The ‘Living Alone, Staying in Touch’ seminars were organised by the NSW Ministerial Advisory Committee on Ageing (MACA) under the leadership of the then Chair Ms Felicity Barr and the then Deputy Chair, the Hon. Joe Riordan AO.

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1. INTRODUCTION

The NSW Ministerial Advisory Committee (MACA) held seminars in Bankstown and Sydney city on the theme of ‘Living Alone, Staying in Touch’ during Seniors Week 2007.

The seminars were developed as part of the Committee’s project work on Building Good Communities for Older People to provide an opportunity for older people to give their perspectives on living alone and to share tips about how to live well and stay connected when older and living alone.

The Committee was interested to hear from older people themselves on their experiences of living alone following public outcry about several natural deaths among older people that were not discovered for some time.

Concern about the quality of life of older people living alone is relevant to the many older people in New South Wales who live in lone person households. The 2006 Census found that over one third of women and nearly a quarter of men aged 65 and over in NSW live alone.¹ In Bankstown, over a third of people aged 55 and over on a low income in 2001 (less than $34,500 per week) were living alone.

The specific objectives of the seminars were to:
- Raise awareness of older people’s diverse experiences of living alone.
- Promote awareness of the benefits of social connectedness among older people.
- Provide older people with strategies to develop social connections.
- Provide older people with information on how to live well when living alone.
- To gather information about the experiences and views of older people on living alone and building community connections and support.

Speakers included a panel of older people who were living alone. They spoke about how and why they lived alone and their activities and interests. Audience members contributed significantly to the discussions, sharing their experiences and suggestions. Guest speakers provided attendees with information about exercise, mental and physical health, diet, and ways to build relationships, friendships and a sense of belonging.

The Bankstown seminar held at the Bankstown Town Hall was attended by nearly 80 older people and the Sydney seminar held at the Wesley Conference Centre had more than 100 participants. Journalist and broadcaster Julie McCrossin facilitated the seminars to ensure an interactive, enjoyable and productive discussion.

Over 130 audience members completed evaluation forms. This information indicated that 47 per cent and 69 per cent of respondents at the Bankstown and Sydney seminars respectively, lived alone. Just over 60 per cent of participants at the Bankstown seminar were aged 65 and over compared to approximately 75 per cent of participants at the Sydney seminar.

2. BACKGROUND

The MACA knows from its community consultations that many older people are generally satisfied with their lives, and enjoy rewarding friendships and social networks and family, work and/or voluntary commitments. Nevertheless, many older people may face social isolation and loneliness at some point in time, particularly those who live alone.

The English Longitudinal Study of Ageing (based on a survey of nearly 10,000 people aged 50 and over) found that living alone was associated with significant social exclusion. Social exclusion is a concept which encompasses a range of measures of disadvantage - social connections and sense of belonging, access to services and shops, transport, basic household goods and finances. At a daily level, the association between living alone and significant social exclusion may mean that older people living alone have little time with family and friends and lack close relationships. Alternatively, they may have difficulty accessing the bank, health services and shops, lack basic household goods and adequate heating, or have little or no participation in groups and voluntary organisations. This, in turn, impacts on older people’s quality of life, particularly their sense of control, optimism, satisfaction and disposition.

In addition to functioning as a marker of possible social exclusion, living alone in older age has been associated with a risk of multiple falls, functional impairment, poor diet, smoking, and several self-reported chronic conditions. Thus older people who live alone and lack social supports and networks are at higher risk of poor health.

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Social networks and supports are associated with better mental and physical health and quality of life in older people, which can increase capacity to cope effectively with life transitions such as loss of a partner. A landmark longitudinal study called the Kungsholmen Project showed that risk of cognitive decline in older age is lower among people who engage in regular mental, social and productive activities. Extensive quantitative and qualitative research conducted in the UK indicates that diverse social networks, connections to local community and a purposeful role all contribute to wellbeing and the social inclusion of older people. A diversity of social relationships appear to have significant positive health benefits over time as do access to valued roles which provide a sense of meaning and purpose. Research has shown that volunteering by older people provides a range of health benefits as well as life satisfaction and wellbeing.

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3. CONSULTATION KEY ISSUES
This section discusses some of the key issues and challenges identified by older people who live alone.

3.1 Loss of a partner
Participants reported that living alone was in many instances the result of the loss of a partner through death, illness or the end of a relationship. While circumstances rather than active choice led many older people to becoming single, several speakers indicated that once their partner had died or left, they made a positive choice to live alone rather than to move in with family members.

For some, the death of their spouse was sudden and shocking, and adjustment was very difficult. Several women spoke of their experiences of relationship breakdown, which often came as a sudden and unexpected shock in much the way as the death of a partner.

Several people spoke of different phases of adjustment, with the early stages of loss being relatively easy as there were many tasks to keep them busy and family and friends rallied in support. One person said that the second year after the death of a spouse was more difficult than the initial period.

Some speakers mentioned the evenings as a particularly difficult time of the day when they missed their partner. Tasks such as preparing food for one, eating alone and going to bed were specifically mentioned as difficult.

Several older people at the seminars discussed experiencing depression and loneliness after the death of a partner. One panel member at the Bankstown seminar said that he became depressed after his wife died. He was working afternoon shifts and had little opportunity to socialise. This man recognised his situation and decided to change to a job where he could be involved with people, and he now works for a welfare agency as a driver and field worker. Another participant at Bankstown spoke of depression and panic attacks after she was widowed.

People whose partners had a slowly progressing illness such as Alzheimer’s disease or cancer had a different experience. While death itself was not sudden, it may have been preceded by many years of caring for their partner and being intensively involved with the health care system. For these individuals, a partner’s death or institutionalisation may be an abrupt change. The spiritual dimensions of this experience of loss and change were acknowledged.

At the Sydney seminar, the experience of caring for a partner with Alzheimer’s disease was discussed. One panel member described the trauma of watching the deterioration of his wife, the enormous effort to provide quality care and the relief he experienced when his wife went into
residential care. One woman whose husband has advanced dementia said that she is living alone ‘to all intents and purposes’. She maintains social connections with friends when respite care is available for her husband. For those whose partners develop dementia, there is also the gradual shift from a partnership of love and companionship to a relationship based on care giving and receiving.

3.2 Choice, freedom, solitude

Despite the experience of living alone often resulting from circumstances, several speakers acknowledged the positive aspects of living alone. Specifically, ‘being able to do whatever I want, go wherever I want, when I want’ was a common refrain. The freedom of living alone was highly valued by both those who actively chose to live alone and those who had lost their partners.

One speaker spoke of a ‘great urge to be independent’ after her husband died. Several others indicated that they could take care of themselves and stressed that they didn’t want their children to be obliged to provide them with a home.

Time spent alone was also highly valued by some of the seminar participants. For example, a woman involved in a local discussion group said that discussion of ageing by their group suggested that older people value the opportunity for solitude and reflection after years of working and raising children. Older people, she said, wanted balance and the ability to make choices about activities and whether to be alone.

Others emphasised that they are introverted by nature, enjoying solitary pursuits such as gardening and reading; they don’t want to be ‘pushed into’ activities. Participants at both seminars mentioned the positive aspects of solitude and living alone.

3.3 Attitudes to ageing

There was a strong feeling at the seminars that stereotypes about older people need to be challenged to assist older people to stay connected to their communities. One speaker in Sydney challenged the negative associations of ageing: “I hear from everybody old old old. But old doesn’t exist in my world.” Involvement with younger people as well as simply living an active life were seen as ways of countering assumptions that older people are frail and dependent.

A chaplain who visits older people at home told the Sydney seminar that some people expect older people to be sad and depressed, and thus fail to encourage them to get medical help when poor health occurs. She rejected this view, and emphasised the need for older people who are experiencing depression to seek treatment.

There was also a challenge to the dominant Australian understanding of older age. For example, one speaker mentioned that age is venerated in
some Asian cultures and Aboriginal culture. In contrast, older people may often be viewed negatively in mainstream Australian culture.

3.4 Intimacy and touch

The absence of intimacy and touch from the lives of older people who live alone was a key theme at the Sydney seminar. One audience member talked about the absence of everyday touching in social interactions, such as hugging or touching hands when greeting, as well as the failure to acknowledge the sexuality of older people. He said that this is very sad for older people on their own and there are no avenues to discuss this issue. Others agreed that some older people miss closeness and cuddles when single and living alone.

3.5 Belonging and challenges

The seminars highlighted the importance of creating linkages and pathways which allow people to develop social networks and a sense of belonging. Ms Linda Livingstone from Hammond Care spoke at both seminars about belonging. She said “If you don’t feel that you belong, you don’t want to get involved or help contribute to your community…our behaviour is very important to build a sense of belonging in others and to make people feel welcome.” She emphasised everyone’s mutual responsibility in fostering a sense of belonging within our communities. Linda also raised the issue of belonging in relation to people with mental illnesses, dementia or alcoholism. She said that some people behave in ways which make them difficult to befriend and that we all face the challenge of building a sense of belonging which includes difficult or isolated individuals.

4. KEY THEMES AND STRATEGIES

4.1 Friendship

The centrality of friendship to wellbeing was a key theme of the seminars, reflecting the importance of peer friendship to older people’s health and wellbeing as identified in the research literature.12

Participants talked of an ‘inner circle’ of close friends, a ‘second circle’ of friends and a ‘third circle’ of acquaintances. Each ‘level’ of friendship was seen to be an important source of social connection but the more extended networks were seen as a source of new friendships following the death or departure of a partner or close friends. Some participants spoke of actively and deliberately building closer friendships from their extended networks.

Friends were companions when undertaking social activities during the day and the evenings. Sharing meals with friends was suggested as a strategy to improve wellbeing and to overcome the negative associations of always eating alone. Nutritionist Rosemary Stanton told the Sydney seminar that a person’s diet is often better when they eat in the company of others.

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Seminar participants also emphasised that friends can be relied upon for help, support or a conversation when needed. Friends may also be a source of transport which facilitates outings and other activities.

Acquaintance with neighbours or people at church was also regarded as a positive social connection. ‘People are genial and ask how you are’ one audience member said of people at her church. She said she enjoyed the social chit-chat and felt part of a community at her church. Other participants spoke of positive experiences interacting with neighbours of different cultural backgrounds. They suggested offering to mind the neighbours’ pets and bring in their mail while they on holidays as a way to build social connection and reciprocal obligation with neighbours.

Friends were also an important regular contact who provided a sense of safety and security. Several speakers spoke of informal arrangements they have with friends or neighbours to provide a daily check that they are ok. For example, Mrs Neita Scott looks for the open blind of her 91 year-old neighbour each morning as a sign that she is well while her neighbours look to see if her door is open. Another panel speaker said that she has an arrangement where she dials a friend’s mobile each day and hangs up after three rings to signal that she is ok. If the call is not made, then the friend will get in touch or ring her older friend’s neighbour.

**Strategies:**

- Joining groups or studying to build friendship networks
- Actively cultivate new closer friendships from an extended network
- Share meals with friends to increase the pleasure of eating
- Arrange joint transport to events and activities
- Offer help to neighbours e.g. bring in mail or mind animals while they are on holidays to build trust and connection
- Making informal arrangements to ‘check in’ with friends and neighbours to provide a sense of safety and security.

**4.2 Communication and supports**

Many speakers mentioned that their families live outside Sydney, interstate or overseas. In some cases, older people had no family living locally to provide them with assistance or support. However, even where older people did have children or other relatives living locally, there was often a reluctance to be overly reliant on their assistance or to place a burden on those relatives.

Guest speaker Ms Lorna Parker urged the Bankstown seminar to explore their mobile phones. For example, mobiles can be used as a reminder to take medication. Mobile phones were also suggested as a way of checking in with friends. Several participants mentioned that telephones are an important means for staying in touch with friends and family and dealing with feelings of loneliness.
The role of computers in keeping older people connected to friends and family was highlighted at the Bankstown seminar. One speaker has been involved with Computer Pals - the computer training and support organisation for older people - for several years. She emphasised the low cost of the organisation and the relative ease of learning how to use computers. Webcams (a camera on the computer which allows you to see and speak to another person via the internet) were cited as another way modern technology can be used to keep in touch with distant family members including grandchildren.

One speaker at the Bankstown seminar talked about the Medicalert tag which he wears around this neck. If he has a health problem or accident, the tag contains his medical records. This service may be accessed through general practitioners.

Another Bankstown participant spoke about Vital Call - an alarm system which provides 24-hour assistance. If the alarm button is pressed, a person will speak to the client via a receiver to see they are ok. If there is no response, Vital Call will contact the appointed contact person or authority to investigate. The participant said it costs $76 per month and provides her with peace of mind as she tends to fall over. The alarm works anywhere within her property.

An older person’s support needs at home can be assessed by a home care or aged care assessment team arranged through Carelink or a local home care provider. Home modifications such as the installation of handrails in the shower and outside is one of the services which participants mentioned which helps them to live independently at home. Other home and community care services include the community transport bus, meals on wheels and assistance with domestic tasks and personal care.

Health services are another resource available to older people which can help them stay in touch, through assistance with mobility, pain or specific health conditions (eg. depression, arthritis, incontinence, poor hearing or sight).

**Strategies**

- Mobile phones for reminders or to check in with friends
- Email and webcam to stay in touch with distant friends and family
- Medicalert tags in case of medical emergency
- Home-based alarms in case of falls or other emergencies
- Home and community care services to assist with domestic tasks, meals and/or personal care and to provide home modifications and transport
- Accessing health services as required to enable social engagement
4.3 Character, behaviour, life skills and resources

The seminars identified individual differences in character and behaviour as a key factor affecting older people’s social connections.

Some participants said that the character traits of others who refuse to ‘join in’ is a significant barrier to participation, which ultimately limits some older people’s opportunities to enjoy social occasions and connections. Many of the people at the seminars identified themselves as ‘joiners’ who have always been involved in a range of local groups and activities, reflecting the important point that the individual behaviours and traits of a lifetime are carried into older age.

However, other seminar participants said that they were not joiners and avoided group activities and identities. They emphasised that this did not prevent them from living physically and socially active lives. One speaker spoke of her at-home exercise routine and her regular dinners and trips to the theatre or cinema with friends as an example of how to live an active and fulfilled life without joining a group.

Many of the participants emphasised self motivation and self reliance as central to staying in touch. Comments included:
- ‘Get out and do it.’
- ‘It’s not good being alone feeling sorry for yourself.’
- ‘I realised myself. I had to do something about it.’
- ‘We have a choice. We can become grumpy old women or get out there.’

Participants emphasised that living alone may be an opportunity to develop a new or existing interest or skill. Groups such as the Older Women’s Network were seen to provide opportunities to pursue new interests and to share in enjoyable activities such as singing, performing and dancing.

Several participants mentioned a conscious decision to get involved in groups, specific types of work or other activities to counter loneliness or depression, or to boost their involvement with others. This type of decision was the necessary precursor to joining groups, changing jobs or starting courses. For example, one audience member in Bankstown ‘decided to help myself’ by joining a local gardening group. She made friends who introduced her to the art society and the orchid society. Then she began going on bus trips, developed her networks further and joined the Greek Older Women’s Network.

Given the role of groups and institutions in providing positive social experiences, inviting other older people along to groups was suggested as a way of reaching out to others who are living alone. It was acknowledged that not everyone is a ‘joiner’ but inviting others to a group provides a welcome opportunity to socialise or develop an interest or hobby. Other suggestions to engage with ‘non-joiners’ included providing information about events, offering assistance with transport or simply developing friendships. Taking action to build social connections before a person’s
isolation becomes established was recommended. It was also suggested that Senior’s Week is an ideal opportunity to promote understanding and to inform people about opportunities to stay in touch locally.

In addition to character traits and attitudes, there are a range of social and physical resources which may support older people living alone to stay socially connected. For example, the type of housing an older person lives in can facilitate social interaction and support as well as independence. One speaker described her living situation - a block of 12 self care units for pensioners owned by a non-profit organisation. ‘We are a community,’ the speaker said. ‘We look out for each other. If a door is closed, people ring or knock on the door to see if the person is ok.” One audience member called for more creative approaches to housing for older people to allow them to live shared or communal households.

Pets are another resource which provide older people with a reason to exercise and may lead to opportunities to socialise with other pet owners. Kath Gazzard from Pets of Older People described the services available to older people who live alone who may need assistance caring for their pets on a temporary or ongoing basis.

The life skills of older people who live alone after many years in a couple was another key theme of the seminars. It was acknowledged that they may have to learn a range of new life skills and master appliances and chores previously undertaken by their partner. For example, some of the older men at the Bankstown seminar spoke about learning to use appliances such as washing machines and microwaves, and not wanting to seek assistance from their children. There may be a need to build the life skills of older people after the loss of a partner.

**Strategies:**

- A positive attitude to life
- Joining in - actively engaging with groups or friends
- Self motivation and an active decision to engage and develop networks
- Developing an interest or skills
- Inviting others to groups and activities
- Living in housing which provides a sense of safety and support
- Developing life skills to facilitate independence
- Exercising and socialising around pets
4.4 Volunteering and intergenerational connections

In addition to the importance of friendships and socialising in reducing the risk of social isolation among older people, research suggests that access to useful and valued roles make a significant contribution to older people’s wellbeing and sense of meaning and control.\(^\text{13}\)

Volunteering is a primary focus of purposeful activity for many older people and several participants talked about their extensive voluntary and civic activities.

Some participants had been community leaders, establishing social and support groups for older people. For instance, Harry Collins spoke of setting up the Older Men: New Ideas group in Bankstown with assistance of the Coolaburruo Community Centre. Harry was also involved in establishing the Just for Older Men health promotion group run by an older volunteer coordinator. This group has weekly meetings with guest speakers or day trips.

Several women mentioned being involved with founding the Older Women’s Network in the 1980s while others were involved as board members of the Bankstown Older Women’s Wellness Centre.

One speaker started a tai chi and social group in her local area after a car accident which affected her balance, strength and mobility. The group now has support from the local RSL, Council and a non-profit organisation, and the contribution of members is used to fund social activities in addition to the tai chi classes.

Several participants spoke of the pleasure of being involved with younger people. For instance, MACA member Neita Scott has learnt to dance and play pool through her role as a Youth Council supervisor. Another speaker talked about his role as a singing teacher and the rewards of working with younger people.

A woman at the Bankstown seminar spoke of her involvement with the Seniors for Youth Cafe on Thursday afternoons. A group of older people go to Cafe Baz and make a meal for young people after school. It provides an opportunity to bring younger and older people together. ‘They all think we’re a lot of fuddy duddies but they’re learning that we’ve lived!’ This has broken down barriers and created an opportunity to develop greater understanding between young and old, she told the seminar.

Strategies:

- Volunteering
- Starting groups or organisations, including those which involve other older people
- Taking coordination and leaderships roles in community and service organisations and clubs
- Working with younger people

Other Strategies for health, happiness and staying in touch

Courses

- TAFE, adult education and University of the Third Age (U3A)
- Learning new skills and information
- Becoming a qualified trainer e.g. Computer Pals trainer.

Intimacy and touch

- Massage and hugs
- Regular massage
- Greeting friends by giving them a handshake, hug and/or kisses on both cheeks

Exercise

- Challenging activities e.g. walking, weights, yoga, pilates, walking up stairs, and sport
- Six hours per week to build strength, flexibility, balance, relaxation, fitness and friendship and help with everyday activities, pain, stress and shortness of breath.

Diet

- Eating breakfast
- Taking time to eat well: Eating more fibre eg. beans, lentils; eating fish twice a week, two pieces of fruit and five vegetables every day
- Eating whole grains, beans and lentils, fat-reduced calcium rich foods (eg. low fat yoghurt)

5. A PEER-BASED EDUCATION MODEL

Evaluation feedback forms collected from over 130 participants indicated a very positive response to the forums. The vast majority found tips on staying healthy, happy and involved were useful. Many commented that speakers were inspiring and encouraging in their attitudes to older age and living alone. Some participants particularly valued concrete dietary and exercise tips at the Sydney seminar.
The positive feedback indicates that this type of peer-based and interactive education model is an effective way to promote wellbeing and social engagement among older people who live alone, as well as those who may live alone in the future. The success of seminars reflected a dynamic, fun and empathetic facilitator as well as the readiness of a diverse range of older people to share their stories and experiences.

It is a model which may be developed at the local level for other healthy ageing and Seniors Week events. A greater integration with local organisations through an expo format may further facilitate older people’s ongoing engagement beyond the one-off event.
6. REFERENCES


Social Exclusion Unit (2006, UK) *A Sure Start for Later Life: Ending Inequalities for Older People*.


