

IMPROVING SOCIAL CONNECTIONS OF OLDER PEOPLE: WORKSHOPS IN THE HAWKESBURY

*Report for Wentworth Healthcare
Provider of the Nepean Blue Mountains Primary Health Network*

Dr David Rees
Amy Levenberg
Zaffar Ansari

August 2019
www.synergia.com.au



Contents

| | |
|--|----|
| ACKNOWLEDGEMENTS | 5 |
| EXECUTIVE SUMMARY | 6 |
| INTRODUCTION AND CONTEXT | 7 |
| THE HAWKESBURY | 8 |
| ASPIRATIONS AND CONCERNS OF COMMUNITY MEMBERS | 11 |
| <i>Community</i> | 13 |
| <i>Service</i> | 14 |
| <i>People</i> | 15 |
| <i>Connections</i> | 16 |
| <i>A Hawkesbury Where Nobody is Alone</i> | 17 |
| FEARS AND CONCERNS | 18 |
| COMMUNITY ASSETS | 19 |
| STORIES OF SOCIAL CONNECTEDNESS | 20 |
| The Hawkesbury Way..... | 22 |
| Service Providers Working Together | 23 |
| Connecting with the Socially Isolated..... | 24 |
| Improving Transport..... | 25 |
| Volunteers & Succession Planning | 26 |
| Respite & Support for Carers..... | 27 |
| MOVING FORWARD | 28 |
| Compassionate Communities | 30 |
| Connecting Resources | 32 |

Building Upon Current Successful Initiatives 33
 Peppercorn.....33
 On Demand Bus Service.....33
Social Connectedness Hawkesbury Advisory Committee (SCHAC) 35
REFERENCES 36

List of figures

Figure 1: The Hawkesbury Region with locations of the workshops identified 10

Figure 2: 'A Hawkesbury where nobody is alone'..... 17

Figure 3: On-Demand Buses: Connecting people to services 34

Acknowledgements

This project and report was commissioned by Wentworth Healthcare, provider of Nepean Blue Mountains Primary Health Network.

We would like to acknowledge the guidance and support we received from PHN staff especially Kate Tye, Liz Murphy and Janice Peterson. We could not have facilitated the workshops or produced this report without their hard work and extensive input.

Report for Wentworth Healthcare

This activity has been made possible by funding from Nepean Blue Mountains Primary Health Network (NBMPHN). Wentworth Healthcare is the provider of NBMPHN. While the Australian Government helped fund this document, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein. Wentworth Healthcare Limited (ABN 88 155 904 975) as Nepean Blue Mountains PHN. 450_0620



EXECUTIVE SUMMARY:

SOCIAL CONNECTEDNESS IN THE HAWKESBURY REGION

THE HAWKESBURY

- The Hawkesbury region is the **largest in Sydney** covering 2,800 square kilometres of peri-urban land
- It has a **rich history** of indigenous culture and colonial settlement
- The region is home to 66,000 people and has a **unique mix of urban and rural settlements**
- The economy is **largely agricultural** however hospitality and construction are growing
- The **slow population growth** has resulted in a **rapidly aging population** causing greater demand on services
- The region is often forgotten due to its **physical isolation** however the people from the region show a **high level of pride**



HOPES AND FEARS

The workshops identified the following hopes and fears that participants felt would occur as a result of the project.

|  |  |
|---|---|
| Community | People remain isolated |
| Service | No services |
| People | Lack of funds |
| Connect | No community support |

COMMUNITY ASSETS



The Hawkesbury is rich in resources



Existing services are poorly coordinated



Cost and transport are the main barriers

The list of associations identified through the workshops was diverse and highlighted the sheer number of resources and services at the community level. There were fewer formal institutions identified.

It is important to highlight the individual people listed, as they are seen as leaders in the community who can play an important role in helping to implement the ideas and achieve the goals discussed in this report.

STORIES OF SOCIAL CONNECTEDNESS



The Hawkesbury way

The region has a rich sense of pride and feeling of belonging. The community wants to be heard and wants to be involved in the solution.



Service providers working together

The community identified there was no shortage of services and resources in the area. There is however a lack of co-ordination which is impacting on their reach and effectiveness.



Connecting with the socially isolated

Current approaches to improving social connectedness are not working for older people. Whilst services need to improve the way they identify and connect with those who are socially isolated, the participants identified the responsibility they had in connecting and engaging with those around them.



Improving transport

The region is physically isolated, there is low access to transport hubs and other factors such as timetabling make it difficult to use public transport.



Volunteers and succession planning

The community highlighted the importance of volunteers and how their support is necessary for the sustainability of some services. They felt that involving younger people is key for both short term gains in intergenerational connections and long term sustainability of solutions.



Respite and support for carers

The community feels the need for respite and carer support is at crisis point. They understand that being a carer can result in a number of pressures which can result in the person becoming socially isolated.

MOVING FORWARD



Increased coordination between extensive resources



Improved awareness of what is available



Better understanding of the needs of the socially isolated

Currently existing organisations are pursuing multiple priorities and they lack a shared understanding, a goal for the Hawkesbury and a plan to work together and coordinate services.

It is recommended that the PHN invites leaders from key service organisations to come together and collaborate on a joint vision for social connectedness in the Hawkesbury.

Introduction and Context

This report is an outcome of a project Synergia was commissioned to undertake entitled "Improving Social Connections of Older People: Co-designed workshops."

The workshops were designed to create an opportunity for community engagement and ownership with the aim of improving social connectedness for socially isolated older people in the Hawkesbury region.

This report succeeds three previous documents that collated the raw outputs from each workshop. This report builds upon those earlier reports by highlighting key themes and recommending ideas for moving forward.

The workshops were held in Bligh Park, North Richmond and Pitt Town in late July and early August 2019, attended by over 100 people.

how do we
identify these
people who are
socially isolated
lonely

Constructive
ideas on
building connections

We help people
who have a
fear of connecting
feel safe to
do so.

LEARN something
INTERESTING AND/OR
CONSTRUCTIVE FOR
OUR COMMUNITY

for
etc.

can

re
nections

UNDERSTANDING
FUN AND
GETTING TO
KNOW PEOPLE.

The Hawkesbury

The Hawkesbury local government area (LGA) is the largest within Sydney, covering close to 2,800 square kilometres of peri-urban land (Hawkesbury City Council, 2018). At its closest, the suburb of Windsor Downs sits approximately 56 km away from Sydney Central Business District (CBD). At its furthest, Mellong, a village nestled within the Wollemi National park, located over 110km away from the CBD.

Despite its vastness, the Hawkesbury region has a wealth of Indigenous and European culture and history embedded, that has entrenched a real sense of pride in the people who live there.

Prior to one of the earliest colonial settlements in Australia in 1789, around 300 traditional owners of the land, the Darug and Darkinjung people, lived in the Hawkesbury Valley and had strong spiritual and social connection to the Hawkesbury River and the abundance of natural resources it provided.

European settlement at Windsor in 1794 began the development of the rich colonial history that continues to permeate through the region. With the Hawkesbury river winding through the centre of the districts and its surrounding alluvial soil, the early European settlers were quick to capitalise on this and began agricultural farming. The cultivation of wheat, maize, fruit and vegetables along with timber, dairy and poultry farming were pivotal for the development and growth of the region's economy (Hawkesbury City Council, 2017).

The Hawkesbury quickly became one of the produce suppliers for the greater Sydney area and it remains the oldest rural land holdings under continuous cultivation in Australia (Hawkesbury City Council, 2018).

While many of the colonial buildings such as the oldest church and public square have retained their original look and use, and early settlers continue to farm and live in the area, the Hawkesbury has faced its challenges.

Unpredictable, swift and highly destructive floods continuously damaged the river trade and left harvests, homes, livestock, sheds and fences destroyed. Many were reduced to starvation and even worse, whole families would perish. Between 1799 and 1964 there were 41 major floods until the completion of the Warragamba Dam in 1960 which continues to divert overflow of water out of the river to be used in Metropolitan areas (Hawkesbury City Council, 2017). Five of the main townships; Richmond, Windsor, Pitt Town, Wilberforce and Castlereagh, were all established on higher grounds to mitigate these risks.

Now, the Hawkesbury is home to roughly 66,000 people. However, given its unique mix of urban and rural settlements, no one town or village contains more than 11% of the total population (Hawkesbury City Council, 2018).

The economy still relies on agriculture, however the hospitality industry and construction sector, with the constant expansion of the Sydney metropole, also play a large role.

Surrounded by the Blue Mountains, Wollemi and Dharug national parks, Hawkesbury has become the destination for Sydney escapees and those in search of a 'tree change'. The average annual population growth since 2006 in the Hawkesbury, however, is drastically less than Greater Sydney with rates of 0.67% and 1.71% respectively. This leads to a rapidly aging population with a greater demand on services and facilities such as housing and healthcare. (Hawkesbury City Council, 2018).

Despite the local community pride, resilience and stoicism that is founded in this rich history, the sheer size and location of the Hawkesbury brings with it a feeling of isolation. As the saying goes, out of sight, out of mind.

However, this presents the Hawkesbury with a unique opportunity. The isolated geography lends itself to a need to depend on, improve and expand local resources, services and personnel. With the determination of the people who live in the region and the pride they have in their community, the Hawkesbury can continue to thrive in a self-sufficient, empowered community way that services everyone who lives there.

Given the above, it was important that in conducting the workshops for this project, participants from as large a scope as possible were invited to attend.

We held three workshops, over three days. The first was held in Bligh Park, the second in North Richmond and the third in Pitt Town. Participants represented a range of backgrounds. There were elderly members of the community who understood, from personal experience, the impact of social isolation and many service providers and volunteers attended to understand their role in the community and how they could improve. Each workshop also included a number of younger people who were able to add their perspectives on social isolation.

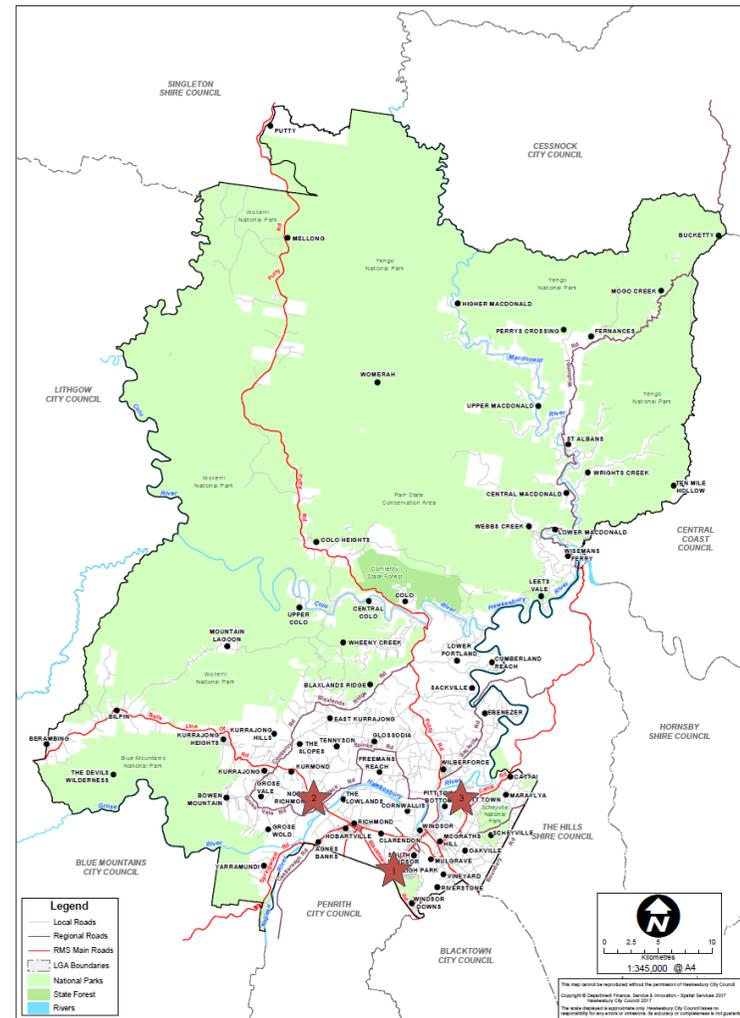


Figure 1: The Hawkesbury Region with locations of the workshops identified

Hopes and aspirations

In each of the three workshop we conducted an exercise designed to elicit the participants' **hopes and fears** for the workshop and what it may, or may not, achieve. The outputs of these sessions were then captured, and the emerging themes discussed. The following section describes what emerged out of a consolidation of the outputs from all three workshops.



Community

- The Hawkesbury is a unique community that makes it different from other areas
- The people are motivated for change to come from the grassroots



Service

- There is a need for some special services such as health services and toilets and showers
- There is overall a range of services available, but they lack connection and integration



People

- People want to connect with the socially isolated
- There is a need to develop a better understanding of who is isolated and what their needs are



Connections

- There is good awareness of potential interventions
- There is a feeling that existing resources and approaches should be built upon



Community

When workshop participants talked of community, they often talked of awareness and the hope that the work would “increase awareness of the community needs and the services available”. The idea of the project facilitating people coming together was also a strong theme with participants expressing the hope that it could result in people, “working together for better outcomes” and doing so in a way that respected the uniqueness of the Hawkesbury, “keeping our unique community ‘can do’, I can help attitude”.

Underpinning these statements was a strong sense of ‘The Hawkesbury’ being a unique community; a community that has an identity that separates it from other areas and, as a consequence, has its own issues, challenges and opportunities. This strong sense of identity went as far as people expressing a vision for Hawkesbury in relation to social isolation: **“A Hawkesbury where nobody is alone”**





Service

Throughout all three workshops there were service gaps identified. A number of participants talked of the need for, “a respite centre for people living with dementia”. Others talked of a “local health service for eyes”, “better trained peritoneal dialysis nurses in a hospital”, “public toilets and shower facilities”. Furthermore, throughout all three workshops, improved support for carers was a widely expressed need.

Balanced against the identified service gaps was the idea that people were unaware of the wide range of services and organisations that were available to support people. This led a number of participants to express the hope that as a result of the initiative, “...the community is more informed about services that are available.” A dominant feeling, and one further expressed in the session on ‘community assets’, was that the real issue was not so much a lack of services and other resources but a lack of co-ordination between them.

Participants also talked of the geographical challenges that their widely dispersed community presented, and the importance of transport in any suite of interventions designed to increase access

to and use of services. They emphasised, across all three workshops, the need to, “...improve transport for isolated people”.





People

The key focus of comments here reflected a desire to better understand and connect with those who are socially isolated. People talked of the need to, “better understand what older people in our community want”, to “understand what socially isolated people need” and to learn “how to connect with socially isolated people”.

Central to the conversations about socially isolated people was that it was not just a matter of ‘providing services and they will come’, but one of developing a much richer understanding of the people who were isolated, what their needs were, where they are and what would be effective ways of connecting with them. Participants talked of “helping people who have a fear of connecting, feel safe to do so” and “helping those who are shy to join group activities”. These statements also reflected the need for connections.





Connections

Connecting was the fourth theme and people mentioned a wide range of potential interventions, from community notice boards, to advocating for improved transport. A strong thread throughout these discussions was a focus on building upon strengths that already existed in the community, “making the grapevine work” and “sharing of social connections already in place”.



A Hawkesbury Where Nobody is Alone

Each of these four themes interacts and overlaps with the others and the graphic below aims to highlight the connections between key hopes and how they all contribute to achieving the vision expressed in one workshop as, “A Hawkesbury where nobody is alone”.

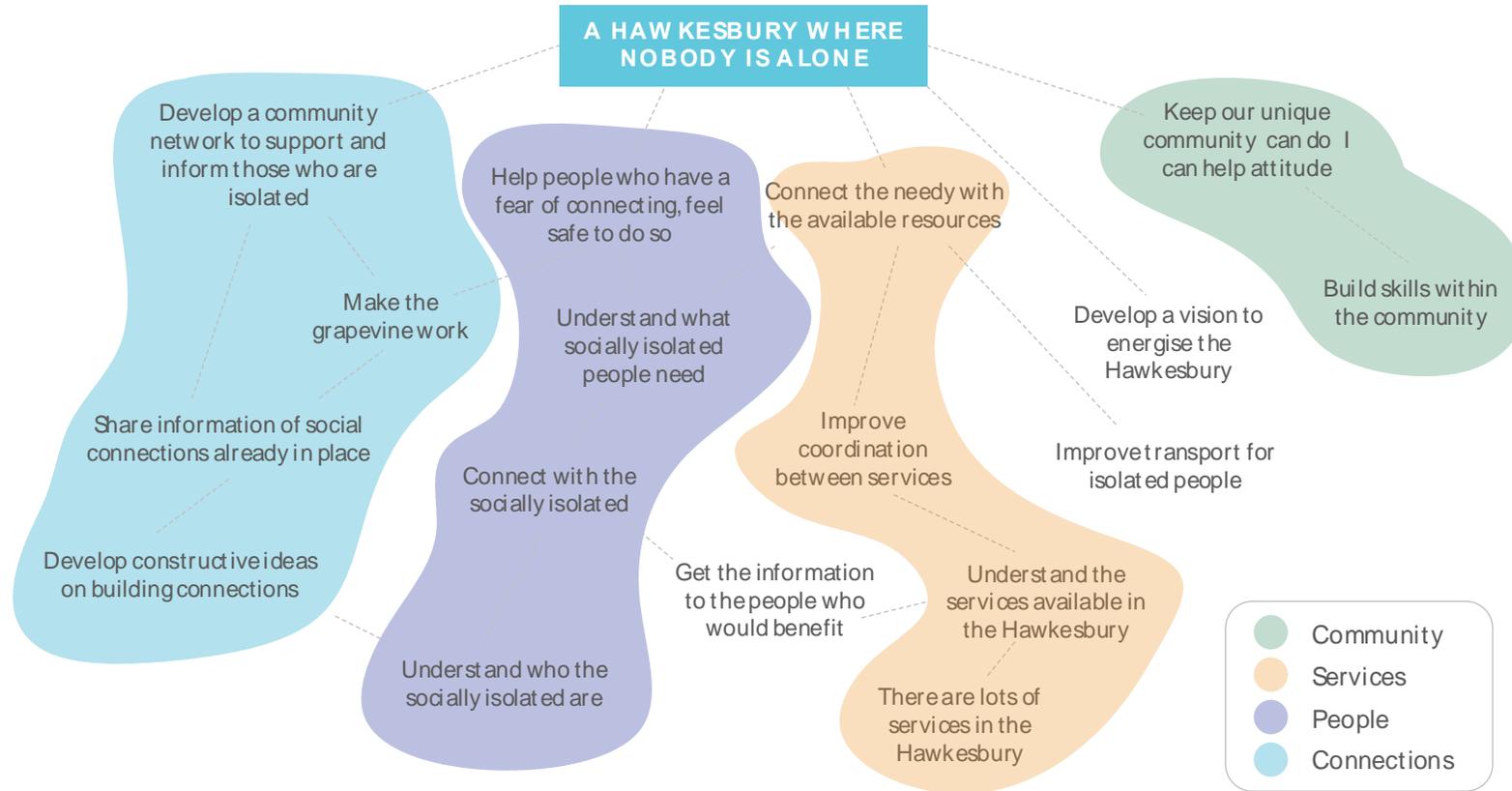


Figure 2: 'A Hawkesbury where nobody is alone'

Fears and concerns

In reviewing the fears listed by participants there were two key themes. The first were a group of fears that, 'things won't happen', and/or 'happen too slow', and that the Hawkesbury and its community would remain feeling neglected: As one participant pointed out, the name of its governing primary health network ("PHN") - The Nepean Blue Mountains PHN - with no reference to the Hawkesbury does not help feeling forgotten.

These are common fears expressed by communities when offered the opportunity to be involved in initiatives that aim to tackle important local issues. They will only recede when people see that the workshops are followed up with initiatives that the community is actively involved in designing and implementing, and that they see some effect resulting from the work. Until those two things occur these fears will, understandably, remain.

Nothing will change

- "Take too long to get the ball rolling"
- "These things won't happen"
- "Nothing will eventuate out of today's session"
- "Negative voices stop things happening"

Meaningful change won't happen

- "Side-tracked into issues that are not relevant to social connections"
- "Power struggle between our different organisations rather than co-operation"
- "That things will not be followed up and all is put in the "too hard basket"
- "Start with good intentions but fall away after time"
- "Won't make a significant impact on those who need it most"

Community Assets¹

“We have lots, they are just not connected”

The key theme that came through the work identifying community assets was that the Hawkesbury is rich in resources and services but that these are not co-ordinated well. As a result, the best use is not made of the resources available, sometimes because people are not aware of them and/or sometimes they cannot access them. The main barriers to access being cost and transport.

The list of associations is a diverse list. A small selection highlights this diversity including organisations such as, Riding for the Disabled, Lions and Rotary clubs, volunteer fire brigade, walking groups, sports clubs, Meals on Wheels and Woman Song, to name just a few.

The list of formal organisations, while not so long, was also extensive. Some of these were organisations such as Dementia Australia and Family and Community Services (FACS), others were regional organisations that had a presence in the Hawkesbury, such

as the Western Sydney University, while others were distinctly local, such as the local community centre.

One list that deserves close attention is the list of individuals who are seen by workshop participants as key leaders in the community. Some of these are people actively involved in specific services, some of whom were participants in the workshops, others are people in positions of influence and could be nominated to assist in supporting and advocating for specific projects.

The key issue for the Social Connectedness of older people project is not a lack of resources but how to best connect with and utilise the extensive resources that do exist. The list of individuals in the Hawkesbury that participants consider to be influential could be important in helping this to occur.

¹ The full list of community assets were written up in the output reports produced for each workshop.

STORIES OF SOCIAL CONNECTEDNESS



Stories of Social Connectedness

In this session participants explored the key themes that emerged in the previous two sessions. The purpose here was to develop an understanding of what the current situation was, what a preferred future looked like and obtain ideas about how to get there. The following sections tease out the key stories that highlight both the issues and focus areas for intervention

The Hawkesbury way

- Participants have a real sense of pride in their community and region.
- They want to see age-appropriate ways of disseminating information and want to be included in change.

Improving transport

- The geography of the Hawkesbury makes it a hard region to adequately service in terms of transport
- More options are needed for transport to social activities that support wellbeing, not just medical appointments.

Service providers working together

- Hawkesbury is not lacking in services, however existing service lack integration.
- Understanding what the community needs is key to ensure services and funding are efficient and effective.

Volunteers and succession planning

- Community involvement in service provision is key to its success. Without increasing involvement from a younger generation, services risk becoming irrelevant and will cease to exist.

Connecting with the socially isolated

- Not all socially isolated people want help.
- Technology is a key barrier for older people accessing information about services.

Respite and support for carers

- Workshop participants considered that there are too few respite beds and carers feel neglected, invisible and are under extreme strain.
- Participants feel it is important to identify and support carers in the community.

The Hawkesbury Way

With its rich cultural and economic history and vast landscape, the Hawkesbury region invokes a real sense of pride in its residents, who have long considered themselves 'locals'. This pride and stoicism is evident in the way the residents want to tackle issues in the 'Hawkesbury Way' working with people in the community.

While there is pride in 'The Hawkesbury Way' there is also concern that the Hawkesbury has changed in ways that have left the older generation and locals of the area behind, creating inequality in the way knowledge and information is disseminated and how decisions are made.

Participants expressed a concern that increased reliance on technology has contributed to a sense of disconnection from the community. It is important that the community regains their voice and are heard alongside organisational staff to ensure solutions are appropriate, accessible and effective for everyone.

Similar to this idea, the community want to see a more inclusive, proactive system to circulate knowledge of who to contact, where to go and how to do this.

Finally, the community recognises that with a large geographical area comes distinct needs and wants depending on location.

To affect change, participants emphasised the importance of increasing knowledge and communication about social isolation in the community and the services and resources available to tackle

this issue. This has to be done however with the close involvement of the community. It is clear that whatever happens in the Hawkesbury, the participants want to be involved and want to ensure that the community voice is heard.

Key points: Participants have a real sense of pride in their community and the Hawkesbury region. They want to see age-appropriate ways of disseminating information and knowledge, and they want to be consulted with and included in the process of change.



Service Providers Working Together

It is evident from the previous section outlining current community assets that the Hawkesbury region is not lacking the organisations, providers and resources that are integral to making a difference in reducing social isolation.

However, participants identified a distinct lack of connection, coordination and communication between these services: “We have lots of resources, they are just not working together.”

This disconnection leads to many services going unnoticed by other service providers and community members which in turn can impact the feasibility of keeping that service going. Conversely, a lack of understanding about what is out there leads to well-known services being overloaded, decreasing their efficiency and effectiveness.

The Hawkesbury is in a unique situation where, due to its location, it needs to be mostly self-sufficient. Thus having multiple services working well together is crucial.

In order for services to become more coordinated, participants indicated that it is important to first understand what the community needs. They understand that funding is often scant and spending money on unwarranted services would be damaging.

Service coordination requires services to put the community needs at the top of their priority list. Creating a united front, participants suggested employing a co-ordinator role utilising a common space, like a GP clinic, as a social space for services to come together.

Key Points: Hawkesbury is not lacking in services, but they are not working together effectively. Due to its location, the Hawkesbury needs to depend on its own services to meet the needs of the community. Understanding what the community needs is key to ensure services and funding are efficient and effective.



Connecting with the Socially Isolated

Not only is there a lack of coordination between services, there is also a lack of information filtering down to those who are socially isolated.

The participants believe society has changed. First, among many changes, there is a perception of increased crime and a feeling they are no longer safe in their own homes and in public places. Second, the move towards technology has left the older population feeling more out of touch than before. Overall, participants feel as though society has become less social, the neighbourhood culture has dissipated, and it is easier to just stay home.

In relation to technology, participants feel that providers are trying to disseminate information in a way that is not conducive to the skills of older people. This means that those who are isolated, stay isolated and many have no awareness of what is actually available to them.

Finally, in order to be able to connect with the socially isolated, there is a need to locate and identify these people. It is important here to note the difference between social isolation and loneliness. The participants noted that while some individuals are socially isolated, that does not necessarily mean they want to be connected with networks, services or other community members. The rights and needs of everyone in the community need to be respected and not forced upon them.

Participants see themselves at the centre of this change. They see it as their own responsibility to communicate and engage with people around them. However, a cultural shift is also required. Increased involvement from younger people will not only help with activities older people struggle with but more importantly, it will decrease feeling being unsafe within the community and help bridge the generational gap between young and old.

Key Points: Not all socially isolated people want help. Technology is a key barrier for older people accessing information about services available to them. Increased involvement from younger people will change perception of an unsafe environment and help older people with other activities.



Improving Transport

There seems to be two key themes that emerged in this topic.

First is the nature of the geography of the Hawkesbury, with the majority of the population in the South Eastern corner of the region. For those who don't reside there, they, by definition, are physically isolated and therefore have limited connection to resources and tend to remain isolated. Railway stations and places that are considered 'transport hubs', such as Rouse Hill, are inaccessible without a car, have limited parking spaces, poor lighting and no staff. The issue of public transport is exacerbated on weekends, often leaving passengers stranded without a means of return due to incomplete and insufficient timetable scheduling.

Advocacy was the only action the community saw to rectify this issue. Participants feel the State Government should be responsible for pushing through upgrades to stations and the surrounding areas, implementing new strategies like the "On Demand Buses" scheme and adding more buses to already existing timetables.

The second is that funding is geared towards helping people get to medical appointments, whereas this project places greater emphasis on getting to 'social' appointments. Participants recognise a need for funding from outside agencies and private business sponsors. This seems to be born out of the fear that advocating for more would instead reduce funding for medical transport to increase 'social' transportation. Community members see an opportunity for buses to be shared between not-for-profits, but are concerned that

constant knockbacks and bureaucratic red tape will make the process seem too hard and people will give up.

Key Points: First, the geography of the Hawkesbury makes it a hard region to adequately service in terms of transport. The Government is key for increasing funding in this area. Second, more options are needed for transport to social activities, not just medical appointments.



Volunteers & Succession Planning

These workshops highlighted the importance of volunteers and community input in provision of services. Supporting these people to ensure the longevity and efficiency of services are maintained is crucial for the success of this project. Without support, many services would cease to exist and the ongoing effort of many will be lost.

There is also an intergenerational theme running through this story. Many participants believe that young people do not understand the impacts of social isolation for older people. The younger participants, who have got involved, expressed their frustration that their ideas are often 'knocked back' so they become disillusioned and withdraw. This impacts on their willingness and their understanding about the importance of getting involved in volunteering. The short-term benefits of having young people involved is to increase social connections between generations. The long-term benefit is to involve a new generation in the services that need to have forward thinking, holistic, preventive and community-minded goals.

Key Points: The community involvement in service provision is key to its success. Without increasing involvement from a younger generation, services risk becoming irrelevant and will cease to exist.



Respite & Support for Carers

Another much repeated story, was that respite for individuals and support for carers is at a crisis point in the Hawkesbury.

Currently, it was noted by participants there are some beds available at some of the local aged care residential facilities.

However, it was said that they are sparse and expensive, with the onus of respite falling into the hands of government funded services.

Participants see an opportunity for private, local enterprises to become involved in the provision of respite care with donated premises and facilities and in doing so, create a network of providers that can be relied on equally by those who need it. Recognising, however, that this needs to be done in parallel with State government and Council input.

Carer support requires urgent attention. The participants recognised the strain felt by carers both financially and emotionally. Being a carer can be a full-time job, rendering the person invisible and socially isolated. It places an extreme load on an individual, which can impact their mental health and self-worth.

The practical solution to this issue aligns with the need for more affordable respite options, taking pressure off carers.

However, participants identified a second approach: shine a light on carers; understand who they are, where they are and what they

need. By doing this, the community will be able to leverage support off each other, advocate to increase carer allowances and in turn, increase the sense of pride and value that comes with doing such a selfless job.

Key points: Carer support is seen to be at crisis point in the Hawkesbury. Workshop participants considered that there are too few respite beds and carers feel neglected, invisible and are under extreme strain. In addition, participants feel it is important to identify and support carers in the community. The emotion expressed in regards to this issue indicates it is a high priority.



MOVING FORWARD



In moving forward, while there were many potential actions put forward by workshop participants. As noted above, we believe that there are three foundations upon which further action needs to be based. These are:

1. Build on the principles and practices of the Compassionate Communities Model.
2. Focus on connecting resources that already exist, improving the way they co-ordinate their actions and services.
3. Expand upon things that are already working well in the community, reinforcing the actions that are already considered successful, which have strong community support.



Compassionate Communities

In the design of this project, the NBMPHN was guided by the key aspects of the Compassionate Communities model.

Coined by Allan Kellehear in the mid-2000s (Kellehear, 2013), the Compassionate Communities model has become a frequently utilised approach for palliative and end of life care. The model works to increase support and networks for people coming to the end of their life and for their family, friends and carers who will be impacted by the loss. It places the onus on the entire community to become more engaged and better informed about death, dying and care and how to adapt to coming an active, compassionate and supportive member of the community.

By utilising an approach grounded in the Compassionate Communities model, the NBMPHN are emphasising the importance of initiating and developing solutions through a community development approach, recognising that communities, like the Hawkesbury, have their own specific needs.

"A city is not merely a place to work and access services but equally a place to enjoy support in the safety and protection of each other's company, in schools, workplaces, places of worship and recreation, in cultural forums and social networks anywhere within the city's influence, even to the end of our days" . - Allan Kellehear

There are five key principles that underpin the development of a Compassionate Communities approach (NOUS Group, 2018) which are important to the success of this project:

1. **Integrate community provisions into public health practice and policy:** There is a need to embed issues around social isolation, loneliness and mental health into public health practice and policy. The funding for this project has been brought about in response to the impact of a growing aged population in Australia, however only the UK and Canada have put these issues into policy (VSA Australia, 2018). Most notably, following the Jo Cox Commission report in December 2017, the UK appointed a Minister for Loneliness in January 2018 to implement the recommendations.
2. **Draw on community strengths to create supportive environments and generate advocacy:** Connecting pre-existing networks and services together to work in partnership for the benefit of the entire community is a great way to empower communities and help them see their collective power. It is clear from the workshops that the Hawkesbury have an abundance of services and people willing to improve the outcomes of older community members.
3. **Strengthen community development and action:** The hopes and fears exercise we conducted with the workshop

participants, presented earlier in this report, found one of the most prominent fears is for this project to culminate to nothing; *“lots of talk, no action”*. The impact of this is two-fold. Firstly, it is important that achievable actions result from this work. Secondly, it is crucial that communication with the community is continued. These two steps will help manage expectations, keep fears at bay and instil hope in those who want to see this project succeed in decreasing social isolation in the Hawkesbury.

4. **Develop individual knowledge and skills:** Improving service provision, implementing strong policy will all fall to the wayside if there isn't enough information disseminated into the community. The workshops emphasised this - while people are knowledgeable about their own position in this field, there is little known about those around them. Similarly, potential community consumers seemed to lack the same information and had little knowledge of the services available to them.
5. **Re-orient health services to work in partnership with the community:** Coordination between health services and the community is essential to the Hawkesbury due to its size and dispersed population. To see continued pride in the Hawkesbury, a successful community is contingent on a

healthy, strong and respectful relationship between these two parties. Without this, *“we will continue to do what we have always done, and will continue to get what we have always got”*.

In Australia, there are many examples of the Compassionate Communities approach in action. Most notably, The GroundSwell² Project (GSP) in relation to palliative care have gained much traction. GSP aims to:

1. Strengthen relationships between healthcare providers, families, neighbourhoods, social groups
2. Build strong networks of support
3. Improve death literacy through *Dying to Know Day* and *Death Literacy Index*.
4. Create a Compassionate Community in the Blue Mountains: *Willing Villagers program* is designed to support people in the community who want to contribute, tend to naturally connect and build relationships with others and know what is going on in the community. This program will link in with the initiatives happening in General Practice clinics and small community groups, raising greater awareness and support for end of life care.

² <https://www.thegroundswellproject.com/blue-mountains-comcom>

Connecting Resources

As noted in previous sections, the Hawkesbury is not short of resources. The issue the region faces is the co-ordination between and access to those resources. Better co-ordination can support improved awareness of what is available, better understanding across services of the needs of the socially isolated as well as initiatives to improve access. These are opportunities that individual services cannot do on their own. To tackle them properly requires services to come together as a collective.

Getting services to work collectively requires that they put the needs of the community to the forefront, rather than the needs of their organisation.

Commonly referred to as '*Stewardship*', this is a process of bringing leaders of these organisations together to develop a plan for improving social connectedness in the Hawkesbury. Currently, these organisations are likely to be pursuing multiple priorities and some of them may even have developed their own plans to connect with the socially isolated. It is important that they come together to

develop a common understanding, a goal for the Hawkesbury and a plan to improve the way they work together and co-ordinate their services. The PHN can play a major role in facilitating and supporting this process.

We recommend the PHN invites leaders of key service organisations to come together to discuss and develop a joint vision for social connectedness in the Hawkesbury. The outputs of the three workshops can be used to provide them with an increased understanding of the community voice.

The vision articulated in the workshops of a 'A Hawkesbury where nobody is alone', provides a good candidate for a vision which can then be supported by a number of jointly developed goals that focus on improving the connections and co-ordination between the organisations.

Building Upon Current Successful Initiatives

This section describes a small number of services that were highlighted as contributing a great deal to improving social connectedness in the Hawkesbury.

This section does not provide a comprehensive list. It is intended to provide some examples of existing services that are seen by participants as important services that need to be supported and/or expanded.

Peppercorn

Peppercorn is a well-known and well-respected service provider in the Hawkesbury. The service is well aligned with the goals of this project, attempting to connect with socially and/or geographically isolated people above the age of 65 and acknowledge this population as active and valuable members of the community.

Along with its transport options for both medical and social events, Peppercorn also currently offers a “Come Dine with Me”³ program. Funded by the Commonwealth Home Supports Program (CHSP) and the Community Care Supports Program (CCSP), the program offers door-to-door transport, meeting at the Hawkesbury Leisure & Learning Centre on Tuesday and a local club on Thursday along with 2 hours of varied activities that provide people the chance to

³ <https://www.peppercornservices.com.au/index.php/seniors/dining-options>

socialise and spend time with each other. Assessment into the program is done by the team at My Aged Care, with a small fee charged for the meal.

This service was not mentioned during the workshops and highlights the issue facing the Hawkesbury today - there are services available, but they are not well-publicised and therefore, underutilised.

While well-known and well-respected, there are also criticisms of the way it operates. The Chief Executive (CE) of Peppercorn attended the workshop at Pitt Town and was involved in discussions about what could be changed to respond to the community concerns, making commitments to explore a number of proposals more closely. The CE’s presence at the workshop is a great indicator of Peppercorn’s willingness to respond to local needs and should be connected into the next steps, so that their involvement is supported.

On Demand Bus Service⁴

The ‘On Demand’ bus service was mentioned as a potential solution to part of the transport issues currently facing the Hawkesbury.

⁴ <https://transportnsw.info/travel-info/ways-to-get-around/on-demand>

On further examination, the On Demand service currently runs in the Norwest region and has been trialled around NSW. It is touted as a “ready when you are” service that will pick you up from a ‘virtual bus stop’ and drop you at a metro station, train station or bus stop so you can connect with the public transport network. The aim of the trialled service is to provide a flexible approach to deliver services to people when and where they need them. There is no mention of return trips back to the virtual bus stop near their home.

Bookings for the service can be made via the app, online or by phone. The latter may be the only relevant mode for older people due to aversion of technology. It also requires advance planning and booking, 12 hours prior to the intended trip.

In most locations, the service runs for a couple of hours in the morning and a couple of hours in the afternoon and does not tend to run on weekends. While this may be a potential solution to the issue of connecting with already existing transport hubs like Rouse

Hill and to accommodate for social appointments (not just medical), it will not rectify timetabling gaps and return service issues.



Figure 3: On-Demand Buses: Connecting people to services

Social Connectedness Hawkesbury Advisory Committee (SCHAC)

One of the key infrastructure features of the project is the establishment of the Social Connectedness Hawkesbury Advisory Committee (SCHAC).

We would recommend this committee brings together a range of community and service providers who are able to look at the 'big picture' while having enough on the ground connections to link to, and influence many of the areas highlighted in this report.

We consider that this committee has a key role in developing a vision for social connectedness in the Hawkesbury, building on the ideas developed in the workshop and focusing on improving access to and co-ordinated amongst existing services. They would provide a strong addition to the development of the 'connector role' which will focus in helping individuals connect to appropriate services.

A potential risk is that the committee focuses on and gets side-tracked by individual initiatives. Improving one service will not tackle the lack of co-ordination that underpins many of the difficulties associated with being aware of and being able to access relevant services.

No one organisation can tackle social isolation on their own, so a major focus of the SCHAC needs to be on ensuring existing services and resources work well together, seeing social isolation as something that can be best tackled together.

References

- Amentas, D. (2019). Australia's Royal Commission into Aged Care: What's Happened So Far? Retrieved from: <http://www.mondaq.com/australia/x/817794/Healthcare/Australias+Royal+Commission+Into+Aged+Care+Whats+Happened+So+Far>
- Baker, S., Warburton, J., et al. (2018). Combatting social isolation and increasing social participation of older adults through the use of technology: A systematic review of existing evidence. *Australasian Journal of Ageing*, 37(3).
- Bartlett, H., Warburton, J., et al (2013). Preventing social isolation in later life: findings and insights from a pilot Queensland intervention study. *Ageing and Society*, 33(7), 1167-1189.
- Hawkesbury City Council. (2017). *The Hawkesbury: A Thematic History*. The Hawkesbury City Council. Retrieved from https://www.hawkesbury.nsw.gov.au/__data/assets/pdf_file/0008/95975/The-Hawkesbury-A-Thematic-History-2017-February.pdf
- Hawkesbury City Council. (2018). *Annual Report 2017-2018: The Hawkesbury 2036...It's Our Future*. Hawkesbury City Council. Retrieved from https://www.hawkesbury.nsw.gov.au/__data/assets/pdf_file/0003/120828/Annual-Report-2017-2018.pdf
- Kellehear, A. (2013). Compassionate communities: end-of-life care as everyone's responsibility. *QJM*, 106(12), 1071-1075.
- NOUS Group. (2018). *Compassionate communities implementation guide*. Department of Health.
- VSA Australia. (2018). *Isolation & Loneliness in Older People: Rapid Literature Review*. The Australian College of Mental Health Nurses Inc.