

ALONE IN A CROWD: Supporting older Australians managing loneliness

An Australian Research Council Linkage – Project for 2007-2009

Bulletin 5

March 2010

This is the final bulletin for the dissemination of news and findings for the research project.

THE AIM

The aim of the study was to provide understandings of loneliness that can inform support and service providers targeting older Australians managing loneliness.

METHODOLOGY AND METHOD

Alone in a Crowd is a three stage, multi- method, explorative and descriptive *qualitative* study. The project received ethics clearance from the University of South Australia and Griffith University (QLD).

Stage One consisted of in-depth interviews with older people and focus groups with service/support providers to gain their understandings and perceptions of loneliness in older people. *Stage Two* involved a series of workshops to develop strategies in line with *Stage One* findings, as well as the implementation and evaluation of a range of agreed strategies. *Stage Three* saw the development of recommendations drawn from data obtained in each preceding stage of the study.

STAGE ONE FINDINGS

Stage One revealed 5 dimensions of loneliness, which included:

- Loneliness as Private: loneliness is a personal experience, stigmatised and often kept secret from others.
- Loneliness as Relational: loneliness is influenced by whether older people are able to maintain quality relationships with others.
- Loneliness as Connectedness: loneliness is influenced by whether older people feel like they are connected to the wider community.
- Loneliness as Temporal: loneliness is influenced by time, be it the time of day, or the time of life.
- Loneliness as Readjustment: loneliness is influenced by older peoples' ability to adapt to losses and changes in life.

STAGE TWO: *phase one*

Stage Two phase one uncovered two separate but related sets of findings. The first focusing on a range of programs

and initiatives designed to enhance, complement or replace existing practice within the following groupings:

- Education
- Building and maintaining personal needs and connections with others
- Maintaining meaning and purpose in everyday life
- Strengthening community capacity
- Getting around: transport
- Uses of media
- Flexibility and diversity in service provision

The second set of findings involved principles to guide practice:

- The person and their needs are considered foremost; that is, client-centred practice
- The focus on the person is considered at a number of levels (e.g., individual, organisation and community)
- A holistic approach to health and well-being of the person is taken into account
- The person and their feelings are affirmed/validated/valued
- The person feels they have a sense of purpose
- Activities (when used) are meaningful to the individual
- Programs are individualised as one size does not fit all
- Programs are adapted to fit the person, not the person to the program
- Barriers e.g., access to transport, using IT are acknowledged and built into programs.
- Thought is given to sustainability

STAGE TWO: *phase two*

Stage Two phase two involved each project team, in collaboration with the industry partners, implementing strategies which utilised the five dimensions and the practice recommendations. The projects included an educational approach, social networking utilising the internet, evaluation of an existing model targeting social isolation and loneliness, and a self-help resource folder. Each project team undertook an evaluation of their project to determine whether the implemented strategies were valuable, financially realistic and sustainable.

CURRENT PROGRESS OF THE REPORT

STAGE THREE

Stage Three of the project saw the development and dissemination of recommendations which were designed to promote understanding of concepts and strategies which emerged from the study.

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Key stakeholders and the National project advisory panel members had input to the recommendations.

Recommendations Summary

1. The dimensions of loneliness (private, relational, connectedness, temporal and re-adjustment) have been used effectively to inform practice, both new and existing in implementing the selected strategies. Attention to the dimensions is needed in the assessment of the older person, the design and planning of services and throughout the intervention and ongoing evaluation
2. Education is required to:
 - a) aid in minimising perceived stigma associated with loneliness
 - b) increase the capacity of older people to enable them to self-identify and self manage loneliness
 - c) inform service providers and other professionals regarding how to approach the topic of loneliness and how to identify older people who might be at risk of being lonely or who are lonely. This education should include all staff who come into contact with older people including those from areas such as reception, maintenance and domestic services
 - d) increase awareness of the public to aid in combating the stigma, e.g. "saying you're lonely is ok" – a Beyond Blue type of approach
3. Translation of research into practice is required with a focus on the development of best practice guidelines, and the dissemination of findings to key stakeholders who work with older people

Dissemination of the recommendations

The project is currently finalising dissemination strategies which will include, but are not limited to:

- Dissemination through the members of the forum of key stakeholders held in November who were drawn from the aged care sector, relevant health professional organisations and consumer areas
- Presentations at conferences including the Australian Association of Gerontology, World Federation of Occupational Therapists conference, Griffith University Ageing Symposium and so on
- A website is being designed to report the project findings and recommendations

FINAL REPORT

The full report for the project is in the final stages of being completed and will be available electronically at http://www.unisa.edu.au/hls/Our_Research/Grants_and_Publications/AloneInCrowd.asp.

THE RESEARCH TEAM

This was a collaborative research project between the University of South Australia, Research Centre for Clinical and Community Practice Innovation Griffith University, SA Aged Care Collaborative (Helping Hand Aged Care Inc., ECH Inc. & Southern Cross Care (SA)) and RSL Care (QLD). The research was funded by the Australian Research Council (LP0774983) under the Linkage Project Scheme for 2007 – 2009.

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