Foreword

It is with great pleasure that Women's Health East presents the "Social Connection Resource Kit" as part of the **"Investing in Women – Building a Socially Inclusive East"** project. The resource kit includes a range of comprehensive information and resources from a range of reputable sources to support the health and community sector to address social isolation. It serves as a valuable 'one-stop-shop' for information and resources around social connection, social isolation and women's health and wellbeing. The resource kit has both paper based and electronic components.

Women's Health East is committed to improving the health and wellbeing of women in Melbourne's Eastern Metropolitan Region (covering the municipalities of Boroondara, Manningham, Monash, Whitehorse, Knox, Maroondah and Yarra Ranges). By providing this information we hope to support other organisations to further meet the needs of women and redress the gender and structural inequalities that often limit women's lives.

Women's Health East developed this resource kit in recognition of the need for people working in the health and community sector to have access to information about social connection as a determinant of mental health and wellbeing - information that sits within 'a social model of health' framework. The information presented consciously considers the ways in which women's health and wellbeing is determined by factors that go beyond individual or biological disposition. Through using this resource kit, organisations in the Eastern Metropolitan Region will be able to be more responsive to women's specific needs.

While access to the majority of this information is publicly available, this resource kit puts it all together in one place and is easy to use and extensively referenced. It is important to note that this resource kit is an accompaniment of the Social Connection Workshop held on May 27th 2011. It is also important to note that this resource kit includes a *selection* of available information and does not intend to imply that *all* relevant information has been included.

We encourage the use of the resources and tools contained within this kit to assist in the planning and delivery of programs and services. It is our hope that this will assist the Eastern Metropolitan Region in encouraging social connection and addressing social isolation of women.

Jenny Jackson
Chief Executive Officer
Women's Health East

Liz Smith
Health Promotion Officer
"Investing in Women" Project Manager
Women's Health East

Women's Health East

Women's Health East is primarily funded by the Department of Health and has been operational for almost 21 years. As a women-focused organisation we work with stakeholders in the Eastern Metropolitan Region of Melbourne to build the capacity of services and programs to ensure they optimally address issues affecting women. **Women's Health East** informs and influences the policy and service delivery of Local Government, Community Health Services and other agencies in order to enhance the health and wellbeing of women in the region.

Women's Health East embraces a social model of health approach, recognising the many determinants affecting the health and wellbeing of individuals and the community. We recognise gender as a determinant of health and wellbeing. We strive to make sure that issues faced by women and the changing needs of the community are consciously considered in policy decisions, services and programs. We recognise and take action on the political, social and economic factors that influence health and wellbeing outcomes of women in Melbourne's East. We recognise and respect the strength and life experiences of the women in our diverse region.

Please feel free to contact us:

Suite 5/37 Heatherdale Road
Ringwood, Victoria 3134
(03) 8873 3700
(03) 9874 8169
health@whe.org.au
www.whe.org.au

Introduction

Purpose of the Resource Kit

The health and community sector has been focusing a great deal of its efforts on improving people's mental health and wellbeing. As social connection is a determinant of mental health and wellbeing, Women's Health East has compiled this resource kit to help build the capacity of the sector to more effectively address social isolation.

There is growing evidence worldwide of the benefits that social connection can have on health and wellbeing. Social connection refers to the relationships that people have with others and the benefits that these relationships can bring to an individual as well as to society (New Zealand Government 2010). These relationships and connections can be a source of enjoyment and support, helping people to feel that they belong and have a part to play in society (Spellerberg 2001).

Women's Health East aims to demonstrate the importance of social connection for women's health and wellbeing and also emphasise the many barriers that can limit a woman's ability to participate within her community and engage with those around her. If the barriers to social connection are better understood, then programs and services can be designed with these barriers in mind. We believe that it is important to focus our efforts, as workers, on social connection because "feeling close to, and valued by other people is a fundamental human need and one that contributes to functioning well in the world" (Aked et al. n.d.). Therefore the idea of connecting people seems key to any set of actions.

It is also important to be aware that social connection is likely to be very different between individuals and within individuals across time. A person may have a large social network, socialise with lots of people but may feel as though their relationships are not close or lack depth. Equally, a person may have strong and meaningful social relationships but have limited connections with people outside of their core network. Strong social relationships are supportive, encouraging and meaningful. Broader, more 'superficial' relationships are important for feelings of connection, familiarity and sense of self-worth associated with an individual's position in a community. The key point to remember is that giving time to both strengthen and broaden social networks is important for health and wellbeing (Aked et al. n.d.).

We hope to encourage more work to be done in this area, acknowledging that being socially connected has the potential to not only improve the current mental health and wellbeing of women but to also prevent poor mental health outcomes from arising in the future.

This resource kit is an accompaniment to the 1 day Social Connection Workshop on 27th May 2011.

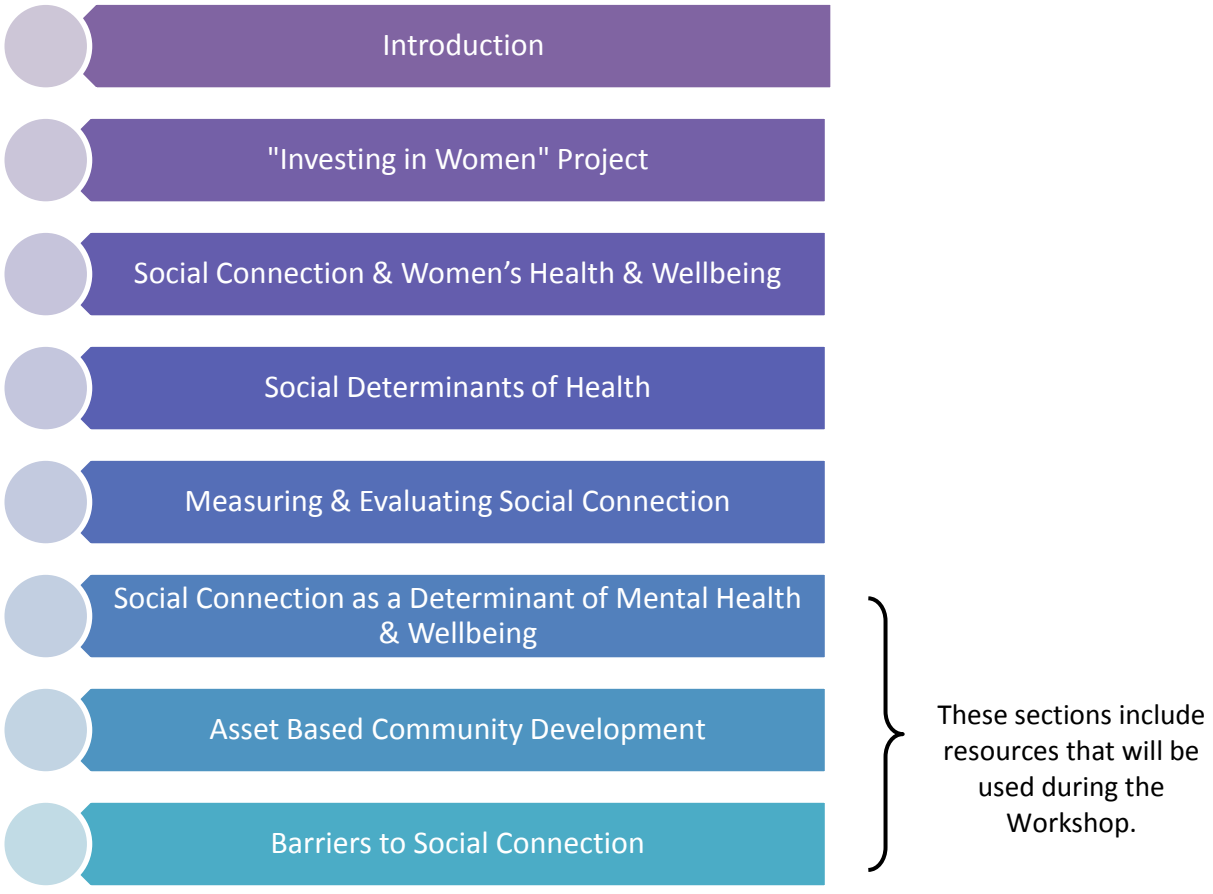
Using the Resource Kit

Women's Health East recognises the value, knowledge and expertise of the broad range of organisations who work across the Eastern Metropolitan Region of Melbourne. We recognise the strength of local organisations in knowing their local communities and understanding their specific needs. This resource kit is intended to complement this local knowledge and expertise.

The resource kit is useful for any organisation who works with the community, both within the health and community sector, and broader. Encouraging social connection is everyone's business whether they are a librarian, physiotherapist, nurse, community development officer, doctor or receptionist; they can encourage and invite those around them to connect. Having said this, socially connecting is often easier said than done and it is important to be aware of the barriers that some people may face. The resource kit discusses a number of potential barriers that can limit women's capacity to socially connect e.g. body image, mental illness and culture.

Throughout this kit there are resources from a number of different organisations and we would like to acknowledge the contribution of whose resources we have included.

The resource kit has been divided into the following sections:



Investing in Women – Building a Socially Inclusive East

The 2009-14 National Mental Health Plan recommends actions to improve community and service understanding and attitudes of mental illness, social inclusion and recovery. **"Investing in Women"** aims to strengthen the Eastern Metropolitan Region's social connection by building the capacity of the health and community sector, and women in the community to understand the barriers to social connection and develop new and innovative ways to establish meaningful social opportunities.

The project aims to prevent disease burden by positively impacting on mental health and wellbeing through social connection for women who may be isolated and/or disadvantaged in the Eastern Metropolitan Region of Melbourne. **"Investing in Women"** will reduce health inequalities by ameliorating the prevalence of barriers to social connection which can lead to social isolation. The project encourages women to connect with those around them, engage with their community and in turn improve their mental health and wellbeing.

The project was developed in response to the Women's Health East Stakeholder Consultation in 2009. Stakeholders identified that social isolation is a significant issue for their female clients however they did not feel as though they had the specific skills and knowledge to deal with the issue. As our stakeholders work directly with women in the community, we felt that by developing a social connection workshop, workers may be more confident and able to positively impact on the mental health and wellbeing of women through addressing social isolation.

Using an integrated, cross-sectoral, gendered and region-wide approach, **"Investing in Women"** aims to build the region's capacity to address social isolation and encourage social connection. By working to further extend the knowledge of local stakeholders to more confidently address the barriers and affects that impact on their female clients' ability to be socially connected, health gains will be multiplied. At a more local level, supporting women who may be isolated and/or disadvantaged to participate in and establish meaningful social opportunities will impact positively on their mental health and wellbeing. Overall, at both the workforce and community level, long-term investments will be made in women's health and wellbeing.

"Investing in Women" is a 4 part project, please see the Project Framework for more details.

Our Project Approach

Women's Health East has adopted the VicHealth Framework for the promotion of mental health and wellbeing (2005). This framework focuses on the three key determinants of mental health - Social inclusion, Freedom from discrimination and violence, and Economic participation. There are a number of elements within each of these key determinants:

Social Inclusion	Freedom from Discrimination & Violence	Economic Participation
• Supportive relationships • Involvement in group activities • Civic engagement	• Valuing of diversity • Physical security • Self-determination and control of one's life	• Work • Education • Housing • Money

The **"Investing in Women – Building a Socially Inclusive East"** project focuses its efforts on social inclusion as a key determinant to improve women's mental health and wellbeing. Women's Health East aims to demonstrate the importance of supportive relationships, and participation and engagement with one's community for women's health and wellbeing. We will also highlight the many barriers that can limit a woman's ability to participate within her community and engage with those around her. We believe that it is important to focus our efforts, as workers, on social connection because "feeling close to, and valued by other people is a fundamental human need and one that contributes to functioning well in the world" (Aked et al. n.d.). Therefore the idea of connecting people seems key to any set of actions.

As identified in the VicHealth Framework, there are distinct mid and long term outcomes of focusing our work around the three key determinants of mental health and wellbeing:

Intermediate Outcomes		
Individual	**Organisation & Community**	**Societal**
Increased sense of: • Belonging • Self-esteem • Self-determination & control	• Accessible and responsive organisations • Safe, supportive & inclusive environments	• Integrated & supportive public policy & programs • Strong legislative platform • Resource allocation

Long-term Benefits		
• Less anxiety & depression	• Improved productivity at work, home & school	• Reduced health inequalities
• Less substance misuse • Improved physical health	• Less violence & crime	• Improved quality of life & life expectancy

In addition to addressing aspects of women's mental health and wellbeing through encouraging social connection, the project also incorporates an asset based community development (ABCD) approach. The 'asset-based approach' builds on the assets and strengths of specific communities and engages citizens in taking action. It is often cost-effective, since it provides a conduit for the resources of community members, charities or social enterprises to complement the work of local service providers (I&DeA 2010).

See also 2009-2013 Participation for health: A framework for action (VicHealth) which is included in the resource kit.

The health and community sector often concentrates on the deficits and problems within communities whereas the ABCD approach values the capacity, skills, knowledge, connections and potential in a community. Assessing and building the strengths of individuals and the assets of a community opens the door to new ways of thinking about and improving health and responding to ill-health. ABCD has the potential to change the way practitioners engage with individuals and the way planners design places and services. It is an opportunity for real dialogue between local people and workers in the health and community sector on the basis of each having something to offer (I&DeA 2010).

Women's Health East has adopted the ABCD approach for the 'Investing in Women' project because we believe that it has immense potential to encourage social connection and address social isolation. We recognise the strengths and capabilities of women in the community and by using a strengths-based approach it will encourage women to embrace and share their skills and knowledge. This approach does not replace investment in improving services or tackling the structural causes of health inequality; the aim is to achieve a better balance between service delivery and community building (I&DeA 2010).

Women's Mental Health & Wellbeing

Mental Health

Mental Health is a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (World Health Organization 2004).

Wellbeing

The concept of wellbeing comprises two main elements 1) feeling good and 2) functioning well. Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristics of someone who has a positive experience of their life. Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of wellbeing (Huppert 2008).

Sex & Gender

Sex - The biological and physiological characteristics that define men and women (World Health Organization 2009).
For example, women can menstruate while men cannot.

Gender - The socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women" (World Health Organization 2009).
For example, women earn significantly less money than men in Victoria (Women's Health Victoria 2006).

Aspects of sex will not vary substantially between different societies, while aspects of gender may vary greatly.

The World Health Organization has identified gender as a determinant of health. They note that the mental health disorders of childhood tend to be more common in boys than girls, but that as they get older, women are more likely to suffer poorer mental health, particularly depression, than men (World Health Organization 2005). In Australia, one in four women and one in six men will experience depression at some stage in their life (VicHealth 1999).

Mental health does not exist in isolation - mental, physical and social functioning are all connected with one another. Good or poor mental health is the result of many social, psychological and biological factors. Some of the factors that negatively contribute to mental health and wellbeing are:

- Poverty
- Inadequate nutrition
- Violence and abuse
- Poor access to adequate healthcare
- Disadvantage
- Discrimination
- Education restrictions or limitations
- Sexual discrimination
- Poor housing
- Exclusion from community participation
- Limited occupational opportunities
- Unfair labour practices
- Gender/role based expectations (World Health Organization 2004)

These determinants are experienced differently by women and men. Biological determinants, such as personality traits, hormonal fluctuations and genetics, which are evidently different for females and males, impact on mental health outcomes (World Health Organization 2000). Mental health is also affected by a person's 'place' in the social world (Keleher & Marshall, B 2002) where relative power determines a person's access to necessary resources and services that influence their quality of life and health outcomes (Department of Human Services 2004). Being female or male greatly influences mental health outcomes (Bird & Rieker 1999) therefore growing up female plays a powerful role in shaping a woman's vulnerability to mental disorders. Women's mental health is unique because of biological differences (sex) and the social constructions of women's lives (gender) (Bird & Rieker 1999).

Gender Roles and Expectations

Gender stereotyping can impact on women. This type of stereotyping refers to the often rigid roles assigned by society to people on the basis of their sex. Making assumptions about women, their relationships and life choices based on these stereotypes can impact on a woman's mental health and wellbeing. Social and cultural factors also have a significant influence over a woman's overall health and wellbeing.

Mental Health & Wellbeing Facts:

- 1 in 4 women and 1 in 6 men in Australia will experience depression at some stage in their life (VicHealth 1999)
- Depression was the 4th most common problem managed by GPs in 2005-2006 (Australian Institute of Health & Welfare 2008)
- 10-15% of women will experience postnatal depression however it is the least often diagnosed complications for new mothers (Ross et al 2005)
- Violence is linked to an increased incidence of depression and women are more likely to experience violence than men (World Health Organization 2005)
- Sexual violence in youth is linked to adolescent depression (World Health Organization 2005)
- Sexual abuse as a child is significantly associated with depression in adult women (World Health Organization 2005)
- Rape will lead to 1 in 3 women experiencing depression, using drugs or attempting suicide (World Health Organization 2002)

In the Eastern Metropolitan Region:

- More than 50% of women had issues with their mental health at some stage in their life (Women's Health East 2009)
- More than twice as many women than men have had affective (mood) or anxiety disorders (Women's Health East 2009)

Terms & Definitions

As a result of research and discussion, WHE would like to offer the following descriptions.

Social Connection

Social connection is at the individual level where people are involved in activities that help them to connect with others in their community (VicHealth 2010). Being socially connected includes relationships with family, friends, colleagues and neighbours, as well as the connections that people make through paid work, sport, leisure activities, voluntary work or community service (New Zealand Government 2010).

For example – Megan is a first time mum. She left her full-time job to care for the baby full-time whilst her partner continues in paid employment. Megan's colleagues are really excited for her and they have delivered meals to the house and given her lots of hand-me-down clothes from their own children. Megan feels supported by her friends from work and knows that she can turn to them for advice and assistance if need be.

Megan is also going to sign up for a Mums' Group at her local library where there will be discussions and demonstrations for new mums. None of Megan's friends have children under the age of 5 so she thinks this will be a good way to meet some other parents in her area who have young children.

Social Isolation

Social isolation is at the individual level and refers to a lack of quantity and/or quality of contact and connection with others in a person's community. Being socially isolated may involve having few social contacts as well as an absence of mutually rewarding relationships with other people (Delisle 1988).

For example – Lisa lives in outer Yarra Ranges. She is a young woman and does not have a car. Her family lives interstate and she struggles to catch up with friends because they often do things close to the city. She sees her friends about once a month and feels lonely in between those catch ups. Lisa does not feel like she has anyone she can rely on.

It is important to note the subjective nature of social isolation. In this example, Lisa sees her friends once a month and she does not feel like this is enough. Alternatively, someone else in Lisa's situation might feel that catching up with friends once a month is enough. There is no prescribed amount of social connection that determines an individual's sense of connection and engagement in their community.

Cacioppo & Hughes (as cited in VicHealth 2010) discuss that everyone feels lonely at some point in their lives but situational factors, such as a small social network, can increase the frequency or chronicity of loneliness.

Social Inclusion

Social inclusion is at the societal level where all people feel valued and have the opportunity to participate fully in their society. This requires people having the resources, opportunities and capability to learn, work, engage in the community and have a voice (Australian Social Inclusion Board 2009).

For example – Leah is a Masters student at a University in Melbourne. She has a physical disability but has no trouble getting around campus because her classes are in an accessible building. Leah is doing very well and already has a job lined up for when she finishes at the end of semester. She is looking forward to having a full-time salary because then she can move out of her parent's house and into an apartment in Richmond like she has always wanted to.

Social Exclusion

Social exclusion is at the societal level and refers to when people or areas are shut out from social, economic, political and cultural systems which contribute to their integration and inclusion in their community (VicHealth 2005).

For example – Rose is from Syria and has recently moved to inner eastern metropolitan Melbourne. For reasons beyond Rose's control, she cannot meaningfully engage with others in her community. She has attended a couple of classes at her local neighbourhood house but did not feel included by her classmates. She felt like they were judging her even though she tried to be friendly. Rose also applied for lots of jobs within walking distance from her house because she does not have a car and the train station is a 35 minute walk away. She has not been able to find work and feels alienated and distanced from her community.

Why should people socially connect?

Social connection refers to the relationships that people have with others and the benefits that these relationships can bring to an individual as well as to society (New Zealand Government 2010). These relationships and connections can be a source of enjoyment and support, helping people to feel that they belong and have a part to play in society (Spellerberg 2001).

Women's Health East believes that it is important to focus our efforts, as workers, on social connection because "feeling close to, and valued by other people is a fundamental human need and one that contributes to functioning well in the world" (Aked et al. n.d.). Therefore the idea of connecting people seems key to any set of actions.

It is also important to be aware that social connection is likely to be very different between individuals and within individuals across time. A person may have a large social network, socialise with lots of people but may feel as though their relationships are not close or lack depth. Equally, a person may have strong and meaningful social relationships but have limited connections with people outside of their core network. Strong social relationships are supportive, encouraging and meaningful. Broader, more 'superficial' relationships are important for feelings of connection, familiarity and sense of self-worth associated with an individual's position in a community. The key point to remember is that giving time to both strengthen and broaden social networks is important for health and wellbeing (Aked et al. n.d.).

There is growing evidence worldwide of the benefits that social connection can have on health and wellbeing. **Some of this evidence includes:**

Social connection is a determinant of mental health and wellbeing (VicHealth 2005). A person's capacity to be involved in activities that help them connect with others in their community is an important factor in determining their health status (VicHealth 2010).

People who are socially isolated have between two and five times the risk of dying from all causes in comparison to those who are able to maintain strong ties with family, friends and community (Berkman & Glass 2000). Some barriers to maintaining strong social ties are poor health, low income, single parenting, violence or abuse, disability, gambling, homelessness, body image, substance abuse, culture, discrimination and a lack of local and affordable childcare.

Direct community engagement has been indicted to empower communities, build capacity and have a positive impact on indicators such as education, income and crime (National Institute for Health and Clinical Excellence 2008).

Emotionally supportive relationships and social networks are more valuable for reducing the risk of major depression in women, than in men (Kendler, Myers & Prescott 2005).

People who participate in their community and those who can get help are healthier and feel more positive about their community (Department of Victorian Communities 2004).

Elderly women who are socially isolated have a greater risk of developing Alzheimer's disease (VicHealth 2005).

Social connection can have a powerful protective effect on health as supportive relationships can encourage healthier behaviour patterns (Wilkinson & Marmot 2003).

Social support networks help individuals find solutions to problems; they validate people's identity, direct them to helpful information and can comfort them when needed (Chernomas 2006).

Strong evidence of significant correlations has been found between poor social networks and mortality from almost every cause of death. Poor social networks include: weak social ties, low limited social connections, weak social integration, low levels of social activity and social embeddedness (Seeman 2000).

Community participation is beneficial to physical and mental health because it provides opportunities for social interaction, development of social networks and social support (Fothergill et al 2011).

Social support, including emotional and practical help, is thought to moderate the impacts of stress and negative life events (Vic Health 2010).

The sense of wellbeing, belonging and self- esteem generated by community participation encourages engagement in health promoting behaviour such as a healthy diet and exercise (Cohen et.al 1997).

Older people who are socially isolated are more likely to have poorer health (Cornwell & Waite 2009).

Adolescents who are socially isolated are more likely to experience depressive symptoms and have lower self-esteem (Hall-Lande et al. 2007).

Why focus on women who may be isolated or disadvantaged?

Social isolation is a gendered issue. The social constructs of women's lives mean they often find themselves more socially isolated than men because:

- Women live longer and therefore are more likely to be elderly and single
- Women's comparative lack of financial resources mean they are less likely to be able to socialise
- Single parents with primary responsibility for children are more likely to be women

On the other hand, women are more likely than men to have stronger networks on which they can call for assistance and support (Women's Health Victoria 2008).

The Victorian Population Health Survey (2008) highlights that people from households with lower levels of income participated less in community events. Women tend to have less financial security than men due to:

- Reduced work force participation
- Reduced access to education
- The need to interrupt paid work because of pregnancy, childbirth and to care for children or other family members
- Working on a part-time or casual basis to prioritise the needs of family. This type of employment can have a negative impact on their overall financial security, with reduced job stability, less accumulated superannuation and fewer savings for retirement (Women's Health Victoria 2008b).

The capacity to ask for favours and obtain support from family and friends increases with income as did good health (Australian Bureau of Statistics 2007). In the Eastern Metropolitan Region of Melbourne, some women lack the financial resources that in turn limit their ability to be socially connected. 63% of women earned below $600 per week in comparison to only 42% of men (Australian Bureau of Statistics 2006).

Cost can be a barrier to participating in the community as affordability is a significant factor in a person's ability to participate socially. Nearly 16% of Australian households are unable to participate in social activities such as family holidays, having a night out or having people over for a meal (Saunders 2003).

Women are more vulnerable than men to the effects of reduced social support (Women's Health Victoria 2008).

Women have a longer life expectancy than men which means that women are more likely to be elderly, single and without sufficient superannuation to self-fund a comfortable retirement lifestyle without relying on the aged pension (Australian Bureau of Statistics 2009).

83% of single parents in Australia are women and 93% of jobless single parent families are headed by mothers. Single mothers in particular express feelings of isolation and loneliness. They are 3-4 times more likely to be suffering from anxiety or depression then the rest of the population (Office of Women's Policy 2005).

Mental illness is associated with indicators of poverty, low levels of education, poor housing and social exclusion. The greater vulnerability of disadvantaged people to mental illness may be explained by such factors as the experience of insecurity and hopelessness, rapid social change and the risks of violence and physical ill health (Women's Health Victoria 2008).

Barriers to Social Connection

Women's Health East aims to emphasise the many barriers that can limit a woman's ability to participate within her community and engage with those around her. If the barriers to social connection are better understood by workers, then programs and services can be more effectively designed.

It is important to recognise that it is not always the issue itself that acts as a barrier to social connection but the discrimination and stigma that are often associated with it.

There is a range of barriers that can limit a person's ability to socially connect; some of these are listed below along with some questions for workers to consider:

Mental Illness

- Will my client be welcomed by the church group?
- How common is loneliness among people with a mental illness?
- How will discrimination/stigma affect my client's ability to be socially connected?

Carer Responsibilities

- When does my client have the time to socialise?
- How difficult is it to catch up with friends when you are a full-time carer?

Sexual Diversity

- Will they still welcome me if they know I am a lesbian?
- How do I meet other lesbians in my community?
- How will discrimination affect my client's ability to socially connect?

Unemployment

- Now that my client is unemployed how will she make friends outside her cultural group?
- Will people still accept me now that I don't have a job?

Body Image

- Could my client's feelings about her weight stop her from attending the walking group?
- How will discrimination/stigma affect my client's ability to socially connect?

Lack of Transport

- Without a car, how will she be able to participate in the field trip?
- Public transport doesn't reach my client's suburb, how can she get out and about?

Lack of Social Contacts • Who does my client rely on? She doesn't have any family in Australia.	**Limited Income** • Does my client have the money to join in our social activities? • Can my client afford child care so that she can have time to catch up with friends?
Cultural Diversity • Are women from this cultural background encouraged to participate in social opportunities? • What cultural and language factors do I need to take into account?	**Problem Gambling** • Despite being financially insecure, would my client play the pokies because she feels it is a welcoming and safe environment? • Does my client have other opportunities to socially connect?
Domestic Violence • Does my client's partner restrict her social activities? • Does my client have the financial capacity to join in social opportunities? • Will my client's low self esteem impact on her ability to connect with others?	**Disability** • Is our program accessible to people with a disability? • How will discrimination affect my client's ability to socially connect?
Chronic Illness • My client used to be very active and play netball and tennis with friends every week – now that she is sick, is she still able to catch up with friends? • Does my client have the financial capacity to join in social opportunities?	**Limited Access to Technology** • Without internet access, how can I help my client find out what is going on in her community? • I want to meet people online but I don't have a computer.

The presentations during the Social Connection Workshop will talk in depth about some of these topics and how they act as barriers to social connection.

Measuring Social Connection

There is significant variation between each individual's ideal "level" of social connection. The notion of social isolation is subjective - individuals have different levels of need around connection and engagement. There is no prescribed amount of social connection that determines an individual's sense of connection and engagement in their community. What we do know is that social connection has significant positive impacts on health and wellbeing.

Despite social isolation being subjective, research has suggested optimal numbers and types of social contact to deliver better health outcomes:

- Contact (with the exception of parents) that occurs at least monthly is strongly associated with favourable health outcomes (Barefoot et al. 2005)
- Greater diversity (e.g. different cultures, occupations) of contact with friends and family is associated with health because they may provide more opportunities to access resources (Barefoot et al. 2005)
- People with diverse social ties and greater access to resources tend to have a lower risk of being overweight or obese (Moore et al. 2009)
- People who spend time with happy people are more likely to be happy themselves. People's happiness is partly dependent on whether people in their social network are happy and the Framingham Health Study demonstrates that the happiness of an individual is associated with the happiness of people up to three degrees removed in the social network (Fowler & Christakis 2008).

When working with clients or on specific social connection programs, workers may want to be able to demonstrate a person's level of social connection and how it changes over time. In this resource kit and included on the USB are examples of measurement tools for individuals. There are a number of tools publicly available to use with individuals. Women's Health East felt that it was important to include tools which are worded in a positive manner. This is highly important as there is a risk to those completing the forms of feeling negatively labeled by tools which highlight deficits and are worded negatively.

In regards to evaluating the work that each organisation do around social connection it may be useful to use one of the provided tools as a pre and post program measurement. Some can also be used for one-on-one client assessment. Workers may also want to use these tools as a guide in developing their own tools so that they can be made specific to a particular program. Having said that, it can be helpful to use an existing tool so that different departments and future projects can use the same tool to gather comparable data.

A 2010 report by the University of Wollongong has comprehensively reviewed a large number of instruments used for assessing social isolation and for assessing the outcomes of interventions designed to reduce social isolation. Parts of the report have been included in the resource kit and the full report is available on the USB. Alternatively it can be accessed online:

Sansoni J, Marosszeky N, Sansoni E, Fleming G (2010) Final Report: Effective Assessment of Social Isolation. Centre for Health Service Development, University of Wollongong. www.adhc.nsw.gov.au/__data/assets/file/0007/236329/Social_Isolation_Report.pdf

For more information on measuring and evaluating work around social connection, you may also find the following places useful:

- Deakin University CHASE Unit (Centre for Health through Action on Social Exclusion)
- La Trobe University Institute for Social Participation
- VicHealth
- Victorian Department of Health.

Feeling close to, and valued by, other people is a fundamental human need and one that contributes to functioning well in the world, the idea of connecting with people seems key to any set of actions (Aked et al. n.d.).

Disclaimer

This resource kit was prepared by Women's Health East as part of the **"Investing in Women – Building a Socially Inclusive East"** project. The resources included in this resource kit aim to complement the content covered at the Social Connection Workshop held on 27th May 2011. The resources included are from a number of different organisations and we would like to acknowledge the contribution of whose resources we have included.

This resource kit has been provided in good faith using sources believed to be reliable. Every care has been taken to ensure the information contained in this resource kit is presented accurately. Whilst this resource kit might be of assistance to those working in the health and community sector, Women's Health East does not guarantee that it is without flaw of any kind. It is also important to note that this resource kit includes a *selection* of available information and does not intend to imply that all relevant information has been included. Women's Health East therefore disclaims all liability for any error, loss or other consequence that might arise from reliance on information contained on this resource kit.

References

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