ACT MINISTERIAL ADVISORY COUNCIL ON AGEING
in partnership with
NATIONAL SENIORS AUSTRALIA

SOCIAL INTEGRATION SEMINAR
22 JULY 2008

SUMMARY REPORT

Sponsored by
the ACT Community Inclusion Board

and supported by
the ACT Office for Ageing

CIRCA

CULTURAL & INDIGENOUS RESEARCH CENTRE AUSTRALIA

AUGUST 2008

TABLE OF CONTENTS

1. INTRODUCTION

This report outlines a summary of stakeholder views expressed at the Social Integration Seminar convened by the ACT Ministerial Advisory Council on Ageing in partnership with the National Seniors Australia, supported by the ACT Office for Ageing, sponsored by the ACT Community Inclusion Board, and facilitated by the Cultural and Indigenous Research Centre Australia (CIRCA). The Seminar was one of a series of activities being undertaken as part of the *Comparative Social Isolation Amongst Older People in the ACT* consultation project. The purpose of this report is to identify the main issues of importance to stakeholders, in order to inform the wider project.

This report documents feedback from the stakeholders attending the Seminar, which was held in July 2008 in Canberra. More than 50 stakeholders participated, representing a range of organisations and services, including:

*   Peak bodies: eg National Seniors Australia; Council on Ageing (ACT); and the Health Care Consumers Association of the ACT;

*   Community Services and NGOs: Northside and Southside Community Services; Gungahlin Regional Community Service; Communities@Work; Woden Community Service; YWCA; YMCA; Volunteering ACT; Supportlink; Carers ACT; Red Cross; Returned Services League; St John's Care; Alzheimers Association; Woden Senior Citizens Association; Bowls ACT; Older Women's Network; and Illawarra Retirement Trust.

- Ethno-specific services: Migrant Resources Centre; Philippine Australian Senior Citizens Organisation of Canberra; Indian Senior Citizens ACT Association; and the ACT Chinese Australian Association

- Government: DHCS; Human Rights Commission; ACT Health; and the Office of the Public Advocate.

- Academic bodies: Ageing Research Unit, Centre for Mental Health Research, ANU

Discussion at the Seminar focussed on five key themes. These are:

- Risk factors for social isolation

- Increasing the role of organisations

- Indigenous older people

- Older people from culturally and linguistically diverse (CALD) backgrounds

- The qualities of a socially connected community

Much of the discussion at the Seminar centred on the current service environment, needs and barriers faced by older people in relation to social participation, and lessons of this experience for future service delivery and government priorities.

This report also provides an overview of the ACT's ageing population demographic.

2. DEMOGRAPHIC OVERVIEW

2.1 POPULATION DATA OVERVIEW

Broad level assessment

- Population of ACT is about 325,000
- People over 65 constitute 10 % of ACT population
- Women outnumber men in older age groups, especially at very old age
- Indigenous persons constitute about 1.2 % of ACT population
- Indigenous persons over 50 constitute around 350 people in ACT
- CALD persons constitute about 15 % of ACT population, up to 18% in some suburbs
- By imputation, CALD people over 65 constitute just under 5,000 people
- Requiring care constitute around 8% of +55 year age group, 2% of wider population

Summary table of target demographic for ACT

Population group	Number	Percent
Total popn	324,000	100%
Population over 65	31,600	10%
CALD	47,000	15%
CALD +65 (imputed)	4,600	1.4%
Indigenous population	3,900	1.2%
Indigenous +50	350	0.1%
Requiring care, over 55	6,400	2%

Suburb-based overview

- Highest population suburb is Kambah. High retiree numbers occur in this suburb (1100) as well as in Curtin and Narrabundah.
- Kambah is also highest indigenous population suburb.
- High numbers of +50 year old indigenous persons are found in Kambah and concentrated in several other suburbs: Wanniassa, Charnwood, Ainslie
- CALD persons are concentrated in several suburbs including Ngunnawal (1600 or 18%). In Palmerston CALD persons represent almost one-third of total suburb population (1500).
- Lone person households concentrate in Kambah in 65-74 age group, but not in age above 85.
- Suburbs where persons over 65 requiring care are concentrated, include Narrabundah (18% of population)

Gender overview

- Differences in mortality are the primary determinant of differences in male and female population for older age groups, including general population, indigenous and CALD
- By age 80, women outnumber men by 50%. By age 90 there are two women for every man in the ACT

Additional observation

Indigenous population movement follows a typical urbanisation pattern. Population of indigenous has moved closer to outlying urban centres between 1996 and 2006 Census. A higher concentration has occurred in Queanbeyan, with the assumption that this includes some moves from ACT.

2.2   POPULATION CONCENTRATIONS – AGED FOCUS

Measuring the aged population as a whole provides some insight into the broad target demographic of older people and the risk of social isolation.

The population over 65 constitutes around 10 % of the total ACT population. This proportion dwindles rapidly at the older age group. As this occurs at a faster rate than most other states, it is assumed that much of this population moves to NSW or coastal regions upon retirement. It is therefore more likely to be a less mobile older population that stays in the ACT.

The highest concentration of older population occurs in the suburbs of Kambah, Curtin and Narrabundah. This coincides with the generally high populations in these suburbs.

Aged population proportion in ACT

Age group	Men	Women	Persons	% of total p.	Extra women
Sum of Aged 60-64	6,938	7,021	13,959	4%	1%
Sum of Aged 65-69	4,724	5,077	9,801	3%	7%
Sum of Aged 70-74	3,529	3,921	7,450	2%	11%
Sum of Aged 75-79	2,799	3,311	6,110	2%	18%
Sum of Aged 80-84	1,909	2,878	4,787	1%	51%
Sum of Aged 85-89	851	1,491	2,342	1%	75%
Sum of Aged 90-94	260	663	923	0%	155%
Sum of Aged 95-99	50	139	189	0%	178%
Total over 65	14,122	17,480	31,602	10%	24%
% of total population	4.4%	5.4%	10%		

+65 Population by suburb top 10

Suburb	Males over 65	Females over 65	Persons over 65
Kambah	502	599	1101
Curtin	391	523	914
Narrabundah	347	560	907
Ainslie	297	400	697
Lyneham	268	399	667
Kaleen	298	336	634
O'Connor	266	367	633
Wanniassa	300	327	627
Farrer	249	318	567
Garran	245	271	516
Total top 10	3163	4100	7263
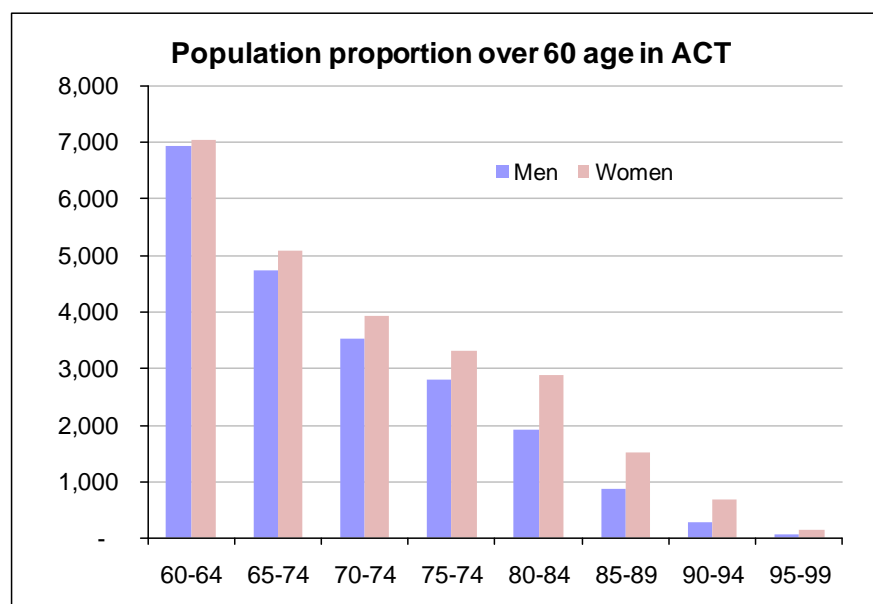
Population of retiree aged persons has changed between the 1996 and 2006 Census. In that period, older people have tended to move away from rural areas and moved or aged in urban areas. For ACT, this means the highest growth of aged persons has occurred in Kambah and in the north, near Casey.

In addition, a large increase of retirees is evident in Queanbeyan. It is not clear whether this is due to migration from ACT or other parts of NSW or aging in place.
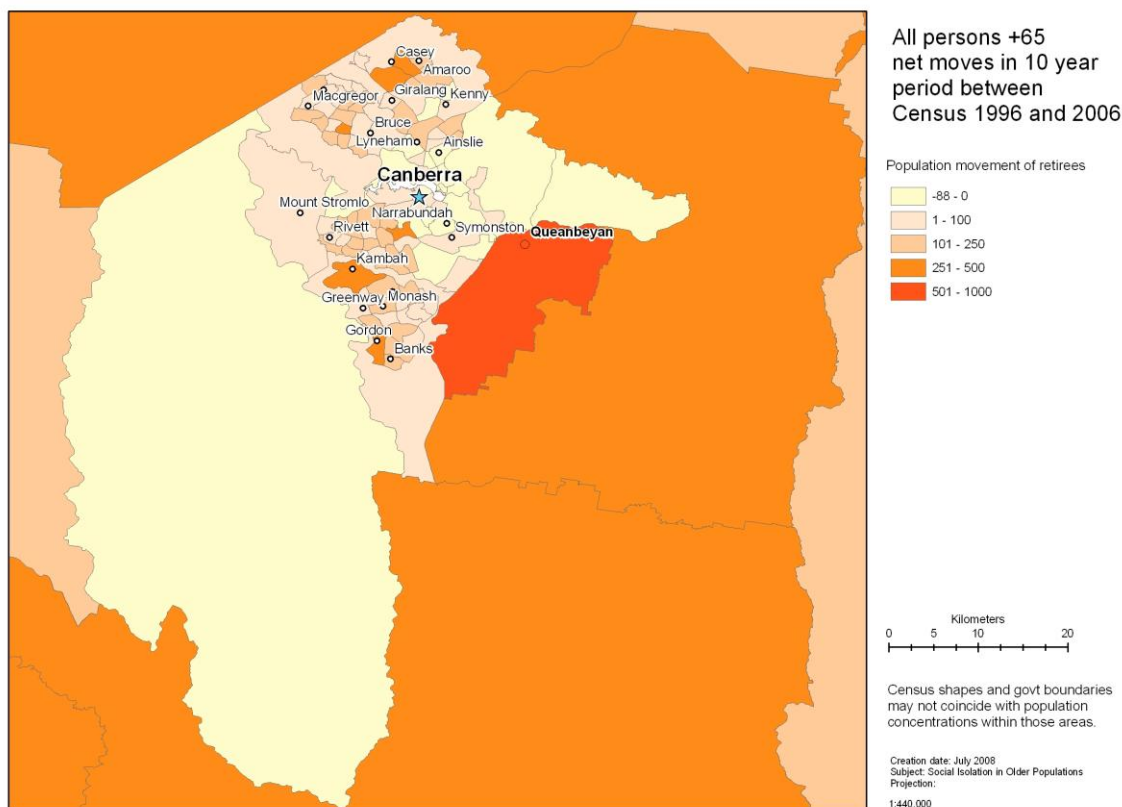
3. RISK FACTORS FOR SOCIAL ISOLATION

Stakeholders at the Social Integration Seminar were asked to discuss some of the risk factors for isolation and barriers to social participation. These were discussed in the following contexts:

- Individual skills and capacity

- Life changes

- Mobility and responsibilities

3.1 INDIVIDUAL SKILLS AND CAPACITY

- Stakeholders emphasised that social isolation does not necessarily equate with loneliness, and that social connection cannot, and should not, be forced upon people. Addressing social isolation should therefore be about removing barriers to service access and information access, to allow older individual to connect with the community in the way that they want to.

- There was much discussion among stakeholders about the impact that deterioration of health has on an older person's *ability* to participate (both physical and mental) and *desire* to

participate (emotional). It was also thought to impact on an individual's information gathering ability, i.e. to seek out *what* is available. Impaired mobility, such as difficulties walking, negotiating stairs and accessing services and transport were also raised in relation to social isolation. Mental health (eg depression, anxiety) was also raised in this context.

- Transport was considered to be a significant issue impacting on older people's ability to participate, particularly where people are no longer able to drive or are reliant on public or community transport. Issues such as lack of regular, reliable and age appropriate transport options, transport costs, confidence using transport, and safety issues were all raised in relation to this.

- The information technology divide was also mentioned in relation to accessing information.

- Stakeholders emphasised the added barriers that many people from culturally and linguistically diverse backgrounds faced, particularly in relation to the ability to communicate in English and reliance on culturally-specific community networks.

- Similarly, Indigenous status can also be a factor in an older person's ability to access services because of communication issues and appropriate cultural accommodation in service delivery. Family responsibilities, such as caring for grandchildren can be an obstacle for an older person's desired social participation.

3.2 LIFE CHANGES AND ISOLATION

A number of key life changes relevant to social isolation were identified by stakeholders during the Seminar. These were:

- The effect of retirement, particularly forced retirement, was discussed by stakeholders in relation to social isolation. In this context there was discussion about the value of pre-retirement planning, for example seminars on preparing for retirement.

- There was a lot of discussion amongst stakeholders about economic self-sufficiency and changes to economic circumstances as a key determinant of social interactions/social isolation and access to services and information.

- The death of a partner or spouse, and friends, and the possible impact this has on social networking opportunities. Significantly, a death or a spouse can also mean an older person now living alone. For single older people it can be very confronting to join new clubs or activities.

- Moving away from family, friends and social networks, or adult children moving away and/or living or working overseas.

- Deteriorating health status and mobility of self or spouse.

- Entering an institutional setting (including the financial pressures associated with this).

3.3 MOBILITY AND RESPONSIBILITY FACTORS

- According to the 2006 Census, 8% of the ACT's +55 age group required care, which is 2% of the wider population.

Stakeholders identified a range of circumstances that affected the ability of older people to fully participate in communities:

- Being a carer was considered a significant factor impacting on an older person's ability to socially participate in their community, not only in terms or being able to get respite, but also the mental and physical exhaustion of both their caring and other household roles.

- Lack of mobility (both physical impairment and transport issues) was considered to be an extra issue for older people to have to deal with in addition to loneliness. It was felt that HACC services needed to focus on how people can be assisted in terms of case management and meeting whole of life needs.

- Local planning issues were also raised, for example the availability of age friendly physical infrastructure, i.e. benches in parks (in the shade), seating in shopping precincts, footpaths, lifts, ramps, rails, reliable and safe public transport etc.

4.   OLDER PEOPLE FROM INDIGENOUS BACKGROUNDS

- Indigenous persons constitute about 1.2% of the total population of the ACT. According to the 2006 Census there are 350 Indigenous people over the age of 50, roughly 9% of the ACT's Indigenous population. High numbers of +50 year old Indigenous persons are found in Kambah and concentrated in several other suburbs: Wanniassa, Charnwood and Ainslie. The Indigenous population movement follows a typical urbanisation pattern. The population of Indigenous people has moved closer to outlying urban centres between the 1996 ad 2006 Census. A higher concentration has occurred in Queanbeyan, with the assumption that this includes some moves from ACT.

- Some stakeholders speculated as to whether Indigenous older people may be less likely to experience social isolation than older people in the wider community because of strong Indigenous community connections and the proximity of extended family. This pointed to a need for research among Indigenous older people about their satisfaction with their current levels of community participation/connection, what social isolation 'looks like' among Aboriginal and Torres Strait Islander communities in the ACT, and the most appropriate ways to address social isolation. Related to this, stakeholders strongly expressed the importance of Indigenous involvement in the development of strategies to address isolation. The ACT's Indigenous elected body was identified as an appropriate body to facilitate communication between the Government and the community.

- There was also discussion about the fact that many of the risk factors for social isolation identified in Section 2 are exacerbated in Indigenous communities, for example poor health status; financial stress and low income; limited access to appropriate public housing modified for the aged; and the confidence and ability to access information about what services are available.

- Stakeholders also discussed the added pressure that many Indigenous women face in having to take on grand parenting or other caring roles full time. While this is the case across the wider community, it seems to be a particular issue in Indigenous communities.

- Lack of cultural catering in mainstream services, and no Indigenous-specific aged care residential facilities in the ACT was raised as a significant issue that needs to be addressed. It was acknowledged that while the existence of Indigenous specific services are important,

some Indigenous people prefer to access mainstream services, and that services must be able to demonstrate cultural competence so that Indigenous people receive the same standard of service as the wider community irrespective of service type or preference.

5.   OLDER PEOPLE FROM CALD BACKGROUNDS

- According to the 2006 Census, people from Culturally and Linguistically Diverse backgrounds constitute about 15% of the ACT's total population. By imputation, there are around 4,600 CALD people over the age of 65 in the ACT. CALD persons are concentrated in several suburbs including Palmerston and Ngunnawal.

- Poor English language proficiency was identified by stakeholders as a significant barrier to social participation by CALD older individuals, as were lack of cultural accommodation in mainstream services and the limited funding base of ethnic-specific services.

- Stakeholders emphasised that there is often a false perception that CALD community members are always 'linked in' to their community and can therefore access culturally specific support. Additionally, in times of sickness/disability a person may not want someone from their own community in their home. Conversely people may not want someone from another culture to be involved in their care either.

- Again, this points to the need for both ethnic-specific and mainstream services to be able to demonstrate minimum levels of cultural and therapeutic competence so that CALD people receive the same standard of service as the wider community irrespective of service type or preference.

- To achieve this, increased funding for CALD-specific services to develop infrastructure to address isolation, as well as enhanced cultural competency in mainstream services, was considered essential. Stakeholders strongly expressed the need for the development of a clear and collaborative strategy for working with CALD communities, particularly strengthening connections between mainstream and ethnic-specific services.

- Stakeholders identified limited funding for ethnic-specific positions, such as Multicultural Liaison Officers, limited funding for community-run activities, as well as the lack of representation of CALD background people at higher levels of management, particularly in decision making roles, as significant impediments to addressing social isolation in CALD communities. Related to this was the need for long-term and recurrent funding to address these gaps.

- Also raised was the limited availability of public spaces for community groups to meet, particularly as many ethnic-specific community organisations are run by volunteers and do not have the funds to pay for this type of service.

6.   INCREASING THE ROLE OF ORGANISATIONS

Stakeholders were asked to consider the role that services and organisations play, or should play, in encouraging participation and connection and the difficulties they face in achieving this. Overwhelmingly stakeholders pointed to the need for a more systemic approach to service delivery, the sustainability of programs and the need for recurrent funding.

- Stakeholders agreed that it was important for older people to feel connected, confident and worthwhile in the communities in which they live as they grow older. Many also identified the importance for older people to maintain their independence and to feel empowered to make decisions about their lifestyle. This involves providing a range of service options for social interaction, economic participation, housing and other care options.

- Stakeholders identified the need for access and equity in the provision of appropriate and affordable health and other aged care services. The types of services identified by stakeholders included specialist services (such as dementia services); respite services; programs which encouraged inter-generational interaction; training programs to promote life-long learning; and specific services for CALD and Indigenous communities and people with a disability.

- Stakeholders agreed that organisations needed to be cognisant, and respond appropriately to the access barriers that many older people faced, for example transport, health, mobility, financial and communication difficulties, as well as difficulties seeking out information about the existence of services and entry points. It was strongly felt that services needed to reach out to older people, rather than expecting older people to come to them.

- Suggestions for new models for services delivery included a community network based approach (for example partnerships with local community organisations as conduits for information, and building 'smaller communities' around interests and activities); enabling access to services from home; and electronic access to services.

- Several stakeholders acknowledged the potential value of technological change for addressing social isolation, particularly the role that information technology can play in facilitating communication with family and friends / grandchildren. Training services tailored for older people were considered essential to ensure older people were not 'left behind' by technological change.

- Further research into innovative solutions and best practice initiatives in addressing social isolation, both overseas and locally, was considered to be essential. In doing this it was felt that the following needed to be taken into consideration: cultural definitions of isolation; individual needs; and understanding how people want to access services / support.

7. QUALITIES OF SOCIALLY CONNECTED COMMUNITIES

Stakeholders were asked to discuss what a socially connected community looked like. Three main themes emerged:

1. Respecting an individual's autonomy, choice and decision making

- There was a high level of agreement that the principle of self-determination is important for people as they grow older, and that a rights-based approach should be taken when planning for population ageing.

- A major theme throughout the Seminar was the need to address negative community perceptions of ageing (for example through community education and activities that encourage intergenerational interaction), to ensure the wider community recognises and values the contributions of older people, allowing older people to maintain their feelings of self-worth and belonging in their community.

2. Acknowledging that some individuals require help to access services and information

- Connected communities were characterised by collaborative relationships between government, services and communities; cultural diversity; respectful relationships and connections between different age groups (at work, home, socially and through community-based activities); an environment that is safe and supportive; a high level of community connection and involvement across age groups (for example in social and cultural activities, education and training opportunities).

- Stakeholders spoke of the value of integrated neighbourhoods where people looked out for each other in addressing social isolation and facilitating access to services and information. Strategies for encouraging more integrated neighbourhoods included street parties, neighbourhood co-ordinators and the enhancement of neighbourhood centres.

- Stakeholders also expressed the need for service providers and government to work through existing pathways to reach socially isolated people, rather than expecting socially isolated people to come to them. This includes tapping into both formal and informal networks, for example health care providers, HACC, shopping facilities, etc.

3. Ensuring support services are available and maintained

- A number of stakeholders identified the need for a more integrated approach to service delivery and planning for an ageing population. This approach was characterised by cooperation by the different tiers of government to encourage resource sharing and greater coordination across programs and initiatives; establishing links and partnerships between government and the private and community sectors; undertaking long term, vision based planning to address the key challenges and future infrastructure needs to appropriately respond to an ageing population.