Re-establishing connection to ensure a flourishing future in our communities for young and old

A Community Action Project undertaken by Jen Stolp, Frances Kirby, Chelsea Pedersen, and Roger Blackstone in conjunction with the 2021 Limestone Coast Leadership Program

the LIMESTONE COAST unearth our treasures
LIMESTONE COAST LEADERSHIP PROGRAM

LEADERS INSTITUTE OF SOUTH AUSTRALIA

Contents

Executive Summary 3
Introduction 4
Children & Child Care 5
3.1 Background 5
3.2 Talking with families within the community: 7
3.3 Within our community: Childcare attempt 8
Older People & Aged Care Residential Homes 9
4.1 Older people in modern society 9
4.2 Benefits to the older generation from Grandparent programs 10
4.3 In the Limestone Coast region 11
Mental Health Research and Concerns 12
5.1 Elderly Persons Mental Health Impacts 12
5.2 How Does Aged Care Contribute to Loneliness and Social Isolation? 12
5.3 The Impacts of Loneliness and Social Isolation on Mental Health 13
5.4 Overcoming Loneliness in Aged Care 14
5.5 Children and Youth Mental Health Impacts 15
5.6 The Healthcare System and Mental Health Failings 15
5.7 The Responsibilities of Communities and Recommendations 16
Organisations and programs 18
6.1 Background 18
6.2 Involvement in Community 18
6.3 Services and Community on Older People 19
6.4 Summary 23
Final Conclusion 24
Recommendations 24
References 26
Appendices 27

Executive Summary

Limestone Coast Leadership Program participants Chelsea Pedersen, Jen Stolp, Frances Kirby, and Roger Blackstone undertook the Community Action Project of Adopt a Grandparent or Grand-Friend.

Initially we were incredibly overwhelmed by the subject once we had all discussed how each of us individually viewed the topic that had been presented. Despite the subject being very unfamiliar territory for two participants we each were able to identify an aspect of this topic that appealed directly to our interests and passions.

As we began exploring further, we realised this goliath issue was far too big to tackle as a whole, so manipulated our subject area down to a manageable starting point. This was, instead of adopting a grandparent or grand-friend as such we went back to the very basics of the subject. In making this decision to start at the beginning we divided our issue into 4 tangible areas of interest to gather a deeper understanding these areas were The Elderly, The Children, Mental Health, and Organisations.

From here our task was to:

- Investigate Aged care facilities in order to understand the current situation with elderly isolation and or if any engagement exists between children and elderly in the Limestone Coast.
- What are the current views of the community on this matter?
- Understand the impacts of elderly isolation on their quality of life.
- Understand the impacts on children and their cognitive development in scenarios with and without an elderly influence in their life.
- Analyse the multi-faceted societal issues that arise from this subject.
- Discover what is being done and what is lacking from Non-Government Organisations within the Limestone Coast.
- Expose the mental health issues that are a result of the current aged care system and societal culture we are living in today.

As we progressed with our research it became evident that despite living in four different council regions within the Limestone Coast the issues were prevalent and not dissimilar in any area. We discovered in each area of exploration many intersecting elements that could potentially play into and influence the future of how community members in the Limestone Coast begin to adaptively solve this complex issue.

- Lack of leadership from relevant stakeholders to implement a way of integrating elderly with children safely.
- Lack of funding to be able to provide elderly with the care and mental support they require.
- Lack of time for carers to be able to provide elderly with the companionship they need.
- Societal change in culture causing elderly to be neglected in their later years.
- The breakdown of the 'Traditional' family structure particularly in western culture.
- Stigmas around Mental Health.
- Community perceptions of elderly people.

This CAP project led us down many different tangents of society, culture and government and we were able to outline and reflect the evidence suggesting as a community we are on a costly downward path currently. Costly to the human psyche, costly to the health and justice system and costly to our future generations.

Introduction

The now two series' of popular ABC broadcasted social experiment 'Old people's home for 4-year olds' has sparked renewed interest in human connection between the young and old. Relationships with older family members have often fallen on the wayside with families dispersed across the country. For many, the implications of living away from or estranged from family becomes all the more acute when children arrive on the scene. Research suggests that time spent with grandparents plays an important role in a child's physical, cognitive, and social development. It also found that children between three and 19 months scored better on most learning tests when they had been cared for by family and friends other than their parents.

The intergenerational divide has been highlighted, as rolling Covid-19 restrictions and lockdowns thrust mental health awareness into the spotlight. The impact of social isolation on people who are already alone has spurred advocacy in the space from individuals and groups impacted by mental health. The uncertainty of covid has however, increased compassion for others, as the term of 'video-conferencing' is slung aside as the term 'zoom' takes centre stage meaning not than just a business call, but also a 5-year-old's birthday, a graduation, an over-due catch-up or a funeral.

This report discusses how the intergenerational divide from geographical and social factors is impacting children and older people in terms of cognitive development and decline, social relationships, mental health and looking the impact and gaps of programs already in place. This report has a series of recommendations that can be implemented in the Limestone Coast region. Changing attitude for social issues such as approach to older people, indeed requires adaptive thinking, however, there are small steps that individuals, families, groups, organisations and even enterprises can do, to cater for this need. This report provides food for thought for individuals and communities, hopefully sparking further discussion, and much needed action.

Children & Child Care

3.1 Background

They say it takes a village to raise a child and what was once a once multiple generations of families living together or in very close proximity and shared the duties of caring for young, old, and sick alike is now those who need care are tucked away in care facilities with their generational peers. The breakdown of the nuclear family and increasing familial migration has only accelerated this phenomenon.

Babies live thousands of miles from their grandparents, and aging adults live several states away from their children. As a result, our society is more generationally stratified than ever before, making the elderly feel particularly alienated. According to one study, 43% of seniors report feeling lonely. That same study found that identifying as lonely comes with a staggering 59% higher risk of declining health and a 45% higher risk of death. In short, the epidemic of loneliness among the elderly isn't just an emotional travesty, it's a health hazard.

Research commissioned by the Federal Government 'Growing up in Australia: The Longitudinal Study of Australian Children' suggests that time spent with grandparents plays an important role in a child's physical, cognitive, and social development. It also found that children between three and 19 months scored better on most learning tests when they had been cared for by family and friends other than their parents.

Image 1: Auroa 16 months at local library for story time with her au pair, 2017. Photo taken by Chantel Glenn.

Image 2: Auroa 2.5 years learning about fishing with her Pops on a trip to New Zealand 2019. Photo taken by Jen Stolp.

And while infants and toddlers are too young to know what they are missing without seniors in their lives, raising children in a society where the median age hovers around 30 is artificial and strangely backward. Research pointed out that aging adults are one of the best groups to spend time with young children, not only because they can pass on decades of wisdom, but also because they are at a point in life where they have the availability and patience to do so and can provide the kind of stimulation that young children need to thrive. "Older adults are exceptionally suited to meet these needs in part

Image 3: Aurora 14 months helping grandma feed calves on visit to Australia in 2017. Photo taken by Jen Stolp.

because they welcome meaningful, productive activity, and engagement, " the researchers wrote, "they seek—and need—purpose in their lives."
One father backed this statement up by saying "I've seen this firsthand with my own children, who spend woefully little time with senior adults, let alone grandparents who are thousands of miles away. One took my six-year-old daughter to her apartment and patiently spent time showing her how to play the cello. Another will spend endless time on the floor with my four-year-old son exploring his globe. Yet another let my daughter help her garden, where she happily pulled weeds for over an hour and learned about the garden's history as a World War II victory garden. These interactions, while only occasional, have no doubt enriched my children's lives." They partook in an experiment of a day care centre opening their doors to also cater for the elderly.

The report to come from this experiment found 94% agree that the elderly have qualities that are helpful to children and 89% agree with the reverse. Nearly 9 in 10 think that bringing together the young and old in the same care centres is a "good use of resources," and a solid three-fourths think that "programs and facilities that separately serve different age groups prevent children/youth and older adults from benefitting from each other's skills and talents."

The report also features extensive research that attests to the many benefits of intergenerational care, finding that: participation in intergenerational programs and meaningful cross-age relationships may decrease social isolation and increase older adults' sense of belonging, self-esteem, and well-being, while also improving social and emotional skills of children and youth participants. In particular, the research found that mixed-age care promoted sensitivity to others among both the young and old, with one mother of a preschool aged-participant saying the program had made her daughter "very empathetic, way beyond her years." Young children who participated in intergenerational care had more advanced motor and cognitive skills, higher developmental scores, and more advanced social and emotional competencies than their non-intergenerational peers, to name a few, and older adult participants reported lower levels of loneliness, reduced agitation, and improved health, among other findings.

We can't undo our modern reality of young people being forced to leave home far behind in search of better opportunities and families being generationally splintered across the country. But we can, as a society, support and encourage the movement to reintegrate the generations in safe and loving care facilities.

Another research paper showed that the experience and relationship that babies and children have during their early years strongly effects their future development. Providing the right kind of services, resources and support during the early years brings lifelong benefits to children and the community.

3.2 Talking with families within the community:

In talking with people within the local community about their experience of having their young ones involved in older generation the feelings or experience where very different. One path that is a major reality for many these days is division in the family unit making it difficult or impossible for young ones to spend any time with their grandparents. But these families still understand the value of having elderly examples in their children's lives and strive to found other sources to cover these positions. As one participant stated, "We don't see the children's grandfather on my husband's side it was his choice to cut us from his life he hasn't meet 2 out of 3 children which I find very sad and very much his loss". Sam.

"Our kids have great examples of older people that either work at or volunteer at their school which they have amazing bonds with now. Kids absorb knowledge from the older generations in areas that they are interested in, and we find the older people enjoy it even more as they feel the kids are truly interested." Sam.

Another interviewee shared his story of having infrequent contact from one grandparent of his children, and none from the other side. When asked if he felt like the children were missing out on not having contact with grandparents, his response was. "This is something we do talk about, that they do miss a generation of knowledge as such" Anonymous.

Image 4: Aurora 9 months old with 3 generations while on a trip to New Zealand, 2017. Its important for young ones to know where they have come from and gain knowledge of our past. Photo taken by Jen Stolp.

On a positive note, there was some lovely examples as to the joys of having grandparents in the daily life of their children. One participant gave some detailed examples of intergenerational co-living, "We live on the same farm as my wife's parents, so our kids see their grandparents virtually every day. I think it has also been good for the kids, to have people in their life who love them (and they love) and see them very frequently. Their grandparents, particularly grandmother, reads stories to our toddler – and supervise the young one's outsides sometimes – on the trampoline, walks etc. Our boys help their grandfather on the farm, particularly our 12-year-old son. They learn skills from their grandfather about farming, fixing machines, fencing etc. This is also a true help for their grandfather, there are many jobs around the farm that would be much more difficult for him without our lads to help him.

Our 13-year-old daughter might be getting a horse on loan. Their grandfather grew up with horses, so should be a good help to her." He also spoke about the benefits it gave to the grandparents saying "It has definitely kept my wife's parents more active than they would have been. I think our kids also give them some joy and happiness in each day. It is certainly a positive thing for them." Aaron.
Another told us of her personal experience having grandma live at home with her family while she was growing up. "I interacted with her daily. My Oma was a big help for all of us, especially for my parents as she was the person that was always home when we came home from school. She cooked lunch for us, and we spent the afternoons with her playing games or watching tv or just chatting. I definitely think having her around was a big plus. Unfortunately, my Oma wasn't the fittest person and always had some health issues which kept her inside a lot, but it didn't stop her from being there for us whenever we needed her. I think it kept her young in some way. Her mind was working perfectly fine until she had to leave us. She was a very calm and patient person" Kat.

"I also think it was good for my mum to have her mum around to ask for advice or to learn from her experience regarding raising my brother and I. Living with different generations made me very cautious for their different needs and I believe it is an excellent way to learn how to look out for each other. In general, I think that I was very lucky to grow up with my grandparents being so close around us every day." Kat.

3.3 Within our community: Childcare attempt

Within our community there have been some attempts to have day care centres visit older people in residential homes. And with some great success, in our outer communities have also been making the attempt. Crystal Brook Kindergarten in Port Pirie is a great example of this they created the 'Footpath Project'. The kindy forged a strong connection with the Roseview aged care residents. The kindy was visiting the aged care facility every fortnight to chat, play games, and learn with their new friends. The residents were keen to return the favour and wanted to visit the kindy.

A young girl named Emily wrote a letter to council asking for a new footpath to be installed between the kindy and the aged care facility. The council pledged donation toward the project and away the children went having major input along the way. Using toy cars and paper to plot out where carparking spacing needed to go along with borrowing wheelchairs and simulating how the residents may experience the journey between the hospital and kindy.

They then had to stand in front of the mayor and elected members to speak about their project as to why it was so important to the community, developing vital confidence and public speaking skills in the process. The mayor made the comment "it gives you great hope if the next generation is this proactive as such a young age".

More locally, Bordertown had a great effort in having young and old socialise together. The Carol Murray Children's Centre has a kindergarten and childcare in the same location, across from the Bordertown Memorial Hospital which has in-house residential aged care. Over the past few years, there has been a relationship between the two facilities, with children in small groups coming into the facility, for chat and games. A registered nurse in the facility says, "the residents really enjoyed the time, lots of smiles on their faces". She also noted that some of the children may not quite understand what is happening if they come across a dementia patient, or one who has lost say speech. Director of the Children's Centre noted the importance, and said it was really great to have it so close. She noted that at one point, a worker at the facility had a child in care. This person was the driver in linking together the relationship. However, it is when children grow up, drivers (and staff) move on, leaving a gap in what is now something that used to happen.

Older People & Aged Care Residential Homes

4.1 Older people in modern society

The elderly were once a central part of households and communities, valued as caregivers and teachers. Now many are separated from children and grandchildren due to migration, changes in family structure and out of home care of both children and the elderly. Changes in society and family structure also mean that many grandparents no longer have an active role in the lives of their grandchildren, and those that do are rarely even able to. This situation has become worse due to the Covid-19 pandemic making it very difficult to travel and reunite with family members not in the same state or country or those in residential homes.

Elder ones, defined by the Australian Bureau of Statistics as those over the age of 65, make up approx. 16.7% of South Australia's population. Five per cent of those older one's lives in a residential aged care home. A further 26% of now live alone.

Loneliness and social isolation in older people have reached wide ranging levels in Australia and a large percentage of older people report feeling as though they lack any sense of purpose. Loneliness has been linked to premature death, poor mental health, development of dementia and poor immune function.

This situation is worse in aged care facilities. As few as 30% of aged care residents had external visitors weekly and many as 20% never have visitors. The primary reason identified was that there remains a very poor perception of aged care homes and empathy for and the elderly. Many older people lose their sense of self-worth, echoing the sentiment of one aged care resident who said, "Once you have grey hair, they think you have one foot in the grave."

Today our elderly are living longer and are being cared for by competent staff in care homes but still many feel out of sight and uncared for. When asked what the elderly were most lacking for enjoyment in life Cherie Wayman, an aged care facility coordinator answered very simply- "Human interaction".

4.2 Benefits to the older generation from Grandparent programs

Griffith university ran an intergenerational learning program which combined aged care homes and day-care facilities. The outcomes of that study were overwhelmingly positive for all involved. The research found that there were obvious improvements in older participants of the programs. Among the positive outcomes for older people were:

- A sense of purpose,
- Enhanced dignity,
- Alteration of community perceptions of older people, and
- improved social outcomes.

In the setting of aged care homes, the outcomes of such a program had the effect of working to counteract the poor outcomes of loneliness. The older participants felt seen, heard, and valued. They found a renewed sense of purpose and joy. They also felt that they were able to help shift the overall perception of older people from negative to positive- giving them greater value in the eyes of the wider community.

The study found that the set up and maintenance costs of the program were "minimal". When balanced against the human cost of a forgotten generation, the loss of health, joy and dignity not to mention the skills and experience our older ones bring, it could be stated that such a program would be priceless.

4.3 In the Limestone Coast region

The Limestone Coast has 15 aged care facilities. Unanimously, respondents to our survey stated that they believe elderly isolation is an issue in the Limestone Coast Region. 80% of respondents felt established organisations were not doing enough to address issues such as loneliness in the elderly.

Respondents also listed a happier society, removing barriers to inclusion, increased sense of purpose for the elderly and stemming the loss of skills, traditions, and stories as potential positive outcomes for our community. The research backs these theories.

The Limestone Coast also has very poor mental health and non-medication-based therapies available for aged care residents. It could be argued that a program to re-establish intergenerational connections would help reduce the stress on those organisations. Which has implications for not just the elderly but also the wider community.

Covid-19 has made local research more difficult as there has been a limit on access to care homes and residents. Informally however, there has been huge local support. Local grandparents Ewan and Jasmine stated how much they enjoy having children around “They can be a challenge, but it makes you feel alive, I just love their energy”.

The obvious, long-term benefits for our older residents would be difficult to overstate.

Mental Health Research and Concerns

5.1 Elderly Persons Mental Health Impacts

In this new era of civilisation society is faced with an unnoticed epidemic of loneliness and social isolation. Gone are the days where a tight family group would care for new children and elders were respected and revered as a wise and productive member of the family unit. We are seeing unprecedented shifts in culture where being 'busy' is associated with productivity and success and it is our elder members of society who are falling behind to be left in the final years of their lives to the care of government agencies and aged care facilities. While this is not the case for all we are in a time where society should be looking to address the issue and changing the status quo when it comes to how we perceive and treat our older community members.

With ever increasing rates of divorce, immigration opportunities, civil unrest or seeking employment as a few examples there is more and more reasons as to why families may be genuinely separated. This not only impacts the elderly but the evidence of the cognitive and social benefits that many young children are now lacking due to this separation are significant. Without senior role models, children are missing the opportunities to learn and feel loved by older persons which is impacting on their social development and long-term mental wellbeing also.

- **Social isolation** is the *objective* state of being in minimal contact with other people.
- **Loneliness** is the *subjective* feeling that you have less companionship, social contact, or quality relationships with other people than you would like

5.2 How Does Aged Care Contribute to Loneliness and Social Isolation?

Living in a residential aged care facility can present unique challenges that may contribute to loneliness and social isolation. These include:

- Feeling the need to conform to rules or expectations related to age
- Feeling self-conscious about displaying certain emotions in fear of a negative reaction

- Staff, family, and other residents dismissing feelings and experiences of loneliness, leading to embarrassment and stigmatisation. The stigma around mental health is significant and incredibly amplified in older generations who were raised to simply get on with life. Cherie spoke of the difficulties particularly for men in coming forward about their mental health battles.
- Negative emotions being dismissed or redirected to positive topics by staff and family. This is a contentious issue which occurs in all demographics of society where people perhaps don't know how to react or help and then brush off potential cries for help ort indicators of issues.
- Difficulty maintaining identity and sense of self while simultaneously trying to avoid stigmatisation or being viewed as a burden.
- Feeling pressure to be a 'good citizen', participate in activities and follow the social expectations of the facility.
- Lack of autonomy due to institutionalisation
- Lack of regular contact with family and friends
- Dependency
- Daily life being routinised
- Alienation from other residents.

5.3 The Impacts of Loneliness and Social Isolation on Mental Health

Loneliness and social isolation may have a variety of adverse effects, including:

- Poor social relationships
- Increased care needs
- Reduced independence
- Reduced social participation
- Social exclusion
- Low social engagement
- Breakdown in relationships
- Decreased feeling of wellbeing
- Negative feelings such as anger, sadness, depression, worthlessness, resentment, emptiness, vulnerability, and pessimism
- Poor mood
- Psychological distress
- Feelings of discomfort in social situations
- Overall poorer quality of life.

(CDC 2020; Beyond Blue 2018; Neves, Sanders & Kokanović 2019; COTA VIC 2019; ACSA 2015)

From the research data gathered we have seen a significant trend in the physical health of elderly persons declining rapidly after the onset of loneliness and depression. Cherie Wayman (Lifestyle Coordinator Aged Care) emphasised loneliness is the main cause of death in elderly residents as they simply lose the will to live. Their loss of independence, lack of purpose and dignity and limited opportunity for events to look forward to particularly since Covid 19 began has seen a spiralling decline in the quality of life for elderly people.

5.4 Overcoming Loneliness in Aged Care

Throughout our research we have concluded that human interaction was what elderly people believe they are most lacking for enjoyment in their lives.

The following are some strategies that may help elderly overcome loneliness:

- Facilitating meaningful interaction with familiar people (e.g., family) with this being the issue we are facing of many families being separated we can simulate family interactions with children that perhaps do not have close contact to their biological grandparents, thus both parties can reap the benefits. Extending timeframes which carers are allocated for visiting residents and home care clients.
- Facilitating programs that allow them to strengthen their existing relationships and interests (examples as found in our research included things such as the Men's shed with woodworking)
- Allowing them to choose what activities they participate in and when (as per my interview with Cherie Wayman Lifestyle Coordinator for an Aged care facility she reiterated the importance of the elderly being comfortable and able to leave if they need to)
- Facilitating activities that allow clients to take an active role in society, this gives men in particular an opportunity to be useful as they have been for the majority of their lives giving them back a purpose.
- Facilitating activities that encourage a healthy lifestyle. Cooking classes or yoga exercises which promote healthy lifestyles are a tangible way to mitigate mental health issues.
- Facilitating programs that help improve function and mobility. We see this as an excellent opportunity to integrate young children with dancing activities or being outdoors. It is proven that physical activity stimulates hormones such as serotonin and dopamine thus enhancing mental health.
- Facilitating meaningful activities that help others (e.g., volunteering)
- Providing the means for clients to connect with others through social media, letters, email, and phone calls. As per our Survey Monkey results, we had several responders suggesting a letter writing activity between elderly and children which not only provides them with something to look forward to but also stimulates a learning opportunity for kids to put pen to paper.

5.5 Children and Youth Mental Health Impacts

ldhood is a time of rapid development. The experiences we have during childhood help to shape the adults we will become.
Mental health and wellbeing are established early in life and provides children with the foundation for all aspects of their development including physical, educational, social, emotional, and cognitive development. About 1 in 7 children and adolescents aged 4-17 have recently experienced a mental disorder in Australia.

Parents, carers, and other significant adults play an important role in their child's or grandchild's development and in building and protecting their mental health and wellbeing. In many cases, children who have good mental health carry it with them through life. Long lasting and safe and secure relationships, such as with the child's family and particularly close relationships with grandparents and older carer givers, are considered the most influential factors in a child's life.

Mental health difficulties in children stemmed from a lack of elder guidance might present later in life as;

- Increased emotional and behavioural issues
- Potentially greater risk of depression
- Lower self-esteem or self confidence
- Increased difficult relationships with parents
- Potentially more negative view of older people
- Missed opportunity to learn family history or other information and experiences
- Potentially lower awareness of wider social concerns, and empathy development

5.6 The Healthcare System and Mental Health Failings

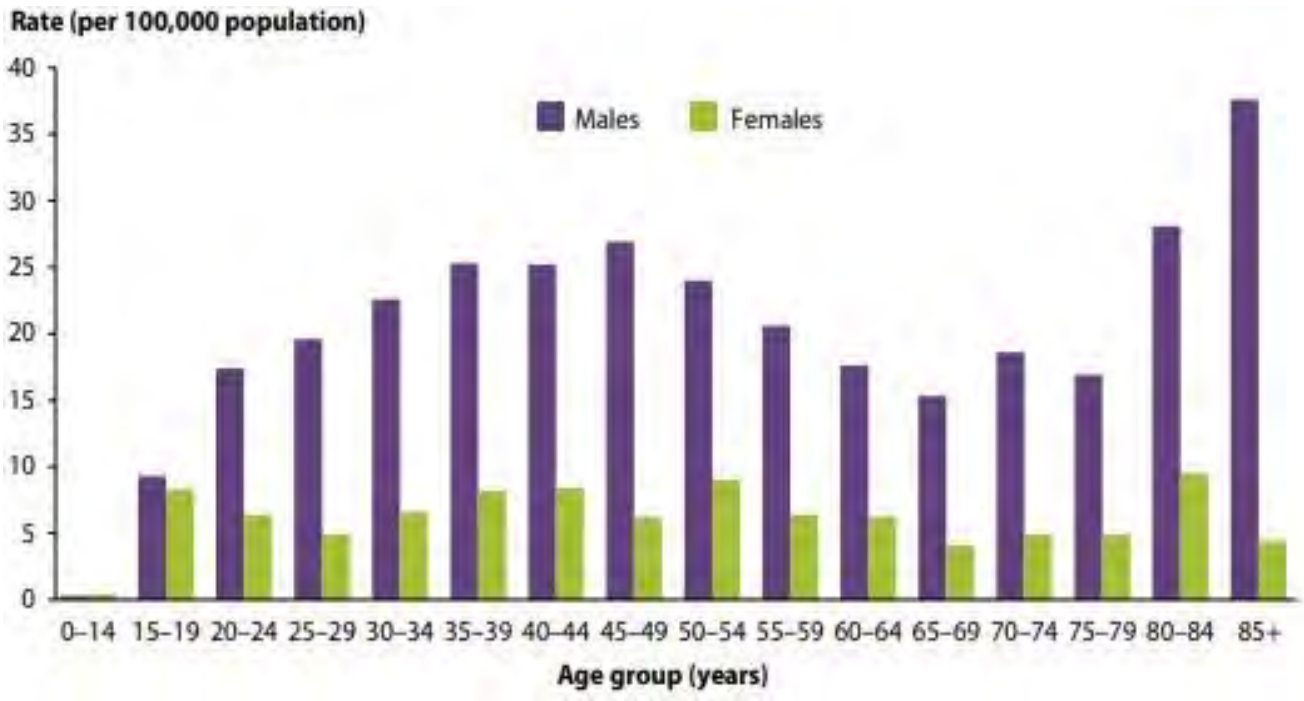
Unfortunately, in Australia like many other developed countries, we are seeing rapid increases in mental health issues, suicide, and other associated disorders. The times are changing and the rise in social media use along with other environmental factors such as diet, lifestyles and the breakdown of the traditional family unit has left a significant adaptive problem with no specifically tangible way to solve it.

Regional Australia including the Limestone Coast are significantly disadvantaged when it comes to accessing support for mental health. The distance from major centres poses a detrimental impact on the accessibility and can make the process seem overwhelming for some including the cost associated with travel and time off work.

From the perspective of Cherie Wayman working in aged care she spoke about the huge funding gap when it comes to aged care in comparison to the NDIS (National Disability Insurance Scheme) this lack of funding as discussed impacts timeframes carers have when visiting in home clients and has a tiered system where different levels of care and access to services are provided to residents and clients based on their financial input. This being the case there are lengthy processing timeframes and referral systems which is incredibly difficult for vulnerable elderly to navigate and by the time appropriate help is provided if at all the person has in a lot of cases already declines to significantly to benefit from the service.

From the research collected, we see a frustrating trend in lack of access and funding for mental health services when in reality these costs would be quickly offset if the help was provided more readily. We would see less drain on the healthcare system in terms of admittance to hospitals with health declines associated with mental wellbeing. In addition, a flow on effect of a happier society would lead to a reduction in crime, addiction, suicide, and a more well-balanced resilient society.

Data provided by the Australian Bureau of Statistics shows that the highest age-specific suicide rate for men in 2018 was found in the 85+ age group, recording 32.9 deaths per 100,000 persons. This rate was considerably higher than the age-specific suicide rate observed in all other age groups for both sexes. It should be noted that the number of suicides in this age group accounted for 2.7 % of all male intentional self-harm deaths in 2018.



Rate of suicide deaths per 100,000 population by age groups and sex

5.7 The Responsibilities of Communities and Recommendations

A recurring theme that presented throughout our research was the question of whose responsibility is it to mitigate this issue of elderly isolation and generational segregation? It is easy to sit back and say “this issue doesn’t affect me” or “It’s the job of the government” but at the end of the day the responsibility falls on each individual to do their bit as a member of a community. Small changes around how we stigmatise mental health or view elderly as a burden can dramatically influence a generation in time. We have become accustomed to ignoring issues when we all have the power to create change by starting small.

If you look at society as a whole, this issue is seemingly unapproachable, but we urge the individuals to consider their own small communities starting with their own family. What small changes can you make? Some recommendations we collated from our Survey Monkey Questionnaire to offer include;

- Spend more time intentionally with Grandparents and older people
- Make an effort to engage with older people in my community
- Say hello to people in the street
- Awareness, share opportunities that arise within your community to engage
- Challenge my own preconceptions of older people
- Acknowledge there is a problem, see the problem

To finalise this segment a I leave a quote from Hayley Pedersen the Marketing Coordinator for a foster children service in New Zealand 'Caring Families Aotearoa' a doctrine they follow when connecting children to surrogate carers or extended family carers which I believe to be applicable in all communities. Children need a sense of belonging and the elderly need a sense of purpose. Bring these two generations together and lets just see what good may come.

"Connection to land, spirituality and ancestry, kinship networks, cultural continuity and being a role model and educating the young"

Organisations and programs

6.1 Background

They say an individual's place in a community is unverified until they serve in the community. With much domestic and international migration, our local communities are changing both slowly and quickly at once. Predictable seasonal migration and an aging population raised concerns in areas of industry, housing and income tax more than two decades ago. However, what are now strong multicultural communities, and the newfound preference for a 'sea change' (or 'tree change'), may not have been foreseen so far in advance.

Councils and government departments are tasked with the roll out of programs and services catering to the people living in their area. As the political pendulum swings, the funding, structure and implementation plan of services are pulled into pieces and rebranded under new portfolios, with proud ministers posing for the media release. Central to this issue, is the task of public exposure, informing the public of the value of services, and support in accessing them. As the access and eligibility is constantly redefined, the system is excruciatingly hard to navigate, it is no wonder uptake is low, and only done at the last minute.

6.2 Involvement in Community

In previous sections of this report, isolation and lack of human interaction was determined as large contributing factors to deteriorating mental health of older people. Feeling part of a community, knowing neighbours, and having friends and family around town for example, is something quite important in rural and regional areas. Having these friendships is one component in positive mental health.

Community life is central to the regions. The word 'Community' is blasted on headlines and seen on the football sidelines, and is found at the show grounds, the pub, schools, community halls and libraries. Events are run by countless volunteers, working endless hours, an Australian value worth taking pride in. Towns in the Limestone Coast, and indeed Australia, are forged on community volunteers banding together to build a memorial to a local hero, dig a swimming lake for future generations, or re-lay burnt fencing for a neighbour.

Even though being part of a community, and bonding with other people is central to human nature, barriers remain for some to be an active member. This may include accessibility for disability or hearing/visual impairment, other factors could be financial, cultural diversity, as well as plain shyness and fear of the unknown. As towns grow with expanding industries with their advancing technology, it can seem daunting for some new-comers and even existing residents to step into the ring and become an active member of a community group or association for the first time.

In order to become more inclusive, and encourage people to be less isolated and more social, information on events and clubs needs to be filtered out to those who aren't looking. While content creator's heads are constantly bowed to mobile phones, social media cannot be the sole output of information, especially if the target audience (older people) may be unfamiliar with the platform.

For the more able older person, one not restricted by geographical, physical, social, mental or language limitations, the Limestone Coast has far too many special interest groups to list, run by volunteers and committees at private or public spaces. These groups in our local area usually involve physical meet up, and may be to practice of skills such as bridge, crocheting or cake decorating, or have a commonality such as sharing a Dutch mother tongue. Some groups welcome any newcomers, only older or some intergenerational, with minimal prior knowledge or equipment, whereas others may be by invite only, with limited numbers available for the space. While group activities suspended activities during the Covid-19 pandemic, some have re-emerged with new vigour to shake out the isolation, yet others have been thrown to the side, missing a driving force that once had momentum.

6.3 Services and Community on Older People

Australian Bureau of Statistics modelling shows the estimated population over 80 years in 2020 at 3,361 residents of the five LGAs of the Limestone Coast. This is certainly an increase from 5 years prior, which had 255 people fewer in this age bracket. Advancements in health care and technology, and longer life expectancy are a part of what is fuelling this nation-wide trend of an ageing population, but the real question is if our local area is ready for it.

This almost 8% rise in individuals in this age bracket is significant. At a local level, this means the support structures in terms of residential homes, home help, meal support and other will be increased to meet present need, and beyond to address future requirements.

When it comes to the services that area available for older people, accessibility and eligibility depends on the level of physical and/or cognitive ability or inability of the individual. Often signs are unseen, especially if the older person lives alone, but there are visible signs in the skin, physical signs in the changing functionality of the body, and the memory and thinking skills. All too often, we hear of an older person who appears to age quickly, because of ignoring the early warning signs of aging.

Services surrounding the aged and the elderly are seldom sought without the driving factor of an aging relative. The past few years has seen the federal government rolling out their national platform 'My Aged Care' to bring information to seekers on where and how to get help, and understand what is available. The electronic site

Image: Facebook post for COTA event

does have a wealth of information, and walks through what to expect, including a series of Frequently Asked Questions. But information surrounding the program is scarce and the registration procedure complex.

The combination of online information available, together with phone support does help, but this is barely a task for an older person alone. Bringing in a younger, often family member who is more proficient at researching and ready to reach out and hopefully not time-poor, is almost essential.

Enter: COTA (Council of the Aging), who offer help and provide information sessions on how to access this service. 'Aged Care Navigators', who are either staff or volunteers, are trained and equipped to help people understand, register and connect with My Aged Care. However, reach is poor. Understandably these have been scaled back during Covid-19, restricting movement and face to face sessions, in our local area, the invisibility of the brand has caused very low turn-out at sessions attempting to helping others and disseminate information. Going forward, this free service needs to be in the public eye on an ongoing basis, building awareness prior to the need of the service.

The application process is accompanied by an in-person assessment of needs. The types of care packages that are available range from low to high. A Home Care Package is designed for those living independently in their own home and finding things are becoming more difficult, and may require only a few hours per week, for certain tasks such as shopping and cleaning. This service also assess eligibility for government financial support for aged care homes. This is assessed to be when the older person is no longer able to live independently at home.

This registration is done through the MyGov online platform, and uses similar income and asset assessment tools to determine affordability, and level of government subsidy. After the assessment, it may take 12-18 months for a package to become available, leaving our older people 'Waiting for Godot' in a sense. Services are accessed through a provider, matched to the local area. In rural areas, there are a small number of providers, who have casual (and permanent) pools of staff. But with increasing demand for packages, suitable, qualified staff are hard to find.

An essential feature of this program is the referrals and connections to other available services which might be needed immediately or in the future. This includes establishing advance care directive, making adjustments to your home, and transport services for those living in the country, requiring medical appointments in the city. Links and referrals are especially important in this space, as most often, the older person (and family) is navigating this space for the first time.

For those who are on a Home Care package, and receive help from a family member or carer, Respite serves as a dual- function. On one hand the carer is able to take a break from the care duties, to travel or receive care themselves. Secondly, the older person or person with disabilities is supported within either a structured environment such as Centre Based Care (think day care for older people) or a separate and different carer to attend to their needs. Carer Gateway is able to give support to the carer (usually a family member) and arrange respite. Again, recent research showed that this government service was relatively unknown, yet essential that educators, and other social agencies understand what it is and how to access.

These government programs and subsidies have changed in name, structure and delivery over the years, however some things do remain constant. Charities like Red Cross and volunteer organisations such as Meals on Wheels have been in communities small and large for decades, with a strong volunteer base and a clear message.

Image: Meals on Wheels

Meals on wheels SA provides free meals to those who are unable to cook for themselves. This independent, community-based, volunteer organisation receives funding from donors, grants and the department of health to fund low-cost meals to people in the community. The power of this organisation is that it is well organised, with national standards, and a member of the national body. Although reach in the limestone coast does not extend to rural, it has been set up in several LGAs, namely the larger populated towns. Eligibility criteria is less strict than other service providers, and can include self-referral.

Red Cross Telecross is a long-standing service that provides a daily telephone call to older people living alone, who are at risk of accident or illness. The service targets people who are frail, have a disability, are housebound or are recovering from an illness. Red Cross, being one of the world's largest and most trusted humanitarian organisations, has streams of volunteers and household donations funding domestic and international programs, helping those in need. Telecross volunteers are often long term, which provides better stability for recipients of calls. This service which is active in the Limestone Coast services people outside of the region. Often, recipients wait by the phone each morning, ready to receive the call within a set window each day. The clear policies direct the volunteers on procedure of how to act if a call goes unanswered, which could be due to illness or injury, or simply being out of the room. The benefit of this service is the transportability of it during the Covid-19 pandemic, where contact with isolated elderly became priority. This research was unable to verify if referrals were made purely by those accessing home care packages, which may be possible. If so, there may be a fall through with those seeking support, yet waiting for an available package.

The Community Visitors Scheme (CVS) is a service provided in the Limestone Coast by auspice, who works with volunteers. The service arranges local volunteers to regularly visit older people to provide companionship to people on Aged Care Packages. The scheme is set up ease burden of isolation for those at home and sameness for those in a residential aged care. It is open to anyone receiving government-subsidised residential aged care or Home Care Packages. Beyond the limitations of

Telecross, the CVS provided much needed face-to-face, human interaction which is integral to cognition and memory, as well as being fun. The benefit of this network is that it would put a local in touch with a local. Creating this connection builds a greater bond, which is especially important in regional and rural areas. This service remains available in the Limestone Coast, but is restricted to those on Care Packages, which once again finds a gap for those who are on the waiting list. Another restriction in this service is it is sometimes difficult to find volunteers. For this service, volunteers are often retired or semi-retired women who continue in the role until they need the service themselves. For continuation, vigorous recruitment is needed for volunteers beyond this demography, and to be spread more broadly to those who are isolated and at risk. This may be beyond the scope of the government funded CVS, requiring local communities to more identify the needs.

Covid-19 at the time of research remains a burden on the delivery of services to the vulnerable, with the isolated at an increased risk. Unity Housing provides affordable, safe and secure homes to people on low incomes. During the various lockdowns in South Australia and subsequent travel restrictions, property managers were unable to visit tenants in person. Being very active in the social space, property managers, who knew their community well, proceeded to connect with those who were living alone by phone. Each tenant was grateful for the call, and managed to discuss the presence of family in the vicinity to continue to check on wellbeing and to support in activities such as grocery shopping if need be.

Moving to a very serious matter, on where and how to seek help from questionable actions or practices of a care provider or residential home, or even a family member towards an older person. The issue of elder abuse is very real, and OPAN or Older Persons Advocacy Network implements the government program. OPAN provides assistance to people whose rights are being infringed upon in either a serious or subtle nature. OPAN's free service is in having the difficult conversations with residential care providers, home care package providers, family members or other. The rights-based approach ensures that the legalities are checked across each incident and each party, with aim of finding the consumer (older person) a better position to take action.

Restrictions of this organisation include the invisibility of the organisation in the first place, and ability to find assistance when needed. Although some may be aware of such advocacy organisations, the inhibit future users. Although this service is uses in-person support for assessment, consultation and meetings, there was no indication that this was available in the Limestone Coast area. Being a common theme, services moved to distance measures during Covid-19, using tele or video-conferencing means.

6.4 Summary

Government and community programs assisting older people are available in rural and regional South Australia, however it is clear that it is not to the same level as in cities. In-person support has often been transported to virtual measures, by telephone or video conferencing tools, as spurred by the Covid-19 pandemic and retained thereafter to some degree. In theory, the virtual set-up makes services more available for those with limited mobility, or geographical restrictions, however, access is still difficult to find. On the other hand, government programs are becoming more robust as they are redesigned and relaunched, yet heavily relies on online methods of information, application and communication. Barriers are numerous to this, including illiteracy, digital illiteracy, visual impairment and language.

Isolation at home for older people even if receiving occasional help or care, still holds a risk of deteriorating mental health in older age groups. Studies show that involvement in the community gives a greater social network, more people to 'check in' on a friend with a declining physical or mental state. Wide open gaps are seen in when an individual has no family nearby, few friends, and has never been involved in the community. One interstate example is the growing popularity of retiring in Tasmania, with a Facebook group aptly named 'That's it! I'm moving to Tassie!' of around 23,000 members to connect newcomers with services and recommendations within communities. Such an initiative, no matter which media it starts, is to welcome new residents and increase wellbeing of local residents. The country mentality of 'you're only a local after 5 generations' must be abandoned to allow growth in a new form. Online social networks and library and supermarket notice boards help share information on community events, services and local engagement, but to get information to those who aren't looking, is an adaptive challenge.

"What should young people do with their lives today? Many things, obviously. But the most daring thing is to create stable communities in which the terrible disease of loneliness can be cured." – **Kurt Vonnegut, American Author.**

Final Conclusion

When we started to brainstorm for this CAP project, we discovered there was far more to adopting a grandparent then just simply adopting an elderly member of the public to visit once a week on a Saturday morning. We discovered a real disconnect between young and old and the effects it was having on the older generation. Being placed in age care after living a long and active life was taking its toll on many of the resident's mental health. Even more so with the lingering effects of COVID restrictions. On these findings we decided to adopt our title to Re-establishing connection between young and old.

Our elderly want to feel a purpose in their lives. Our research pointed out that aging adults are one of the best groups to spend time with our young ones as they are at a point in life where they have the ability to be patient and provide the kind of stimulation young ones need to thrive. Instead, may are faced with the feelings of loneliness and social isolation.

We also found that the relationship that babies and children have during the early years strongly effects their future development so provide the right kind of services, resources, and support during this time brings lifelong benefits to children and communities. Building and protecting our young one's mental health in the early stages of life will help set them up to carry good mental health throughout life leading to long lasting and safe and secure relationships. It also was not limited to just elderly ones in age care facilities but also included many that live on their own either in their own homes or assist living.

Within or community there have been some great attempts to create some kind of old and young program where kindy kids go and join our elderly ones at the home and enjoy socializing with many have great success but sadly the children grow up and leave the childcare or staff who are the driving force behind getting these events going leave the facility and the programs come to an end. So, we put it to you the public What small changes could you make in your own behaviour to bridge the generational divide?

Recommendations

- Local councils to include community participation groups and services under the 'wellbeing' portfolio
- Creating visible notice boards, accessible to young and old across a diverse media
- Having childcare centres neighbouring aged care facility
- Having day care for elderly and young ones in the same facility
- Being more involved in local kindy to help create such programs
- Spend more time intentionally with Grandparents and older people
- Try to engage with older people in my community
- Say hello to people in the street
- Awareness, share opportunities that arise within your community to engage
- Challenge my own preconceptions of older people
- Acknowledge there is a problem, see the problem
- Create a stronger volunteering culture within communities – include children, football clubs and others to generate connection with older generation
- School children build 'pen-friend' relationships with older people as an avenue for understanding different perspectives
- Communities reach out to people waiting for My Aged Care packages, this could be 18 months – 3 years
- Councils and community organisations increase awareness of services available for older people, and assist in facilitating a presence in rural communities
- Promote early where to reach out for care when relatives are getting older
- Use technology available, connect via zoom for virtual relationships when restrictions or limitations are in place
- Nominate or sponsor someone to be trained in aged care, there will be a shortage of workers for a long time coming
- Be a champion by befriending an older neighbour who lives alone

References

https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-recommendations.pdf

https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-executive-summary.pdf

https://www.myagedcare.gov.au/

https://cotasa.org.au/programs/independent-aged-care-support.aspx

https://www.health.gov.au/initiatives-and-programs/community-visitors-scheme-cvs#contacts

https://www.health.gov.au/resources/collections/budget-2021-22

https://growingupinaustralia.gov.au/

https://www.abs.gov.au

https://www.aihw.gov.au/reports/australia

https://mja.com.au

https://intergeneartionacare.org

Appendices

I. Context: Adopt a Grandparent (or Grand Friend)
II. Poster circulated for World Café event organised for Mount Gambier (cancelled due to Covid restrictions)
III. Questionnaire for World Café for those who showed particular interest and wished to answer more questions
IV. Survey Monkey Questionnaire & Results
V. Interview with Cherie Wayman regarding elderly mental Health and Aged care
VI. Stakeholder & Asset Assessment
VII. Quadrant Analysis

THE LIMESTONE COAST LEADERSHIP PROGRAM

COMMUNITY ACTION PROJECTS

Adopting a Grandparent (or a Grand friend)

Overview

With family units constantly changing and unfortunately children and grandparents do not always have the opportunity to enjoy the special bond that can be formed. With that many young children lack senior role models in their lives and miss out on valuable life experiences which can be gained by engaging with older people.

It is also common for families to be dispersed across the country and for many people the implications of living away from close family becomes all the more acute when children arrive on the scene.

For many senior's loneliness and isolation is the single most negative impact on their lives as they age and lose partners. Many have no family within visiting distance, or have families leading busy lives, they may live alone or within aged care residencies or facilities.

Adopt a Grandparent programmes are occurring around the world to bring our generations closer and to create a sense of community.

Research commissioned by the Federal Government 'Growing up in Australia: The Longitudinal Study of Australian Children' suggests that time spent with grandparents plays an important role in a child's physical, cognitive and social development. It also found that children between three and 19 months scored better on most learning tests when they had been cared for by family and friends other than their parents.

For many young children increasing suitable and beneficial role models has been a topic within our community. In addition, our seniors have a lifetime of experiences to offer and would benefit from a sense of added purpose and community inclusion.

Possible questions to consider:

- As a community, what can our region offer?
- How do we market and evidence the benefits and how do we manage risk?
- What's already in place and what can we do to increase support available financially, socially and environmentally?
- How can we increase options for young children and the aged to be and feel more included across the Limestone Coast?

Key Stakeholders

Senior community members
Families with young people
Dept of Education
Child and Youth Health

the LIMESTONE COAST
unearth our treasures
LIMESTONE COAST LEADERSHIP PROGRAM

LEADERS INSTITUTE OF SOUTH AUSTRALIA

LIMESTONE COAST LEADERSHIP PROGRAM

COMMUNITY ACTION PROJECT

Invitation for Community Consultation

Building connection in our communities for young and old

Please join us to discuss current programs, gaps and avenues for the future

at Metro Bakery and Café

Wednesday 30th June at 5.30 for 6pm

Please register your attendance by COB 28th June

A PROJECT UNDERTAKEN BY

JENNIFER STOLP, FRANCES KIRBY, CHELSEA PEDERSEN & ROGER BLACKSTONE

the LIMESTONE COAST
unearth our treasures
LIMESTONE COAST LEADERSHIP PROGRAM

LEADERS INSTITUTE OF SOUTH AUSTRALIA

A PROJECT UNDERTAKEN BY

JENNIFER STOLP, FRANCES KIRBY, CHELSEA PEDERSEN & ROGER BLACKSTONE

LIMESTONE COAST LEADERSHIP PROGRAM COMMUNITY ACTION PROJECT

Additional Questionnaire

Re-establishing connection to ensure a flourishing future in our communities for young and old?

- Do you see elderly isolation as an issue in the Limestone Coast?
- How would you like to see isolated elderly connect with young children in terms of what kind of social setting?
- What kind of socio-economic benefits would you expect to see from integrating elderly people with youth?
- What kind of programme could be added to a school curriculum to bring elderly and youth together?
- Evidence suggests a Childs cognitive development is greatly improved by spending time with elderly people, would this trigger you to engage with an older person if you were not in close contact with grandparents?
- Do you think western society as a whole has abandoned the traditional family structure of close contact to grandparents to lead more independent lives? Why?

Please email or send a photo of your answers to Chelsea at cpedersen81@gmail.com 0458 731 146. We, Jennifer Stolp, Frances Kirby, Chelsea Pedersen & Roger Blackstone

Thank You Kindly for participating in our Project.

Re-establishing Inter-generational Connection in our Communities

Summary of responses

1. Do you see elderly isolation as an issue in the Limestone Coast?

- Unanimous Yes response

2. What opportunities exist within your community for inter-generational connection between the elderly and children?

- 40% of respondents indicated they were unaware of any such opportunities within their communities.
- 10% suggested churches as an opportunity.
- Remaining respondents had suggestions of Kindy visits, letter writing projects from the schools and LAP (Learning Assistance Programs) which elderly are involved in.

3. What do you care about with regards to re-establishing connection in society?

- Impact on the healthcare system
- Giving kids a positive Role Model
- Being mindful of people who fall through the cracks
- Happier society, less mental health decline
- Difficulty meeting people when you are new to a community
- Removing barriers to inclusion/connection
- Lost skills, traditions, and stories
- Sense of purpose for the elderly

4. In your experience, do established organisations do enough to address issues such as elderly isolation?

- 80% of respondents believe not enough is being done by established organisations but also suggested it is difficult in the current Covid 19 environment. There was mention of the debate over who's issue/ responsibility is it to address this issue in society.

5. Evidence suggests a child's cognitive development is greatly improved by spending time with elderly people, would this trigger you to engage with an elder person if you were not in close contact with grandparents?

- Yes, when my children were young
- Yes, but wouldn't know where to begin
- Yes, if there was a program on offer'
- Yes, grandparents are a significant distance away and I feel sad for my son not having a close connection with them
- Yes, in my line of work In see families who have good social support do better and their children thrive and less likely to end up in child protection.

6. What kind of socio-economic benefits would you expect to see from integrating elderly people with youth?

- Decrease in addiction and youth suicide
- Less burden on health care
- Less criminal activity
- Positive influence inn children's lives
- Improved life perspective in youth from low socio-economic homes
- Wellbeing outcomes, respect, and awareness
- 'Life's lessons handed down; experiences shared for learning
- Children feeling love will impact all of society positively
- Greater respect and understanding of different generations

7. What kind of program could be added to a school curriculum to bring elderly and youth together?

- Scheduled and supervised visits
- Letter writing
- Mentoring system for families
- Men's shed (woodworking and skills to pass on)
- Lions club or other groups inviting children to participate
- Playgroups should be invited to aged care facilities

8. If such a program exists, where would you look for information on being involved? Library, online, other etc.

- For elderly in the post for youth online (social media)
- Libraries, Churches
- IGA window
- Schools, Play group and Toy library
- CAFFs
- Council

9. There are clear risks if such a program were to be implemented if not designed and managed carefully. In your opinion do the risks or benefits for the wider community outweigh?

Unanimous Yes response with most responders indicating risks would have to be mitigated carefully understanding the covid climate we are in and child protection etc. Responders also suggested there is significant risks in society if nothing is done also.

10. What small changes could you or your family make to bridge the generational divide?

- Sharing information on opportunities that arise
- Make an effort to engage with people in my community
- Intentionally spend more time with Grandparents
- Would love to visit aged care residents
- More time with family

Chelsea Pedersen Interview with Cherie Wayman –Aged care facility Lifestyle Coordinator, specifically focused on the mental health of elderly.

- **Has a meeting occurred between aged care residents and children before? And how did the experience pan out?**

In Keith, no such meeting has occurred yet as Cherie was unhappy with having to exclude certain residents and children due to their physical or mental conditions.

- **What kind of behaviours were displayed by both the elderly and the children whilst this interaction was underway?**

Although no interaction of this kind has occurred Cherie agrees that the elderly residents certainly light up when they in the company of young children and that the benefits for both parties are huge.

They have done an excursion to the Keith School concert before with residents who thoroughly enjoyed watching the kids and spoke about it for weeks afterwards.

There are some dementia patients who although they cannot remember simple tasks or faces etc they still have a strong maternal instinct which they never lose. The women will hold weighted infant dolls and caress them for hours at a time to feel a humanly interaction with something.

- **What kind of timeframe did the interaction go for before children/ elderly started getting fatigued or other time restrictions?**

Cherie gave some advice on if an interaction between elderly and children were to occur. She suggested hosting events during warmer weather as the cold really knocks the resident about and they are more inclined to stay in bed later and remain indoors. The interactions would be most well received if the children were to come to the residents or home of the elderly person as that way if they become fatigues or have a health issue they are able to leave and be comfortable and safe. Also, some elderly have conditions that they are rather self-conscious about such as sores of poor circulation etc and may not want to leave their home if they can't put shoes on for example so they can feel at ease in their own environment.

Cherie said that the people in her care really fixate on an event that is coming up, they write in the calendar and prepare for the day. Having something to look forward to really gives them a reason to live. She would suggest if it was a larger organised with several children and elderly at a time to run the event monthly, so it doesn't interfere to much with other schedules such as hairdressers, church etc.

During the event she recommended having music playing as it really lifts the resident spirits and motivates them as well as making the interaction feel more comfortable.

- **Is there a child friendly area within the aged care facility that would be suitable to host an excursion of parents and children to meet the elderly residents? What kind of amenities are provided?**

An event as such based at the aged care facility in Keith has not yet occurred but Cherie had come advice if an interaction was to occur. She believes the best option would be to take the children to the elderly so they can be in a space they are comfortable and confident in. This means if fatigue or physical issues arise they can easily head back to their rooms and nurses are available to assist.

- **If you were to ask the elderly in the aged care facility what they believed they were most lacking for enjoyment in their life what do you think the answer would be and why?**

Cherie's immediate answer was 'Human Interaction', she fully believes that is the most detrimental thing that elderly are lacking. She believes in this current situation with Covid restrictions etc that we are seeing more deaths of the elderly due to loneliness than covid itself.

The government system currently in place only allows a timeframe of 15 minutes for each home visit, this crates a very clinical interaction as certain things must be completed in that time leaving no opportunity for a general catch up.

Unfortunately, in addition to these limiting timeslots for interaction the aged care sector is severely underfunded in comparison with the NDIS so when a resident or elderly person presents symptoms or signs of mental health issues and general decline in wellbeing it is very dependent on their level of care that they privately fund as to the services that become available to them. In the basic care system, the timeframe and process for getting a person the necessary help and care they require is far too long and generally by the time if at all that the system allows them to be granted additional help it is too late for the individual.

As a hole the support available in regional areas for mental health is considerably lacking, Cherie believes extending the 15-minute carer visiting times could take significant strain off the back log of people seeking support. She is saddened by the fact that these people have worked their entire lives only to be ignored by the system and a reform is well and truly needed (for mental health aid availability in general regionally).

- **Having worked in the aged care industry for some time, have you in your opinion witnessed residents health and condition deteriorating due to loneliness or lack of contact from family? Do you believe this interaction between children and elderly would offer some a new lease on life and something to look forward too?**

Cherie said she has been a witness to many elderly people gradually dying essentially of loneliness as they eventually just start to give up. It is noticeable to the carers when a person's physical health begins to decline due to loneliness. The have monthly client review meeting where it is discussed if a change in behaviour or appearance is noticed such as unshaven, unclean, old food in the fridge etc.

She said they grieve for what they once were, men in particular who have always had a purpose such as being the provider or running a farm etc begin to gradually decline as they haven't got something to get them up in the morning. It would be a wonderful thing if they were able to be given an opportunity to pass on their knowledge and skills to children to make them feel as though they are still contributing.

Typically men are harder to convince to participate in group activities and excursions likely due to pride.

A pivotal occurrence that seems to rattle elderly the most form Cheries experience is when they have their driver's license taken away. It is almost a final symbolic moment of their loss of independence, and she has seen many rapidly decline after this.

- **Are there many residents who have minimal or no contact from immediate families? How do you manage their isolation currently?**

Cherie said it is distressing how many residents and elderly in the community do not have contact or visits from family. She said even those with family nearby do not receive visitation nearly as much as they should and feels our elderly are essentially 'swept under the rug' as soon as they are in residential aged care. This is a cultural issue by and large and she believes the stigma and hidden away aspect of residential aged care needs to change so the facilities are opened up and ,more accessible to public so engage with the residents. Particularly in Keith the facility is tucked away behind the hospital and even in a small community it feels very off limits and segregated.

- **What kind of transport options are available to residents if they were to go to visit children at another location? Such as for lunch or a play date in town etc.**

The Keith hospital has a car which is used to transport residents out for lunch and to certain appointments etc however obviously Covid has impacted the availability of outings for elderly drastically.

Stakeholders & Assets Assessments:

This group conducted a Stakeholder and Asset Mapping exercise, categorised across different themes and levels of involvement. This matrix does not strictly follow the Community Asset Mapping tool provided in this course, but also incorporates a stakeholder matrix. In no area is this list exhaustive, but it does provide a start in idientifying players in the space. Some listed have only one component in this space, others are dedicated to the cause of either elderly or young children's needs. Within our group, this debate continued throughout the duration of the project.

Category of Asset		Importance level
Individuals	Aged People in Residential Care	High
	Aged People in Home Care	High
	Carers	High
	Families	High
	Educators	High
	Neighbours and concerned citizens	Medium
Voluntary Organisations & Networks (general)	Rotary International	Medium
	Lions Club Australia	Medium
	University of the Third Age (U3A)	Medium
	CWA (Country Women's Association)	Medium
Institutions with primary activity on this area	Country Health SA	High
	Longridge	High
	Boandik	High
	Rest Haven	High
	The Oaks	High
	Akuna Kindergarten	High
	Acacia Kindergarten	High
	Melaleuca Kindergarten	High
	Carol Murray Kindergarten	High
	Michelle DeGaris Kindergarten	High
	My Aged Care	High
	COTA (Council of the Aging)	High
	OPAN (Older Person's Advocacy Network)	High
	CVS (Community Visitors Scheme)	High
Other organisations who have projects in this theme	Lifeline	Medium
	Red Cross – Telecross	Medium
	Uniting Communities	Medium
	AC Care	High

	Parenting SA	High
	Relationships Australia	High
	Unity Housing	High
	Meals on Wheels	High
The Physical Environment	House/Home	High
	Residential Care Settings	High
	Community Centre (including libraries)	Medium
	Kindergarten/Education setting	High
	Parks and gardens	Medium
	Town centres	Medium
Stories, Culture and Heritage of the Community	Farmer/rural based	Unsure
	New-comers	Medium
	'local'	Unsure
	'not local'	Unsure
	Urban legend	Unsure

PSYCHOLOGICAL LENS / INTENTION

- Why is this issue important to us?
- Why is it important to them?
- What are their motivations?
- What are their attitudes?
- What are their cognitive/emotional capabilities?

Beliefs & Values
Motivations
Attitudes
Commitment
Empowerment
Mental Models
Self-awareness
Emotional Intelligence

Elderly People – Psychological Lens

- Aging population in Limestone Coast
- Proven studies showing social and physical isolation
- Proven studies showing neglect and poor mental health
- Better services will have an economic impact
- Mental health
- There is an aging population – proven by demographers and predictable
- A series of reports and commissions on age care has shown isolation leads to depression and early death
- Older people are frustrated with the realisation of being interdependent/unable to cope
- Men are often moody, unwilling to accept their aging, and die earlier
- Women live longer, needing more care and services over duration
- Real fear of neglect, abuse and isolation even in residential home

Families and Young People – Psychological Lens

- More people are moving around Australia, further away from extended family
- Not uncommon to be estranged from a part of the family (kids not knowing grandparents)
- Moving around can mean difficulty in accessing services in a new place
- Proven to be good for cognitive development
- Mental health – for child and family to have additional people to support/develop a child
- Children's minds are like sponges – absorb information
- Minds always evolving and has proven benefit in developing empathy

OBSERVABLE/BEHAVIOURAL LENS

Actions
Competencies
Skills
Training
Decisions
Individual Performance
Capacity
Measurement

- What behaviours are a hindrance?
- What behaviours are helpful?
- What actions are needed?
- What behaviours need to change?
- What needs to be observed, measured?

Elderly People – Observable Lens

- Limestone Coast has 5,850 people >75 years, which will increase
- For past 2-3 decades is common to put older people in residential homes, set and forget
- Several observable changes in behaviour identified with rapid aging include: declining hygiene, unshaven, forgetfulness, repeating oneself, heart/organ failure, increased frailty, low immune system
- Cost of medication is high, preventative medicine is not yet popularised
- Older people have become more vocal in expressing want to stay in own home for as long as possible (even if alone) until essential
- Accelerated cognitive decline
- Become an invisible part of society

Families and Young People – Behavioural Lens

- More people are moving to around Australia
- Busy life, and families find it difficult to return to home-town to see grand parents
- Less practical and life skills in younger generation
- Decrease in interpersonal skills
- Lesser development of empathy and empathetic behaviour towards elderly

CULTURAL LENS / SHARED VALUES

- What is the dominant mindset?
- What are the cultures relevant values, attitudes, shared beliefs?
- What relationship dynamics are at play? Trust? Tensions?
- What are teamwork issues?

Group Norms
Shared Perceptions
Justice & Fairness
Ethics
Team Morale
Culture

Elderly People – Cultural Lens

- Older people are often incapable of moving/being active
- People in aged care homes are boring
- Old people are all stuck in the past – only talk of the war (i.e. WWII)
- There is an aging population – proven by demographers and predictable
- A series of reports and commissions on age care
- Dominant mindset is set and forget/out of sight out of mind – not quite as such nowadays
- Wellbeing of older people not quite seen as society's responsibility (don't see sporting clubs getting involved etc)
- Independent culture in Australia – want to be in own home until they have to move

Families and Young People – Cultural Lens

- Kids need a stable home to thrive
- Stranger danger – know who is around your child
- Children are often socialised young, childcare often at age 2-3 then kindergarten as caregivers work part or fulltime
- Community mindset needs to progress beyond 'local' is 5 generations in town
- Welcome newcomers and incorporate into the community/society
- Aussies tough it out / don't need help

SYSTEMS LENS

Organisation
Resources
Processes & Procedures
Information
Metrics
Strategy
Policies
Environment

- What are the organisational issues? (economics, infrastructure, etc.)
  W values, attitudes, shared beliefs?
- What systems or processes (inherent or lacking) are contributing to this issue?
- What new structures/systems need to be put in place to improve this?

Elderly People – Systems Lens

- Red Tape of Aged care system is very hard to navigate
- Often funding issues for facility
- Residential age care can be hard to access: regional, financial
- Extremely long wait times
- Mental health needs not always identified
- Staffing shortages (famously low paid staff who need to work in several facilities to make ends meet)
- Reports show depending on the institutions, is a risk of neglect
- Access restrictions due to covid/flu shot or other
- Low uptake of volunteers with elderly
- The retired people are volunteering to help the elderly (approaching same age)
- Resistance to changing established models of care

Families and Young People – Systems Lens

- Not everyone knows how to get help
- Legislation on child safety for all adults in children's environment
- Access restrictions due to covid/flu shot or other
- Inadequate childcare funding
- Lack of consistent educational framework or care goals in pre-school setting