbury recognise that social connection is a valuable outcome of engagement in falls prevention programmes with others. For the most isolated, it can be very difficult getting the person to participate in the first place, and building the trust relationship necessary to engage them in the activity takes time.

## **Christchurch City Mission**

Christchurch City Mission provides financial and practical support for older people who are struggling financially. They also provide social work support, often to older people who are isolated, via social workers based in churches in the east of the city and via an Outreach Social Worker operating from a campervan post-quake, working in areas with higher older populations.

## **Presbyterian Support Upper South Island**

PSUSI are a major provider of services for older people in Canterbury, offering a range of programmes and services.

- **Day Programmes**

PSUSI are contracted by CDHB to provide four day programmes, three of which are in Christchurch and one in North Canterbury. Christchurch programmes operate five days per week and the North Canterbury programme 5 ½ days per week. Around half the day care

clients live alone. All day programmes also offer Carer Link carer support meetings, which offer carers the chance to connect with others in similar circumstances.

- ***Homeshare***

Homeshare is a home-based, small-scale day programme which operates in North Canterbury, the Ellesmere area (in partnership with Ellesmere Community Care organisation), and is just beginning to develop in Christchurch. Homeshare is successfully engaging a number of clients relocated to North Canterbury from Christchurch post-quake.

- ***Falls Prevention***

PSUSI operates a number of Tai Chi classes as well as home-based individualised exercise programmes. Falls prevention is seen as key in countering social isolation, not only because it connects people together when they attend classes, but it retains mobility, for longer, enabling people to continue to actively engage in the range of social opportunities on offer in their community and within their own networks.

- ***Kaiawhina, Earthquake Support Worker and Community Support Worker Roles***

PSUSI has self-funded a kaiawhina role supporting kaumatua. This service was praised by others interviewed. As well as having an Earthquake Support Coordinator based in PSUSI and funded by CERA, PSUSI have developed an Earthquake Support Worker role, as well as another community support role.

## **Christchurch Resettlement Services**

CRS have a social worker with a focus on older people on their team. They provide a number of activities aimed to enhance social connectedness of older refugee and migrant people.

- ***Swimming Group for Women***

A swimming session, predominantly meeting the needs of Muslim women has recently re-established after being displaced from QEII post-quake.

- ***Exercise Group for Women***

Similarly, an exercise group has also started up again, used predominantly by older women.

- ***Outings***

CRS operate four outings per year for older people, and there is strong demand for more of this type of activity. CRS does not have the resource to fund additional trips but is looking at ways of connecting its client base with Age Concern's outings.

## **Christchurch Methodist Mission**

- ***Older Persons Social Housing***

The Methodist Mission operates the largest older persons social housing cluster in the city, in Papanui. Wraparound support is provided to residents.

- ***Brief Intervention and Advocacy***

Christchurch Methodist Mission self-funds brief intervention workers and advocates, much of their workload with older people. They are keen to develop specialist brief intervention worker and community development worker roles for older people, but this is dependent on funding being secured.

## **Eldercare Canterbury**

Eldercare Canterbury addresses the issue of social isolation via seven forums it hosts for the purposes of sharing information.

## **Belfast Community Network**

Belfast Community network, like many other suburban / neighbourhood focused community development providers in Canterbury, provides a number of initiatives which aim to enhance social connectedness of older residents. It operates shopping outings and a shared lunch on a weekly basis, and community dinners on a less frequent basis. BCN is looking at developing a craft group for older people in their community.

## **Arthritis Society Canterbury**

- ***Social Activities***

Arthritis Canterbury operates a monthly social, with transport available via volunteer drivers.

- ***Exercise Classes***

Arthritis Society offers a range of land and water-based physical activity classes, through contracted providers. These are always located on bus routes; Arthritis Canterbury does not offer transport. They identify social benefits in participation in these activities.

- ***Phone Buddies***

Some Arthritis Society members in residential care are assigned a volunteer phone buddy who rings them regularly to offer support and social contact.

## **Red Cross**

- ***Community Transport Scheme***

Red Cross is looking at developing a community transport scheme in Christchurch, which would aim to reduce social isolation by connecting older people with opportunities for social engagement.

## **The Salvation Army**

- ***Companions Club and Pastoral Care***

Christchurch City Corps of the Salvation Army operates a Companions Club monthly, mostly serving the needs of older people who do not attend its church. Pastoral workers visit older people associated with the Corps and its services

- ***Earthquake teams***

SA at regional level operate three earthquake teams, each operating from a van, and going to the most-affected parts of the city. This service has worked extensively with older people, around issues of isolation.

## **Avonside Wainoni Methodist Church**

- ***Older People's Activity programme***

The church's community worker operates a wide range of activities over three days per week, Tuesdays – Thursdays. Weekly activities include art and craft, line dancing, visiting speakers, sit and be fit classes, cooking demonstrations, tai chi, foot care, a walking group, bowls, games movies and lunch.

## **Caring for Carers**

Caring for Carers offers support, advice and advocacy for people caring for a dependent family member. They provide a range of support, including home visits, taking carers to appointments, connecting carers with services, phone support and help arranging respite care. They also operate the following

- ***Coffee Support groups***

Carer support groups meet at cafes in Rangiora and two locations in Christchurch on a monthly basis.

- ***Bus trips***

Caring for Carers offers four bus trips per year for carers to take a break and socialise with other carers.

## **Anglican Aged Care**

- ***Faith Community Nurses***

Anglican Aged Care are presently looking to employ Faith Community Nurses in Christchurch, attached to parishes with the most heavily-used facilities and with a large number of older people associated with these church-based activities. Likely locations are in Linwood and New Brighton.

- ***Social Housing***

Anglican Aged Care lost its rest home complex in Dallington as a result of the earthquakes. They are looking at developing low cost rental housing with wraparound services on that site.

## **Canterbury Men's Centre**

- ***Men's Sheds***

While the Men's centre does not operate men's sheds, it supports groups working towards their development. There are currently 22 groups working towards opening a men's shed in Canterbury, and several already operate.

- ***Fun for Older Men Initiative***

The Men's Centre are working towards developing an information resource, identifying activities operating in Canterbury which older men can join in on.

## **Neighbourhood Trust**

Neighbourhood Trust, the community arm of St Albans Baptist Church, provides a range of "golden" activities for older people on a six weekly rotation: golden tours (day trips), attended

by around 50 individuals each trip, movies (N=20-50), a church service for seniors, keep fit session and a foot clinic. Lunches are held monthly and an afternoon tea weekly. While transport is not presently available for their activities, they are looking into ways that the issue of transport can be addressed.

### **Communities and Neighbours (CAN)**

Eleanor Bodger, Elder Net has developed a concept for a neighbourhood-based initiative aimed *to improve the health and wellbeing of older people by facilitating and strengthening neighbourliness and connectedness to local community*. The programme is in the emergent phase, and Hornby Presbyterian Church is involved in its development along with a range of other community stakeholders. CAN focuses on the idea of “friendly supportive neighbours”. The approach planned for CAN would have older people referred to a CAN facilitator by any means. The facilitator would visit the older person and look at social things that would improve their life, perhaps as simple as a neighbour checking on them if they do not open their curtains by a certain time. The facilitator would then liaise with neighbours, family etc. to get them to liaise with the older person directly and work out how they can help meet their needs. A relationship of reciprocity ideally develops between the older person and their neighbours. Where Neighbourhood Support is in place, this provides a vehicle for CAN to operate. It is the intention of those involved in CAN to work in with NS Canterbury in developing the concept into a programme.

### **Earthquake Support Coordinators**

Earthquake Support Coordinators have been established in a number of agencies by CERA, many of which are identified above. Many of the support coordinators’ clients are older people, and they are often connecting with older people who are very socially isolated. Establishment of these roles has enabled a number of high-needs older people to be identified in the community and connected with supports tailored to their needs.

## **6.3 Services Working Most Effectively to Reduce Social Isolation for Older People in Canterbury**

A wide range of services were identified as working effectively. The most frequently cited activities and services were as follows:

- **Grassroots social and recreational activities provided by churches at local level**

Churches were identified as a significant provider of activities which combat isolation, strong because of their local focus, and working especially well in rural communities and in both rural and urban Canterbury, for older people who have some connection to that church, either because they attend the church itself or they know others who attend the activities on offer – it is a community of interest to them. In recognising the value of social connections at this

level, most of the church-affiliated service providers consulted in the research identified a move post-quake back to greater engagement of the social service agency with its churches at parish level.

- **Neighbourhood-based, grassroots activities**

Probably overlapping to a large extent with the previous suggestion, neighbourhood-based activities were seen as hugely effective. By this, informants were referring to community lunches, informal neighbourhood gatherings, walking groups, classes and activities serving relatively local catchments. These included some provided by council. One informant highlighted the way you can just “turn up” to some of these and not have to be assessed or commit to always attending – this was seen as a factor in their effectiveness.

- **Exercise and falls prevention groups**

Tai Chi, hydrotherapy, falls prevention and exercise classes, as well as walking groups targeting older people were identified as impacting significantly on the confidence of older people and their willingness and capacity to socialise. As well as providing an outing in themselves, connecting them to others in the class or group, the skill and fitness imparted through the activities maintained capacity to engage in other social opportunities for a longer period.

Age Concern (AVS, outings and information centre), Alzheimers Canterbury and Presbyterian Support Upper South Island were cited by several respondents as offering quality programmes which reduce isolation for older people.

Other kinds of activities/services mentioned by multiple informants included the following:

- Homeshare
- Community gardens
- Earthquake Coordinators (opportunity to get into people’s homes and identify isolated people was significant)
- Day clubs operated by PSUSI and others
- Senior Chef
- Home-based care service providers
- Volunteering opportunities for older people
- Selwyn District’s day clubs
- Greypower outings
- Probus
- Men’s sheds
- Workingmen’s clubs

Other organisations identified by smaller numbers of informants as effective in addressing isolation included:

- Te Whare Roimata

- Neighbourhood Support Canterbury
- Christchurch Methodist Mission
- Christchurch Resettlement Services
- Many of the culturally and linguistically diverse community associations, churches and societies, which operate a range of activities for older members of their communities
- Partnership Health Canterbury's Partnership Community Workers
- The CDHB PMH Vulnerable Older Persons phonenumber
- Civil Defence doorknock earthquake response
- Some GPs and practice nurses
- Christchurch City Council
- Christchurch City Mission
- CREST key support workers
- St John Caring Caller

In thinking about the activities and services that they had highlighted as most effective at addressing social isolation, the researcher in most cases asked those interviewed why they thought they were effective. Most commonly, effectiveness was attributed to a **localised, neighbourhood focus**. Next most-commonly, the service was seen as effective because it **followed an empowerment, strengths-based, community development model**, within which users had the opportunity to contribute and participate and to feel valued. The third-most identified factor in effectiveness was that it was **tailored to local need**, and was not a generic programme delivered the same in every location. Fourthly, **having transport available to those who need it** was seen to contribute to effectiveness.

Other reasons offered for effectiveness in services targeting social isolation were as follows:

- The service is adequately resourced.
- Good people are providing the service.
- The service builds a relationship one-to-one with the clients, and there is consistency in staffing to enable this.
- The service is flexible, and people can join in without commitment.
- The service is accessible.
- The activity or service has inter-generational components.
- It is fun!
- There is reciprocity.
- It operates in an appealing environment.
- The service tailors to individual needs and does not "put people in boxes".

## 6.4 Gaps in Service Availability / Access for Socially Isolated Older People

Four strong themes emerged in relation to gaps in services and activities addressing social isolation:

- Transport
- Information on what is available
- Specialist support for older people living in the community with dementia, mental health issues and other care needs
- Advocacy

- **Transport**

With roading changes, traffic congestion and increased anxiety about driving post-quakes, demand for transport assistance to activities and services was commonly identified as having increased. This tied into a perceived demand for local, neighbourhood level activities.

- **Information**

While details of a wide range of activities and opportunities for social interaction are available on Age Concern Canterbury's website and via CINCH, some respondents felt there is an over-reliance on the internet to promote social activities, and that Age Concern's website could be promoted more strongly. Connecting older people with the things that are available was still seen as difficult, and especially at a very local level. This relates not only to the ease with which older people themselves can find out about things happening in their own community and neighbourhood, but also the ease with which their family, GPs and other support people can find out this information. Locally focused hard-copy directories were identified as of considerable value.

- **Special Needs**

Rest home closures (Kate Sheppard, Parkwood, Merivale) as a result of the earthquakes had taken with them some day programmes, and nothing has been put in place in their absence. There was already a shortage of day programme places pre-quake, making this even more a concern. One of the Pasifika day programmes has also ceased operating since the earthquakes. Coupled with the fact that older people need to be cared for for longer in the community before moving into fulltime care, demand for day care places has increased, resulting in waiting list times of 3-4 months, and a move towards their targeting to more frail and less independent clients than in the past. Day care and other activity programmes with support on-hand were seen as very important for those with Alzheimers to give carers a break. A lack of support for people with Alzheimers at the less severe end of the scale (eg. early diagnosis Alzheimers) was highlighted as a significant gap in service availability. A number of those

interviewed saw the lack of activities between day care and general activities – supported, purposeful recreational opportunities as a big gap.

- **Advocacy**

Support worker contractors in PSUSI used to connect people to services which matched their needs. Now with the restorative model of home support practice in place, support workers are no longer funded. Social needs of older people were identified as less valued under the new model, which was identified by one informant as medicalising old age. A number of informants were concerned that there is a lack of resource to help older people address their own needs, including connecting them to things in the community which will enhance their social connectedness and wellbeing. Lack of brief intervention was identified as a significant gap, warranting a team to address the level of need.

Other gaps less commonly identified by those interviewed included the following:

- It is difficult for some of those who work with older people to identify those who are isolated. Older people don't want to be a burden, which makes it harder to identify need.
- There is a lack of respite care and short-term, time-out care for people with dementia, mental health issues or other care needs living with a spouse or adult children.
- Lack of suitable housing was identified as an issue impacting on social isolation for older people, both of low SES and in rural areas.
- Lack of volunteers impacts on the capacity of community groups to run activities for older people, especially on the east side of the city.
- Lack of men's activities, especially with support available for those with dementia.
- Lack of supports for older people with mental health issues.
- Older people from CALD communities who are not connected to their own cultural group can become very isolated, especially where their English is limited or reduces with age.
- Some activities are very English language-dependent and do not cater for the needs of CALD older people. There is a need for more practical, craft-based activities for this group.
- More seating and shelters at bus stops would enable older people to connect socially through bus use.

- Lack of affordable older person counselling services.
- Groups are not the solution to isolation for everyone.
- Selwyn District has a number of agencies contracted by Government to provide services for older people but many do not deliver on this part of their contract. Rural Canterbury is very underserved by support services, and as the population ages and grows, this is a significant issue. A more strategic approach is needed across agencies to ensure that gaps are addressed.
- Some providers claim an area, forcing other providers out or deterring them from delivering their services in that community. Level of demand is growing at such a rate though that more providers need to be out there meeting the needs of older people.
- The needs of older people in the future are different to those of the present or the past. Providers cannot keep doing things the way they have always done them. More out-of-the-square solutions are needed.

Asked whether there were any kinds of services or activities targeting social isolation which were readily available or areas of duplication, exercise groups were identified as well-distributed across Canterbury, with a good range of social activities also available for those older people with capacity to get involved. The CAN initiative being developed by Hornby Presbyterian, the Eldernet worker and others was seen to have potential to duplicate Neighbourhood Support if it did not deliberately work in with that organisation.

Invariably, the question of whether there were areas of duplication in activities and services addressing social isolation met with laughter. The level of demand was seen by most as far outwaying availability of such activities and services, with this set to worsen as the population ages.

## **6.5 Inter-Agency Collaboration**

Most of the stakeholders consulted indicated good collaboration occurring between agencies working with older people, with their own agency working in with other agencies on a regular basis. Collaboration was identified as having improved since the earthquakes. However potential was identified for even better inter-agency cooperation, with one informant commenting that there was *“still a lot of reinventing the wheel”*. Agencies most commonly cited as agencies the stakeholders worked in with included Age Concern Canterbury, Presbyterian Support Upper South Island, Alzheimers Canterbury, Christchurch City Council and CDHB. In some cases, Memorandums of Understanding are in place regarding how agencies will work

to support each other in addressing identified need. One example is Alzheimers Canterbury and PSUSI, in relation to support of people with early stage dementia.

Eldercare Canterbury's forum and the Christchurch City Council convened reference group were identified as useful networking groups. Most of the representatives of church-affiliated social service agencies identified strengthened collaboration and networking between their agency and the church at grassroots parish level post-quake. This reconnection was seen to have resulted in some very good outcomes.

Some degree of tension was identified between NGO social service agencies, as some have received considerable funding support for quake response while others are operating in deficit and with less funding than pre-quake. Collaboration was identified as difficult in a competitive environment.

Asked about how they would like to see agencies working together in the future to address the issue of social isolation and older people, the strongest themes which emerged were that this needs to focus at suburban level and needs to involve Neighbourhood Support Canterbury, earthquake coordinators, Communities and Neighbours (CAN), Accredited Visitors Service and Homeshare.

Other Areas for future collaboration identified by individual informants were as follows:

- Transport needs to be the focus of a collaborative approach, given costs involved.
- The Elder Abuse Practitioners Group needs to be reactivated.
- There needs to be more cooperation and resource sharing between agencies in relation to funding associated with earthquake response.
- Collaborative programmes need to be given more priority by the key funders.
- Agencies could do a better job of keeping each other informed about the activities and services they offer.
- Men's activities.
- Volunteering.
- Primary medical practices could be better connected to other services in their communities.

## 6.6 Effectively Reaching the “Hard to Reach”

Agencies representatives interviewed were asked what their service had found to work well in reaching the most socially isolated older people in our community and connecting them with appropriate support. A range of feedback was offered, with the strongest themes emerging as follows:

- **Relationships are key.** This applies to the relationships of trust which need to be built over time between a client and staff / volunteers but also potential referral sources and other agencies
- There needs to be a **local focus** – go into neighbourhoods and work to develop local solutions.
- **Work in with other agencies**, developing a referral pathway.
- Market the activity or service on offer to older people in a **strengths-based** manner – you are marketing to a proud and fiercely independent generation. Older people often feel someone else is worse off and more deserving of support.
- **Promote the service strongly** to potential referral sources, and encourage them to tell others of the service on offer.
- **Direct contact**, such as via earthquake response door knock is effective where follow-up is offered. Direct contact with older people in the community in response to the quake, both through the welfare focused Civil Defence and Red Cross door knocks, the neighbourhood building door knocks of churches and contacts by EQC assessors have all identified very vulnerable older people in the community.
- **Word of mouth** is effective, especially for activities focused at a very local level.

Other approaches identified by individual informants as working well at engaging hard to reach isolated older people included the following:

- Develop leaflets about the service. Some older people retain these for some time until they feel ready for a particular service.
- Go with an older person the first time they attend a social activity, supporting them in a relationship of trust.
- Provide transport.
- Make sure the language is accessible.
- Educate carers about services or activities which may be appropriate.
- Rapid response is vital. As soon as an older person in need makes contact, be there for them or they won't reach out for help again.
- Resource capacity to respond to need.
- Persevere.
- Listen.
- Build strong relationships with local GPs and Pharmacists.
- Utilise strong case management.

## 6.7 Advice to Agencies Developing or Shaping a Service which Targets Social Isolation

Some strong themes emerged when those interviewed were asked for tips for others developing initiatives to reduce social isolation for older people:

- Get out there – **outreach is key**. Be visible.
- Take the time to **build trust and rapport**.
- **Ask older people what they want** – let them lead wherever possible. Workers and volunteers are there to support.
- Know who else is doing what and build relationships with other services – **network**.

Other advice for providers included the following tips:

- Make events FUN. Good news travels fast – if a service or activity is enjoyable, people will tell others about it, including potential referral sources.
- Tailor the approach to individual need.
- Aim for long-term sustainability.
- Ensure accessibility, and where transport is necessary to achieve this, neighbourhood focused activities make this more affordable.
- Strive for intergenerational activities where possible – work in with other groups targeting different age groups.
- Know when formal intervention is necessary and how to access this. Help older people to help themselves access the supports they need.
- Have good referral pathways in place. Right Service Right Time is a good mechanism.
- Do not overlook the poor and most vulnerable.
- Develop local solutions, recognising different cultures and locations.
- Tailor publicity to the linguistic needs of the target group.
- Work to the schedules of older people – eg. allow plenty of time on trips and outings *“Allow space for dilly-dallying – that’s the most important bit.”*
- Develop a sense of whanau.
- Be inclusive.
- Look for new ways of doing things.

Particular advice was offered for agencies looking to develop services in Selwyn district: Don’t treat Selwyn as one community – it comprises lots of discrete ones, with distinct ways of working. Find out who the key players are in each distinct community and work in with them.

## **6.8 Best Means of Promoting Social Connection Activities to Older People**

A wide range of media were suggested by those interviewed as the best means of promoting social activities to older people. This implies that there really is no one easy way of getting the message out to people about an activity they may want to take part in – the information needs to be distributed in lots of different ways.

Of the suggestions, many were types of print media – local newspapers, church and neighbourhood newsletters, *The Press*, *Keeping On*, pamphlets. One of the people interviewed with experience in promoting such activities pointed out that when putting information out in this way, it is important to choose a good size, clear font and think carefully about layout to ensure it is readable to people with visual disabilities.

Other useful places for letting people know about activities on offer were churches, community, and council service centre noticeboards, libraries and medical centres. A group that publicised their service at the Older Persons Expo had met with a good response, so events like this offer good potential. Other suggestions included word of mouth in general, dissemination of information through networks, talking directly to providers and volunteer networks in rural areas, talkback radio, and phone calls to older people known to a service.

## **7. DISCUSSION**

### **7.1 The Issue of Social Isolation of Older People in Canterbury**

Most older people do not live lives characterised by loneliness and isolation; solitude does not equal loneliness. Nonetheless, social isolation is a concern for around 10 percent of the older population. In Christchurch, evidence from service providers working with older people indicates that isolation and feelings of loneliness do seem to have become more common among the city's older population post-quakes. The Canterbury earthquakes occurred at a time when New Zealand was already in recession, with some older people, and especially males, forced out of employment before they were ready to retire. This potentially compounds the issue of isolation.

A range of post-quake trends regarding social isolation and older people were identified in the present research. The capacity and inclination of some older people, as with other age groups, to engage in social activities has been adversely affected by a number of factors:

- It is much harder to get from A to B, either walking, by car, by bus or other means.
- Many people are more reluctant to go out than they were before the earthquakes.
- People who were happy being by themselves now experience loneliness.
- Some people are struggling to meet basic needs of housing and warmth, and this impacts on choices around how and where they spend their time.
- Many older people have seen family move out of Christchurch or to other parts of Canterbury, leaving them less supported and socially connected than before.
- Some older people have had to move to other parts of the city or region, or further afield, removing them from social supports.
- Others remain in their residence while supports move away from them due to land damage.
- The earthquakes forced closure/loss of a number of churches, libraries, halls, licensed premises, cafes and shops where people used to go to socialise, engage in activities or just feel part of the community.
- Carers are now having to manage for much longer periods before frail older people receive residential care, and carers are under considerable stress in many cases.

## **7.2 Manner and Extent to Which the Issue of Social Isolation of Older People is being Addressed**

### **7.2.1 Effectiveness**

Feedback from the stakeholders consulted in the present research regarding effective local interventions currently targeting social isolation and the characteristics that make them effective closely paralleled findings of other researchers. Most commonly, effectiveness was attributed to:

- localised, neighbourhood focus
- empowerment, strengths-based, community development model, within which users had the opportunity to contribute and participate and to feel valued
- tailoring to local need
- transport being available to those who need it
- adequately resourcing
- skills of facilitators
- relational focus

The research literature reviewed, predominantly Australian in focus, associated the following with effectiveness:

- Group activities
- Targeted
- Tailored
- Strengths-based and empowering
- Using well-trained facilitators
- Grounded in community, building neighbourhood capacity
- Recognising that causality of isolation is complex with no one solution
- Collaborative
- Addressing barriers including transport taking a relational focus, offering a caring, warm environment.

While some of the more resource-intensive interventions operating in Canterbury were praised for their impact on isolation, including day programmes and falls prevention courses, many of the activities which were seen as making the biggest difference for their users were quite low-key, community-based activities, often operating with significant volunteer input, including many older people. Examples were Probus groups, and church, community cottage or cultural society-provided activities such as craft, fitness, walking groups, games sessions, shared meals or outings, as well as initiatives at suburban level led by small social service and community development NGOs. These typically served a suburban-neighbourhood community. Examples also include men's sheds and community gardens. Walking groups,

library-based activities and fitness classes operating at community level through council providers also emerged as effective initiatives for reducing isolation.

## **7.2.2 Service Availability**

Alongside the interviews with stakeholders, the researcher attempted to undertake mapping of opportunities for social engagement for older people, drawing on activity information published in the Age Concern Canterbury information Centre, the CINCH database, the Selwyn Health and Social Services Directory and brochures publicising activities at Selwyn's recreation centres. It is acknowledged that these alone do not give a complete picture of the full range of activities on offer in Canterbury, with many activities operating from chartered clubs, service clubs, churches, cultural groups and a range of other organisations in the community. However they do provide some insight into the range of what is on offer, and good information on more formal services.

The review of published information on social activities for older people in Canterbury suggested a considerable gap in organised activities for older people in the Banks Peninsula area, including the Lyttelton basin.

More useful information on gaps and areas of duplication in service delivery relating to social isolation was gathered via interview.

Four strong themes emerged in relation to gaps in services and activities addressing social isolation: transport, information on what is available, specialist support for older people living in the community with dementia, mental health issues and other care needs, and advocacy.

- **Transport**

Demand for transport assistance to activities and services was commonly identified as having increased, feeding into a perceived demand for local, neighbourhood level activities.

- **Information**

Connecting older people with the things that are available remains a challenge for some, and especially at a very local level. This relates not only to the ease with which older people themselves can find out about things happening in their own community and neighbourhood, but also the ease with which their family, GPs and other support people can find out this information. Locally focused hard-copy directories were identified as of considerable value.

- **Special Needs**

Demand for day care places has increased to a level far exceeding supply, and more day programme places are needed. A lack of support for people with Alzheimers at the less severe end of the scale (eg. early diagnosis Alzheimers) is another significant gap in service

availability. Some older people don't yet require the care level of a day programme, but do need someone alongside them to enable them to actively participate in craft, mechanical, cultural or interest-focused activities.

- **Advocacy**

There does appear to be a lack of resource to help older people address their own needs, including connecting them to things in the community which will enhance their social connectedness and wellbeing. Lack of brief intervention is a related and significant gap.

Other gaps appear to include:

- difficulties identifying who the isolated people are in our communities, including lack of access to assessment tools;
- lack of respite care and short-term, time-out care for people with dementia, mental health issues or other care needs living with a spouse or adult children;
- lack of suitable housing for older people, both of low SES and in rural areas;
- lack of men's activities, especially with support available for those with dementia;
- lack of supports for older people with mental health issues;
- a need for more practical, craft-based activities catering for older people from CALD backgrounds who may not be connected to other linguistically appropriate social activities;
- older people-friendly transport solutions;
- underserving of rural Canterbury by support services; and
- lack of choice in service availability.

The research did not identify any areas of duplication in service provision. However it did identify relatively good levels of access to fitness and gentle exercise classes, walking groups, groups offering a range of activities (trips, speakers, entertainment, etc.) and operating on a fortnightly or monthly basis.

### **7.2.3 Collaborative Approaches**

While collaboration between agencies working to address social isolation could still be stronger than it is, agencies network well together on the issue through a number of forums. Some partnership approaches are also being taken to address the issue. The value of networking and keeping each other informed of initiatives is significant.

The greatest potential for developing collaboration solutions to enhancing social connectedness appear to exist at suburban level. With value in developing more localised approaches to the issue it would be exciting to see agencies like Age Concern, Neighbourhood

Support Canterbury, CDHB, CERA (via earthquake coordinators), PSUSI, and church-affiliated social service providers looking collectively at models like Communities and Neighbours (CAN) and ways in which connectedness of older people can be enhanced through simple initiatives at local level. Given the issues raised around difficulties identifying isolated older people and providing advocacy and brief intervention support for them, there is considerable potential for a collaborative approach in this area. The Gatekeeper Programme which has operated in the US for decades emerged from the literature review as a model worthy of further exploration.

### **7.2.4 Service Promotion and Engagement**

It seems from the experiences of local providers that initiatives aimed at enhancing social connectedness are most likely to engage the most isolated individuals when the service itself is well-promoted, they can be connected with the individual by a trusted person already in contact with them, when they focus strongly on building a relationship with that individual, when they are delivered in a local accessible to them, and when they enable older people to make a meaningful contribution, and to receive the service with dignity and a sense of independence. Services will always work best when older people are involved in their design and delivery. Services are far more likely to engage vulnerable, isolated older people when they can be connected to the service through someone they know, but to do this, that person needs to know about the service or be able to connect them through someone that does know the best options available.

In terms of promoting social connectedness opportunities to older people and potential referral sources, the information needs to be distributed in lots of different ways. When in print form, it pays to choose a good size, clear font and aim for clean layout to ensure it is readable to people with visual disabilities.

## **7.3 Summary**

Canterbury is fortunate to have a number of agencies with a commitment to ensuring that the needs of vulnerable older people are met in a holistic manner. It is also fortunate to have local authorities which recognise the ageing population structure, and the importance of inter-agency networking and collaboration to ensure that everyone has the opportunity to lead a social connected life into old age. There are some great programmes and activities operating in Canterbury to provide older people the opportunity to connect with others. Some of these are relatively large-scale and generic, but many are small in scope and in resourcing. It is these small initiatives which in many cases are the vehicle to social engagement for their users. In undertaking this project, the researcher heard stories from many of those interviewed of older people whose quality of life was greatly enhanced through friendships

and/or relationships of reciprocal generosity and care developed through connections made at a walking group, fitness class, craft group outing etc.

The challenge facing Canterbury's community right now is the rebuild and re-establishment of the things we already had pre-earthquake, including groups, activities, supports and specialist programmes designed to foster social connectedness and reduce isolation. However coupled with this, Canterbury has a rapidly ageing population structure, and demand for these kinds of services will grow rapidly. Sustainability and accessibility need to be a key principle guiding development of new services and programmes. With this in mind, the move towards locally based solutions built on partnership is a move in the right direction.

## **8. RECOMMENDATIONS**

On the basis of the research findings, the following recommendations are made, pertaining to Age Concern Canterbury and to other providers of services for older people in Canterbury:

### **Information**

- xiii. Age Concern Canterbury should promote its Information Centre to all churches and places of worship via their dioceses and regional bodies, urging them to provide details on activities and services operating for older people, and incorporating this information into the database.
- xiv. Age Concern Canterbury should share its a pamphlet promoting the Information Centre to health practitioners (including GP practices and pharmacies) and social service providers as well as having it available to the public.
- xv. Age Concern Canterbury, in collaboration with Christchurch City Council, Selwyn District Council and Waimakariri District Council, Christchurch Resettlement Services and Canterbury Men's Centre, should consider producing hard copy directories of social activities for older people, targeting geographic communities as well as cultural communities and men's activities.

### **Transport**

- xvi. Age Concern Canterbury should collaborate with Christchurch Resettlement Services to combine its client base with the Age Concern minibus outings database, supported by CRS staff as necessary.
- xvii. A working group should be established with a focus on enhancing transport access to social activities for more vulnerable older people. Red Cross should be encouraged to participate in such a group.

### **Special Needs**

- xviii. Groups working with frail older people and those with dementia in Canterbury need to mobilise and actively lobby CDHB and other key decision-makers regarding the need for increased day care places in Canterbury.
- xix. Alzheimers Canterbury and other key groups should be supported to work together to develop a proposal for a service enabling people with Alzheimers at the less severe end of the scale (eg. early diagnosis Alzheimers) to actively participate in craft, mechanical, cultural or interest-focused activities. Models utilising trained volunteers should be actively explored.

- xx. Agencies working with older people should actively lobby for increased funding and capacity building for respite care for frail older people and those with mental illness.

### **Advocacy**

- xxi. Methodist Mission, Christchurch City Mission, PSUSI, CERA and other interested parties should be encouraged to develop a proposal for a service offering advocacy and brief intervention for older people, complementing Earthquake Support Coordinators.

### **Identification of Need and Development of Local Solutions**

- xxii. Efforts to develop screening tools for identifying social isolation and loneliness in older people should be supported.
- xxiii. In liaison between Age Concern Canterbury and Neighbourhood Support Canterbury, the US Gatekeeper Program could be further explored and its applications in Canterbury considered.
- xxiv. The CAN – Communities and Neighbours project concept being developed by Eldernet’s Coordinator, Hornby Presbyterian Church and others should be supported where this connects and integrates with Neighbourhood Support and other local initiatives.

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