

Lonely in a foreign land



World
Wellness
Group

Summary & key message

With considerable front-line multicultural health practice knowledge but with limited research-informed evidence, World Wellness Group established a program to tackle social isolation among older adults from multicultural backgrounds. This summary report presents the findings of an evaluation of the Multicultural Seniors Social Program (MSSP). The program, established in May 2023, was evaluated from November 2024 to March 2025. The program was funded by the Eastern Star Foundation, via the Australian Communities Foundation, to trial and evaluate the impact of a social wellbeing program specifically designed for older adults from multicultural backgrounds experiencing social isolation as a proof of concept.

EVALUATION RESULTS

The MSSP was successful in **increasing the social interactions** of older adults from multicultural backgrounds, **decreasing feelings of loneliness**, **improving health literacy**, and **improving overall wellbeing** of participants who were tested at a six-month interval. The program also achieved a **modest reduction in psychological distress** among a small, targeted group of participants tested at a 12-month interval.

The results of the evaluation indicate that the principles applied in this program should be considered for future investments in social wellbeing programs for older migrants and refugees. These principles include **cultural safety**, **culturally tailored content**, **a multicultural scope**, **support to overcome participation barriers**, **proactive outreach** and **culturally diverse staff**. These principles are consistent with the literature. The evaluation also found that realistic resources are required to deliver this program, again, this is consistent with literature which highlights the cost of multicultural focused programs and the need for adequate financial and human resources.

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The MSSP model should not only continue but also **scale into other regions** in Southeast Queensland. Australia's aging population is becoming increasingly multicultural, with over a third of older Australians born overseas and a significant portion speaking a language other than English at home (AIHW 2024). This demographic shift requires a long-term policy and service response.

Evaluation contents

Evaluation questions

This evaluation focused on short-term and medium-term outcomes detailed on page 5. The evaluation questions were:

1. Did participants improve their knowledge of healthy aging and social services?
2. Did participants build new social connections and social supports?
3. Did participants experience reduced loneliness?

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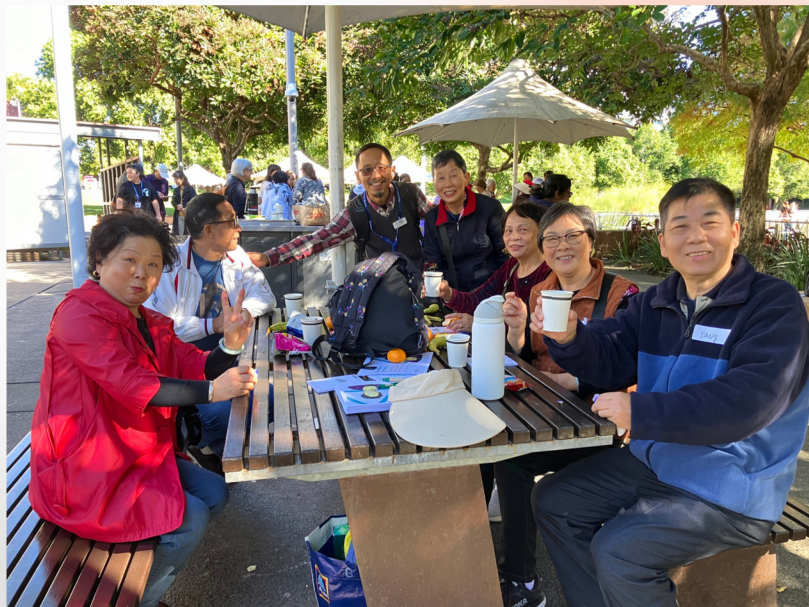
Call to action!

Why is this important?

Social isolation and loneliness among older people have multiple harmful effects on health, social and economic outcomes and even life expectancy (Hoang et al. 2022; Majmudar et al. 2022). The social experiences of older migrants and refugees in Australia are not well documented. However, internationally they are reported to experience higher levels of social isolation and are at elevated risk for experiencing isolation due to separation from social networks in their countries of origin (Lee et al., 2020). Older migrants experience unique post-migration stressors that place them at higher risk for social isolation and loneliness above and beyond factors like widowhood and chronic illness. These are (Lee et al. 2020; Lu et al. 2023):

- Post-migration socioeconomic disadvantage
- Language and cultural barriers
- Discrimination that limits social opportunities

There is limited understanding of the factors that matter most in interventions that tackle social isolation, as older migrants are rarely studied on their own (Lu et al. 2023). However, some identified factors include using a multi-faceted approach that addresses linguistic, cultural, and social barriers (Akhter-Khan and Au 2020). The need for culturally appropriate programs delivered by bilingual/bicultural staff or volunteers is emphasised (Joshi, Finney, and Hale 2024). The need to consider the structural factors in the social environments and moving away from a 'one size fits all' are also indicated (Akhter-Khan and Au 2020). The programs intended to tackle social isolation must overcome the multiple barriers encountered by older migrants and refugees before intervention design is considered. (Stewart et al. 2011). A summary of the research evidence is compiled in a companion document '*Addressing social isolation among older migrants and refugees – what research evidence says*'.



Evidence for the key message

WWG established a monthly group program with follow-up support. WWG established support between the monthly sessions to address unmet needs. Social wellbeing assessments were conducted at intervals, and relevant referrals were made. We provided cultural support, where required, via the matching of participants with Multicultural Peer Support Workers. Monthly group programs included some healthy aging information, group activities, social activities, food and physical activities. Adequate time was also allocated to opportunities for unstructured, natural social engagement among participants. In our evaluation we found:

What we looked at	What we found
Published literature	<ul style="list-style-type: none">• Scarce literature available• Older migrants and refugees have higher risk for social isolation and loneliness due to post-migration stressors and isolation from social networks in country of origin.• Programs tackling social isolation among older migrants need culturally appropriate approaches, bilingual and bicultural professionals, strategies to address access barriers, and consideration of structural factors in social environments impacting multicultural seniors.
Self-administered participant social wellbeing survey (37 participants)	<ul style="list-style-type: none">• Social wellbeing had improved<ul style="list-style-type: none">• 81% reported their social interaction had increased ‘a lot’ or ‘somewhat’.• 70% reported they had met new people; 32% learned new things; 24% reported they had something to look forward to. Six people reported they had joined new groups as a direct result of attending this group.• 59% reported they interacted with group members outside of the monthly group either by phone, text or in-person.
Personal Wellbeing Index-Adults-5 (PWI-A) with a 6-months interval, completed by 29 participants with 18 completing pre and post intervals	<ul style="list-style-type: none">• Personal wellbeing improved over 6 months<ul style="list-style-type: none">• The percentage of participants in the ‘normal’ range of wellbeing increased from 56% to 83%• The percentage in the ‘compromised’ range decreased from 39% to 17%

Evidence for the key message cont'd

What we looked at	What we found
<p>K5 psychological distress pre and post administration with a 1-year interval completed by 14 participants with psychological distress</p>	<ul style="list-style-type: none"> ● Average psychological distress dropped by 2 points at 1-year interval. The average score dropped from 14 to 12, remaining in the 'high' range. A 2-point drop in the very high or high range is considered more significant than if the starting point was in the low range. However, a 2-point drop is generally not considered clinically significant in isolation ("Kessler Psychological Distress Scale-5 (K5)" 2024). The MSSP is not a clinical program.
<p>In-depth interviews with two participants</p>	<ul style="list-style-type: none"> ● <ul style="list-style-type: none"> • Overall positive experiences and satisfaction were expressed • Participants learned new information about healthy aging, different cultures, and health services, which they subsequently put into practice • Increased social connection and service access were evidenced • Benefits of cultural inclusivity, safety and multicultural nature of the group was apparent. • Participants helped others in their community with new information and skills.
<p>Group interview with program staff</p>	<ul style="list-style-type: none"> ● <ul style="list-style-type: none"> • Overcoming participant barriers was resource- and time-intensive • The physical space available impacted on the program design and safety considerations • Individual support was valuable but required adequate resources • Improved social connections were observed with many participants connecting outside the group over time and joining other groups at the venue.
<p>Participant journey analysis</p>	<ul style="list-style-type: none"> ● <ul style="list-style-type: none"> • 93% of participants joined the program via multicultural channels. Only 7% were referred by other organisations demonstrating the need for multicultural services to deliver social isolation programs for older migrants and refugees. • More than one third (37%) of participants required referrals to address unmet needs: Care Finder aged care navigation services, mental health and therapy services, and carer support. • With almost one quarter of participants being linked to multicultural aged care navigation services, this demonstrates the long-term benefits of linking older adults to aged care services in a timely manner.

Program outcomes	In-scope for evaluation
<p>Short-term</p> <ul style="list-style-type: none"> • Increased social engagement • Increased social support 	<p>✓</p>
<p>Medium-term</p> <ul style="list-style-type: none"> • Reduced loneliness • Increased health literacy (healthy aging) 	<p>✓</p>
<p>Long-term</p> <ul style="list-style-type: none"> • Increased social wellbeing 	<p>✗</p>

These results indicate that the MSSP positively impacted self-rated wellbeing, reduced loneliness, increased social interaction, and had a small effect on reducing psychological distress. In addition, it was successful in addressing other unmet needs including home care, mental health and carer supports.

About the program



What we did - outreach

We commenced with the well-founded assumption that isolated older migrants and refugees would require proactive outreach to learn about our program. During the first year, 30 outreach sessions were held, reaching 930 people. Outreach activities focused on multicultural gatherings, places of worship, attendance at festivals, shopping centres where multicultural communities shop and ethnic radio.

The program was successful in engaging with 150 potential participants; and enrolled 112 people into the program with an average of 25.8 people attending the program each month. With a large number of regular participants attending each month, staff did not engage in outreach activities in year two, as the group limit had been reached. During the evaluation period a waiting list was created. Program participants overwhelmingly came via multicultural channels.

Only 7% of participants were referred by other organisations. This underscores the importance of delivering interventions targeting multicultural participants through multicultural services.

Outreach & engagement

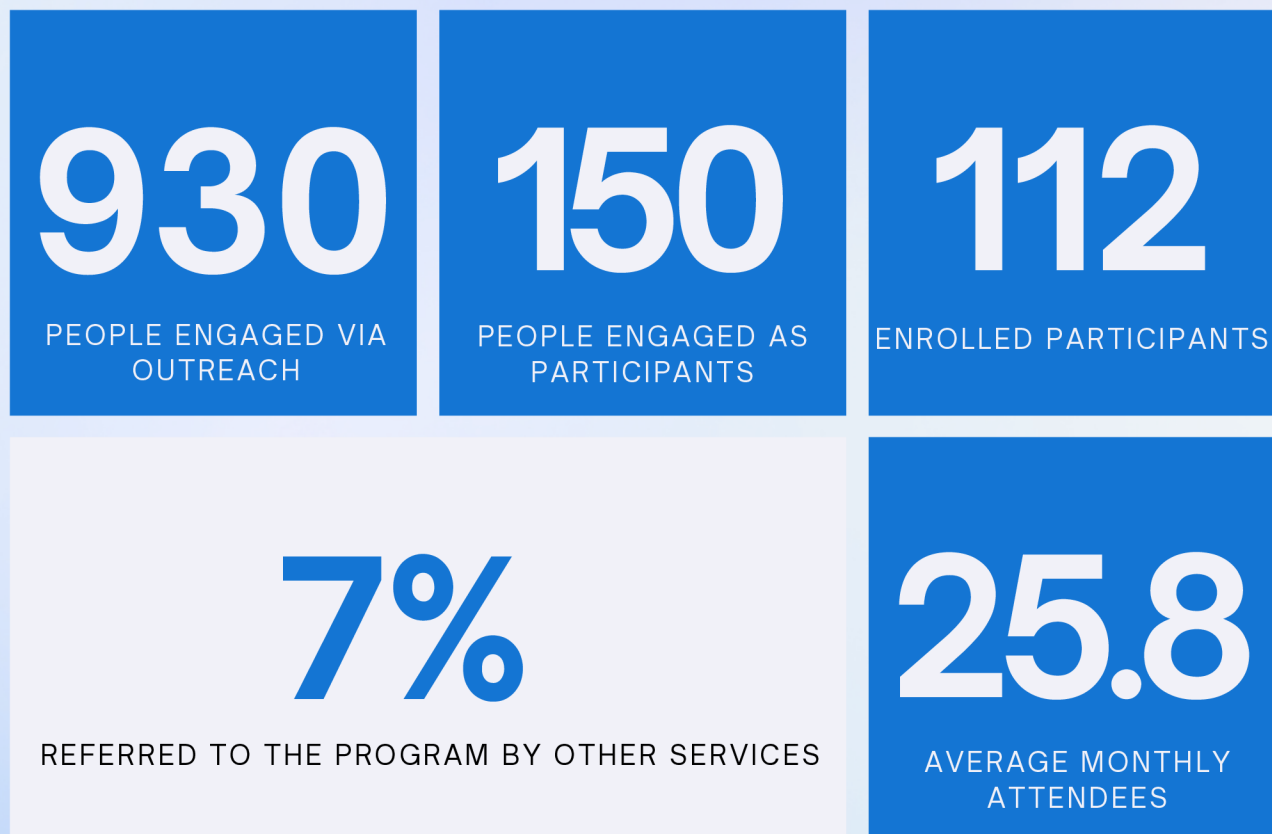


Figure 1: outreach data

What we did - program design

MSSP comprised monthly group programs in Brisbane north which commenced in April 2023. Program sessions had a mixture of activities: healthy aging information, social activities, healthy lifestyle activities and opportunities for natural socialisation.

Whilst this may seem like a simple program, the logistics of delivering this program to older adults from diverse backgrounds were significant as they experienced multiple complex barriers. The program design responded directly to these barriers. Literature highlighted the need for program design that overcomes access barriers (Stewart et al. 2011).

All participants completed a wellbeing assessment with considerable follow-up between sessions to address any unmet needs. Proactive outreach, particularly during the first year, ensured that isolated older migrants and refugees not connected with services were engaged and had the opportunity to enroll in the program.

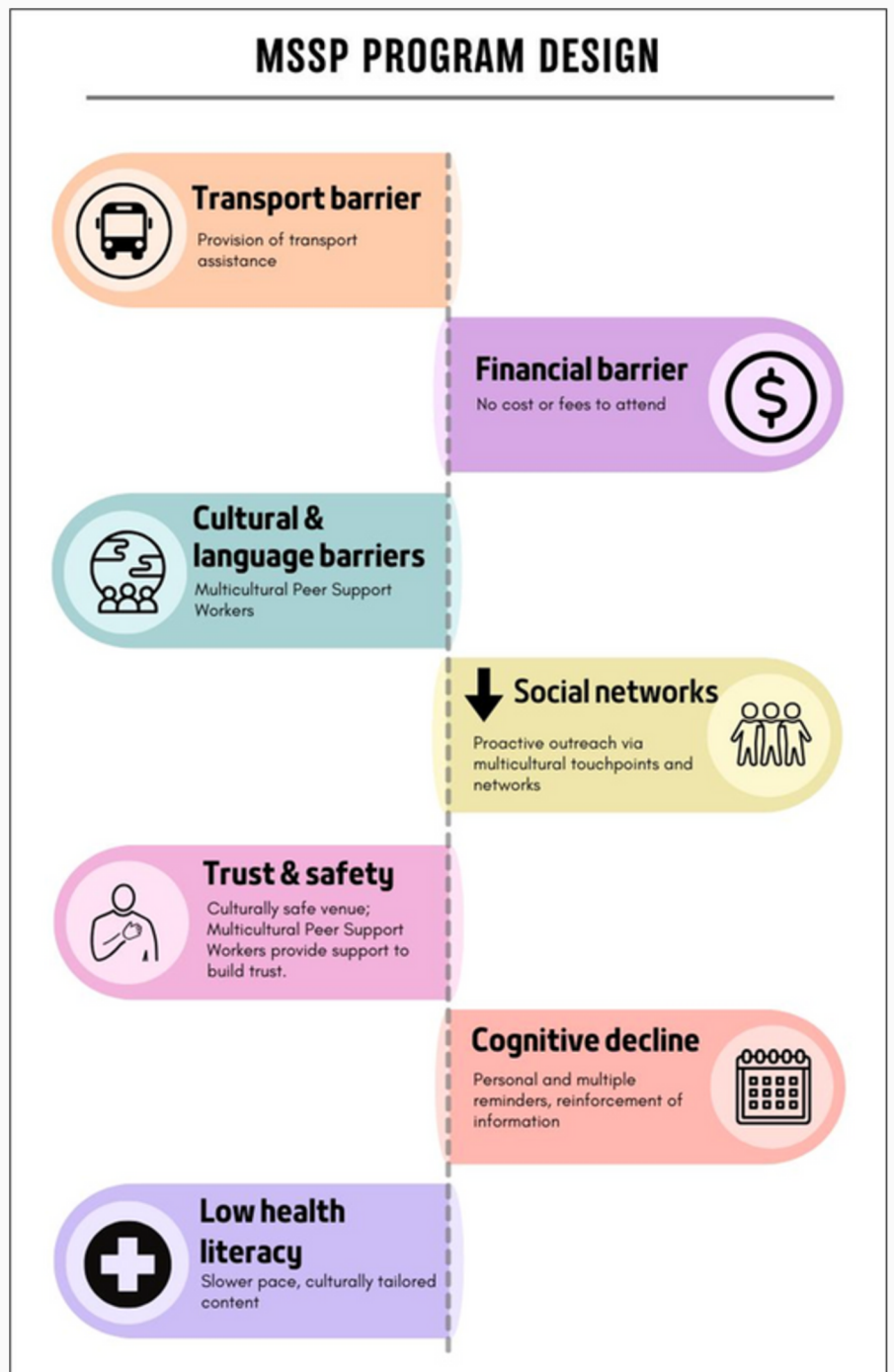


Figure 2: MSSP Program Design

- ✔ Qualitative data from interviews indicates that **cultural inclusivity and sensitivity** and the breaking down of **language, cultural and transport barriers** were experienced as key success factors by participants.
- ✔ These program design factors were also time- and resource-intensive for staff. However, it is congruent with international evidence that programs tackling social isolation and loneliness among older migrants need culturally appropriate approaches and bilingual and bicultural professionals to overcome language and cultural barriers and that the higher costs should be recognised (Joshi, Finney, and Hale 2024).

Who attended the Multicultural Seniors Social Program

112 people enrolled in the program with the majority finding the program via multicultural channels.

The age range was 54 to 93 years, with the average being 73 years. The average number of sessions attended by participants was 4, with a range of 0 sessions (registered but did not attend) to 14 sessions.

Older adults from 21 different cultural backgrounds attended the program. The largest cultural groups reflect the multicultural communities living in Brisbane north – with the Chinese, Indian and Filipino communities being some of the largest.

The majority of participants were female (70 per cent) and 35% needed cultural and language supports provided by Multicultural Peer Support Workers.

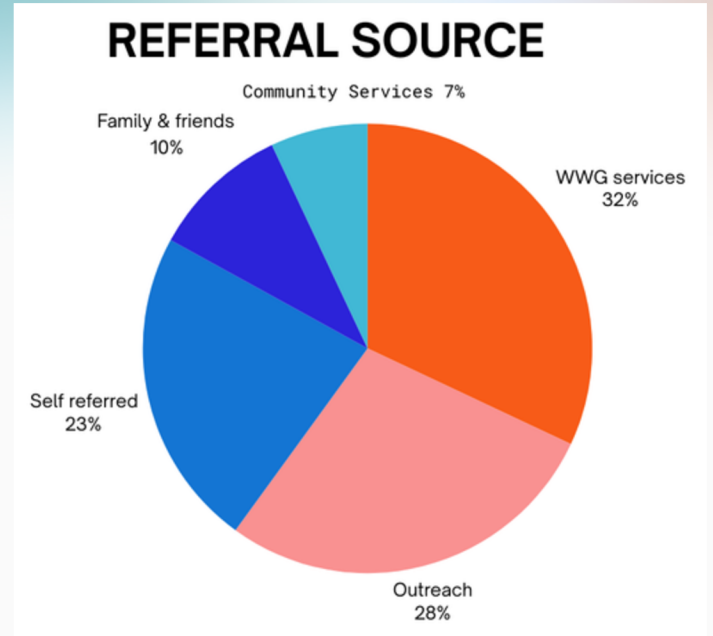


Figure 3: Referral sources to the program

Cultural profile of participants

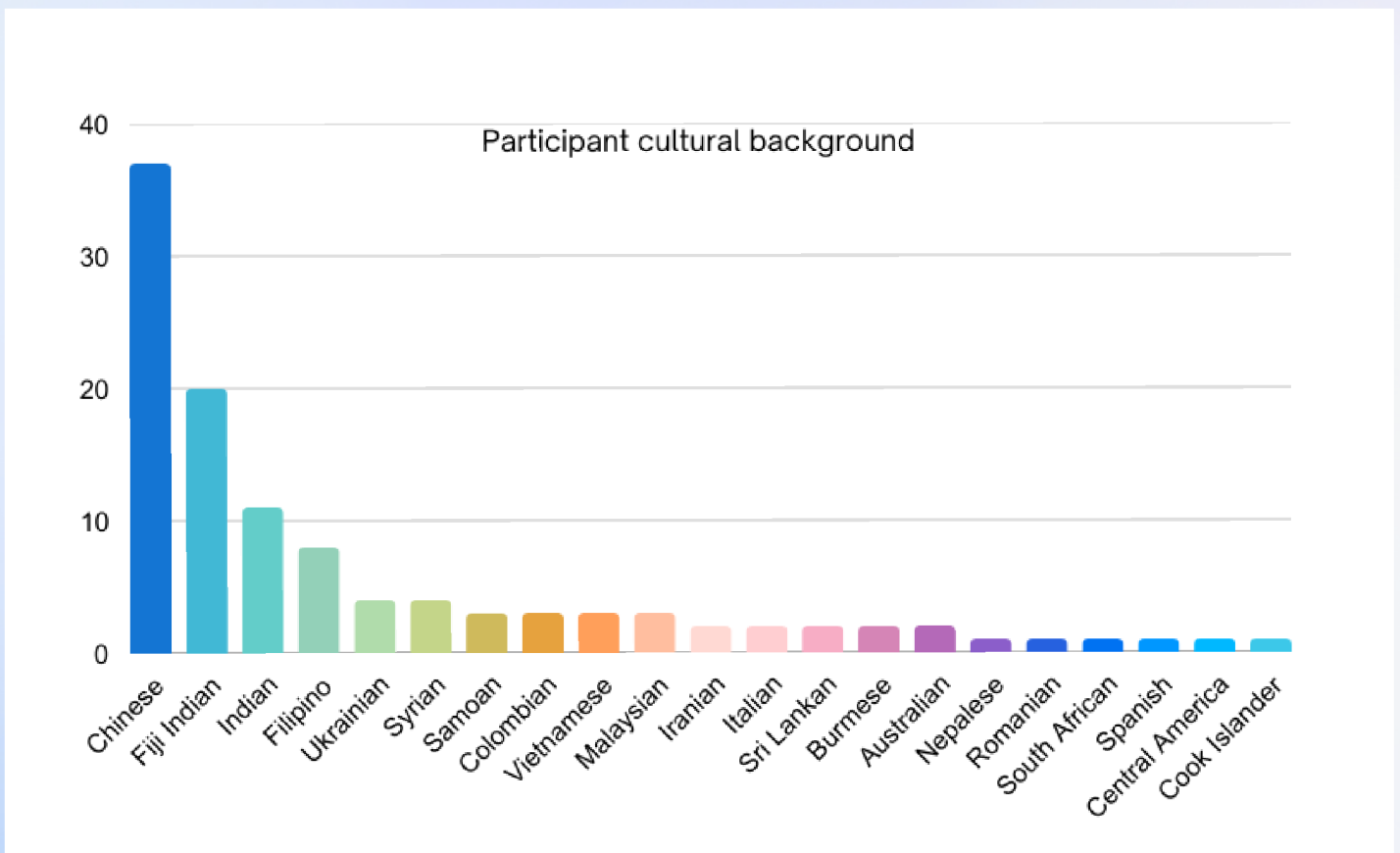


Figure 4: Cultural background of program participants

Program impact

Improvement in wellbeing

We engaged 29 participants to complete the Personal Wellbeing Index-Adults-5 (PWI-A). Six months later, the questionnaire was repeated, and 18 participants completed both assessments at the six-month interval.

The PWI-A is a 9-item self-report questionnaire that asks people to rate how satisfied they are with different aspects of their lives. Scores are then rated as normal, compromised or challenged.

Rating	Normal	Compromised	Challenged
Pre scores	10 (56%)	7 (39%)	1 (5%)
Post scores	15 (83%)	3 (17%)	0

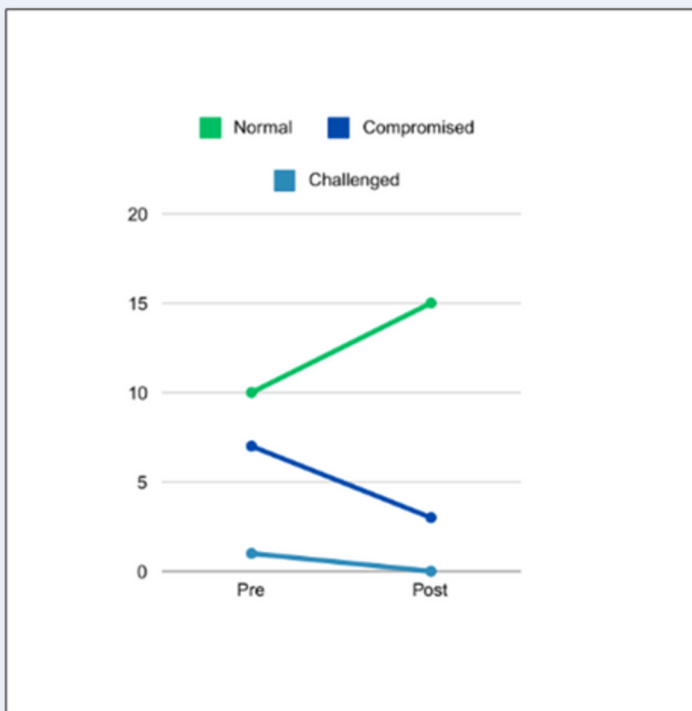


Figure 5: PWI-A pre and post scores at 6-month interval

The percentage of participants in the 'normal' range of wellbeing increased after a 6-month interval from 56% to 83%, the percentage in the 'compromised' range decreased from 39% to 17% and the one person in the 'challenged' range moved into the 'compromised' range leaving no participants in the challenged range at a 6-month interval.

The Personal Wellbeing Index-Adults-5 (PWI-A) scores indicate that the number of people in the normal range increased and those in the compromised and challenged range decreased, evidencing that the program improved personal wellbeing.

Improvement in wellbeing

In September 2024, we conducted a participant survey to understand the experiences of those attending the MSSP. Thirty-seven people completed the survey, with language support provided for participants with low English proficiency. Sixty-two percent had attended either more than one year or 8-12 sessions. The key results are in the adjacent box:



The participant survey indicates that MSSP was successful in increasing participants' social interaction; reducing their feelings of loneliness; and feeling more connected to other people. It also indicates that some of the healthy aging topics were successfully put into practice in participants' lives.

Improvement in psychological distress

In 2023, additional funding for the MSSP increased staff capacity. The additional funding required staff to assess a small number of participants for psychological distress. Participants expressing psychological distress completed the Kessler Psychological Distress Scale-5 (K5) pre- and post-program. Fourteen people completed the K5, with a 365-day interval between assessments. The four categories of psychological distress are: Low (5–7), Moderate (8–11), High (12–14), and Very High (15–25).

From the K5 assessments we found:

- 10 people (71%) had improved levels of psychological distress (from pre to post)
- 4 people (28%) had higher levels of psychological distress (from pre to post).
- The average pre score was 14 and the average post score was 12 indicating an average drop of psychological distress by 2 points.
- 7 people scored high on psychological distress before the program, while no clients scored high on psychological distress after the program

Although the MSSP is not a clinically focused program or designed as a mental health support initiative, the modest improvement in average psychological distress ratings is noteworthy. The high initial distress levels in the tested cohort make this modest reduction more clinically significant.

- 95% reported their level of social interaction had changed
- 81% reported their social interaction had increased 'a lot' or 'somewhat'. 7 people did not answer this question.
- 70% reported they had met new people; 32% learned new things; 24% reported they had something to look forward to. Six people reported they had joined new groups as a direct result of attending this group.
- 59% reported they interacted with group members outside of the monthly group either by phone, text or in-person
- 46% rated they felt lonely always, often or sometimes, while 43% reported feeling lonely rarely or never. Four people did not answer the question.
- 68% reported their loneliness decreased somewhat or a lot as a result of the group. Interestingly, four people reported it had increased.
- 76% felt more connected to other people since joining the group
- 89% reported their overall wellbeing had improved somewhat or a lot since joining the group. Two people said it had not changed and two people did not answer the question.
- The topics that had the most impact on people's lives in terms of implementing changes in their life were falls prevention and emergency preparedness.

Response to unmet needs

Assuming many participants had unmet needs, the program design included an individual wellbeing assessment. Providing individualised support between monthly group sessions was the biggest challenge for program staff as this was time- and resource-intensive. It was however well worth the effort as more than one-third of participants required follow-up.

A total of 42 participants (37.5%) required referral to services to address unmet needs. The referrals were to Care Finder aged care navigation services (25), mental health and therapy services (15) and carer support (2). With nearly one quarter of participants linked to multicultural aged care navigation services, this demonstrates the long-term benefits of timely connections to aged care services and highlights the equity outcomes for a cohort that typically underutilises these services.



Participant experiences

Two in-depth interviews were conducted with participants who were randomly selected from a list of those who had consented to be interviewed. One interview was done with a Multicultural Peer Support Worker to assist with engagement and communication and the other interview was conducted in English.

The themes from the interviews reflect the program's role in providing essential support, fostering community connections, and addressing the unique needs of multicultural seniors. The feedback underscores the importance of cultural sensitivity, language support, and the need to sustain and expand the group's activities.

The common and overlapping themes from the two participant interviews were:

1. Positive experience and satisfaction

Both participants expressed overall satisfaction with the group, mentioning happiness and joy. The group was described as helpful, making participants feel more comfortable and connected.

2. Learning and knowledge sharing

Participants learned new information about healthy aging, different cultures, and health services. The group provided valuable information through guest speakers and various activities. Interestingly, participants have been able to pass on this knowledge to others in their community, especially those facing language barriers.



“Before I came to the group I had no idea even where I could call and where I could go. But after I came to the group, because at the group they talked about different social services, so now I know how to overcome this problem.”

Participant experiences cont'd

3. Social connections

The group has helped participants build social connections and reduce isolation. Participants mentioned making new friends from different cultural backgrounds and joining other groups as a direct result of attending this group. Meeting people from other cultural backgrounds was highly valued.

4. Access to services

The program's inclusion of information about available services helped participants understand how to access support. They have used this information to assist others who may not speak English or know about available resources. These participants have helped others with barriers.

5. Cultural sensitivity and inclusivity

The program was appreciated for its multicultural approach, making participants feel more comfortable and included. The importance of having Multicultural Peer Support Workers and culturally relevant activities was highlighted. Both participants mentioned the multicultural nature of the group as a great strength and a valuable opportunity to learn about other cultures.

6. Impact on daily life and wellbeing

The program has significantly improved participants' daily lives, providing interesting topics to discuss and reducing loneliness. One participant mentioned that previously he had little to look forward to and even talk about in the home. Participants felt more engaged and connected. Participants praised the program's impact on their lives and expressed gratitude for the services provided.

7. Desire to contribute and volunteer

Participants expressed a desire to become volunteers and help organise the group, despite concerns about language barriers. They appreciated the opportunity to give back and support others in the community.

8. Challenges and suggestions for improvement

Participants suggested sharing more health information and addressing transportation challenges to make attendance easier. There is a desire for more funding to support non-English speaking background individuals and enhance the group's activities. Both participants expressed a desire for ongoing support for the group to continue.

”

“I have made some friends now with people from Cook Islands and Thursday Islands. When you meet some different cultures, you learn their culture too.”

”

“Since we joined the group, there's a couple of elderly ladies from Ukraine there and we are getting close to them. When they were talking about the war, the elder lady had tears. It feels very different. Since we go to the social groups, all the people that we met, especially people from different religious and cultural backgrounds, has really increased our knowledge about people from multicultural backgrounds.”



”

“Before, life was very boring and even me and my wife don't have much to speak about. Now each time after the group we have lots to talk about – the people and the topics.”

”

“We went through some of the presentations that talked about Medicare and legal services and aged care services and from this I feel that Australia's welfare system is very good.”

Staff experiences

A group interview was conducted with two program staff to explore process evaluation questions regarding what worked well and what did not. The interview was transcribed, and themes were identified. Staff observed positive impacts among the participants, consistent with other evaluation findings. However, they also highlighted several challenges in the program design. Individual assessments between monthly group sessions significantly impacted staff time and resources. Additionally, delivering the program to participants with multiple barriers and challenges (living in remote locations for example) proved difficult to overcome. Another issue was the lack of suitable venues, as the program lacked adequate resources to pay for venue hire with large spaces suitable for seniors with mobility issues.



- **Cultural Responsiveness:** The interview highlighted a range of health topics, including physical health, mental health, and overall wellbeing. This indicates a comprehensive approach to health literacy and social determinants impacting health, illustrating the team's understanding of factors influencing health outcomes for seniors. This was a strength of the program.
- **Communication Barriers:** The interview found a significant focus on the difficulty of delivering information in a culturally responsive manner. The interview highlighted the challenges external providers face in effectively communicating with non-English speaking participants. This was evident when guest speakers were invited to address the group who required the information to be delivered with greater cross-cultural communication skill.
- Issues related to communication, such as participants not receiving information properly due to language barriers and the need for interpretation, affected how people socialised and interacted during sessions. Language barriers were a significant consideration in the delivery of the program which were overcome with Multicultural Peer Support Workers.
- **Social Engagement and Support:** Staff discussed the increase in social engagement within the group as the group progressed. Initially, participants tended to stay within their own cultural groups, but over time, they began to interact more broadly, even overcoming language barriers to some extent in creative ways.
- **Program Objectives and Structure:** A staff member who joined the program after one year of delivery questioned whether the program's objectives were articulated clearly enough for staff to design interventions based on those objectives. Another staff member expressed uncertainty about whether the program provided enough structure and guidance around its objectives.

Challenges and Limitations

- **Individual Support:** Staff highlighted the challenge of providing individual support due to limited time and resources. The group setting did not always allow for detailed individual interventions, which could be necessary for addressing feelings of social isolation. With more resources more adequate individual supports could be provided in between monthly group sessions.
- **Physical space and mobility issues:** Concerns were raised about the physical space and the number of participants which limited opportunities for movement and interaction, especially for those with mobility issues. There was a lack of large spaces in community settings that were suitable for group sessions for seniors.

Overall Program Impact

- **Social Engagement:** One staff member observed increased social engagement among participants, noting that even with language barriers, participants made efforts to interact with each other. Some participants reported that the program helped reduce their loneliness, while others did not see much impact as the program was monthly. Staff received many requests for the group to run fortnightly.
- **Health literacy:** Staff observed that health literacy saw some improvement over time.
- **Natural connections:** From one staff member's perspective, about 60 to 70% of the participants felt that the program reduced their loneliness. The program helped some participants connect with other groups and activities, especially those who spoke the same language. However, for some individuals, the issues were deeper and not just social, indicating that more comprehensive support might be needed.

Next Steps

Call to action!

The Eastern Star Foundation has generously funded the MSSP for 2.5 years (ending September 2025) to enable us to develop a 'proof of concept'. Our program has demonstrated significant positive outcomes, as evidenced by our evaluation data. Participants have shown marked improvements in social connectedness, have reduced feelings of loneliness, have improved social wellbeing, have accessed services for unmet needs and have experienced an improvement in overall quality of life.

By addressing the unique challenges and barriers faced by this vulnerable population, our program not only enhances individual wellbeing but also reduces the burden on healthcare and social services by increasing health literacy and encouraging early intervention. We recommend that the individual support between group sessions is continued, as 37% of participants required referrals for unmet needs.

Ongoing funding would enable us to expand this proven model, ensuring more socially isolated older migrants and refugees receive the support they need to thrive, ultimately fostering a more inclusive and resilient community. It also presents as a low-risk investment given we are presenting a model of service that has already been evaluated. Going forward, we propose a slightly altered service design based on the evaluation findings, which is presented in Attachment 1.

Thank you for taking the time to read this report. If you have any questions or would like to discuss our findings further, please don't hesitate to reach out to us.

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Attachment 1 - proposed model

Based on the evaluation results, we propose a small change to the program design to enhance its effectiveness and efficiency. The redesign will ensure that the most socially isolated continue to be engaged into an entry-level supported group program that assesses individual needs and responds accordingly. In time, participants can then join an ongoing social group. The proposed service design contains two groups: one that is time-limited, highly supported, and structured with individual needs assessed and followed up, and another that is solely focused on socialisation.

Proposed Program Structure:

1. Structured 8-Week Program:

- Target Group: The most socially isolated individuals.
- Maximum 15 participants
- Components:
 - Mapping interests
 - Identifying community resources and opportunities
 - Addressing barriers
 - Conducting wellbeing assessments and referrals
 - Focus on healthy aging and guest speakers from different services etc.
- Post-Program Support: Participants will be supported to join a solely social group. The 8-week program will be repeated with new cohorts. Those not ready for a more flexible social group can repeat the 8-week program until they feel ready.

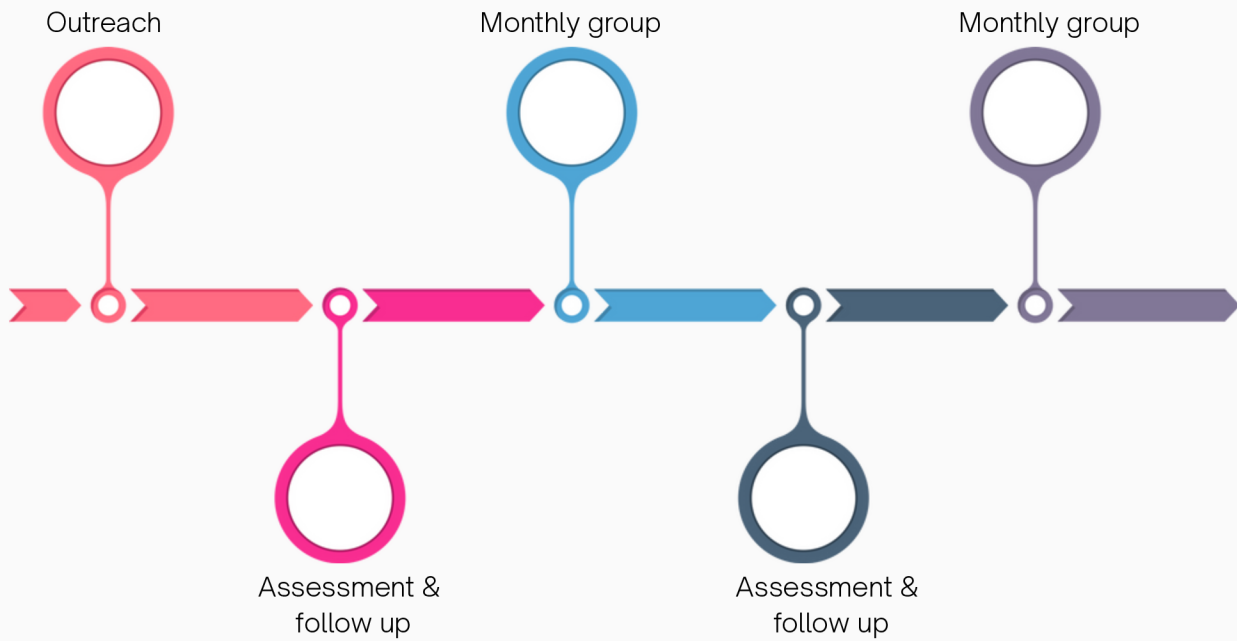
2. Ongoing Social Group:

- Target group: Participants who have completed the 8-week structured program, had their unmet needs addressed and have some links as a result of the 8-week program.
- Maximum 25-30 participants
- Focus solely on social interactions with no follow-up assessments between sessions. Fun activities, social interaction and guest speakers. Could include a high level check-in with individuals as required.
- Provision of cultural and language support remains.

This restructured program will allow staff to focus more on the individual needs of participants in Group 1, which will serve as an entry point to the larger, socially-focused group.

Current and proposed model

Current model



Proposed model

