

SOCIAL ISOLATION AND OLDER PEOPLE – A ROLE FOR PHILANTHROPY?

The purpose of this paper is to analyse philanthropy's potential role in helping to address social isolation amongst older people. It undertakes this analysis by:

- identifying the contextual framework and key government initiatives in this area;
- summarising key research findings on social isolation;
- highlighting relevant international and national case studies;
- identifying the best practice principles that are emerging from this work; and,
- building on existing research on philanthropy's role in ageing and the current philanthropic work in this area.

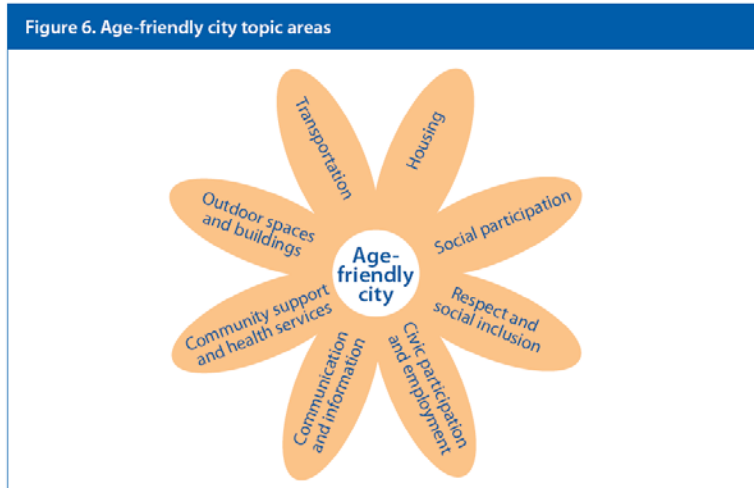
The paper aims to promote and inform future Myer Foundation and Sidney Myer Fund decision making and strategy and issue area planning and to provide a reference base of relevant research for ongoing referral by the Foundation.

This research has been undertaken by David Hardie, the 2010 Myer Foundation Intern and its methodology is primarily a combination of internet research and interviews with key local stakeholders. The author wishes to particularly acknowledge the input of Jan Bruce (Positive Ageing Adviser, Municipal Association of Victoria), Roland Naufal (Director, 4C Consulting), Liz Harvey (Policy and Planning Officer, Moreland City Council) and Dr Susan Feldman (Senior Research Fellow, Healthy Ageing Research Unit, Monash University).

BACKGROUND

The ageing of the population in developed countries is well documented and governments have increasingly responded to this demographic change with a variety of studies, strategies and projects.

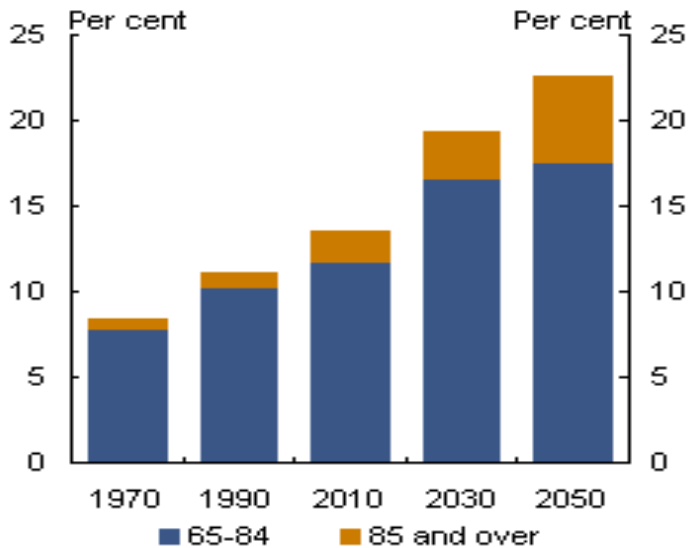
Internationally, the World Health Organization *Age-friendly Cities Project* is a global initiative that has identified the key indicators of age-friendly cities through a consultation process in 22



countries. Eight interconnected aspects in developing more age-friendly cities are outlined in the WHO framework¹, as represented below:

The demographic change facing Australia is significant, as demonstrated below:

Proportion of the Australian population aged 65+ ²



In Victoria, the number of people aged over 60 will represent one quarter of the population by 2030 and one-third of the population by 2050.³ Regional Victoria has an older population than

¹ World Health Organization, 2007, *Global Age-friendly cities: A Guide*, p.9.

² Australian Government, 2010, *The 2010 Intergenerational Report*, Executive Summary.

Melbourne and the rate of increase of seniors in rural and regional areas is projected to be twice that of metropolitan areas. For example, by 2021 the number of rural Victorians aged over 80 is expected to increase from 62,000 (2006) to 101,000.⁴

The WHO Age-friendly cities project reflects the broader discourse that now views ageing as a positive process and emphasises the active participation and engagement of older people.⁵ This change has seen ageing policy issues redirected from welfare to matters of social inclusion and community engagement and development. Related to this is the recognition that older people have a key role to play in defining and developing the features of their community's services and facilities.

The social inclusion agenda specifically recognises that “disadvantage” has multiple dimensions requiring attention. In Australia, this emerging framework emphasises the active participation of all Australians in contributing to the economy and community as well as the tackling of entrenched disadvantage.⁶ The Australian social inclusion agenda has served to mainstream ageing issues within broader community focus areas. While countries such as the United Kingdom have specifically developed social inclusion policies to address older person's issues, the Australian approach has identified other priority areas such as homelessness, jobless families and Indigenous Australians. However, the *Social Barometer* series of research undertaken by the Brotherhood of St Laurence has used the social inclusion agenda to inform its development of the eight key dimensions of wellbeing for older Australians.⁷ The level of social participation and community engagement of older Australians is identified as one of the key dimensions of their wellbeing.

SOCIAL ISOLATION – THE RESEARCH

Social isolation generally refers to the “objective state of having minimal contact and interaction with others and a generally low level of involvement in community life.”⁸

The research emphasises that older people are a very diverse group and there is no consistent distribution of social isolation across the aged population. The ageing process itself does not

³ Victorian Government, 2009, *Creating local age-friendly communities in Victoria*.

⁴ Department of Planning and Community Development, 2008, *Ageing in Victoria Discussion Paper*.

⁵ Lui et al, 2009, *What makes a community age-friendly: A review of international literature*.

⁶ Australian Government, 2009, *A Stronger, Fairer Australia*.

⁷ Kimberley, H. and Simons, B., 2009, *The Brotherhood's Social Barometer – Living the second fifty years*, p.4.

⁸ Naufal, R., 2008, *Addressing Social Isolation Amongst Older Victorians*, p.10.

cause social isolation but it does exacerbate its impact and older people tend to become more isolated and lonelier over time.

The research indicates that there are two distinct pathways to social isolation:

- where this isolation is a continuation of previous experience, i.e. people socially isolated in mid life will generally face further isolation as they grow older; or
- where it is a new experience, typically triggered by a key life event or transition in later life.

These transition points are varied and include:

- retirement
- loss of a driver's licence
- death of a partner or relationship breakdown
- relocating to a new community
- sudden disability.

There are a number of other risk factors associated with exclusion in later life, including living alone, poverty, poor health, geographic isolation, age discrimination, outdated concepts of retirement and poor social and physical infrastructure - in particular lack of accessible transport.

Social isolation studies consistently find that approximately 7-8% of older people are socially isolated.⁹ On this basis and with current population projections, this predicts the following:

Projected Prevalence of Elderly Social Isolation in Victoria 2008-2040¹⁰

Year	People over 65 affected
2008	51,050
2010	54,000
2015	64,270
2020	74,860
2025	86,320
2030	95,590
2035	106,980
2040	115,460

⁹ Warburton, J. and Lui, CW., 2007, *Social isolation and loneliness in older people: A literature review*, p.8.

¹⁰ Naufal, R., 2008, p.11.

There is strong evidence to support the relationship between social engagement, meaningful social networks and good health in later life. Similarly, the research consistently demonstrates how social isolation predicts an increase in depression, poor health and wellbeing, morbidity and mortality. Socially isolated people are also less likely to access health and support services.¹¹

The diversity of older people, including their social and cultural backgrounds, is such that they cannot be viewed as a homogenous group. These differences also mean that specific groups of older people may be at a higher risk of social isolation. Studies indicate that the following are particularly high risk groups.¹²

- older men living alone¹³
- older adults living in remote and rural areas
- older migrants from CALD backgrounds¹⁴
- indigenous older people.

Initiatives that target these groups need to reflect their variability of need and the form of intervention most appropriate to their diverse circumstances.

A SELECTION OF CURRENT INITIATIVES

The following case studies highlight a range of initiatives that are being undertaken to reduce social isolation of older people. They have been identified through a combination of internet research and interviews with local stakeholders and demonstrate the range of alternate approaches that are being trialled internationally and nationally. Some of the initiatives specifically target social isolation while others have a broader age-friendly community focus. The case studies also demonstrate the variety of stakeholders that are collaborating on these projects, including government, university and community organisations. Further detail on each of the projects can be accessed through the web links below and the research papers listed in the references section.

¹¹ Warburton, J. and Lui, CW., 2007, *Social isolation and loneliness in older people: A literature review*, p.10

¹² Brotherhood of St Laurence, 2008, *Social Inclusion and Older People Workshop*.

¹³ Men consistently report being lonelier than women, have a narrower range of sources of emotional support and rely heavily on employment relationships and partners for social networks and support (Flood, M., 2005, *Mapping Loneliness in Australia* and Patulny, R., 2009, *The golden years? Social isolation among retired men and women in Australia*).

¹⁴ Older migrants with CALD backgrounds will comprise around 23% of the total older population in Australia in 2011. Those who have migrated later in life to join adult children and who do not speak English well are a specific high risk group (Warburton and Lui, 2007, p.51)

Upstream Project, Devon, UK

<http://www.upstream-uk.com/>

The Upstream project targets older people in rural communities in Devon, with the specific aim of engaging socially isolated older people to improve their quality of life and sense of well-being before they fall into a cycle of dependency and ill-health. Upstream was established in 2002 with a five year grant from the Big Lottery Healthy Living Centre program. Local GP's were the initial project drivers, identifying the need for a community driven intervention to reduce the inappropriate dependency of older people on medical interventions that were difficult to access and expensive to maintain. The GP's worked with local government, business and community organisations to develop a program that focused on social well-being, recognising that staying physically and mentally active and socially engaged are key aspects of successful ageing.

Upstream aims to help older people stay independent for longer through the provision of engaging and creative social activities. It has a strong local community focus, specifically aiming to build capacity at the community level by establishing local participant led groups and networks that are independent of government agencies. Potential participants are visited by community mentors (paid, trained staff) who discuss their interests and over a period of time engage them in community activities. The Upstream mentors support groups for up to four months, progressively building their independence and sustainability and creating group networks focused on active participation. Once participants form social relationships and become involved in regular activities they move to a flexible, self-organised model.

The success of the Upstream project led to the dissemination of a mentoring system throughout Devon based on its model. Subsequent funding was provided through the Department of Health *Partnerships for Older People Projects*¹⁵ and a regional lottery grant.

¹⁵ The UK *Partnership for Older People Projects* (POPP) program was funded by the Department of Health to shift the care of older people toward earlier and better targeted interventions within community settings. The program began in May 2006 and was completed in April 2009, with a total of £60 million available to 146 local projects in 29 pilot sites. Two-thirds of the projects were primarily directed to reducing social isolation or promoting healthy living. 97% of the POPP projects were sustained beyond the program.

Key learnings:

- Services are provided close to where people live and are designed and delivered by the community.
- Communities can assume responsibility for self-help but only once they are adequately resourced and prepared.
- Once engaged, individuals will motivate each other to better self-care.
- New initiatives may require 3-5 years to be self-sustaining.

Southwark Circle Project, UK

<http://www.southwarkcircle.org.uk/>

Launched in 2009, Southwark Circle is a membership organisation for people aged over 50 in the London borough of Southwark. The project takes a place based approach and mobilises public, private, voluntary and community resources in a specific region to help older people define and create practical and social connections. Members get introduced to each other and to local Neighbourhood Helpers. These Helpers can be any age, live nearby and help with practical tasks (older members can also be Helpers and this reduces the fees they pay). Membership costs £10 per year plus the cost of tokens to access helpers, transport and other services.

The project aims to help older people lead purposeful lives and to link them into a social network for teaching, learning and sharing their skills. It runs as a social enterprise and was developed by a cross-sector partnership of four organisations. It is intended that the "Circle" will become self sustaining and require no further funds from the local authority in its third year. This model is to be expanded to three other UK locations during 2010.

Key learnings:

- Older people have skills and resources that are useful to others and they value meaningful participation and being able to use these skills.
- The establishment of neighbourly networks and relationships based on practical needs helps build social connection.
- Public, private and voluntary contributions can be effectively integrated to develop new services.
- Services that older people will pay for can subsidise service provision to those older people who are less well off.

Elder Friendly Communities Programs, Calgary, Canada (2000-2007) and West Adelaide (2003-2007) and Yorke Peninsula (2007-2010), South Australia

http://www.calgary.ca/docgallery/bu/cns/elder_friendly_communities.pdf

<http://www.wtcc.sa.gov.au/site/page.cfm?u=880>

<http://www.coppercoast.sa.gov.au/site/page.cfm?u=1086>

The Elder Friendly Communities Program originated in Canada in 2000 and has subsequently been replicated in two South Australian regions – West Adelaide and the Yorke Peninsula. The focus of the Program is broader community development at the neighbourhood level. It views older people as contributors rather than users and specifically aims to use their skills and capacities to define and lead community development initiatives. This approach reflects a broader cultural shift that views older people as significant contributors to communities rather than dependent service recipients.

The participative approach that underpins this Program served to bring older people together and supported them to be the decision makers for neighbourhood projects. In Calgary, collaborating public, non-profit and university organisations jointly funded an initial needs assessment as a means for them to work together. This assessment process identified key themes as well as identifying a number of older people interested in participating in an elder community development program. The types of initiatives developed by neighbourhood groups varied widely and included infrastructure improvements, cross-cultural information sessions as well as socialisation opportunities.

The West Adelaide and Yorke Peninsula Programs each used the Canadian model in four local communities and also engaged public, non-profit and university organisations as project partners. They also recognised that limited attention had been given to elder community capacity building with current funding priorities typically focused on direct service provision.

Many consistent key themes emerged from the needs assessments across the three programs. These included the strong desire for older people to connect to and remain living in community, to be able to easily get around and to retain independence and personal control of their lives.

Key learnings:

- The collaborative partnerships that drove the program were not mandated and were sustained by the value that each partner gained by participating.

- Effectively developing and supporting elder neighbourhood groups and embedding the changes they desire requires a long term perspective and time and funding commitment.
- Community development principles and grass roots community capacity building resonate strongly with older people.
- The social connections created through the neighbourhood group structure extended beyond the program.

The Queensland Cross-Government Project to Reduce Social Isolation of Older People - Demonstration Projects 2005-2007

<http://www.communityservices.qld.gov.au/seniors/isolation/>

Five demonstration projects were trialled as part of this cross-government project that also included literature reviews, community forums and the development of best practice guidelines. Total funding of \$350,000 was provided by various government agencies and the selected projects targeted a variety of groups, including a rural community, a multicultural group and a metropolitan community.

A total of 192 older people participated in the five projects which were delivered by city councils and incorporated associations such as a Parents and Citizens Association and a Multicultural Association. Two of the projects took a community development approach (by developing volunteer services for CALD socially isolated seniors and by expanding social and support networks and referral pathways for seniors). Others incorporated direct service provision with community development, e.g. by holding community forums and developing resource kits and buddy systems. One project involved the direct provision of fitness programs. The five projects were subject to a formal qualitative and quantitative evaluation that highlighted some key learnings.

Key learnings:

- A whole of community response and community ownership in project development and implementation is essential.
- Elder communities need support to establish their own projects rather than having projects imposed on them.
- The most effective interventions target specific groups, the underlying social isolation factors for these groups and are tailored to that group's need.
- Simply bringing people together in group settings without promoting ongoing social networks and connections will not reduce social isolation.

- Projects with a 12 month timeframe cannot address underlying and long term issues.
- A lack of accessible and affordable transport is the largest barrier to accessing services.

MAV/COTA Positive Ageing in Local Communities Project 2005-2009

[http://www.mav.asn.au/CA256C320013CB4B/Lookup/paevaluation09/\\$file/Evaluation%20Report%20MAV%20COTA%20Positive%20Ageing%20Project.pdf](http://www.mav.asn.au/CA256C320013CB4B/Lookup/paevaluation09/$file/Evaluation%20Report%20MAV%20COTA%20Positive%20Ageing%20Project.pdf)

The Municipal Association of Victoria (MAV) and Council on the Ageing (COTA) Victoria Positive Ageing in Local Communities Project provided \$1.4 million to build local government capacity in planning for an ageing population and to fund related demonstration projects. A total of 38 individual projects across 42 councils were funded. This included 73 out of 79 Victorian councils completing a positive ageing strategy by the end of 2009. The overall project was managed by MAV, COTA and the Office of Senior Victorians (OSV). It was delivered within the World Health Organisation's (WHO) Age-Friendly Cities framework and a detailed review of the use of the WHO guide and checklist by Victorian councils was also undertaken.¹⁶

Glenelg Shire Positive Ageing Strategy 2008-2013

As an example project, the Glenelg Positive Ageing Strategy demonstrates the ageing challenges facing many rural and regional areas. By 2031, around 53% of the Glenelg Shire population will be aged 55 years or older and this is in the broader context of significant socio-economic disadvantage in the area and a reducing population base. Their Positive Ageing Strategy included community consultation which helped inform the development of 12 priority areas (such as accommodation, the built environment and participation and inclusion) and a suite of actions under each area. A Positive Ageing Reference Group has recently been established to facilitate ongoing consultation and priority setting and the Glenelg Council works with a variety of service providers in the delivery of older persons' programs. These include Neighbourhood Houses and the Dhauwurd-Wurrong Elderly Citizens Association in Portland. To date, there has been limited allocation of funds to ageing projects in the annual Council budgetary process.

Key learnings:

- Planning for age friendly communities has been elevated in council planning processes and there is a strong base in place for further implementation of related strategies.
- The project has provided councils with additional capacity to develop and implement age friendly strategies. This has included some new partnerships with community organisations

¹⁶ Municipal Association of Victoria, 2009, *The World Health Organisation Global Age-Friendly Cities Guide and Checklist - A Review of their use by local government.*

and the leveraging of additional external financial support (from government and private businesses).

- With some 10,700 older people participating in the project across Victoria, community engagement of this group has been enhanced and the challenges in engaging difficult to access sub-groups has been highlighted.
- A number of metropolitan and large regional councils have access to resources for positive ageing projects. Small, rural councils with a limited rate base are less able to have the financial and staff resources to implement their positive ageing strategies developed through this project.

Monash University Research Project 2010-2012 – The Health and Wellbeing of Older Men from Rural CALD communities

The Healthy Ageing Research Unit (HARU) at Monash University is in the pilot phase of researching the health and wellbeing issues facing culturally and linguistically diverse ageing men in the Greater Shepparton Region. Approximately 24% of this Region's population are aged 55 years or older and 12% of residents were born overseas.

Service providers in this region have anecdotally reported the difficulty in engaging the older male CALD community with health providers, in particular in getting them to seek assistance with mental health issues. Wider evidence also suggests that older men from a minority ethnic background in a rural community face a high risk of developing a range of illnesses and of experiencing social isolation. The research will target 40-60 men over the age of 60 from Greek, Italian, Macedonian, Turkish and other cultural groups in the region. It is one of the initial pieces of Australian research targeting this cohort. The research aims to identify the factors that impede and enhance this group's access to support services and to collaboratively identify interventions to help address these issues (potentially including training of health care providers).

The research will also include interviews with key local health service providers including GPs and community care workers. Initial interviews with community leaders and service providers in June 2010 have already highlighted the adverse impact of social isolation in retirement on the Region's older CALD males. While this project focuses on health policy and practice rather than social isolation, it is likely that the research will also help inform the broader health and wellbeing needs of older rural men.

GUIDING PRINCIPLES

The development of varied social and community interventions to tackle social isolation of older people is a relatively recent trend and formal evaluations of such interventions are rare. The challenge in tracking outcomes from these initiatives is also frequently highlighted. Nonetheless, there is a growing body of guidelines and principles emerging from research and programs to direct practice in this area.¹⁷

It is increasingly acknowledged that simply bringing older people together in group settings controlled by others or providing one on one welfare type support demonstrate little effectiveness in addressing social isolation. Also, that the complexity and diversity of causes of social isolation and the diversity of older people themselves means that there is a need for a range of project responses.

The emerging characteristics of best practice social isolation interventions are that they:

- **Resource and support older people to address their own issues and develop their own projects** – older people should be involved in defining, developing and implementing the project. Communities of older people are well placed to self-help and provide their own peer-support but only after they are resourced and supported to do so.
- **Target critical transition points** – the significant impact of key life events means that interventions should be targeted to respond at critical times of need or loss for older persons, e.g. retirement, health deterioration, loss of driver's licence.
- **Target specific high risk groups** – while community based activities can support the general older community, there is arguably greater value in researching, engaging and targeting those most in need, i.e. the groups identified as being especially vulnerable to social isolation.

¹⁷ Queensland Government, 2009, *Cross-Government Project to Reduce Social Isolation of Older People – Best practice guidelines*, 2007-2009.

University of South Australia et al, 2009, *Alone in a Crowd – Supporting older Australians managing loneliness – Stage Two findings*, 2007-2009.

Naufal, R., 2008, p.27

Cattan, M et al, 2005, Preventing social isolation and loneliness among older people: a systematic review of health promotion initiatives, *Ageing & Society*, 25.

- **Build place-based community capacity** – older people respond well to projects with a local community development focus, especially where they build neighbour-focused networks and recruit participants, mentors and other stakeholders from those communities.
- **Use a strengths-based model** – rather than focusing on the stereotypical vulnerabilities associated with old age, effective interventions build on the significant strengths, capabilities and resources of older people.
- **Build on existing community networks and services** – effective projects engage with multiple community stakeholders and form broad based collaborations across sectors. Existing social networks, community services and processes (such as those utilised in the Victorian Positive Ageing and WHO Age-friendly Cities projects) provide a strong base upon which to build new interventions.
- **Recognise and address the barriers to participation** – this includes specific strategies to target hard to reach individuals, to alleviate the impact of poor physical infrastructure such as transport and to streamline access to services.
- **Provide adequate timeframes and related funding** – the establishment of effective partnerships takes time and tangible results are unlikely within the initial 12-18 months of project establishment. Projects that aim to be self-sustaining are unlikely to achieve this for at least three years.
- **Incorporate evaluation from project inception** – evaluation should be built into the project from the beginning both to track project progress and to help address the absence of evidence based outcomes in this area.

PHILANTHROPY'S CURRENT FOCUS AND ITS OPPORTUNITY

The broad category of ageing has tended to attract relatively limited philanthropic focus in Australia. The Myer Foundation's project *2020: A Vision for Aged Care in Australia* and the work of the JO & JR Wicking Trust are notable exceptions to this. There are also a number of other philanthropic bodies (such as the Collier Charitable Fund, Gandel Charitable Trust and the Helen Macpherson Smith Trust) that provide funding to a variety of ageing-related projects. The focus of this funding is often on equipment and infrastructure for aged care facilities.

Both the 2020 Vision Report (and its 2009 Outcomes Review¹⁸) and the *Wicking Report*¹⁹ (that informed the establishment of the Wicking Trust grants framework in 2004) were significant pieces of research on the role of philanthropy in aged care and related ageing areas.

The Wicking Report provided a comprehensive analysis of aged care and ageing related problems and the positioning of philanthropic funding in these areas. The Report highlighted the need to find niche and innovative funding areas quite separate to government funded programs. It noted that it was not constructive to apply philanthropic funding to the existing aged care system and that new models of care were a more appropriate funding target.

The goal of the Wicking Trust's general granting programs is to achieve systemic change through positive impact in the areas of vision impairment, the aged, problems associated with ageing, Alzheimer's disease and microsurgery. The Trust, as managed by ANZ Trustees, has allocated \$2M-\$3M per annum to projects in these areas, with a total of \$23M allocated since 2002. Smaller support grants (up to \$10,000) are made for initiatives that address social isolation problems experienced by the aged in rural communities.

The \$1M 2020 Vision Project set out to develop a vision for the future of aged care in Australia. This 2001-2004 project proposed changes in a number of key aged care areas. The 2009 Outcomes Review highlighted the impact of the project as well as the slow progress in moving towards the directions articulated in the 2020 Vision Report.

The project successfully engaged philanthropic organisations with an interest in the ageing area and this led to the formation of the Philanthropy Australia Ageing Futures Affinity Group – an entity that continues to meet regularly to discuss these issues. In 2009, the Affinity Group developed a *Framework for Philanthropic Individuals and Organisations* – an attempt to provide some direction to potential funders on the range of projects that can support positive ageing. The Framework identifies six themes (such as ageing well, supporting diversity and creating multigenerational environments), a suite of very broad strategies under each theme and provides examples of generic projects that might be funded in these strategy areas. Although very general in its approach, the Framework does highlight that philanthropists in this area have alternatives to funding aged care related activities.

¹⁸ Reynolds, A., 2009, *The Myer Foundation 2020: A Vision for Aged Care in Australia Outcomes Review*.

¹⁹ Griffith, L., and Zolnierkiewicz, T., 2004, *The Wicking Report – Report on the Development of Granting Policies, Guidelines, Strategies for ANZ Trustees for the JO & JR Wicking Trust*.

The recent Outcomes Review also re-assessed the role of philanthropy in responding to the ageing demographic, noting the continued value of its independence, its ability to foster strategic alliances and its capacity to focus on higher order outcomes. More specifically, it noted that philanthropy can support the ongoing development of a stronger evidence base and debate on older person's issues by:

- supporting research to advance improved policy development
- supporting the development and piloting of new service models
- fostering and funding projects in partnership with organisations that seek new ways to address specific issues of disadvantage (e.g. in isolated rural areas, for CALD older people)
- facilitating cross-sectoral forums to promote good practice approaches²⁰.

So, given this guidance and current practice, what is the opportunity for philanthropy in helping to address social isolation amongst older people?

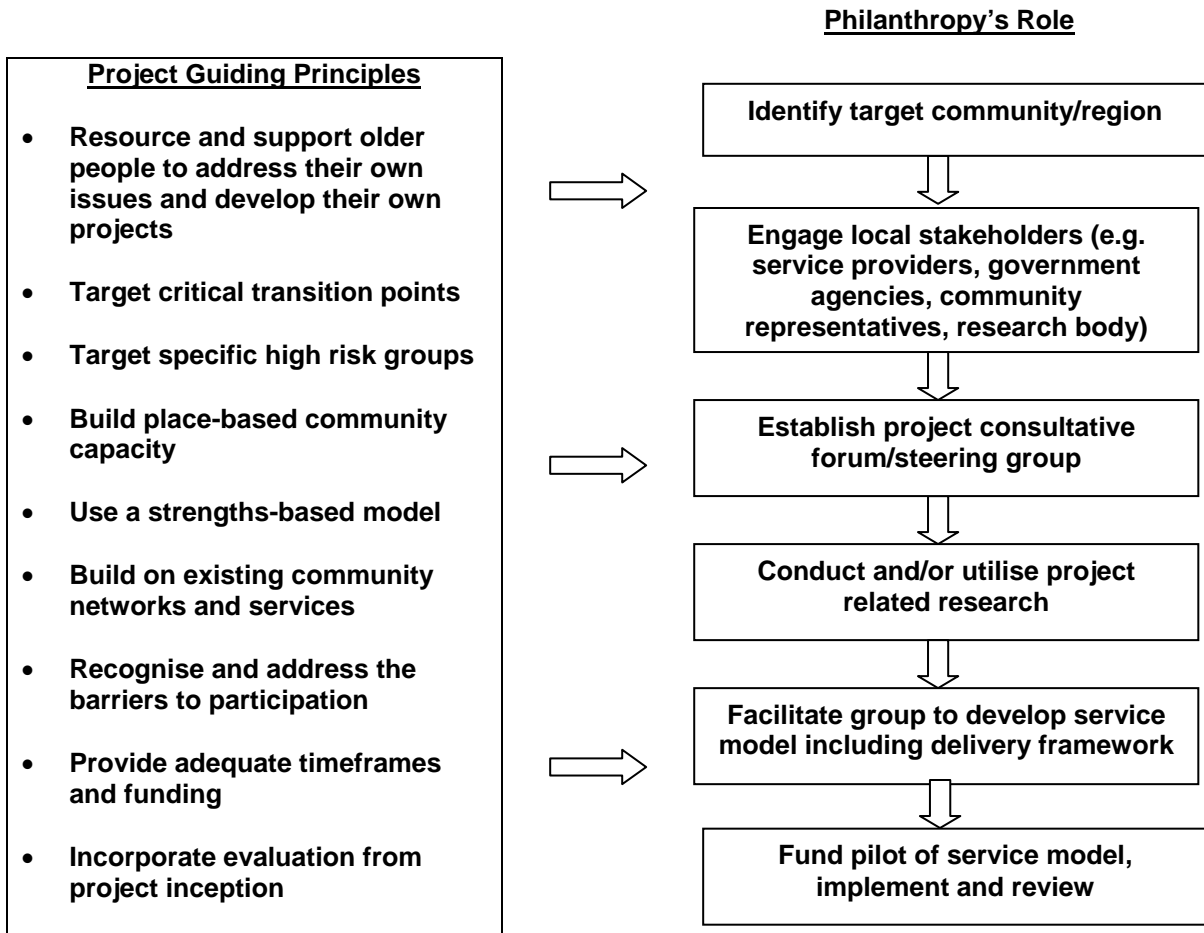
The aforementioned set of guiding principles should be used to inform the development and/or assessment of potential projects in this area.

Given the prominence of government funding in the ageing arena, it is also important to target what government is not doing while also building on what it is, i.e. funded government programs such as the work undertaken in the Victorian Positive Ageing Strategy. There is little value in philanthropy tackling the aged care system in the absence of significant government action in this area. However there is potential value in providing support to new approaches and service models that target specific areas of disadvantage.

This could occur by philanthropy promoting a place-based older person community development initiative in a target geographical region such as Glenelg or Greater Shepparton. This could involve the collaborative development of a new service model(s) such as mentor based neighbourly networks. Philanthropy is well placed to harness and mobilise existing resources in a region. This work would best be undertaken by creating and/or fostering a space that brings older people and local stakeholders together to resource and support the older people to address their own issues and help develop the service models they want. This process would include building collaborative relationships with research bodies, service providers and/or government departments in that region. Ideally, the service model would target an identified high risk group(s). It could involve an initial period of targeted research or it could

²⁰ Reynolds, A., 2009, pp30-31.

progress an initiative previously researched and/or developed within that community. The below diagram illustrates this suggested model:



This type of model enables philanthropy to utilise its strengths and to occupy a space that government cannot, or will not occupy. Philanthropy is able to take a long term perspective, it can fund sensitive research or a new practice model, it can use its 'neutrality' to facilitate discussion and action by cross-sector local stakeholders, it is able to target specific high risk groups and it can step back and let the 'experts' lead in the space it creates. The experts in this case are older people themselves and they must be at the centre of any opportunities that philanthropy pursues in tackling the social isolation of older people. The demographic drivers for action are strong and as the evidence base of effective social isolation interventions grows, philanthropy is well placed to make a timely and valuable contribution to this increasingly important social issue.

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