

MODULE FIVE

Social Isolation & Loneliness

BUILDING THE CAPACITY OF
COMMUNITY HOUSING PROVIDERS
TO SUPPORT TENANTS
TO AGE IN PLACE



Working with Older Tenants

A TOOL KIT FOR THE NSW COMMUNITY HOUSING INDUSTRY ASSOCIATION

Social isolation and loneliness

Loneliness is subjective and relates to the difference between the quantity and the quality of relationships and contacts we would like to have with other people, groups and the wider community, and those we actually have.

Social isolation is more objective and refers to the number of social relationships we have with family and friends, other people, groups and the wider community.

The ageing of Australia’s population is testament to the success of good public health and social policy over a number of decades. However, the ageing of the population raises a number of challenges such as social isolation and loneliness.

While social isolation and loneliness can affect people of all ages, they are of particular concern for older people who are more likely to experience multiple risk factors than younger people. Older people are more likely to have smaller social networks as key friends and relatives may have passed away, or contact dwindled over the years.

Retirement from the workforce can reduce the public visibility of older people, particularly when

coupled with health issues and disability, which can limit a person’s capacity to get out of the house and to participate in social activities.^{1 2}

The terms ‘loneliness’ and ‘social isolation’ are often used interchangeably but they are different and it is important to understand the difference to develop the most appropriate interventions.

Social isolation has two distinct characteristics and is generally considered to be a combination of the subjective emotional experience of loneliness and objectively limited social connections, both in terms of the quality and quantity of those social connections.³ This distinction is important as both aspects must be addressed if a program is to be effective in reducing social isolation.⁴

1 Combined Pensioners & Superannuants Association NSW (2016) ‘Reaching Socially Isolated Older People’ Report prepared for NSW Family & Community Services

2 Fine, M. Spencer, R. (2009) Social Isolation: Development of an Assessment Tool for HACC Services. Literature review prepared for NSW Department of Ageing, Disability, and Home Care [Accessed 16 January 2019] Available: <http://www.crsi.mq.edu.au/public/download.jsp?id=2423>

3 Housing Learning and Improvement Network (2018) Eros Good Practice Guide: Addressing Loneliness and Social Isolation in Older People. [Accessed 18 January 2019] Available: https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Good-practice-loneliness-and-social-isolation-final-May-18-pdf.pdf

4 Cattan, M. White, M. Bond, J. Learmouth, A. (2005) Preventing social isolation and loneliness among older people: a systemic review of health promotion interventions. *Ageing & Society*, 25(1), pp41-67 [Accessed 18 January 2019] Available: <https://pdfs.semanticscholar.org/61f6/c1dda4962620a8c4354019bef6022319da43.pdf>

Lower levels of social interaction are correlated with poorer wellbeing, particularly health related wellbeing.⁵ There is a growing body of evidence highlighting the correlation between social isolation and increased mortality, with social isolation thought to increase the risk of cardiovascular disease and cancer, while prolonging the time it takes for someone to recover from illness and ailment.⁶ There are also clear links between social isolation and mental ill-health.

People who are socially isolated are more likely to visit their GP, attend their local emergency department, and more likely to be admitted to hospital or permanent residential aged care. Further, socially isolated people are almost twice as likely to develop dementia and three and a half times more likely to develop depression than the general population.⁷ Older people who are socially isolated are also more vulnerable to elder abuse and may struggle to access support. In some instances, social isolation may be an aspect of the abusive behaviour, with the perpetrator limiting the victims contact with others in an effort to maintain power and control.

These links between social isolation, ill-health and lower wellbeing provide a clear rationale for programs to support social interaction as a means of improving wellbeing and health.

5 Umberson, D. Montez, J. (2010) Social Relationships and Health: A Flashpoint for Health Policy. *Journal of Health and Social Behavior*, 51(Suppl), ppS54-S66 [Accessed 24 Jan 2019] Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3150158/>
6 ibid

7 Housing Learning and Improvement Network (2018) *Erosh Good Practice Guide: Addressing Loneliness and Social Isolation in Older People*. [Accessed 18 January 2019] Available: https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Good-practice-loneliness-and-social-isolation-final-May-18-pdf.pdf

THE CAMPAIGN TO END LONELINESS

www.campaigntoendloneliness.org

identifies the following:

- Loneliness can be as harmful for our health as smoking 15 cigarettes a day
- People who are chronically lonely are at increased risk of developing dementia by 64%
- Social networks and friendships not only have an impact on reducing risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill
- Loneliness increases the risk of mortality by 26%
- Loneliness is associated with increased risk of coronary heart disease and stroke
- Loneliness increases the risk of high blood pressure
- Lonely individuals are at higher risk of the onset of disability
- Lonely people are more prone to depression
- Loneliness and low social interaction are predictive of suicide in older age

Risk Factors

There are a number of factors that increase a person's risk of social isolation.

Due to the fact that social isolation derives from both the objective experience of limited social relationships both in terms of the number and quality of those relationships, and subjective feelings of loneliness, the presence of risk factors does not necessarily mean that a person is socially isolated.

Risk factors for social isolation fall under a number of categories, with each warranting different responses. The following list is adapted from Fine & Spencer, 2009 and the Housing Learning and Improvement Network, 2018.

Almost half of the households living in community housing are over the age of 55 (or 45 for Aboriginal households) and just under 10% of all households are over the age of 80 (or 55 for Aboriginal households).⁸ Older people living in community housing are more likely to experience multiple risk factors for social isolation than the general population. This, coupled with the increasing number of single older people in need of social housing, means that community housing providers should be equipped to identify tenants at risk of social isolation and provide referrals to services and activities that may address this.

Due to the subjective nature of loneliness as well as the intersection of multiple complex needs/vulnerabilities, it is critical that housing providers respond to potentially socially isolated tenants in a sensitive manner. For people with the most complex needs, it will be critical to establish rapport and a good relationship with the tenant before referrals can be suggested.

The identification of people who may be experiencing social isolation and loneliness is, by definition, difficult as these people are less likely to be out and about in the community and less likely to reach out for support due to the psychological impacts of isolation and loneliness. Highly visible members of the community, including shop keepers, posties, aged care workers and housing workers are most likely to have contact with socially isolated people and can thus be well placed to identify people who are at risk and provide referral information.⁹

⁸ CHIA NSW (2018) State of the Industry Report 2018: Community Housing in NSW. Report prepared under the NSW Community Housing Industry Development Strategy. [Accessed 1 Feb 2019] Available: communityhousing.org.au/wp-content/uploads/2018/12/StateoftheIndustry-web.pdf

⁹ Fine, M. Spencer, R. (2009) Social Isolation: Development of an Assessment Tool for HACC Services. Literature review prepared for NSW Department of Ageing, Disability, and Home Care [Accessed 16 Jan 2019] Available: www.crsi.mq.edu.au/public/download.jsp?id=2423

Individual factors - are related to a person's individual characteristics and circumstances, which in turn shape that person's capability to make and sustain quality social relationships.

- Physical and mental ill-health and/or disability - particularly for prolonged periods of time and conditions that limit mobility
- Low income/financial difficulties
- Age, gender, ethnicity, sexuality
- Level of education
- Personality - particularly people who have difficulty making friends, people with anxiety, low self-confidence/self-esteem, shyness, heightened concern for privacy
- Digital exclusion - lack of access to the internet and/or lack of IT skills
- Lack of skills - social skills, language skills, literacy, IT skills, networking skills, investigative skills

Social factors - are related to a person's existing social relationships and networks.

- Living alone/not having an intimate partner
- Distance from family/loss of contact with family/no family
- Recent trauma/change:
- Recent bereavement or relationship breakdown
 - Moving house
 - Retirement/loss of job
 - Health issues resulting in loss of ability
 - Becoming a carer/ceasing of care responsibilities
 - Admission into long term residential aged care
- Absence of meaningful social activities

Community factors - are related to the local community and environment in which a person lives.

- Physical isolation through distance, particularly people living in rural and remote areas
- Access to public transport (or in places where public transport is not available, access to other forms of transport including private car and community transport)
- Access to amenities and services
- Safe public spaces/perceptions of crime
- Security of housing tenure (dwelling-specific)
- Access to public spaces for community use
- Walkability of local neighbourhood

Responses

Social isolation and loneliness are significant social issues, with serious health impacts, so it is important the programs are established to support the development of positive social relationships. If they are to be effective, these responses must address both subjective experiences of loneliness as well as the more objective social isolation.¹⁰

In terms of developing responses to the more objective aspect of social isolation, consideration should be given to the accessibility of the local community as well as its inclusivity, particularly for older people. The development of age-friendly communities is a critical strategy in reducing social isolation and supporting older people to age in place.^{11,12} Interventions should support mobility by ensuring the physical accessibility and walkability of local communities and through ensuring good access to public transport.¹³ In rural and regional areas where people are likely to be geographically isolated with limited access to public transport, community or private transport may be the only way for people to get out and about.

The safety (real and perceived) of the local neighbourhood is a major consideration in supporting inclusive communities, particularly in large housing estates where the anti-social behaviour of other people may make more vulnerable members of the community feel fearful and unsafe. Such consideration should be made when allocating a property to an older person.

In terms of responses to the more subjective experience of loneliness, there is a growing body of evidence supporting the effectiveness of structured group-based activities with a particular target group (for example, Italian migrants, widowers, carers, men).¹⁴

Activities with an education or training focus, where participants have the opportunity to shape the agenda – for example through peer-facilitation – have been found to be effective in reducing loneliness. Activities that focus on self-perception and the perception of others tend to be most effective as they actively encourage a more optimistic life outlook.

Social isolation is a gendered experience, with men tending to be more at risk than women.¹⁵ Women tend to be more proactive than men in making new social connections and finding social activities than men, who tend to rely on the workplace as a key social network. Further, men tend to be less willing to accept assistance and social support than women. This supports the evidence that programs and activities targeting a specific group are more effective in reducing loneliness than generalist programs.

There is some evidence supporting digital strategies as a way of tackling both social isolation and loneliness, however research is limited.¹⁶ When considering digital strategies, it is critical to address the digital exclusion experienced alongside social isolation for many people, particularly older people.¹⁷

10 Fine, M. Spencer, R. (2009) Social Isolation: Development of an Assessment Tool for HACC Services. Literature review prepared for NSW Department of Ageing, Disability, and Home Care [Accessed 16 January 2019] Available: <http://www.crsi.mq.edu.au/public/download.jsp?id=2423>

11 Age UK (2018) Specialist Housing for Older People, Factsheet 64 (United Kingdom). [Accessed 3 December 2018] Available: www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs64_specialist_housing_for_older_people_fcs.pdf

12 Council on the Ageing NSW (2014) Submission to Social Housing in NSW: a discussion paper for input and comment. [Accessed 14 Jan 2019] Available: www.cotansw.com.au/MediaPDFs/Social%20housing%20in%20NSW%20-%20a%20discussion%20paper.pdf

13 Housing Learning and Improvement Network (2018) Eros Good Practice Guide: Addressing Loneliness and Social Isolation in Older People. [Accessed 18 January 2019] Available: www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Good-practice-loneliness-and-social-isolation-final-May-18-pdf.pdf

14 Combined Pensioners & Superannuants Association NSW (2016) 'Reaching Socially Isolated Older People' Report prepared for NSW Family & Community Services

Masi, C. Chen, H. Hawkey, L. Cacioppo, J. (2011) A meta-analysis of interventions to reduce loneliness. *Personal Social Psychology Review*, 15(3), pp219-266 [Accessed 18 January 2019] Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3865701/>

Cattan, M. White, M. Bond, J. Learmouth, A. (2005) Preventing social isolation and loneliness among older people: a systemic review of health promotion interventions. *Ageing & Society*, 25(1), pp41-67 [Accessed 18 January 2019] Available: pdfs.semanticscholar.org/61f6/c1dda4962620a8c4354019bef6022319da43.pdf

15 Combined Pensioners & Superannuants Association NSW (2016) 'Reaching Socially Isolated Older People' Report prepared for NSW Family & Community Services

16 Masi, C. Chen, H. Hawkey, L. Cacioppo, J. (2011) A meta-analysis of interventions to reduce loneliness. *Personal Social Psychology Review*, 15(3), pp219-266 [Accessed 18 January 2019] Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3865701/>

17 Housing Learning and Improvement Network (2018) Eros Good Practice Guide: Addressing Loneliness and Social Isolation in Older People. [Accessed 18 January 2019] Available: www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Good-practice-loneliness-and-social-isolation-final-May-18-pdf.pdf

Responses cont.

The Housing Learning and Improvement Network (2018) identifies a need for housing providers to implement strategies to address social isolation and loneliness among tenants at both a systemic, organisation-wide level and at an individual level in terms of partnerships and referrals pathways. Critically, responses should be person-centred and timely.

Examples of systemic responses to social isolation for a housing provider include:

- Training for staff to assist staff in identifying tenants at risk of social isolation, how to distinguish between social isolation and loneliness, how to have conversations with tenants who may be socially isolated
- Tenant engagement strategies that provide opportunities particularly for older tenants to be more involved in the organisation
- Developing and implementing IT systems and staff processes to ensure the timely identification of tenants at risk of social isolation
- Data collection and analysis to build evidence regarding what interventions are most effective for which tenants
- Developing a directory of referral programs, possibly supported by a dedicated phone line for older tenants
- Maximise access to community rooms as venues for group activities and facilitate/support group social activities
- Buddying schemes where a new tenant is matched with an existing tenant

Examples of individual/partnership responses to social isolation for a housing provider include:

- Developing partnerships with other organisations, particularly those who may be well placed to identify tenants at risk of social isolation (GPs, Pharmacists, emergency services, shop keepers, aged care workers etc.).
- Developing formal arrangements with partner organisations to support the identification of socially isolated tenants and ensure timely referrals to support
- Provide timely referrals to support programs for tenants experiencing social isolation – it is critical that referrals consider the persons circumstances, needs and interests and whether they are experiencing social isolation, loneliness or both. Examples may include:
 - Local groups/clubs/activities – book clubs, fitness groups, arts/craft groups etc.
 - Volunteer programs
 - Transport support including community transport
 - Individual counselling/therapy (particularly where someone has recently experienced a bereavement)
 - Phone support such as telecross, the service provided by the Red Cross that supports isolated and elderly people by providing a daily phone call to check on their wellbeing
 - Community housing providers must at all times be mindful of the tenant's right to confidentiality as they explore establishing these partnerships.

Housing providers have a critical role to play in identifying and supporting responses to socially isolated tenants. This promotes independence and wellbeing, which in turn supports tenants to age in place in their community.

How can we measure loneliness amongst our tenants?

There are a variety of tools and approaches that a community housing provider could take to assist them to better understand if their older tenants are experiencing loneliness or social isolation. Community housing providers are increasingly wanting to understand the needs of their tenants to enable them to work with them and other services to increase access to a range of services and supports as required.

The evidence suggests that three key mechanisms are involved in projects that help reduce loneliness:

1. Building meaningful connections between people
2. Reducing the stigma around loneliness
3. Tailoring approaches to individuals or groups

Undertaking a survey can be a useful way of engaging with tenants and exploring their needs to support planning by the community housing provider with both tenants and support providers.

The Campaign to End Loneliness in the United Kingdom has a range of useful information and resources to support thinking and planning¹⁸.

A number of survey templates are included in the tools and resources section of this toolkit.

¹⁸ <https://www.campaigntoendloneliness.org/>

Case study: partnership between a community aged care provider and a social housing provider to support older tenants to age well in place.

Uniting in Partnership with Housing NSW and the Greenway Wellbeing Steering Committee developed a Community Outreach in Public Housing Project, a project that focused on increasing access of Aged Care Services to individuals who resided in Greenway. Prior to the Community Outreach Project, Uniting had been a provider of aged care services to individuals at Greenway and had received feedback that other known individuals or friends would benefit from receiving services.

It was identified that a partnership model would benefit in gaining trust from the residents at Greenway and thus increase the uptake of individuals receiving aged care services. The partnership model also allowed for Uniting to understand the specifics at Greenway: it was identified that many individuals over the age of 65yrs who resided at Greenway were socially isolated, that of the 360 tenants all were financially and socially disadvantaged, 75% of individuals were over the aged of 65, 25% were of a Culturally and Linguistically diverse background and 0.5% were of Aboriginal and Torres Strait Islander.

Due to the location of the Greenway Estate it was identified that individuals who resided in the Estate were experiencing social exclusion, many individuals found it difficult to leave their apartments and those that could leave their apartments needed to be physically mobile to be able to gain access to their local community. Many individuals did not know who their neighbours were or knew or had any contact with others in the Estate.

Uniting engaged in a social participation project with Greenway. The project design was developed to promote social participation and connection through group activity which promotes health, wellbeing and independence. The project had a great emphasis on facilitating engagement and participation to improve individual social wellbeing, physical health, mental health and relationships. Individuals also had the opportunity to develop new skills, receive education on healthy

lifestyle choices and engage with different cultural backgrounds to share life experiences.

Client focus groups were conducted with individuals from The Estate who were over the age of 65, to establish the base line of what individuals felt important to them in participating in a Social Support group service. The focus groups were also able to establish the level of health and wellbeing that individuals wanted but also expand into new areas of skill development.

Tenants of the Greenway Estate stated that they have had the opportunity to meet people and form relationships with people that they hadn't met before however living within the same complex. This has enabled them to engage with others and have social interactions within their local community. Some tenants who speak English as their first language have said they have been able to communicate with those that speak mandarin and it is no longer a barrier. They can participate in activities together and have had an overall positive interaction. Clients have also had the opportunity to learn new skills e.g. badminton, computer work and playing pool. This has also given the clients the ability to take control of their learning and have suggested they would like to have assistance with learning English as a second language as they do find this a barrier in their day to day activities.

The Community Outreach Project has allowed individuals to:

- 1. Socialise and form relationships with one another**
- 2. Reduce social isolation**
- 3. Enable individuals to access community and services**
- 4. Improved individual's wellbeing through participation in physical and mental activities**

Uniting



Communities & Justice