SOCIAL HEALTH Australia

Reflections Report

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Our Cause

Our Cause

The siloed ways in which we now exist are at odds with the needs of a social species that evolved to live interdependently. It's little wonder that loneliness and social isolation have been found to be associated with depression, suicidal ideation, cognitive decline, and heart disease [1] or that meaningful social relationships (i.e., social health) corelate positively with increased access to health services [2] and lower disability rates [3].

At Social Health Australia, human connection serves as the basis for the kindness-informed model of social-emotional- existential support we've been making available to people impacted by complex health issues, transition, grief and loss. Our work draws inspiration from the time-honoured tradition of spiritual companioning, which we've re-imagined to help those in our care be able to mediate meaning, hold hope and build resilience during difficult times.

We are committed to the belief that everyone – regardless of age, culture, disability, gender or belief system – deserves access to the human connection they need to live happy, healthy, and productive lives.

Kindness is the universal balm for troubled souls, and listening is one of the most therapeutic acts of kindness we can perform.

– Hugh Mackay
Patron, Social Health Australia

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Introduction

Introduction

by Joe Sehee, Project Director

Wobbly Start

From the moment Social Health Australia (Social Health) launched our latest community companioning initiative, it was apparent that this project would be unlike any of our other previous endeavours.

Just as we were launching in early 2023, I was diagnosed with long Covid. The fatigue, brain fog and post-exertion malaise I experienced made it difficult for me to take on work as I had been accustomed to doing. At the very same time, Social Health team leader Annie Whitlocke's acute back pain would put her out of commission and require major surgery. While Annie and I had grown accustomed to being there for one another, both of us were forced to endure a few months of not being able to do much more than wait to heal.

Making matters worse, the principal referral partners from our first companioning program were not able to provide us with people to support as quickly as we had hoped they would. Even though additional funding was provided to us by The Good Death Impact Network/Australian Centre on Social Innovation (TACSI) via a grant from the Wicking Trust to integrate a bereavement companioning stream in this venture, our inability to identify a partner within the field of funeral service to provide us with referrals led to further delays.

The bottleneck created as the result of these occurrences forced us to ask and kindly receive from the Lord Mayor's Charitable Foundation an extension of time to complete our project and reconcile our grant.

After successful spinal surgery, Annie eventually returned to her former self. And I would learn, with the help of an occupational therapist and exercise physiotherapist, how to regulate my limited energy levels so that I could become more engaged with the project. Also helpful was lining up additional administrative support in the person of Lorine Devi. Perhaps most importantly, our ability to deliver this project on schedule was made possible by Social Health board members Vanessa Crosland and Terry Teoh who donated a great deal of their time to vastly augment our project management capabilities.

Back on Track

After interviewing nearly 50 candidates, we would eventually induct 30 people as companions, approximately 22 of whom (including Annie and me) would be matched up with community members in need of sub-clinical social- emotional-existential support. 18 companions worked until our program formally ended late March, 2024. More than half of these volunteers have said that they would continue to check in on the community members they were assigned to support for the foreseeable future.

Our companions came from all walks of life, ages and backgrounds. Nearly half were retirees with the remainder comprised of people working full or part-time.

This included a:

- CEO of one of Australia's leading disability support organisations;
- Senior manager with the NDIS;
- Palliative care nurse;
- Pastoral care professional;
- Head of a hospital prosthetics department;
- Death doula;
- IT professional;
- Published author;
- Buddhist chaplain;
- Meditation instructor; and
- Counsellor

Five of our companions had formerly been supported by community members including one person with Parkinson's disease who resides in an aged care facility, two people with multiple sclerosis, along with Joy Nuske, an 81-year-old woman who has been blind since birth. A first- person essay written by Joy can be found on page 15.

While in the past we relied upon a training program that took place in four three-hour blocks, we decided with this initiative to rely more upon one-on-one interviews and observations of role-plays and regularly scheduled reflective practice sessions to ensure that our volunteers were able to support people dealing with loneliness, social isolation, and usually some form of illness, transition, and/or loss.

We also held one all-day, in-person induction session, one all-day online induction session, and a half dozen 90-minute online induction sessions for small groups and individuals. Two additional online workshops were convened for people interested in doing bereavement companioning. They were facilitated by Dr. Kerrie Noonan, Australia's leading expert in the emerging field of death literacy. Highlights of these sessions included conversations with Social Health ambassador and disability advocate, John Davey, as well as with the inspiring and terminally ill, Peter Read. Mental Health First-Aid trainer Linda Rowley also led an excellent module on the concept of *ambiguous loss*.

Eventually, referrals of community members in need of support began coming in from several sources such as social workers from Alfred Health's Hospital Admission Risk Program (HARP) as well as from Access Health, Voluntary Assisted Dying (VAD) Care Navigators from the Department of Health, Victoria, and community link workers involved with Bolton-Clark's 'Connect Local' initiative. We would also eventually find a reliable referral partner for our bereavement companioning stream thanks to the involvement of the innovative funeral company Bare.

In the end, Social Health engaged with 32 community members, all but two of whom we were able to connect with one or more members of our team of volunteer companions.

Following Hugh's Lead

It's nearly impossible to convey the impact that Social Health's patron Hugh Mackay has had on this initiative. One of Hugh's most recent books, The Kindness Revolution, inspired us to brand our latest companioning effort as "The Kindness Collective." Hugh addressed our first induction session for companions, via Zoom, and then spoke to several more of our volunteers and community members at a public event that took place this past September in the communal dining room of the Urban Coup Cohousing community in Brunswick, which is also where I've lived with my family since July of 2023.

Hugh had suggested "Kindness: It's as Easy as Breathing" for the title for his talk but graciously accepted my alternative suggestion of "Kindness is Not a Spectator Sport." Regardless of the tagline, Hugh wanted to convey that the potential of a project like ours does not lie in the competencies of our companions so much as in their commitment to showing up for those who are suffering to offer one of the kindest acts imaginable – deep listening.

Hugh explained how the simplest acts of human decency can bring meaning into circumstances that might otherwise seem meaningless, and perhaps even provide an antidote to the form of despair we now understand as existential loneliness. Hugh also helped us reaffirm one of our founding principles; that it's easier to accept meaningful connection when it comes from someone who isn't bringing with them any agenda or expertise. What Hugh helped us aim for is the healing that comes when two people come together for the purpose of experiencing compassion and common humanity.

I would come to understand this more intimately while companioning an older, terminally ill woman named Sarah (not her real name) who was hoping to arrange a voluntary assisted death for herself under some difficult circumstances. Sarah, who had come to Australia from Israel as an immigrant only weeks after the country's Six-Day War in 1967, had been a single mother with two children; both of whom would eventually be diagnosed with schizophrenia. One of them had suicided six months before I met Sarah. The other had not been told by Sarah of her terminal diagnosis nor desire to end her life. The care navigator from the Department of Health Voluntary Assisted Dying Care (VAD) team who had referred Sarah to us hoped that we might be able to help Sarah with that.

For reasons not made apparent to me at first, Sarah had been reluctant to discuss with her close friends her intention to embrace voluntary assisted dying.

Further complicating matters was that Sarah was legally required to engage with her local hospital, a VAD conscientious objector institution that would not allow Sarah to take the substance that would end her life at their facility, and would instead require her to make special arrangements to die at Peter Mac.

After an initial phone conversation which seemed to go well, I received a follow-up call the next morning from Sarah asking if I could drive her to a radiology appointment the following day. While I lived about an hour's drive from Sarah's home, I just happened to be in her neighbourhood for my own medical appointment the next day and offered to pick her up mid-afternoon. Sarah insisted on being driven earlier and asked if there was anyone else at Social Health who could help her. When I informed Sarah Social Health was a volunteer-led organisation that typically didn't run errands for people, Sarah said, "That's the problem with volunteers, you can never count on them!"

An hour later, Sarah called back to apologise for being curt with me. Sarah went on to explain how she thought she was going to choke to death the night before, which is why she was so adamant to have her chest examined. She also let me know that she would take me up on a previous offer I had made to attend to three of her medical appointments a few days later at Peter Mac. During the last of these meetings, Sarah said to her doctor and a VAD care navigator in attendance, "And can you believe this guy is a volunteer? He's from a group called Social Health and this is what they do for people!".

The next morning, I received a call from the person at the Department of Health who had referred Sarah to us. This woman told me that she noticed a big shift in Sarah and that she seemed "much softer" than she had previously. She also told me that Sarah had requested that I be the person responsible for the substance Sarah would take, as the law required her to do; a role I was happy, and honoured, to take on.

Another of one our companions with a great deal of end-of- life experience, Gary Thornell, spoke a couple of times a week by phone with Sarah. Sometimes they would reflect on her life and discuss literature, art, and travel. When Sarah had trouble sleeping, Gary would lead her in guided meditations. While Sarah had never wanted to meet with Gary in person, she told him during their last call together that "it was a shame we never met in person."

I received a text from Sarah the day before her death. It read: "Hi Joe. I was admitted to Peter Mac this arvo. Plan to take the medicine Friday morning. Goodbye my friend." After relaying this to my wife, she commented on how incredibly sad that sounded. Strangely, I told her that it did not feel that way, perhaps because I knew that in the end, Sarah experienced the kind of agency and connection that gave her much solace.

I also knew that Sarah had come to feel comfortable reaching out to friends of hers, two of whom shared Sarah's final moments at her bedside.

After attending Sarah's cemetery service and interment, I was invited to attend a gathering of her friends at the home of one of them. The woman was quite interested in learning about the companioning support we provided Sarah, particularly since Sarah had talked to her about Social Health. Several weeks later, this same woman rang me to talk about a married couple with whom she was friends. Both were terminally ill. As I listened to her tell me about them and their interest in VAD, I assumed she was calling to get advice on how to help them navigate a voluntary assisted death with their medical professionals. I would learn instead that they had already made plans for VAD, and that this woman was simply wanting to know what she could do to show up for them, like we had done with Sarah.

Because of what Sarah and I had communicated, this woman realised that being there for her friends at this critical time was not something that she needed to fear, nor did it require some sophisticated skillset. She knew that it was a human instinct she already possessed. At that moment, Hugh's line about kindness popped into my head. It really can be as "easy as breathing."

Final Thoughts

Reflecting on what has been an incredible initiative, I am filled with bittersweet emotions. That's because this companioning program may be the last one that Social Health takes on, at least for a little while.

One reason for that is because I'm about to embark on doctoral program through Deakin University's School of Architecture and Built Environment. I'll be using this research project to explore possibilities for integrating into new models of social/ disability housing, and the kind of social support we've been evolving over the past five years. And I'll be using as a guide, The Australian Centre on Social Innovation System for Home framework in order to help foster agency (self-determination), connection (giving and getting) and identity (being and belonging).

A more significant reason for our hibernation is that our charity has been unable to secure the core funding we need to be able to provide this service to the community; despite being exclusively run by volunteers. Our hope is that at some point soon, we'll find a way to be able to cover our overhead expenses so that we might seek additional funding to re-launch more worthwhile programs like this one.

Looking back on this project, I can't help but think about all the moments of serendipity that led to the fostering of human connection which would not have otherwise taken place. One example occurred when a few of us recently came together to celebrate the 94th birthday of Al Adamson, one of the community members we've been supporting. Al had been companioned over the past several months by Joy Nuske. Because Joy could only connect by phone, she and Al had never met before this occasion.

After cake was served, our conversation didn't seem like it wanted to come to an end, prompting Al to spring for Chinese food so that we could hang out longer. A couple of hours later while driving Al back home, he told me, "I think that was the happiest day I've had since my wife died." Then Al paused and said, "Actually, I'd have to say it was second happiest. Nothing could beat seeing my great granddaughter for the first time."

Later that day, Annie called me to share something Al had said to her that he had never mentioned to me, despite having known him for several years. How he hadn't seen a reason to go on living after the death of his wife of 60 years. And that Al felt he wouldn't be here today if it weren't for him finding his way to us.

I was taken aback by what Annie was telling me. It reminded me of the value in having the kind of team approach to companioning we've been using throughout this initiative. It also made me appreciate, once again, of the healing power that exists within each of us to help keep one another healthy, happy and whole.

Reflections

Reflection

Anne Whitlocke

One of the most enjoyable aspects of serving as a Social Health team leader has been making myself available to chat with any companion or community member about anything they care to bring up.

Almost no day has gone by when I didn't receive a call from someone who felt compelled to talk about their experience with our project. Sometimes a person would need to debrief challenges they have faced or emotions that have been triggered for them. Other times it would be to explore insights or share joys. These communications rarely were less than a half hour. On several occasions, they lasted nearly 90 minutes. Tears and laughter were almost always part of these calls.

I've been pleasantly surprised by how easy it has been for people involved with this project to display vulnerability, particularly as they've recounted issues involving significant sensitivity such as childhood trauma, long-held beliefs, or preconceived biases. Quite often, feelings of insecurity or ineptitude have arisen.

A companion once rang up to discuss how they didn't think they were making a difference in the life of the community member they were supporting. The longer we chatted, the more evidence of impact emerged in our conversation; previously insignificant things took on greater meaning because of the safe, sacred container we shared. This conversation led the companion to gain a new understanding of why Social Health places such an emphasis on the creation of safe space for people to share their thoughts and feelings.

On another occasion, a community member phoned me to discuss some issues they had with their companion that they did not feel comfortable telling this person directly. After getting permission to contact this companion and convey these feelings, the companion expressed deep gratitude for me helping bring this matter out into the open. And that same person later told me how our conversation helped the community member she supported speak far more openly than they had previously.

Another form of support we have made available for our companions (although not to community members at this point in time) has been through regularly scheduled online sessions that we refer to as integrated reflective practice. These sessions, which usually begin with a guided meditation, were designed to help participants understand that they are not doing this work in isolation but are instead part of a larger community of companions whom they can turn to for support and inspiration. In addition to being helpful mitigating the secondary traumatic stress associated with supporting people who are going through difficult times, these sessions sometimes allow for companions to refine their skills through mini-modules on a wide variety of topics related to this work.

Often led by companions, topics have included:

- Use of breathwork and touch in co-regulation;
- How social support can foster resilience;
- Self-compassion as a tool for setting boundaries;
- The art of shut-upedness; and
- What to say, when you don't know what to say.

My favourite part of these sessions is when opportunities arise for us to ponder deep questions. Sometimes it takes just one person being willing to shrug off their protective cloak to help others open up and be vulnerable. And if we as companions can't be open and vulnerable, how can we expect this from others?

Reflection

Lara Kaput

In 2022, my elderly father, Julius Edmundson, who had already been living with Parkinson's disease, suffered a stroke. It left him unable to walk and barely able to speak. At his rehab facility, he was offered pastoral care, which we knew would not aid in his recovery.

Like me, my father survived being a member of the Jehovah's Witnesses. Leaving the church for us not only led to the disintegration of our family for reasons I won't detail here, but the trauma we experienced prevented either of us from wanting anything to do with support that might come with an agenda or theological rationale. Having known Joe Sehee from his work with Humanists Victoria, I reached out to him about what Social Health Australia might be able to provide at this critical time for my father. In addition to dealing with my dad, my partner Dan, with whom I lived in Canberra, had recently been diagnosed with terminal brain cancer.

After visiting with my dad, Joe helped put together a small team of volunteer companions who would check in on my father and bring with them little more than a bit of kindness. Leading the team was Annie Whitlocke. In addition to visiting my dad, Annie was instrumental in helping me find an aged care facility that suited him. Annie also recruited a full-time palliative care nurse, wife and mother to two young children, Misty Pasic to spend time with my father.

Each one of Social Health's companions brought something different to my father that lifted his spirits and got him in touch with parts of himself that he could not have easily accessed on his own. Joe would often listen to and discuss music with my father. Annie helped my father re-connect with his love for animals by bringing one of the disabled dogs she cares for along on her visits. After discovering my father's affinity for rodents, and much to the chagrin of some administrators at my father's nursing home, Annie also arranged for the Rat Fancier Society to pay my dad a visit with furry friends in tow. And Misty, developed such a close bond with my father, that he dictated letters for her to write and send to my sisters with whom he was estranged.

Joe, Annie, Misty and I also created a "Team Jules" group in Messenger. Part of the reason was for us to know who was visiting, but it expanded to share stories and monitor my dad's progress. It was also done to engage my two stepbrothers. Both in their early twenties, they seemed to find it confronting to deal with an infirmed father who up until his stroke had been an avid cyclist, reader and guitarist.

When my partner died, Annie was also helpful to me. For example, she assisted me in finding an appropriate funeral service provider. She also was a listening ear when I subsequently wanted to advocate for voluntary assisted dying. Just knowing that I could pick up the phone and speak with Annie provided me with solace. It hardly mattered that I rarely spoke with her.

In recent months, my dad has been visited by another companion and latest member of Team Jules; a young man not much older than my brothers named Will Bigmore.

Like my dad and me, Will also happens to be an ex-Jehovah's Witness. In addition to making visits to the nursing home, Will has accompanied my dad out to visits such as to a holiday party attended by other Social Health companions and community members. Turns out that Will and my dad share a lot in common, including an interest in psychology. Other companions have visited dad to discuss philosophy, accompanied him to a Ukrainian cultural lunch and have taken dad to an ice hockey game. All of which he's thoroughly enjoyed.

After discovering that his brother-in-law was diagnosed with the same cancer that claimed Dan's life, Joe asked if I'd be willing to speak with his sister-in-law. Being able to be of service in that way felt like I was coming full circle in giving back to the group that had supported my father's needs.

I have even praised Social Health Australia in submissions in several parliamentary inquiries, including a recent one on loneliness and social isolation.

Reflection

Joy Nuske

My name is Joy Nuske.

I was introduced to Social Health Australia, in November 2023. As a totally blind person-living on my own-I was looking for people I could connect with, both on the phone and in person.

I had a list as long as your arm-of things I really wanted to do — go cherry picking, go to farmers' markets, go furniture shopping-and the list went on and on. These things are not always possible for someone who is totally blind. From the very first time I spoke with Joe and then Annie, it was abundantly clear to me, that these things could be achieved. Joe and Annie really listened to everything I said and took onboard my frustration. Annie, the best match maker in the business, very soon matched me as a Community member- with a wonderful companion, Tim. After we chatted on the phone for well over an hour, I just knew we clicked.

We went for a very long drive, on a very wet and dreary day, shortly after our phone chat. The conversation flowed easily, and it felt as if we'd known each other for a long time. We agreed that a trip to a farmers' market would be fabulous and as a result, we've been to several, as well as other shopping destinations. Tim and I are now very good friends. Annie and Joe were there, every step of the way-interested in the things Tim and I had done and how we were engaging with one another. Their support at the time, was invaluable to me. Several weeks ago, Annie and Joe asked me if I'd like to become a Companion-I was thrilled and felt very touched, to think they saw qualities in me, which they thought I could offer as a Companion. I now companion 3 Community members and I look forward to our chats every few days. When you listen, you learn and I have learned so much from my Community members. Their stories and memories have enriched my life in ways I never thought possible.

It is a real privilege to be a part of Social Health Australia. As a Companion, I receive ongoing support and training from Annie and Joe and they are always there for me, no matter what the concern. Every day now holds new possibilities for me and I look forward to continuing my journey with Social Health Australia. For me, they have opened doors, which previously had been firmly closed, but no longer.

Social Health Australia is a unique and very necessary Organisation — long may it remain!

Reflection

Helen Burt

Post Covid Melbourne was a strange time. Connections were often broken by the lockdowns, and it could be hard to re-establish friendships and contacts when the lockdowns ended.

During the second (and longest) lockdown I moved into a new apartment in inner city Melbourne. I was hoping to make some new contacts and particularly wanted to find some volunteer opportunities. As I'm a wheelchair user it can be difficult to find a role that fits.

Of all places, I found out about Social Health Australia on Facebook. The companioning program just seemed to make sense to me, the idea that loneliness and isolation can be an existential issue for people, threatening their wellbeing and in some cases their ability to function.

I immediately thought this is something I want to be part of, as a volunteer companion. While I quickly filled out the application form, I was worrying in the back of my head that being a wheelchair user could be an impediment to my involvement. But my first contact with Annie allayed any concerns as she said that everyone has a role to play and it would work out.

Unfortunately I was very busy with other things when the program started, so it took me sometime be ready to be involved, but eventually I was matched with someone who was part of the program. My role was to keep phone contact with a lady who had become very isolated during the Covid lockdowns. Another companion was going to visit her and to take her out.

It has been wonderful to see my companion's life and happiness expand in the time I have known her. It has shown the absolute importance of human connection - whether it means support for the little things like solving IT problems or meeting the core human need for connection with other people.

Testimonial

From Department of Health, Victoria

An older lady in Melbourne was seeking access to voluntary assisted dying. The lady lived alone, was divorced, socially isolated and had an adult daughter needing permanent in-home care due to disability. She did not want to engage friends in her VAD access due to potential religious conflicts.

Social Health was approached seeking a companion to accompany her to medical assessments. Two Social Health volunteers maintained contact with her over the coming months until her death. She conveyed back to the referring health service that this was a “surprisingly good” positive experience. She had been able to reflect on her life and share common interests during several hour-long phone calls and in-person time spent with the Social Health volunteers. She seemed overall generally calmer as the weeks went by and, at the time of her death, had two friends present.

This calmness at end of life may well be attributed in part to her experience with the Social Health’s companions.

VICTORIA State Government | Department of Health

Analysis

Analysis

Kerrie Noonan

Project Director's note

Several of the community members we supported reported having recently had a negative experience with a post-program evaluation led by another entity, which made some feel as though they had been engaged primarily for the purpose of collecting research data. As a result, we decided to handle our program evaluation in a different, and more sensitive manner than we had initially envisioned. Social Health team leader, Annie Whitlocke, who had previously spoken with every volunteer and community member involved with this program, and who in some instances had even met in person with these individuals to provide additional support, conducted unstructured phone conversations with 13 of the participants. Transcripts of these interviews, which took place this past February, and lasted 5 to 15 minutes, were then sent to social researcher and clinical psychologist Dr. Kerrie Noonan for analysis.

Impacts for Companions/Community Members

Community members talked about how the support offered by companions was "generous" and "supportive" and how being part of the program is like a "balm" for experiences of loneliness and social isolation.

Community members talked about feeling they were given "time" to share and "meander" through their memories. This experience was deeply valued as different to other interactions, and one person said "it changed my life". One community member reflected: "Loneliness is one of the most crippling diseases if you like, that any of us can experience. And I have experienced loneliness. Not anymore. Now, there's a difference between being alone and lonely. You can choose to be alone and enjoy your own company, but if you're lonely, it is a pain, and it's a pain in your heart."

One community member reflected on the role of the companion, noting that the companion was "easy to talk with, and we chat about everything. We laugh a lot". Another community member talked about the transition to becoming a companion, saying, "I was absolutely thrilled when I was asked to become a companion".

Other community members making this transition to becoming a companion discussed how important it was to give back to the program and the facilitators. One noted, "I felt very honoured. And I certainly thought that I would in no way take it lightly". This companion was also living with a disability and noted that "there's been a lot of vulnerability and humility on both sides" of the relationship.

Impacts for companions

There were two main findings for companions. The support from Social Health Australia was deeply valued, for example:

And I don't feel burdened in any way.
When I did pastoral work as a volunteer, I found that work very confronting, and I had no one to talk to about it. I had barely any time with my supervisor.
It was awful.
And I feel like this work, especially the work that I did as a part of a companioning team, I think it was made more enjoyable and made more safe, certainly made more meaningful by being able to share the experience with others, whether it's through reflective practice or talking to one of my colleagues or supervisors. That's been really fantastic.

Social Health Australia provided a humanistic framework to guide the practice of being a companion – recruitment, training, reflective practice, open conversations about matches whether they were successful or not, and overall, the organisation was viewed and experienced by companions as deeply caring, open and transparent.

One person said, “I felt grateful that I was part of something where people could change their mind and could ask for what they needed” and another said “Training sessions are great because we can tap into other resources, other ways of thinking which we may not previously have thought of just little ways of being able to listen. I’ve learned to listen more because when we listen, we learn”.

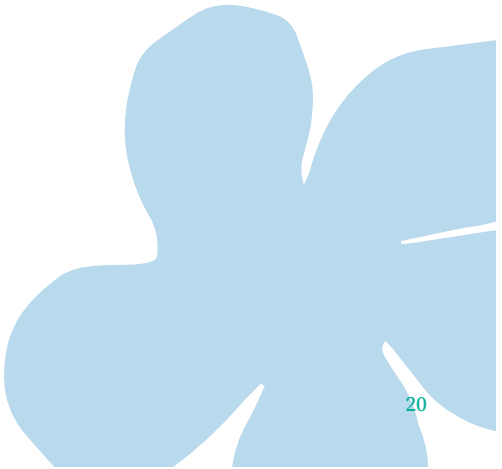
Second, the companions talked about their learning. Including learning about companioning – one described it as “voluntary but using professional skills”. This learning was formal via training/mentoring and informally through the “practice” of companioning. It also included: “the use of breathwork and touch in co-regulation; how social support can foster resilience; self-compassion as a tool for setting boundaries; and the art of shut-upedness”. Reflective practice was viewed positively; “We’ve got a really great team of people, companions from all walks of life that will be sharing their viewpoints and their skills” and “sometimes a person would need to debrief challenges they have faced or emotions that have been triggered for them. Other times it would be to explore insights or share joys”. These ‘practices’ and actions included everything from making telephone calls, visiting, travelling, making arrangements, and participating in the guidance offered by Social Health Australia. Companions reflected on how different their relationship was compared to the health professionals and other family or social connections. The connections were often seen as less complicated. Trust was mentioned as an essential value, and being trusted and having someone see you as trustworthy was experienced as deeply meaningful.

Companions with a disability reported that the model was flexible, enabling them to contribute to the program. They felt valued and drew upon their own experiences of disability and isolation to connect with community members. Overall, companions saw their community members as resourceful and positive people. One companion noted, “as you start making contact with positivity and positive news stories or positive social circle, you find that it’s like a domino effect”. The broad vision of Social Health Australia reinforced this attitude, and the evaluation provides evidence that the model has impacts on both companions and participants.
As one community member noted “What I have come to love about this service is that I’m connected with another person who has lost her husband/husbands too, so this is what has made all the difference in the understanding of this particular grief”.

Overall, the experience for companions was “a really enriching, voluntary experience where I’ve been able to learn so much about myself and the way that I can communicate with other people”.

Reflections on the contribution of Social Health

Australia’s work Companions and Community Members described positive interactions with support staff at Social Health Australia. Communication was viewed as “gentle”, “flexible”, “people focused”, and “intimate”. One person said, “I think with social health, we’re connecting at a very intimate level human to human”, and another said, “I think the best thing that anyone can say about this companioning initiative is it doesn’t look that difficult. I think I can take a crack at that”. Another companion noted that “the general approach is one of respect and acknowledgment. And acknowledging that everyone has their own wishes and strengths and hopes. So to not go in with any agenda and just be present to whatever unfolds.”



Summary

The companioning program has provided community members and companions with a safe and trusting experience. Feedback from the people interviewed in this brief evaluation offers insights into the social capital built by Social Health Australia and the Companioning program. The findings above are also consistent with other companion- based community programs that have found that companion programs provide the social conditions that promote social connection for all participants – companions, community members and the organisation as a whole. Though not interviewed for this part of the evaluation, referrers are part of this connected and supportive ecosystem.

In Memoriam

In Memoriam

Peter Read

Peter Read was a wise and compassionate soul. I got to know Peter over the months we spent together planning and eventually living in a Cohousing community known as Urban Coup. Just before we moved into our new place, Peter was diagnosed with terminal cancer.

One day, Peter convened the community in our common dining room to have a conversation about death. His intention was for his experience to help inform and perhaps reduce some of the anxiety about our own passings. As Peter said, “I’m not the only one dying; I just happen to be going ahead of you guys.” Peter insisted that the talk not devolve into a living funeral where people might tell him what a great guy he was. “I already know that I’m a good person,” Peter quipped. “But if you insist on having a celebration with me, let’s have the best karaoke party ever.” Two weeks later, there was Peter, mic in hand, belting out and fully owning “The Final Countdown.”

Only weeks before he died, Peter accepted our invitation to address Social Health’s companion induction day at the Library at the Dock. Two weeks after that, he spoke again at our first online induction session. Peter talked a great deal about the kind of support that had comforted him over the past several months. He also discussed what had put him off, which mostly involved well-intentioned friends and family members coming off as purveyors of pity rather than vessels of empathy.

What Peter helped us understand is that death can be as much a communal experience as it is a personal one. And that if we can find common humanity, in what is undoubtedly the most universal encounter any of us will ever know, we’re less likely to take death on board individually where it too often feels associated only with disease, disorder, failure and finality. Peter allowed us to see that suffering alone ought to be avoided at all costs while suffering together is the very definition of compassion.

— Joe Sehee

Companions

Companions

This project could not have been possible without all the incredibly dedicated people who took time out of their day (and sometimes their night) to let those they supported know that whatever they were going though, they were not going through it alone.

Thank you!

- Celeste Barry
- Helen Burt
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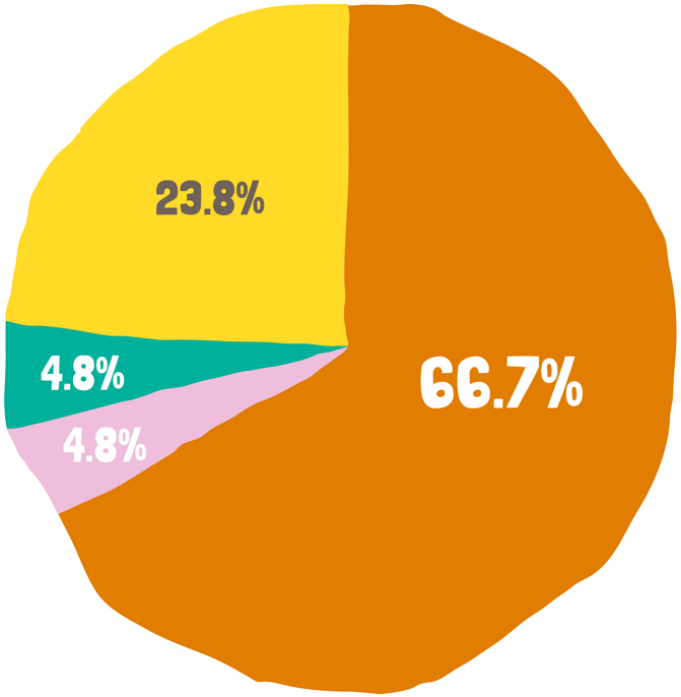
- Ruth Rawlings
- Jia Zhu
- Sheridan Stockdale
- Joy Nuske
- Angela Lane
- Julius Edmundson
- Joe Sehee
- Annie Whitlocke
- Terry Symonds

Community Member Diversity

Community Member Diversity



Cultural Split

- Australian
- Chinese
- Israeli
- Other

2.4% Croatian
2.4% Czech
2.4% French
2.4% Hungarian
2.4% Lebanese
2.4% New Zealander
2.4% Portugese
2.4% Russian
2.4% Scottish
2.4% South African

Has physical and/or psychosocial disability

Impacted by grief or loss

Gallery


Jo
Towler
Jo
Towler


SOCIAL HEALTH Australia


OLITALIA


Lectrum





NITEOWLS ICE HOCKEY

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