CONSULTATIVE COMMITTEE ON AGEING

Keeping in Touch

Older People Living Alone

Sol Encel
Margaret Kaye
George Zdenkowski

A discussion paper
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Minister’s Message

It is with great pleasure that I introduce this important discussion paper Keeping in Touch: Older People Living Alone.

We have recently heard of the tragic events where socially isolated older people have died in their homes and have not been discovered for significant periods of time.

The NSW Consultative Committee on Ageing, in conjunction with the Ageing and Disability Department, has examined the extent to which elderly people are socially and physically isolated in the community.

The research in this Discussion Paper also examines the range of services currently available and how they meet the needs of older people.

In my capacity as Minister for Aged Services I have worked closely with my colleague Dr Andrew Refshauge, Minister for Health, to develop a whole of government framework for Aged Care Policy. By promoting healthy lifestyles, expanding opportunities, and extending health measures more older people will be able to remain independent in the lifestyle of their choosing. This will enable older people to participate more fully in community life.

Any measures that allow older people to feel safe and secure in their own homes and able to participate in the community will be a great contribution to a healthy ageing population. This will also enable older people to remain independent and in their homes when the time comes that they need some support.

I highly commend this paper to you with its valuable insights as a source for discussion and invite you to direct any comments you may have to the NSW Consultative Committee on Ageing.

The Hon Ron Dyer, MLC
Minister for Aged Services
The NSW Consultative Committee on Ageing

The NSW Consultative Committee on Ageing is a group of people appointed by the Premier to provide advice on matters affecting older people, and to ensure a two-way flow of information between the community and policy-makers.

The 12 members of the Committee come from diverse backgrounds and have skills and interests in many different areas of public policy. Each serves for up to 3 years.

This paper is being widely distributed as part of the Committee’s publication program. The Committee regards the consultation process as an important part of its role. Your comments will be carefully considered.

To comment on issues raised in the Discussion Paper or any related matter raised, please write to:

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Further information is available from the Secretariat, located in the Ageing and Disability Department, on (02) 9367 6860.

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Introduction

In 1995, the public in NSW was startled by a news report concerning an older man, living in Sydney alone, whose death was unnoticed by his neighbours and did not become known until three years later, when his remains were accidentally discovered. He had become increasingly isolated in his last years because of poor health, loss of contact with his relatives, and a preference for a reclusive lifestyle.

The case of this man, Clement Williams, exemplifies the problem of lack of social contact which can occur in a large anonymous city. It also exemplifies the fact that some older people withdraw from social contacts through their own choice. Mr Williams did, in fact, make contact with the local community centre run by the municipal council, but ultimately cut off his contact and refused further support. A newspaper report on his death suggested that, in the end, ‘he chose to die alone’.1

Another case of withdrawal, reported in the press, concerns a man who ‘went bush’ in Queensland after he retired from his job and lived the classical life of a hermit. His only contact with society was through the local policeman, who regularly provided him with tobacco by nailing a packet of tobacco to a designated tree. The packet was always taken, indicating his presence, but otherwise he resisted all efforts by the local community to make contact with him.2

As a result of the publicity given to the case of Mr Williams, the Minister for Aged Services, the Hon Ron Dyer asked the Consultative Committee on Ageing to consider the issues relating to service provision for older people who live alone. The Committee prepared this Discussion Paper to encourage an examination of the issue of isolation and the attempts made by public and private bodies to cope with it.
Social Isolation - some background information

As the Australian population ages, an increasing number of older people are living alone.

Living alone can be a satisfying and rewarding experience and a time to prize one's independence. Isolation, however, can also be a frightening or lonely experience.

There is increasing recognition that health in older age has as much to do with physical health as mental, spiritual and social well-being. It may even be argued that the latter is more important to one's quality of life than absence of illness or handicap.

This Discussion Paper raises some of the issues confronted by older people when they live alone, and looks at some of the facts about who they are and what support services are available to enable them to remain at home alone if they are needed.

A number of formal and informal mechanisms are already in place to ensure regular contact between isolated people and other members of the community. These are described below.

Many older people have continuing interaction with, and the support of, friends and family and have no need of formal mechanisms to maintain contact. However, figures have emerged showing that isolation differs according to factors such as gender or English language proficiency.

Isolation may be a state of mind, or arise from a very real situation brought about by a range of different circumstances. Fear of violence is a very common reason for not leaving home as often as one wishes. Some older people may limit their outside activities to the day time for this reason. Reports of fear of criminal assault on public transport are not uncommon. Older people may fear intruders in their homes where security is not at optimum level and increase their own seclusion within the home. Simple security measures can reduce these risks and are being addressed by some members of the police service.

Sometimes contact with older people who live alone may reassure the wider community more than the ‘isolated’ person in question. Moreover, by no means all older people regard isolation as a negative experience. Many value their autonomy and do not welcome ‘interference’. How to develop services that are sensitive enough not to be invasive, and enable people to maintain their independence is one of the challenges of service provision.

Isolation can arise from losing close family and friends, but it may also be the result of language problems, of disability or handicap, geographical remoteness, or lack of access to services.

Little research has been conducted on the extent of isolation, although recent surveys by the Australian Bureau of Statistics (ABS) provide some relevant information. A
1995 report found that in 1992, the total number of people in Australia aged 60 and over who were living alone was 629,000.

This represented one quarter of all people in this age range. In NSW, the proportion was 23 per cent. More women than men live alone. In 1992, this applied to 425,000 women or 34 per cent of all women aged 60 and over. 177,000 men in this age range lived alone, or 15 per cent of all men ranged 60 and over.

These figures underline the fact that living alone is much more common than living in residential accommodation. Only 7 per cent of people over 60 live in establishments such as nursing homes, hostels or hospitals, although the likelihood increases with age, reaching 50 per cent for persons over 90.
A Diverse Older Population

Classifying people according to age can be misleading. Diversity among older people is at least as great as it is among the rest of the population. A study undertaken in Victoria into the legal and consumer needs of older people observes that the ‘older’ age bracket ranges across three generations. There is a forty year gap between age 55 and age 95, during which interests and life experiences differ enormously.

Discrimination on the basis of age is well documented. For example, a study by the Social Policy Research Centre at the University of New South Wales found that age is one of the most formidable barriers facing people as young as forty when seeking employment.

Cultural exclusion can be a form of social isolation. Being able to enjoy full participation in the community may be dependent on having a full grasp of the intricacies of the English language. Adults with limited literacy and numeracy skills may have difficulty understanding the range of activities around and be unable to access available services. Even those who are highly skilled in reading, writing and comprehension may have difficulty understanding some of the technical jargon that serves as information. For example, at the Premier’s Forum on Ageing held in October 1995 called Living with Technology, older people repeatedly expressed frustration about instructions for simple technology such as Automatic Teller Machines (ATM’s) at banks.

Small frustrations such as these can develop into irritating and even insurmountable obstacles to full participation in the modern world. Older people whose first language is not English may experience more difficulty than people from English-speaking backgrounds in benefiting from all available services and participating fully in community life, unless special provision is made for community languages.

A limited ability to speak English can place older migrants at greater risk of social isolation. Many citizens born overseas are now reaching their sixties and seventies. In NSW in 1991, there were 80,400 older people who spoke a language other than English at home. Nearly 34,000 people aged 65 and over stated they did not speak English well or at all. Women over 65 years were less likely to speak English well or at all.

Few Aboriginal and Torres Strait Islanders live to be ‘old’, as the term is generally used. Lifespans are shorter, and older people are commonly defined as those 45 years and over. In this age bracket, throughout Australia, there were 4,694 men and 5,305 women (9,999). In New South Wales, it is estimated that at 30 June 1994 there were 1,353 men and 1,736 women above the age of 60.

The 1991 Census shows that the proportion of Aboriginal and Torres Strait Islander people who lived alone (3 per cent) was less than half the proportion of non-indigenous people who lived alone (7 per cent).

Cultural isolation contributes to the generally poor health of the Aboriginal community as compared with Australia as a whole, and means that older Aboriginal
people do not always seek assistance from government and other services when they experience illness. Aboriginal people in capital cities are more likely than those living in other rural and urban areas to take a health action. The prevalence of health risk factors that may develop into disabilities for this population is higher than for other sections of the population. In many rural Aboriginal communities poor health is compounded by lack of access to services.

Another important aspect of diversity is shown by different life patterns of older men and women. Although men over 60 are less likely to live alone than women in the same age range, they appear to become more isolated if they do live alone. On average, men who live alone were found to spend less time with other people, no more than 14 hours per week, compared with hours for women living alone. Men over 60 who live alone spend 85 per cent of their time on their own, and this figure rises to 91 per cent for men aged 75 and over. For some, the only contact they have with other people is in crowds or with shop personnel.

Women of 60 and over who live in households are more likely to need help than men (57 per cent compared to 29 per cent). This may be because more women live alone, due to a higher rate of handicap among older women or to the greater reluctance of men to seek help.

Higher suicide rates amongst men aged 65 and over may reflect their increasing sense of isolation. Men without a partner are more likely to suicide. In 1990 to 1992, rates of men who suicided numbered 53 per 100,000 for those who had never married, or were divorced, separated or widowed. This compares with 10 per 100,000 for women. The suicide rates amongst men who have a partner are considerably lower.
Isolation and Mobility

Independence is heavily influenced by the ability to move around and make contact. Isolation may be due to decreased physical capacity, geographic isolation, lack of transport, lack of communication systems, disability and ‘self-neglect’.

Decreased personal mobility

Decreased ability to move from the house can be disheartening and at worst, dangerous. If someone with an injury, or disability is unable to leave home their access to services will be diminished. Meeting health related appointments might prove difficult, or doing the shopping and meeting friends may become too hard. Contact with family or social networks may lessen.

The ABS Survey on Family Life indicates that 83 per cent of older people were able to leave the house as often as they wished, including three-quarters of those with a disability.15 Nevertheless, it is evident that restrictions on mobility increase with age. For people aged 75 and over, about one in three said they could not leave home as often as they liked, and of these one in 30 did not leave home at all.16

Most older people prefer to remain in the family home, and modifications may be required to assist them in their ability to comfortably do so, and increase the suitability of their housing.17

Getting about

Transport availability can be crucial for mobility. Social isolation can be compounded by lack of mobility. In 1993, 16 per cent of people in NSW aged 60 years and over reported that public transport was not available and 164,500 people aged 60 and over (18 per cent) did not use public transport.18

The cost of public transport may be too high for older people who are no longer receiving a full wage, and the cost of maintaining private transport such as a car can be insurmountable.

While it is important to challenge the myths that older people are all frail and incapable of independent activity, it is also essential to acknowledge that illness and disability do increase with age. There are a number of conditions associated with older age (although not necessarily caused by it), such as arthritis, osteoporosis, sight and hearing problems and dementia.

These conditions may limit mobility within the home and out of the home. Two-thirds of the older people who did not use public transport reported as their reason difficulty in getting into vehicles and carriages.

Women are more transport disadvantaged than men as they are less likely to drive.19

Walking is a universal mode of transport that contributes to a person’s health and
independence. Older people may fear falling or risk of injury. Surface quality of footpaths, inadequate crossing controls, the width of roads and the timing of traffic lights may make it dangerous for older people to cross the road, especially if they are frail. These issues affect pedestrians as well as users of private or public transport.

People living in non-metropolitan, rural or isolated areas may experience physical isolation, where access to transport and services are limited, or simply because of distance. Transport costs can be even higher in country areas where long distances are involved.

Location and lack of transport may have an impact on health and even mortality. Non-metropolitan residents experience higher mortality than metropolitan residents, within the age bracket 25 to 64 years. There is evidence that medical treatment can prevent death after some diseases have been contracted, making death avoidable. Yet the incidence of avoidable deaths in non-metropolitan areas is higher than for metropolitan areas.

Community transport services in NSW have developed in response to these kinds of needs, yet are usually funded through the Home and Community Care program where eligibility is dependent upon disability or frailty.

Transport disadvantaged older people can lose the inclination or ability to go out, and this can create psychological and physical isolation. It can impact upon health in very direct ways by making it difficult to meet health related appointments.
Disability and Mobility

Disability presents a particular difficulty in relation to mobility. Many people with disabilities are able to perform tasks associated with daily living, and are not especially isolated. However, reduced mobility can compound social isolation.

A national survey of ageing and disability in 1993 found that 487,400 people aged 60 years and over in NSW reported having a disability of some kind, representing one half of the population in this age group.\textsuperscript{21} As the population ages, the number of people with disabilities is also increasing.\textsuperscript{22}

The survey results indicate that the majority of people aged 60 and over were able to go out as often as they wanted. This included 74 per cent of those who reported a disability. Among those aged 60 to 74, twenty per cent of those who reported a disability were not able to go out as often as they wanted, compared with 7 per cent of those with no disability. Among those aged 75 and over, 28 per cent of those with a disability who lived alone were not able to go out as often as they wished, compared with 12 per cent for those without a disability.\textsuperscript{23}

Having a mental disorder such as depression or schizophrenia or disease such as dementia can be an isolating experience. The prevalence of dementia in Australian rises exponentially with increasing age.\textsuperscript{24} Future projections of the numbers of people with dementia have implications for the demand for a range of health, community care and residential care services.

Fifty-one per cent of older people with moderate to severe dementia in Australia lived in community settings in 1991.\textsuperscript{25} Varying levels of functional disability and dependency impact on decision-making and factors contributing to isolation. For example, people suffering from dementia may be not be able to voluntarily register themselves in programs and the issue of whether their carers should volunteer them is contestable. Informed consent may not be possible, and it raises issues of privacy and confidentiality.

Self-neglect

The term ‘self-neglect’ has been coined to refer to people who are incapable or choose not to undertake certain functional tasks for their own self-care, and have refused to accept appropriate services. It has been identified by the Advisory Committee on Abuse of Older People in their Homes as an area of concern amongst older people. If the person is self-neglecting because they are incapable of making appropriate decisions, then an application to the Guardianship Board may enable a guardian to be appointed.
Dealing with Isolation

The problems of isolation have long been recognised, and people have found many ways of dealing with it. In this section, we deal with some of the formal and informal mechanisms which have developed to prevent or reduce isolation and the risks that flow from it.

Family and friends

Most older people have established contact with family and friends. This contact may include personal support and assistance. It may include visits to the home, phone calls or leaving the home to conduct activities. It has been shown that women are more likely than men to maintain contact with family and friends.26

The majority of older people require no assistance to maintain their independence. In 1993, 56 per cent of all people aged 60 and over felt they needed no assistance with activities connected with their daily life.27

How much care is provided by friends and family is pertinent to this discussion as it may be an indicator of the extent of isolation.

One family member described the situation of her Auntie Lal, who lived alone on a small rural property. She and her neighbours set up a system of friendly care. Every morning ‘Auntie Lal’ would walk to her front gate and place a white bag on the fence post, and every evening she would walk to the gate and take the bag in. The day that the white bag was missing the neighbours knew there was cause for concern.28

Family and community networks provide a basis for social life and leisure activities for many older people. In 1992, the average time spent on social life and leisure by people aged 60 and over was 11 hours per week for men and 14 hours for women.

Older people engaged in active leisure such as sport, exercise and outdoor activities, and passive activities such as reading and watching television. Nearly a third (30 per cent) of their time was spent on leisure and social activities, of which passive leisure took up two-thirds of this time. Passive leisure time is not always an activity one does alone and active leisure may not necessarily involve social interaction.

Those people who lived alone spent an average of 80 per cent of their time by themselves. Fourteen hours per week were spent with friends of which twelve hours were with family only.

Sixteen per cent of people of all ages who lived alone had neither parents nor children living outside the household. This figure was proportionately higher for men (18 per cent) than women (13 per cent).29

The average time spent alone increases for both men and women as they age. Russell has emphasised that older people are fiercely committed to the idea of independence, which they identify with staying at home, while they recognise the value of social contacts.30 She also notes that, ‘For some older people, living alone can be a positive
new experience as it provides the time and opportunity not previously available to them to pursue their own interests - they can choose whether they want to spend time with others or alone. It is certainly known that women prize the independence that living alone gives them.31

Living in supported accommodation may mean social isolation for some, and reduce opportunities for independence, but for others it may also provide company and friendship.

Retirement villages are a popular choice for many older people who choose to live in a community of people at a similar stage of the life cycle as themselves, and as a way of overcoming isolation.

Intergenerational links can be important, and even life saving. Even when living alone, however, older people are mostly part of larger family and community networks, although this applies more to women than men. Women who live alone are often more practised than men in building and maintaining family ties and support networks, and this is also true at later ages.32

Many older people themselves provide assistance to others. At least 42 per cent of people aged 60 and over provide support to a relative, and 6 per cent are principal carers.33
Voluntary organisations

A range of voluntary organisations provide services to keep in contact with older people.

The most extensive is the Telecross program run by the Red Cross. This telephone reassurance service enlists volunteers to call the party concerned at a specified time and follow a range of procedures if there is concern the person is at risk. This service responded to 1,395 clients in 1994/5. It services the Sydney metropolitan region, and is expanding across regional centres in NSW.

The service aims to make contact with people who are medically at risk, and may not be relevant for those older people who are in good health, and show no sign of disability.

Meals on Wheels provides another good example of a service run by a voluntary organisation. The service primarily provides meals for people who have reduced capacity to care for themselves. The service effectively doubles as a monitoring service for people who are isolated.

Neither the phone service nor services such as Meals on Wheels cater for healthy older people, nor people who are simply isolated, or experience unexpected medical conditions such as heart attacks or falls. Even if family or friends are in regular contact, it may still be some time before they become aware that an incident has occurred.

The volunteer system cannot be perceived as a replacement for adequately funded service provision. Carefully coordinated and professional back-up systems need to be in place to resource volunteer support services. Relying on volunteers has its limitations. Problems can arise from lack of resourcing, lack of coordination, inadequate training, burnout of volunteers and insufficient numbers.

Older people make up a large proportion of volunteer workers. A national survey in 1995 found that 25 per cent of volunteers were aged 55 and over. Voluntary activity, apart from providing an important and irreplaceable part of community service, is itself a way of maintaining social contacts and enabling older people to remain active, healthy and involved. Women are more likely than men to participate in voluntary activities, although some areas of voluntary activity (such as Landcare, Dunecare and sport) are of special interest to men.

Government funded services

The Home and Community Care program provides funding for people who require support services in the home. Some of these services are tailored to meet the needs of isolated people, and some of the funds go directly to programs such as Telecross.

Local government is a major provider of services to older people. A recent survey of government services to older people, conducted by the Planning Research Centre of the University of Sydney, found the services in highest demand are concerned with transport and access to facilities.

Local government, as one of the key stakeholders in provision of services to older
people, could provide an invaluable part in coordinating the range of activities currently available.

In a case similar to Clement Williams, an older woman who had become isolated was not discovered until two years after her death. Leichhardt Council responded to the discovery of Ms Raine’s body by calling a meeting, in July 1993, between the local council Community Services section, local precinct police, a psychogeriatrician from the Health Department and Telecross. The police formed a register at the three precincts within the municipality where people could register their names. The police publicised this service and other services available to older people, including Telecross and Alarm Systems (see below), by advertising in the local newspaper and sending a leaflet to every household in the municipality.

Information from the Council indicates that the overall response has been limited. It is evident that trust in the police, based on a good relationship with the community, is essential. Of the three precincts in the Leichhardt municipality, one was particularly successful, probably because of an already successful beat police program. However, police tend to make contact only once a month. The original publicity has not continued, although the number of people registered appears to have increased mainly by word of mouth. There are no studies on the effectiveness of the program, or others similarly run in other areas.38

The Police Service is currently considering the establishment of a state wide Community Care Register for Older People. Registers have been trialled at some patrols, to enable older people and people with disabilities to register their details on a voluntary basis. Police then follow up with a phone call or visit at regular intervals. Maintaining a register like this would take an enormous amount of commitment, coordination and resourcing. The experience in Leichhardt shows that unless all of these are available, the scheme may be under-utilised or flounder. If such a scheme were widely implemented, and then petered out, lots of older people may be let down. Police training will be necessary in areas such as appropriate responses, intervention strategies, and suitable referrals. Also, some people will not feel comfortable with visits by police, or by other government service providers.

Even if the Police Service Community Care Register initiative is pursued it cannot provide the only answer to isolation of older people. Moreover, it would require proper resourcing, contribution from older people themselves and volunteer support.

The extent to which individuals would find a voluntary register such as the Community Care Register for Older People invasive depends partly on who would coordinate and implement the service. It would also depend on the individual. Intervention may be considered interference. Strict adherence to the principle that people register themselves voluntarily would overcome a sense of invasiveness.

Refugees and victims of torture or persecution overseas or in Australia may feel fearful of a police (or uniformed) presence. Although community policing attempts to develop a caring rather than punitive side of policing, it may not be perceived this way.

----------------------- Older People Living Alone -----------------------
Police at Seven Hills Police Patrol in Sydney have established a Volunteer Unit which supports the police in a number of areas including the Community Care Register. Having volunteers implementing the program may overcome people’s sense of invasiveness. Volunteers are trained and wear a volunteers Police uniform. Volunteers who assist in implementation of the scheme need high level training and support.

Some Aboriginal and ethnic communities have historical and present conflicts with police and some older people may have developed a mistrust of police. A large proportion of Aboriginal and Torres Strait Islanders aged 13 and over are dissatisfied with police in dealing with crime, violence and family violence. They thought they were slow to respond, did not understand Aboriginal or Torres Strait Islander people or culture and did not fully investigate.

The Police Service has overcome some of these difficulties by enlisting the assistance of volunteers. Where a precinct has a volunteering program, people from Aboriginal and ethnic communities and backgrounds are invited to contribute.

Some services for older people reflect concerns about safety and security, and may reassure people if they fear attack or theft. Neighbourhood Watch is a community based crime prevention program aimed at minimising the incidence of preventable crime with cooperation from the public, and police. The program has considerable merit but has failed or floundered in some areas through lack of infrastructure support and local police resourcing.

The Knox Community Policing Squad of the Victorian Police has coordinated and implemented an ‘Elderly / Residents at Risk Register’ in response to an increase of crime in the area. It aims to be more than simply a voluntary register of isolated people. The police provide a service that covers a range of issues that may affect older people including crime prevention, elder abuse, and access to emergency services. The police make home visits and recommend practical ways in which older people can improve personal and property security, as well as alerting them to services available that make regular contact.

Older volunteers support the police by maintaining phone contact with people on the register every two to three months. Even with volunteer assistance the frequency of contact may not be enough to address some people’s concerns.

Senior Sergeant Wayne Fielding, who coordinates the scheme reported that older volunteers have formed new friendships with each other, providing a network that itself helps to increase social and community contact.

The Victorian Police also run the ‘Safe Return’ Program in conjunction with the Alzheimers Association of Victoria, which includes the caregiver as a key participant, and registration is not necessarily voluntary. In the collaborative effort the Alzheimers Association have primary responsibility for building community awareness, allowing the Police to use their resources to implement other aspects of the program.
Using the telephone

The phone is often a great way to keep in touch, and the phone, fax and computer communications are becoming increasingly important in a busy modern world. Cost is often a factor. Some older people may not have access to telephone, fax or computer Internet services, have a disability which prevents easy use, or may have language difficulties or cultural barriers to using the services.

Dialling the emergency number is a traditional way of alerting the world to an emergency within the home. Again, this is not an option for older people who have no access to a telephone, cannot afford a phone, have a disability which prevents them from using one, or have cultural barriers to using phones.

Telstra has a phone service for socially isolated people called InContact. It is available to residential customers who meet certain conditions and can’t afford a normal service. They are able to receive incoming calls and have limited access to services such as the Emergency 000 number. The service is available on certain exchanges only, and an installation fee may be required, depending on whether there is already a line in place. The customer also needs to have a phone. InContact may be beneficial to those who wish to use a service like Telecross, where they mainly receive calls.

In Victoria, a sophisticated computerised system has been installed by Telstra to enable people to call 000 and alert emergency services without needing to speak. It is designed for people who are unable to speak, do not speak English well, are unwell, or have an intruder in the house.

Police involved with the Knox Squad ‘Elderly / Residents at Risk Register’ assist people
to program their phones to dial an emergency service at the touch of a button. Where the phone is not programmable, police assist older people to have a suitable phone installed.

Access to information is one of the greatest problems facing older people. The NSW government has established a Seniors Information Service, a one-stop information point for older people. The Service is a valuable resource for accessing local services. The Service can be contacted on 131244.

**Personal Emergency Alarms**

Alarm systems have proved popular with older people. There are a range of services like VitalCall available. Choice magazine has identified a range of issues relating to their effectiveness and reliability.40

VitalCall depends on an alarm trigger placed around the person's neck on a pendant. Triggering the alarm within a limited range will set off an alarm attached to the telephone, which in turn alerts a response. Voice contact is made over a speaker system, and help is called where necessary. The system is dependent upon the person being within voice range, usually within the home, being able to trigger the alarm, and upon the person remembering to wear or use the pendant. Older people, like anybody else, may be forgetful, but for those with dementing illness, a strategy that depends on memory will not be sufficient.

The cost of alarm services such as VitalCall may be prohibitive for some older people. Installation of equipment is costly and there is a six-monthly fee. The Department of Veterans Affairs subsidises provision of personal emergency alarms for veterans who meet assessment criteria.

Some private security companies market their services to older people, including providing security measures such as code identification of valuable items, and visits to the home upon invitation. Cost may again be a prohibitive factor for people with tight budgets.

**Visiting Programs**

Many religious, community and cultural organisations run visiting programs for older people. Members of the religious order Our Lady's Nurses for the Poor (the Brown Nurses) have a call to nurse the sick poor in their homes. The Combined Pensioners and Superannuants' Association, the Retired and Senior Volunteers Program (RSVP) and the Benevolent Society have visiting programs to older people. Red Cross conduct a visiting program and also a gentle massage program that gives a focus to the visit and encourages human contact through non-invasive touch. The Returned Services League (RSL) provides activities at their Day Care Clubs for members who have difficulty getting out and about.

Ethnic communities have developed their own informal and formal responses to isolation and loneliness amongst older people. For example Co-As-It, the Committee of Assistance for Italians, runs Day Care groups and visiting programs.
A participant at a Volunteer workshop conducted by the NSW Consultative Committee on Ageing drew attention to a loosely formed group of women who are part of a Chinese church congregation who support housebound older Chinese. There is concern that the older group of women have limited access to quality care and mainstream services. The ‘women in between’ group also have little access to general support services, and are themselves becoming older and in need of support. This example demonstrates the commitment of people to supporting their own communities. However it is also an example of how unintentional discrimination may occur where mainstream services do not cater to everyone in the community.

While there is commitment to making mainstream services accessible and relevant, they are often under-used by people of non-English speaking background. Programs and services are often not responsive to the culture and language of potential users. Attitudinal barriers may prevent services from engaging the resources and skills of people who come from non-English speaking backgrounds.

Seniors Helping Seniors

Older people create and contribute to their own solutions to combat isolation, for example in the Knox Community Policing Squad, and Neighbourhood Watch. In Calgary, Canada, a number of peer support services are coordinated by community centres. ‘Seniors Assisting Seniors’ programs offer telephone reassurance and friendly visiting, and another offers exchange of transport and handyman services. This kind of voluntary activity provides friendship and support and encourages the development of communities. Risks associated with poor property maintenance are reduced.

Older people often set up their own peer support programs to enhance and continue their integration into community life. For example the University of the Third Age (U3A) and the Coast Centre for Seniors conduct educational courses in the spirit of lifelong learning.

Initiatives such as the University of the Third Age (U3A), and the Coast Centre for Seniors are positive examples of lifestyle contributions where older people can develop social networks. Well-being is achieved and maintained not only through physical activity but also through activity in the brain - that is, challenging and intellectually stimulating activity. Well-being means more than just the absence of illness. Factors that contribute to a healthy older age include social, intellectual, spiritual, and emotional well-being as well as physical health.

Confidentiality and privacy

One of the concerns raised by voluntary organisations is that well-meaning staff or volunteers who are involved with programs such as Meals on Wheels or visiting programs may breach standards of privacy and confidentiality. Access to a great deal of personal information about participants is available, which may be passed on to other individuals or services without permission. Organisations such as Telecross have stringent privacy regulations and safeguards, but in practice they may be difficult to enforce, particularly in small country towns or close communities.
Stringent checks of volunteers who visit people in their homes are also recommended by some organisations. For example, the Telecross service conducts a police check of volunteers. This may be costly - the police service charges $20. By contrast a check conducted through the Department of Education for volunteers engaged in relation to school holiday programs is free.

The other side of the coin is that many older people would welcome efforts to make contact. Anecdotal evidence suggests many older people feel lonely. Losing close family and friends obliges some people to live alone and can create a growing sense of isolation from others.
Conclusion – looking to the future

By the year 2000, people aged 65 and over will increase from 2.2 million currently to over 2.3 million, making up 12 per cent of the population. By the year 2041, older people will live an average of four to five years longer. This means that the number of people aged over 80 will jump from half a million in 1996 to 1.7 million. There will be twice as many women as men in the age group, although men will live longer than they do now. By 2041 there will be as many as 5.7 million people aged 65 years and older.\(^4\)

Keeping in touch can be an important part of a feeling of well-being and safety, and for most older people, there is no need to provide services for this to occur. For others, services are a necessary part of maintaining independence. The range of strategies, programs and friendly support currently available does a lot to ensure older people remain integrated into community life.

Expanding current programs, coordinating services at a local level and initiating new strategies where there are gaps will ensure that Australia’s older population is healthy and in touch.
Footnotes

8. ABS, *National Aboriginal and Torres Strait Islanders Survey,* 1994 - Detailed findings, 1995, Cat No. 4190.0, page 94. These figures are estimates only, as detailed records are unavailable.
18. ABS, *Older People in New South Wales: A Profile,* op. cit., page 70.
32. ibid., page 37.
35. ABS, *Voluntary Work, Australia,* 1995, Cat No. 4441.0.
36. ibid.
38. Reported in telephone conversation, Paul Carson; Aged Community Worker, Leichhardt Council; 21 Aug 1996.
41. Nelson & Encel, op. cit.