Charlie's Gift
Confident Ageing

Engage • Connect • Enable

OPALs and GEMs
Companionship and Support Program

Supporting older people who experience loneliness and social isolation

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INTRODUCTION

Loneliness and social isolation are not 'symptoms' of ageing. We can experience feelings of loneliness and social isolation at any age. However, as we reach our autumn years, we progressively experience internal and external changes and loss that can result in long-term loneliness and social isolation.

A recent white paper presented to the Australian parliament claims that one in four Australians reported problematic levels of loneliness before the pandemic began. In an article authored by Dr Michelle H Lim, co-director of the Global Initiative on Loneliness and Connection stated, "Australia is at risk of falling behind in addressing the policy changes needed for meaningful community and social connection". Specifically, Lim's article addressed the need for a strategic framework for social connection, the strengthening and collaboration of the workforce, empowering communities to help each other and more investment in Australian research (Lim, 2022). We aim to address the first three of these four proposed frameworks within this program.

There are many reasons why a person in their autumn years may experience loneliness, feelings of disconnect and the negative health and wellbeing issues that can take effect as a result. All of which are outlined in the evidence based research and program content below. One significant reason you may not have considered is ageism, stereotyping and assumptions made by others whether unintentional or not. (Valuing older people: time for a global campaign to combat ageism, 2016, Bulletin of the World Health Organisation)

Addressing unintentional ageism and stereotyping and providing opportunities for young companions to learn from and share skills with their older companion is only one of many objectives within this programs unique and person focussed framework.

The importance of being heard, understood, supported and enabled to accept change and move forward, within one's own timeline, can never be understated. As, in addition, are the mutual benefits of the Program to both OPAL (participant) and GEM (companion) through rapport and shared experience.

Huglin, J., Whelan, L., McLean, S. et al. *Exploring utilisation of the allied health assistant workforce in the Victorian health, aged care and disability sectors* BMC Health Serv Res 21, 1144 (2021)

Lim, M. H. *Four ways we can recover from the loneliness of the COVID pandemic.* The Conversation August 4, 2022

https://endingloneliness.com.au/wp-content/uploads/2022/08/ELT_Whitepaper_July2022-1.pdfhttps://doi.org/10.1186/s12913-021-07171-z

WHAT THE PROGRAM IS NOT

The OPALs and GEMs program is not

- **a clinical therapy program**
- **an aged care program**.
- **an government funded program**.

Although the program takes into account many principles of Occupational Therapy theory and science, **it is a social engagement, intergenerational, supportive and premature ageing preventative program, enabling access to individual needs necessary for each participant's sense of wellbeing.**

The role of the volunteer GEM is to engage, provide companionship, learn, be educated and facilitate enablement of older people to participate in social engagement and community connection. Health students recruited as volunteer GEMs **do not** at any time have consent to provide advice, recommendations or therapeutic interventions during the program, unless first discussed and approved by the Program Manager.

The program it is not a supervised, academic or graded clinical placement. However, a volunteer coordinator and program manager will support and guide each GEM for the 24-week duration they participate in the program

The purpose of recruiting health students as volunteer GEMs, is not to utilise their knowledge or clinical experience but to provide an opportunity to engage with and learn from older people in their community, while strengthening interpersonal and soft skills.

All GEM volunteers (with consent from the OPAL) will report any issues/concerns regarding their allocated OPALs health and wellbeing directly to their Coordinator(s) and Program Manager.

MISSION STATEMENT

Charlie's Gift Fund Inc. (Charlie's Gift) is a not-for-profit/charity organisation founded to provide Newcastle and Lake Macquarie communities with a sustainable, transparent, credible organisation to enable informed and individual choice and connection to those in the community based on these choices.

Our mission is to implement sustainable and community focused programs for older people who are at risk the negative impact caused by loneliness, community disconnection and social isolation. Our programs encompass

* Empathy

* Support

*Companionship

* Opportunities to mentor the young

* Information and resources

*Enablement for independent choice

* Meaningful community connections

In essence, the program is a whole of community support to age with confidence. OPALs are our older people affected by loneliness and GEMs are our genuinely empathic motivators.

Our vision is that Charlie's Gift represents peace of mind for our older community and that ageing well is possible when supported by your community.

Our program, OPALs (Older Person Affected by Loneliness and GEMs (Genuine Empathetic Motivator) is a companionship and support program for older participants who experience loneliness and the challenges of social isolation. The aim of this program is to:

- offer each OPAL regular companionship with a GEM
- initiate mutual rapport, based on trust and respect
- create a safe and supporting space for both GEM and OPAL to engage with, and learn from, each other
- support the OPAL to identify meaningful leisure and social activities and participate in them
- address issues or difficulties the OPAL has identified as an area where they need help
- enable the OPAL to access the information, resources, and services they need
- ensure the OPAL is able to continue their social engagement and community connection at the conclusion of the program.

Upon completion of our pilot program we will launch our OPALs and GEMs programs in early 2023 pending community support, funding, and sponsorship.

CORE VALUES

Integrity

The trust and confidence of our community are of paramount importance to us.

Our mission, that all in our community will age with confidence, feeling valued, connected and enabled to access individual needs to age well, is driven by our Principles, Core Values, Code of Conduct, good governance and transparency.

Empathy

We care about the wellbeing of all whom engage with Charlie's Gift.

Hearing what you have to say, understanding your needs, showing compassion and providing support and gaining your trust is of primary purpose.

Enablement
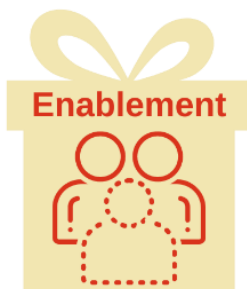
We appreciate that humans are social beings with an innate need to do for themselves, regardless of age or circumstance.

Our purpose is to support and assist those whom engage with us to achieve their individual aspirations.

Community

We know that we are all connected as a community and to help one helps many. Ensuring you remain connected to those needed in your community to enable individual and ongoing wellbeing as you age is our Primary Objective.

We recognise that without the support of our community we could not achieve our mission. We strive to take all opportunities to show our gratitude and acknowledge the businesses, people and services that support us and whom we all depend on.

Empowerment

To empower others is to promote autonomy, resilience and confidence.

Our Mission is entrenched to empower others by showing they are valued, appreciated and heard. To acknowledge their individuality and contribution to their community as well as be a trusted support during times of need or difficulty.

GLOSSARY

Ageism

Ageism refers to stereotypes, prejudice and discrimination based on age. In essence, it is how we think, how we feel and how we act towards others, and when directed at older people, it comes from negative attitudes and beliefs about what it means to grow old. *(Older Person Advocacy Network)*

Charlie's Gift

Charlie's Gift Fund Inc., a NFP/Charity founded to enable better ageing outcomes through Empathy, Companionship, Support and Enablement.

Co-ordinator

A Charlie's Gift representative whose role it is to coordinate, guide and support both Volunteers and participants of the program.

Enablement

Enablement is the core of occupational therapy practice. It underpins the overall goal of enabling people to achieve their occupational potential and engage in occupations that promote health and wellbeing.

Education/Informing

In the context of this program, education/informing refers to an experienced occupational therapist (OT), sharing knowledge, expertise, personal experience and the skills development to future health professionals followed by support and guidance to implement what they have learned in a practical setting,

GEM

In the context of this program, a GEM (genuine empathic motivator) represents the GEM supporting an OPAL and represents the following:

- Volunteer - a younger person with GEM like qualities equally valued by society as an OPAL, yet is still developing and forming their own unique characteristics and sense of self-worth.

- A person who 'goes the extra mile' and a good listener is easily referred to as a GEM because through the art of conversation, a good listener can make you 'feel' heard and that your wants, needs and desires are understood because the listener cares to understand.

Health Student

A person studying a health discipline.

Induction	The process where a Volunteer is introduced to this Organisation, its operations, values, and Code of Conduct, and provided with the information, resources and support to fulfil their appointed role and comply with the policy, procedures and processes that govern this Organisation.
Meaningful Activity	In the context of this program, a meaningful activity is social and leisure activity, chosen by the person and tailored to their needs whereby they experience satisfaction and personal meaning (wellbeing) and increase ongoing social networks and supports.
Mentoring	Assisting through sharing of knowledge, skills, and life experience to guide another toward reaching their full potential. (www.mentorsupportnetwork.com.au)
Older Person	In this context, a person aged over 60.
OPAL	An acronym for Older Person Affected by Loneliness. The qualities and attributes of an OPAL would be:

- Our older citizens, unique and valued, elders who should be treated with respect and appreciation
- Individuals are as multifaceted and unique as an opal, comprised of many from qualities, a gem shaped and formed by their unique environments and experiences to reflecting the person they are today.
- Individuals who have cause to celebrate their milestones in life, not because they are old but because of all they have achieved and continue to want to achieve.

OPAL and GEM Companionship & Support Program	A program to provide Companionship and support to older people experiencing loneliness and/or social isolation, enabling them to reconnect with their community and engage in social activities they choose and identify as meaningful
OPALs and GEMs	Abbreviation for the OPALs and GEMs Companionship and Support Program
Organisation	Charlie's Gift Fund Incorporated
Participant	Older person participating in the OPAL and GEM program
Person-centred	The OPALs values, wants and needs are the central focus of the Program

Policy & Procedures	The rules and governance processes that govern this program
Pre Reading/Learning	Resources materials and information sheets provided by this Organisation to prepare Volunteer GEMs for education and mentoring
Program Manager	• Runs and coordinates processes of Program • Manages and provide support/guidance tor Volunteers and Co-ordinators participating in the program Ensures all policy and procedures governing the program are adhered to.
Stereotyping older people	Believing that all older people are the same. Making assumptions about older people based on own beliefs.
Volunteer	A person who applies for and accepts a role within this Organisation without expectations of remuneration. In the context of this program GEM, Volunteer GEM and health student are interchangeable.
Occupation	In occupational therapy, occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and expected to do. *(WFOT – World Federation of Occupational Therapists) Source OT Australia, 2022*
Enablement	Enablement is the core of occupational therapy practice. It underpins the overall goal of enabling people to achieve their occupational potential and engage in occupations that promote health and wellbeing. *(Overview of enabling skills and strategies – Allied Health, Exercise and Sports Sciences (CSU)*
Wellbeing	To have wellbeing is not merely the absence of disease or infirmity but an individual requirement of a person's wants and needs that have to be met in order to give their life meaning, purpose and a sense of living well. Examples of sustainable wellbeing may include the experience of having a sense of engagement and competence, being resilient in the face of setbacks, having good relationships with others, and a sense of belonging and contributing to a community. *(World Health Organisation)*

PURPOSE OF PROGRAM

The OPALs and GEMs Companionship and Support Program aims to:

- Decrease loneliness and social isolation experienced by older persons within Newcastle and Lake Macquarie.

- Improve health outcomes for participants by preventing the effects that long-term loneliness and isolation has on health and wellbeing

- Decrease issues relating to living a sedentary lifestyle by increasing opportunities to walk and engage in the community

- Improve social engagement and connectedness by participation in social, leisure and group activities

- Facilitate opportunities for continual long term social and community engagement

- Decrease ageism or stereotyping in the community by providing the opportunity for the young and old to engage and learn from each other

- Support and enable older participants to identify and choose the social, leisure and group activities they want to experience and participate in

- Facilitate ongoing better ageing outcomes for participants by learning of their difficulties, issues, needs and wants by providing the information and support needed prior to completing the program

- Establish a trusted and valued 'brand' that benefits the OPAL, the GEM and the local suppliers of goods and services for our OPALs

PROGRAM OBJECTIVES

1. To prevent the negative impact on the health and wellbeing of older people (chronic disease, mental health, premature frailty) evident as the precursors to long-term loneliness and social isolation.

2. Ensure the framework and design of the OPALs and GEMs Companionship and Support Program (the Program) can achieve the following objectives:

   a. Reduce instances of ageism and stereotyping and inaccurate assumptions by providing opportunities for the young and older to engage, learn and mutually benefit from the experience.

   b. Provide opportunities for students studying a health/allied health/aged care degree at the University of Newcastle, TAFE or local colleges to volunteer as GEM's and gain and strengthen valuable inter personal and soft skills to benefit them personally and professionally.

   c. Ensure GEMs have the skills and support needed to succeed in their companion role

   d. Ensure that the programs description does not stereotype or make assumption about the older person or the diversity and complexity of loneliness and an individual's unique experience of it.

   e. Ensure that the program is engaging to the older person by showing that they have a purposeful role within the program, which is to mentor the young GEM companion and increase their social awareness of the issues and values of an older person.

   f. Provide empathic, person-centred support and companionship to older people who identify as lonely or socially isolated

   g. Establish a respectful relationship based on mutual trust and respect, where the OPAL feels safe to share/disclose the barriers affecting social engagement or other concerns affecting their wellbeing without judgement.

   h. Support the OPAL to identify what social engagement or leisure activities they may want to experience and participate in

   i. Support the OPAL to identify what is wanted or needed to address any current difficulties/concerns.

   j. Ensure both GEM and OPAL experience mutual satisfaction participating in the program

   k. Facilitate long-term gains for both OPAL and GEM who participate in the program.

3. Plan for and reduce the potential challenges of a projected rapidly increasing ageing population. For example,

   a. Collaborate with the University of Newcastle, TAFE and other educational institutions to support students to engage as volunteer GEM companions for the Program which will decrease pressure on under resourced aged care support workers and overpopulated residential care.

   b. Implement a program with an early onset and preventive approach, reducing the precursors of long-term loneliness and social isolation, such as disease, frailty and dependence.

4. Show our appreciation to the future health students that volunteer as GEMs for the program by providing them with an exclusive opportunity to develop and strengthen skills in

   a. communication

   b. empathy

   c. rapport building

   d. active listening

   e. non-verbal communication/observing,

   f. social awareness

   g. teamwork

   h. motivation for change and

   i. problem solving

All of which will facilitate optimal therapist/older person relationships, successful health intervention outcomes and client satisfaction.

PROGRAM DESIGN

The below graphic represents:

- Community connection is the core of the program based on the intersectionality of the OPAL, the GEM and the local suppliers of information, goods, and services for the older person.

- GEMs support, education, guidance, and engagement with OPAL is the foundation of the program.

- The trusted and respected relationship between GEM and OPAL is the key principle to successful and mutually beneficial outcomes of the program.

Represents the foundation of the OPALs and GEMs program
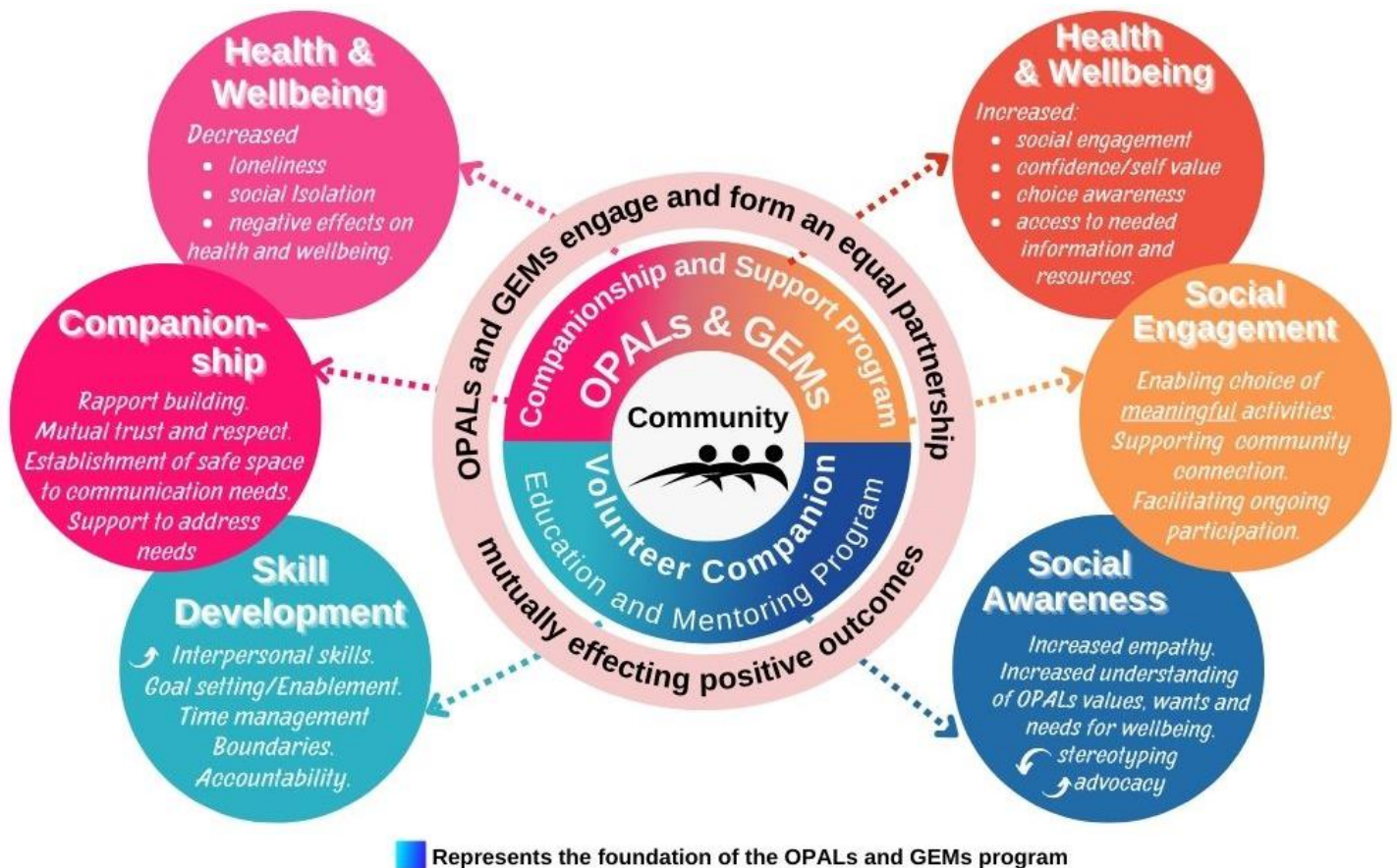
Key Components

The design and format of the OPALs and GEMs Program is based on current research, community feedback and consultation with a Community Occupational Therapist with over fifteen years' experience working with and learning from older people to enable and support them to live independently at home and within their communities.

The result of which includes:

- ensuring GEMs comply with the Charlie's Gift Code of Conduct, Volunteer Handbook and other policy and procedures
- ensuring GEMs have the required skills and attributes to confidently succeed in their companion role.
- ensuring the OPALs values, wants, and needs remain the primary focus of the program
- ensuring both OPAL and GEMs feel safe, supported, and valued
- ensuring Program Co-ordinators and Volunteers are able to provide ongoing support to GEMs and OPALs
- ensuring the OPAL determines the rate they progress through the program
- supporting the OPAL to identify, choose and participate in social and leisure activities meaningful to them
- provision of education and training, support and guidance to GEMs for the duration of the program.
- addressing challenges relating to ongoing recruitment of available Volunteers to meet the needs of participating OPALs
- recruiting GEMs with a genuine passion for health, disease prevention and better ageing outcomes
- reducing risks of GEMs unintentionally stereotyping or making assumptions about older people
- educating GEMs in effective communication skills to facilitate opportunities for the OPAL to disclose any issues or difficulties experienced and to address them
- ensuring the duration of the program is adequate to provide the OPAL and GEMs to establish a rapport, identify social engagement wants and needs, prepare for social engagement, and achieve social inclusion goals before the program conclude
- connecting young and older people to allow opportunities to learn from each other
- ensure the program has far-reaching benefits for the community after each Program concludes

Projected Outcomes

1. Decrease an OPAL's perception of loneliness and community disconnect

2. Increase an OPAL's participation in meaningful social and leisure activities

3. Issues or difficulties reported by OPAL's acknowledged and addressed

4. Increase an OPAL's awareness of what information, resources, services and choices are available to meet their wants and needs

5. Prevention of precursors such as chronic disease, mental health and premature frailty resulting from long term loneliness and social isolation

6. Improve OPAL's general health by increased exercise activity and social engagement

7. Increase OPAL's sense of purpose and value through sharing their experiences and skills with their GEM

8. Educate and provide GEMs with the opportunity to interact and engage with older people, reducing the risks of ageism or stereotyping

9. GEMs and OPALs experience the value and positive effects of a person-focussed approached to care

10. GEMs gain an enriched understanding of the issues, values, needs, capabilities and attributes of older people, identifying them as equals

11. Older people and health organisations benefit from employees with strengthened interpersonal and soft skills and demonstrated support for those in their community.

12. OPALs experience increased self-value and purpose through mentoring young people

13. Both GEM and OPAL achieve personal goals and self-satisfaction

14. GEMs and OPALs are able to conclude their mutual GEM based relationship prepared and with positivity

Case Scenario

Mary's Story

Mary's GP was concerned about Mary's low mood at the last visit; she had put on weight and reported fatigue. Mary's GP screened her for depression, which showed she was mildly at risk.
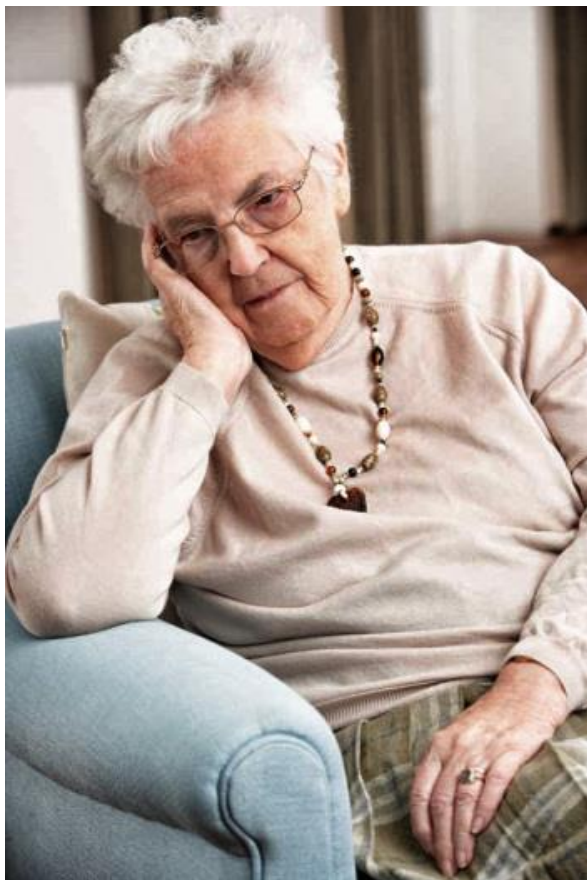
Her GP was aware Mary's husband had passed away eight months prior and asked how she was managing. Mary stated that she missed her husband as they did everything together. Initially, after her husband has passed, Mary's children would visit often and take her on outings. Two of her children live in Sydney and one lives in Maitland. Her close friends and siblings do not live locally but would call often.

Mary told her GP the visits and calls have greatly reduced as her children and friends have returned to their busy lives.
Before her husband passed, Mary enjoyed long walks on the beach, cooking, going to the theatre and visiting her family and friends. Mary's husband did all the driving, as Mary did not enjoy driving and gave her car to her grandchild.

Informed of the *OPALs and GEMs Companionship and Support Program,* Mary's GP felt Mary would benefit not only from the immediate Companionship but the opportunity to explore social and leisure actives she might enjoy to give periods of reprieve from her grief.

Charlie's Gift received the GP's referral, which noted her husband had recently passed away along with her contact details, family history, medical history, and purpose of the referral. Charlie's Gift contacted Mary, provided information about the program commencement details of the program.

What we know about Mary	The Process
• Mary is 79 years old. • Her husband of 50 years passed eight months prior • Mary and her husband did everything together. • Mary was dependent on her husband for transport. • Mary is in good health – she takes medication for high cholesterol and experiences joint stiffness and mild discomfort in her fingers, knees, and hips due to arthritis. • Family and friends support Mary, but they are busy and mostly live out of area. • Mary previously enjoyed beach walks, theatre, outings, and cooking. • Mary previously was active and health.	• Volunteer Co-ordinator and GEM attended visit to Mary's home, completed induction to the program, was introduced to her allocated GEM. • Mary and her GEM confirmed preferred days and times for future social visits to proceed.

What we learned about Mary	Goals Identified
• Mary taught art to Primary School students before she married. • Mary left work to bring up her children. • In the early years, Mary made all hers and her children's' clothing to make ends meet. • Mary is a good cook but does not enjoy cooking for one. • Mary likes to read novels. • Mary is not confident using her IPad or understands what it can do. • Mary has a Smart TV. • Mary would like to get a pet but is unsure of costs and if she could look after one. • Mary and her husband had beautiful gardens but looking after them is too much for Mary on her own.	• Mary looked forward to seeing her GEM.GEM • Mary felt comfortable with her GEM and enjoyed teaching her how to bake cakes and treats. • Mary's GEM enjoyed talking to and learning about Mary's life and experiences. • Mary's GEM (after consultation with the Program Manager) asked Mary if she would like to go out next visit and would she like to make a list of some activities she my like to try? • Mary and her GEM identified the following interests and prioritized them in order of preference. • Joining an art group • Joining a sewing/knitting group • Joining a walking group

- Increasing technical skills
- Joining a book club
- Volunteering – baking for charity

Enabling Social Participation	Issues Identified
• Mary's GEM discussed her chosen activities with the Case Manager and Co-ordinator. Information on the groups and activities available in Mary's local community was provided. • Mary and her GEM participated in two different art groups, a walking group and attended few Lions Club meetings. • The GEM is mentoring program taught her skills in digital mentoring and Mary was able to join an online book club and learn how to safely use Facebook and Messenger to keep in touch with family and friends. • **Mary also learned how to use YouTube to participate in art, cooking and sewing tutorials.**	• Mary sometimes experienced difficulties opening lids and bottles because of her arthritis. • Mary experienced pain in her hips and knees if standing for long periods. • Mary wanted to join one of the art groups, continue with her walking group and join the Lions Club as a fundraising Volunteer but was concerned about transport and costs. • After consultation with the Program Manager, a group of Volunteers was arranged to help Mary restore her garden as she was concerned she was unable to keep it maintained. •

Issues Addressed

- Mary was provided with information and resources produced by the Australian Arthritis Association to manage pain and difficulties associated with arthritis.

- Mary (with help from her GEM) purchased a lid and jar opening and a leg fatigue-reducing mat for the kitchen.

- The GEM and Volunteer Co-ordinator spoke with the participants of the walking group and Lions Club about Mary's transport. Participants (now known to Mary) Volunteered to assist transport.

- No participants in Mary's chosen art group lived close by.

- Mary's GEM discussed using public transport to attend the art group and calling a taxi on rainy days.

- Mary and her GEM caught the bus to art group until Mary was confident to manage independently.

- Mary's GEM provided her with information regarding government subsidised and private choices to assist maintain her garden.

- Mary felt she could afford a private gardener to assist with pruning and weeding once a month.

- Mary was provided contact information for My Aged Care and the services provided.

Conclusion

Both Mary, her GEM and her local community benefited from Mary's participation in the program

- Mary re-engaged with her community and made friends.
- Mary's physical and mental health improved.
- Mary is participating in chosen social and leisure activities meaningful to her.
- Mary has increased confidence and motivation using public transport.
- Mary is more aware of local businesses, services, and organisations that provide support and help at home to older people.
- Mary is better able to manage the effects of her arthritis.
- Mary's community is benefiting from her participation as a Volunteer.
- Mary's art teacher is benefiting from gains to her small business.
- Mary's GEM has increased confidence, learned how to bake, changed her perceptions of older people and developed an interest health and wellbeing for older people.

Both Mary and her GEM attended the 'end of program' *OPALs and GEM's Farewell and Presentation morning tea*. It provided an opportunity for both to recognise each other's value as they prepare to move on from their OPAL-GEM relationship.

Case Scenario
How Reported Issues Can Be Addressed On Program

Franks Story

Frank experiences hearing loss and did not hear his GEM ring the doorbell. Frank expressed his frustration in not hearing the doorbell when in the kitchen. He also said often having a conversation on the phone is hard and he cannot follow his favourite TV shows. His GEM sympathised with Frank and asked if it would be OK to talk to her Program Manager to see if she could help. Frank consented and his GEM contacted the Program Manager at the end of Frank's visit.

Discussion /Volunteer Support/Guidance	Outcome
Program Manager encourages the GEM to gather a little more information from Frank about how he previously managed his hearing loss and if there are areas of frustration other than previously stated..	Frank was happy to talk about his hearing loss and his GEM was able to report the following information with the Program Manager.
Program Manager and GEM develop a list of helpful questions to ask Frank next visit. Program Manager reminded GEM to ask Frank "Would be ok to talk about your hearing loss?" before doing so.	1. Frank had seen an audiologist some time ago and prescribed hearing aids. 2. Frank did not wear his hearing aids because they made a high-pitched sound and hurt his ears. .

Example questions include:
  1. Has Frank's hearing loss new or has been present for some time?
  2. When does Frank experience the most frustration from his hearing loss?
  3. Is Frank's GP aware of his hearing loss and frustrations? Did GP refer to an Audiologist?
  4. Does Frank have hearing aids?
  5. When did Frank last change the batteries in his aids?
	1. Frank has experienced hearing loss for about three years.
	2. Frank experienced the most frustration when speaking on the phone or wanting to listen to the TV or radio.
	3. Frank's GP is aware of his hearing loss and did refer Frank to an audiologist
	4. Yes Frank has hearing aids.
	5. Frank said he recently changed the batteries in his aids but the problem became worse.

6. Has Frank had his ears examined for wax build up?	6. Frank had not had his ears examined for wax build up. He will independently arrange a GP appointment for an ear examination.
7. Would Frank like some information regarding available aids and devises?	7. Frank would like to look at information regarding to see what aids and devices are available to help hear the doorbell, phone and television better

Conclusion:

At the next social visit, after consultation with the Volunteer Co-ordinator and Program Manager, the GEM was able to help Frank in the following ways:

- checking the batteries in Frank's hearing aids, found the batteries were not put in correctly, and when adjusted, the high-pitched sound ceased.

- providing Frank with information on available aids and devices that could assist his telephone communication, hearing the doorbell, the TV and radio.

- providing information on the Australian Government Hearing Services Program to discuss eligibility and services with his GP

- encourage Frank to make an appointment to see his GP for hearing assessment.

- Assist Frank to access his choice of assistive and listening devices best suited to his hearing needs.

At the completion of the program Frank informed his GEM that he was able to tolerate wearing his hearing aids and using the hearing devices purchased and could now enjoy participating in social engagement and leisure activities.

Research Supporting Program Framework

Extensive current research used when designing this Program influenced its framework and ability to achieve multiple objectives. Please go to appendix A for the full a list of the research and references used.

An example of how the data and research reflects the framework and objectives of this program include:

1. Recognising the innate need for people of all ages to participate in meaningful social engagement.

2. Understanding the wellbeing/longevity of older people profoundly depends on social connections

3. Recognising the risk factors effecting loneliness and social isolation for older people

4. Strategies to prevent onset of chronic health conditions linked to older people experiencing long-term loneliness.

5. Understanding Ageism and the harmful effects of ageism and stereotyping older people.

6. Benefits of an intergeneration approach to reduce ageism/stereotyping

7. Identify best approach to facilitate optimal health and wellbeing outcomes.

   a) *Empathetic*

   b) *A person-centred approach*

   c) *Rapport Building*

   d) *Effective Communication and interpersonal skills*

   e) *Mutual trust and respect*

8. Identify the predictors of human happiness and perceived wellbeing as we age.

9. Identifying and addressing the local and global challenges of a rapidly increasing ageing population.

   Benefits of volunteering – ensuring both OPAL and GEM experience mutual satisfaction participating in the program.

ROLES AND RESPONSIBILITIES

Operations
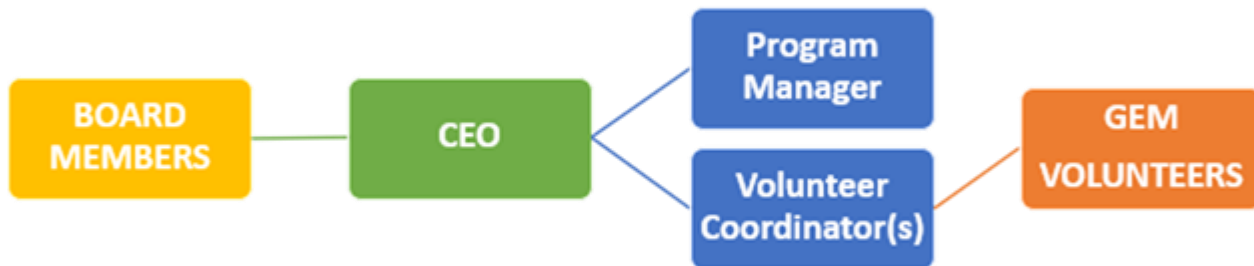
Program Manager

- Reports to CEO
- Oversees operations of OPALs and GEMs Companionship and Support Program
- Ensures implementation of policy and procedures
- Coordinates OPAL social engagements
- Manages and Supports Volunteer Coordinators
- Supports Volunteers
- Facilitates GEM Education and mentoring Program
- Authorises information and resource content provided to OPALs.

Volunteer Coordinator(s)

- Reports to Program Manager
- Oversees operations pertaining to GEM Companion/volunteer roles and responsibilities.
- Supports and guides GEM companions
- Ensures policy and procedures are implemented.
- Primary contact with OPALs
- Supports OPALs needs.
- Assists with coordination of OPAL social engagement.

Volunteer Gem Companions

- Reports to volunteer coordinator and program manager
- Provides Companionship and support to OPALs
- Facilitates OPAL social engagement.
- Accompanies OPAL to social engagement activities and assists with transport needs.

Support for **Volunteer Gem Companions**

Volunteers who engage as GEM companions for the Program have the full support of this organisation and guidance from their allocated volunteer coordinator and program manager.

Each volunteer is provide with a full information and induction day to ensure they have the knowledge and resources available to confidently and safely succeed in their role of OPAL companion.

Although it is projected that the *OPALs and GEM's Companionship and Support Program* will run two 24-week program's a year. Gem volunteers are only required to commit to one program full 24 weeks in total.

All GEM volunteers automatically enrol in our exclusive GEMs Education and Mentoring Program, which runs in conjunction with the OPAL and GEMs program. This program is designed to develop and strengthen interpersonal skills and social awareness for GEMs in an engaging and interactive group setting.

OPAL AND GEM PROGRAM DURATION AND FORMAT GUIDE:

The Community Program consists of four, six weekly blocks over a 24-week period

	GEM/OPAL SOCIAL HOURS	ACTION/ACTIVITIES
Weeks 1-6	2 x one-hour social home visits	• Establishing rapport, trust and establishing a safe space for OPALs to open up/confide to their GEM if needed
Weeks 6-12	2 x one-hour visits	• Any concerns observed by GEMs in relation to the OPAL's safety interacting within the community reported to their Volunteer Coordinator and addressed. • Strengthen GEM/OPAL rapport and identify barriers affecting OPALs social and community engagement. • Engage with and learn about and from the OPAL. • Start to shift one hour visits with OPAL to a community setting. • Facilitate discussions to support OPAL to identify potential leisure/social activities they would like to try.
Weeks 12-18	Max 4 hours a week pending choice of social or leisure activity ***Example:*** • 3 hours including travel to participate in activity. • 1-hour social visit with GEM.	• OPAL with support of GEM participates in chosen social and leisure activities • GEM facilitates communication/engagement between other participants and OPAL • OPAL identifies which social activities he/she would like to continue with once program concludes • GEM reports observed or reported issues/difficulties/concerns by OPAL affecting their general health and wellbeing to the volunteer coordinator/program manager to be appropriately addressed.
Week 18-24	Max 3 hours if needed	• GEM reduces time spent with OPAL during established social group activities • Issues or needs identified by OPAL to enable continued participation in their chosen social

		discussed and addressed by Coordinator/Manager.
		• Issues/difficulties/wants of needs (outside of social engagement) reported by OPALs will be addressed through the provision of information, resources or connection to supports and services prior to the conclusion of the Program.
		• OPAL receives invitation and details to attend the OPAL and GEM Farewell and Presentation morning tea and provided with transport if required.

The above is a guide. This program is person focussed and as such, each individual OPAL will move through the program at their own pace.

Opportunities will be provided for OPALS to re-participate in the program if unable to meet their social engagement goals within the Program's period.

OPALs can opt out of the program at any time, and still have the option of participating in future programs. OPALs who achieve their social engagement goals prior to the duration of the Program can choose to complete the program or stay and continue with week companion visits.

GEM EDUCATION AND MENTORING PROGRAM

Purpose/Benefits

- Provide opportunities for personal and professional growth

- Increase confidence and success in their GEM companion role.

- Provide opportunities to increase essential interpersonal and soft skills in a non-clinical and supportive setting.

- Expand social awareness through an opportunity to 'see the person' apart from the 'older person'. Such as their values, strengths, skills and difficulties experienced.

- Provide opportunities to practice and strengthen learned skills in a practical and supportive setting.

- Engage with peers in an interactive and creative setting, participate in group discussions, role play and case scenario's to strengthen and consolidate skills in rapport building, critical thinking, problem solving and effective communication.

- Provide benefits associated with volunteering and assisting others such as;
    - increased sense of purpose,
    - increased self esteem,
    - building friendships and networks,
    - sense of community,
    - increased social skills, increased happiness and
    - increased positive outlook.

- Increased work/life experience

- Opportunity to increase CPD opportunities

- Receipt of Community Participation Certificate

- Receipt of Program Completion Certificate

- Invitation to Farewell and Presentation Day.

Overview of Education and Mentoring Session

The GEM Education and Mentoring Program outline is as follows:

Charlie's Gift appreciates the university workload, volunteer GEM commitments and other forms of commitment for students. We have taken care to ensure that pre reading materials are relevant and manageable

The program is to provide each student with the skills and tools necessary to prepare them for their role as GEM Companions through each stage of the OPALs and GEMs companionship and Support Program.

It is our intention that GEM volunteers find this program to be engaging, interactive and enjoyable, and that the theory and practical skills developed prove beneficial personally and professionally.

TIME REQUIREMENTS:

OPAL AND GEM Program

Weekly Companionship with OPALs (Maximum):

Weeks 1-6   (1-2 hours)

Weeks 7-12   (2 hours)

Weeks 13-18   (3-4 Hours) pending social activity chosen.

Weeks 19-24   (4-1 hours) hours reduce prior to program completion.

GEM Mentoring Program

Self Learning/Preparation   Between 1-2 hours a fortnight

Group GEM Mentoring Sessions   (2 hour fortnightly group meet up)

MAXIMUM TOTAL HOURS REQUIRED FROM GEM VOLUNTEER:

OPAL Visits   50 hours

Self Learning/Preparation: 24 hours (own time)

Group Mentoring Sessions   24 hours

Total Hours 98 hours (over 24 weeks)

To participate as a Volunteer GEM companion, each volunteer is asked to commit to approximately 74 hours of face-to-face participation for the 168 days duration of the program.

PROGRAM CONCLUSION

- Procedures completed to enable OPALs to continue social engagement at program completion.
- OPALs receive all wanted/needed information and resources.
- Completion of Volunteer and OPAL Satisfaction and Improvement Survey.
- OPAL and GEM receive Invitation to attend a four-hour OPAL and GEM presentation, award ceremony and farewell afternoon tea.
- OPAL land GEM presentation, award ceremony and farewell afternoon attended.

Please email admin@charliesgift.com.au to preview the complete GEM Education and Mentoring Program.

THE RESERCH

The following evidence-based research influenced the design and format of the *OPALs and GEMs, Companionship and Support* program, facilitating the Program's success.

1. **Recognising the innate need for people of all ages to participate in social engagement.**
    a) Even prior to COVID19, there was a profound correlation between social isolation and its adverse impact on the health and wellbeing for our older community. (*Australian Institute of Health and Welfare Australia 2017, Australian's welfare series no.13 AUS214 Canberra: AIHW 2017.*)

    b) Human beings at any age are social creatures and it is the connection to others, which enables us to survive and thrive. Social connection, together with participation in meaningful activities and leisure pursuits, gives us purpose, self-value and strengthens our resilience to accept and adapt to change. *(National Institute on Ageing - Social Isolation, Loneliness in Older People Pose Health Risks).*

    c) The Ageing Well in NSW: Seniors Strategy 2021–2031 identified older people in NSW *are vulnerable to increased loneliness and social isolation due to a decline in social networks and cultural engagement place a high value on living in communities that are inclusive, prevent isolation, and provide them with opportunities to stay connected, make positive contributions and be respected and recognised*

    d) A journal article published by CSIRO, entitled 'Social Participation as an Indicator of Successful Aging: an overview of concepts and their associations with health, 2016' concluded that:

    '*Enhancing the social participation of older adults is a key factor in successful aging that many older adults value. As the world population ages, more attention is being paid to supporting older adults to remain connected to and contributing members of their communities. However, many service provision organisations tend to focus on meeting the specific physical needs of clients, rather than targeting services that connect older adults with their community'*. Targeting social participation may present one of the greatest opportunities to improve older adults' general health and will generate societal benefits by increasing community contributions from this group**.**

    (https://www.publish.csiro.au/ah/Fulltext/ah16038).
    https://www.publish.csiro.au/ah/Fulltext/ah16038 - R86

2. **Identifying the risk factors and circumstances that may result in experiences of loneliness and social isolation for older people.**

   a) It is important to note that loneliness is the feeling of being alone, regardless of the amount of social contact. Social isolation is a lack of social connection which may be intentional or due to inaccessibility. Social isolation can lead to loneliness in some people, while others can feel lonely without being social isolated. *(Loneliness and Social Isolation Linked to Serious Health Conditions – Alzheimer's Disease and Health Ageing)*

   b) A recent report from the National Academies of Sciences, Engineering and Medicine (NASEM) identified that nearly one-fourth of adults aged 65 years and older experience social isolation and an increased risk of chronic loneliness because they are more likely to face factors such as
   - living alone
   - loss of spouse, family or friends
   - chronic illness and sensory deficits

   According to this report, a substantial body of evidence demonstrates that social isolation presents a major risk for premature mortality, comparable to other risk factors such as high blood pressure, smoking or obesity. *(Social Isolation and Loneliness in Older Adults, 2020)*

   c) According to a paper published by Haley Williams entitled 'Tackling Loneliness in Older Australians and Aged Care' (2019), loneliness is a sign that we need to form more meaningful connections with others and, as we age, it is not uncommon for relationships to decline due to the loss of loved ones to advancing age or illness.

   d) The older the person, the higher their risk of diminishing social relationships and supports. Examples include:
   - spouses become ill and pass away or require relocation to a nursing home
   - neighbours pass away or move closer to family
   - adult children relocate out of area and become busy with their own family needs
   - close friends become progressively homebound, get ill or pass away
   - local communities change and become unfamiliar

   (Tackling Loneliness in Older Australians and aged care – Health Times publication 2019)

e. According to the National Research Institute of Ageing (discussion paper, 2019), the loss of personal relationships and connections are not the only losses that older people experience that can cause grief, loneliness, and social isolation. Examples may include:

- a lost sense of self
- an inability to experience spontaneity ('a way of behaving in which you do what feels natural and good whenever you want to, rather than planning things first') (Oxford Dictionary)
- a loss of meaningful roles and productivity, ie, role of mother may feel like role of child
- an inability to participate in and master meaningful activities
- a perceived loss of value and worthiness within their community
- loss of independence, ie, driver's licence or loss of partner who did the driving

3. **Prevention to onset of chronic health conditions linked to older people experiencing chronic loneliness and social isolation**

   a. According to an article produced by Alzheimer 's disease and Healthy Ageing, early detection of older people experiencing symptoms of loneliness and social isolation, together with timely support and intervention, can significantly prevent onset of many health conditions.

   - Research has linked social isolation and loneliness as a precursor to higher risks of developing chronic health conditions such as:
   - depression
   - anxiety
   - increased falls
   - cognitive decline
   - high blood pressure
   - heart disease
   - obesity
   - weakened immune systems
   - Alzheimer's
   - general dissatisfaction with life
   - suicide
   - death

(National Institute of Ageing – Research Highlights – Social isolation, loneliness in older people pose health risks, April 23, 2019)

b. According to Steve Cole, Ph.D, Director of the Social Genomics Core Laboratory at the University of California, losing a sense of connection and community can change a person's perception of the world. His research suggests that people who experience chronic loneliness can feel threatened, mistrustful of others and react defensively. His research also identifies the need to understand the different physiological pathways that loneliness can have on mind and body and develop social and psychological ways to combat it. *(Understanding the biology of loneliness, Steve Cole, Ph.D - National Institute of Aging, 2019.)*

4. Identify the challenges of a rapidly growing ageing population

a. As far back 2010, social policy reports outlined concerns with the many challenges the nation may face with an increasing ageing population. '*Many older people wish to remain in their homes and supported in the community for as long as they are able. There are some government programs in place (such as Community Aged Care Packages) to support this, but there are gaps in availability and service delive*ry'. *(Challenges of an ageing population, Rebeca de Boar, Social Policy Section, 2010.)*

b. Due to population ageing, demand on aged care and home support is expected to outstrip supply in the next 30 years. Irrespective of where or by whom aged care is provided, Australia is facing a serious workforce shortage. Aged care workers are some of the lowest paid in Australia and there is often insufficient support for informal carers.
(https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook43p/ageingpopulation#:~:text=However%2C%20due%20to%20population%20ageing,insufficient%20support%20for%20informal%20carers)

c. The ageing of the population presents many challenges to Australia's health system. This means that 'the mix of services required by society, and the ways in which they are funded and delivered, will need to change as the population ages'.
https://www.aihw.gov.au/getmedia/19dbc591-b1ef-4485-80ce-029ff66d6930/6_9-health-ageing.pdf.aspx

5. Identify the impact ageism and stereotyping has on older peoples' sense of self and wellbeing:

a. Ageism has serious and wide-ranging consequences for people's health and well-being. Among older people, ageism is associated with poorer physical and mental health, increased social isolation and loneliness, greater financial insecurity, decreased quality of life and premature death. *(Ageism is a global challenge: UN – News Release 2021 Word Health Organisation.)*

b. Ageism seeps into many institutions and sectors of society including those providing health and social care, in the workplace, media and the legal system. Healthcare rationing based solely on age is widespread. A systematic review in 2020 showed that in 85 per cent of 149 studies, age determined who received certain medical procedures or treatments. *(Ageism is a global challenge: UN – News Release 2021 Word Health Organisation.)*

c. <u>Tackling ageism has great potential to improve the physical and mental health of older adults</u>. Once perceived as 'older', individuals not only become subjected to external stereotyping and discrimination but negative ageist attitudes become internalised into unconscious self-stereotypes. *(Valuing older people: time for a global campaign to combat ageism, 2016, Bulletin of the World Health Organisation)*

d. Research suggest that ageism will only increase in the context of a growing aging population around the world. Research also suggests that <u>the best way of combatting ageism is to develop interventions that have the potential to decrease age stereotyping and prejudice and include both education and intergenerational contact and involvement</u>. *(https://www.Interventions to Reduce Ageism Against Older Adults: A Systematic Review and Meta-Analysis - PMC (nih.gov)*

6. Identify the predictors of human happiness and perceived wellbeing as we age

a. The World Health Organisation describes 'wellbeing' as a "resource for healthy living" and "positive state of health" that is "<u>more than the absence of an illness</u>" and enables us to function well: psychologically, physically, emotionally, and socially. In other words, wellbeing' is described as "enabling people to develop their potential, work productively and creatively, form positive relationships with others and meaningfully contribute to the community**"** *(Foresight Mental Capital and Wellbeing Project 2008).*

b. According to Sarah Stewart-Brown, Professor of Public Health at Warwick University (UK) speaks of <u>wellbeing as living in a way that is good for you and good for others around you</u>. Her research suggests that achieving wellbeing is influenced by the following concepts.

   i. Feelings of happiness, contentment, enjoyment, curiosity, and engagement with community, are characteristic of someone who has a positive experience of their life.

   ii. Equally important to wellbeing, is our capacity to psychologically function well in the world. <u>Maintaining positive relationships, having some control over one's life and having a sense of purpose, self-esteem, and self-confidence</u>.

   Five Ways to Wellbeing Australia – (https://5waystowellbeing.org.au/about-wellbeing/)

c. The greatest influences on our quality and capacity for, optimal wellbeing largely relate to the social and economic conditions of where our lives take place (*World Health Organisation 2004).*

7. Identify best practices to encourage motivation for change, goal attainment and personal satisfaction for the older person to framework successful community programs

An Empathetic Approach

a. To have empathy is to communicate <u>that you understand the views and feelings of another</u>. *'The role of understanding emotions in health care "cannot be overemphasised" and it is vital to adequately discuss and respond to them. Yet there is evidence that exploring patients' feelings is commonly not done. <u>Conveying empathy and confidently responding to emotions helps to improve patient outcome</u>*s.(*'https://www.mdanational.com.au/advice-and-support/library/articles-and-case-studies/2014/06/empathic-communication)*

Supporting patients to disclose useful information may allow issues to be resolved in a more timely manner.(*https://www.mdanational.com.au/advice-and-support/library/articles-and-case-studies/2014/06/empathic-communication*)

b. The parts of communication that generate <u>trust, support and hope cannot be undervalued</u>. "*Empathy is one of the most powerful ways of providing this support to reduce patients' feelings of isolation*" (https://www.mdanational.com.au/advice-and-support/library/articles-and-case-studies/2014/06/empathic-communication*)*

"Empathy is closely linked with compassion and dignity, and it is a fundamental to the person/therapist/carer relationship. It is about seeing each person as an individual and establishing a personal interaction. To be a good therapist/carer there needs to be empathy to make it a positive experience for the person and all those involved in their care."

https://www.health.org.uk/newsletter-feature/what-empathy-means-me

c. The development of empathetic skills constitutes an important priority in the education of health and social care students and should be encouraged."*(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7151200/), The Role of Empathy in Health and Social Care Professionals)*

<u>A Person-centred Approach:</u>

a. A person centred approach is where the person is, and remains, the primary focus of any program or intervention with the intent that shared decision making improves satisfaction of care leading to better quality decision (*https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making*)

b. A true person-centred approach should demonstrate that:
- the person is involved in the decisions making processes and choices impacting on their life and wellbeing.
- each individual person's life experience, age, gender, culture, heritage, language, beliefs, identity and values are taken into account
- services are suitable, flexible and supported to suit the person's wishes and priorities
- acknowledges that the person is the primary expert on their life, with focus on the person's strengths and what they can do and the help they may need second
- it supports and enables a person to accept and manage change and still retain control over their life

(*https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/person-centred.aspx#:~:text=A%20person-centred%20approach%20is, their%20needs%20and%20unique%20circumstances.*)

<u>Rapport Building:</u>

a. Rapport building between older people and those who support them is essential to build a mutually fulfilling relationship with clear trust, respect, and common understanding (*Establishing proper rapport with elderly makes them to accept things and process suggestions. Gowtham-ev/publication/331275146_Building_Therapeutic_ Relationship_ in_Management_of_Elderly/links/5c6f8fec458515831f652617/Building-Therapeutic-Relationship-in-Management-of-Elderly.pdf*)

b. Building rapport, especially in instances where time restraints may exist, relies on effective communications skills such as active listening, empathy (deep understanding of what the person is feeling/experiencing), non-verbal communication, compassion (a desire to help) and ability to clarify and summarise (https://www.cdc.gov/tb/education/skillscourse/participant/slidehandouts/day1/day_1_communication_ skills_for_building_rapport.pdf

<u>Effective Interpersonal Communication:</u>

a. Effective communication skills are important to establish good rapport, acceptance and ways of moving forward. Effective communication between the older person and those that support them has many research proven benefits. For example
- the older person is more likely to adhere to treatment and/or help
- achieve better outcomes and experiences greater satisfaction with the process

b. Good communication is not an innate skill, but a teachable one. Research suggests that medical students who receive communication training improve dramatically in talking with, assessing, and building relationships with older patients. (*https://www.nia.nih.gov/health/tips-improving-communication-older-patients*)

8. ***Benefits of volunteering in the community***

   a. There are many benefits and advantage for students who volunteer. The University of Sydney lists some of these:
      - Meet new people
      - Gain a sense of purpose
      - Discover a new perspective
      - Increases empathy and compassion
      - Proactive in the change they want to see
      - Build resilience
      - Increase employability

Employers often recruit people who demonstrate volunteering roles as they often show to have the following attributes.

   - Empathy
   - Compassion
   - Strong work ethic
   - Teamwork
   - Time management
   - Positive attitude
   - Willingness to help
   - Community spirited

(Australian Volunteer Association)