Loneliness Thought Leadership Roundtable Report

Roadmap for addressing loneliness in Australia I JANUARY 2021

CHF
Consumers Health Forum OF Australia

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Loneliness Thought Leadership Roundtable Report

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Contents

The Loneliness Thought Leadership Roundtable was a virtual event held in November and December 2020. The roundtable was hosted by the Consumers Health Forum of Australia (CHF) in partnership with the Medibank Better Health Foundation as the principal sponsor. The *Ending Loneliness Together in Australia White Paper* was published in between the two roundtable sessions and this helped inform the development of this roadmap. We acknowledge and thank the following individuals and organisations who provided support and expertise in the organisation of the roundtable:

- Dr Linda Swan, Roslyn Johnson and Dr Stephen Bunker (Medibank)
- Carolyn Nikoloski (beyondblue)
- Dr Rob Grenfell (CSIRO)
- Dr Michelle Lim (Ending Loneliness Together)
- Professor Harriet Hiscock (Murdoch Children's Research Institute)
- Irene Verins (Victorian Health Promotion Foundation)

We also acknowledge and thank Andrew Hollo from Workwell Consulting who provided expert facilitation of the Loneliness Roundtable sessions.

Acknowledgement of Country

CHF acknowledges the Traditional Owners of country throughout Australia where the Loneliness Roundtable attendees work, live, and met to produce this report. We recognise their continuing connection to land, waters and community and pay our respects to them and their cultures; and to elders both past and present.

We acknowledge the ongoing contribution Aboriginal and Torres Strait Islander peoples make to the health and wellbeing of our communities and our environment and recognise the importance of self-determination and community-centred services for good health outcomes for all Australians, including Aboriginal and Torres Strait Islander people.

CHF Vision and Mission

CHF is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF does this by:

- advocating for appropriate and equitable healthcare
- undertaking consumer-based research and developing a strong consumer knowledge base
- identifying key issues in safety and quality of health services for consumers
- raising the health literacy of consumers, health professionals and stakeholders
- providing a strong national voice for health consumers and supporting consumer participation in health policy and program decision making

CHF values:

- our members' knowledge, experience and involvement
- development of an integrated healthcare system that values the consumer experience
- early intervention, prevention and early diagnosis
- collaborative integrated healthcare working in partnership

CHF member organisations reach thousands of Australian health consumers across a wide range of health interests and health system experiences. CHF policy is developed through consultation with members, ensuring that CHF maintains a broad, representative, health consumer perspective. CHF is committed to being an active advocate in the ongoing development of Australian health policy and practice, including through the hosting of thought leadership roundtables on a range of emerging topics.

Introduction

Loneliness has been shown to be linked to poor physical and mental health, and poor personal wellbeing, leading to adverse effects on communities. In the United Kingdom, governments are taking a strong leadership role through the development of a National Loneliness Strategy and in Australia, efforts to develop a nationally coordinated and evidence-based approach to tackle increasing rates of loneliness in our communities are just beginning. Loneliness is clearly a significant issue for consumers. As a result, CHF recognises that addressing loneliness is critical to improving the health and wellbeing of consumers and so we are pleased to have initiated this discussion and to be partnering with a community of experts to move this issue forward.

At the roundtable, participants considered and discussed the following questions:

1. What does a socially connected society look like?
2. What are the best buys for addressing loneliness?
3. What evidence-based measures exist now that have been, or could be, scaled up?
4. Where are the opportunities for action at the federal, state and local levels to reduce rates of loneliness across the population? What specific opportunities will arise as part of the COVID-19 recovery process?
5. What specific measures or steps need to be taken and where are the opportunities for collective action?
6. What does a roadmap for addressing loneliness look like?
7. What are the indicators of success and what should the research agenda be going forward to fill the gaps?

Background

Loneliness occurs when a person feels a mismatch between the relationships they have and those they want. Critically, it is a subjective concept that can make a person feel socially isolated or lacking companionship but is distinct from the more objective measure of social isolation. Peplau and Perlman defined loneliness as a subjective experience where one perceives a discrepancy between their actual and desired levels of social relationships (Peplau & Perlman, 1982).

Similarly, Holt-Lunstad and colleagues described loneliness as the perception of social isolation, or the subjective experience of being lonely (Holt-Lunstad et al., 2015). Research has found that loneliness is related more to the quality than the quantity of relationships. A lonely person feels that their relationships are not meaningful and that he or she is not understood by others (Lim et al., 2016).

Data from before the COVID-19 pandemic found one in two (50.5%) Australians felt lonely for at least one day in a week, while one in four (27.6%) felt lonely for three or more days (Australian Psychological Society, 2018). A 2019 survey found more than one in four young Victorians reported problematic levels of loneliness and almost one in three young Victorians reported themselves to be of high social isolation risk (Lim, Eres & Peck, 2019). A 2019 survey found that around 15% of a representative sample of over 1000 Australian adults would be considered to be experiencing high levels of loneliness (Friends for Good, 2019), though we note the use of different methodologies across between these surveys.

Both loneliness and social isolation have been found to predict premature mortality, depression, cardiovascular disease and cognitive decline, and to be associated with higher engagement in unhealthy behaviours such as smoking and physical inactivity (Hawkley & Cacioppo, 2010; Shankar et al., 2011). Holt-Lunstad and colleagues found that loneliness was associated with a 26% increased likelihood of an earlier death, equivalent to that of social isolation (29%) and living alone (32%) (Holt-Lunstad et al., 2015).

Overall, the latest evidence indicates that feeling lonely is also associated with a multitude of poorer health outcomes, ranging from an increased risk of depression and dementia, increased risk of heart disease and stroke and higher levels of inflammatory responses to name a few (Lim, Holt-Lunstad & Badcock, 2020), and that the negative effects of loneliness can be chronic and compounding (Friends for Good, 2019).

There is currently mixed evidence of what is helpful and unhelpful for loneliness in terms of solutions. There remains uncertainty about what is effective for different population groups, particularly for prevention and for addressing the more complex condition of loneliness (Smith & Lim, 2020). Research suggests that understanding the experience of loneliness for the individual, including assessing loneliness in the person's context and identifying what barriers the lonely person faces (i.e., accessibility to social resources) is important and can help steer towards a feasible solution (Lim, Eres & Vasan, 2020).

Principles

To address loneliness, participants at the Roundtable identified the following principles which reflect what we already know and will help to inform the approach moving forward:

Social isolation and loneliness are not the same

Social isolation and loneliness, while related, are not the same concept and we cannot simply reduce loneliness by increasing social connection – groups and programs are good, but people also need to want to connect and to feel safe and comfortable doing so.

One-size-fits-all will not work

We need different solutions to address different kinds of loneliness. Loneliness can be transient or chronic and people can experience problematic levels of loneliness in both cases – one-size-fits-all approaches will not work.

Cross-sectoral approaches are needed

Loneliness is an issue that exists in every sector and to address it we need to adopt approaches that go beyond health and mental health.

Co-design is critical

Co-design and consumer choice are critical to developing integrated communities with person-centred approaches at their core.

All levels of government have a role to play

All levels of government (federal, state and local) have a role to play in addressing loneliness in a coordinated and systematic way. Government policies directly impact on levels of disadvantage, poverty and loneliness, and it is critical for governments to take account of the repercussions of their policy decisions on mental health, social health and wellbeing.

Learn lessons from the COVID-19 response

There are opportunities to learn from our experience during the COVID-19 pandemic, including what worked and what contributed to greater levels of loneliness.

Solutions must be affordable

We need low and no cost approaches as cost is often a barrier to people engaging in activities to support their health and wellbeing.

Significant benefits for individuals and society

The benefits of investing in approaches to tackle loneliness are significant, including potential for job creation and increased social mobility.

Digital is only part of the picture

Digital formats are an important part of the response, but they present both risks and opportunities for loneliness outcomes.

What does success look like?

Roundtable attendees considered what a successful reduction in loneliness in Australia would look like so that all parties are working towards a common goal. Participants identified the overarching vision is for an inclusive, connected society where everyone is treated with respect and dignity, leading to more meaningful connections being established between people and a reduction in the consequences of loneliness.

A successful strategy for addressing loneliness would result in more opportunities for people to achieve meaningful connections. Participants identified an overarching goal of ending distressing and enduring loneliness across the Australian community and endorsed the goal set by Ending Loneliness Together to reduce chronic loneliness in Australia by half by 2030.[1]

There are a number of key steps that need to be achieved to facilitate this vision and goal, including:

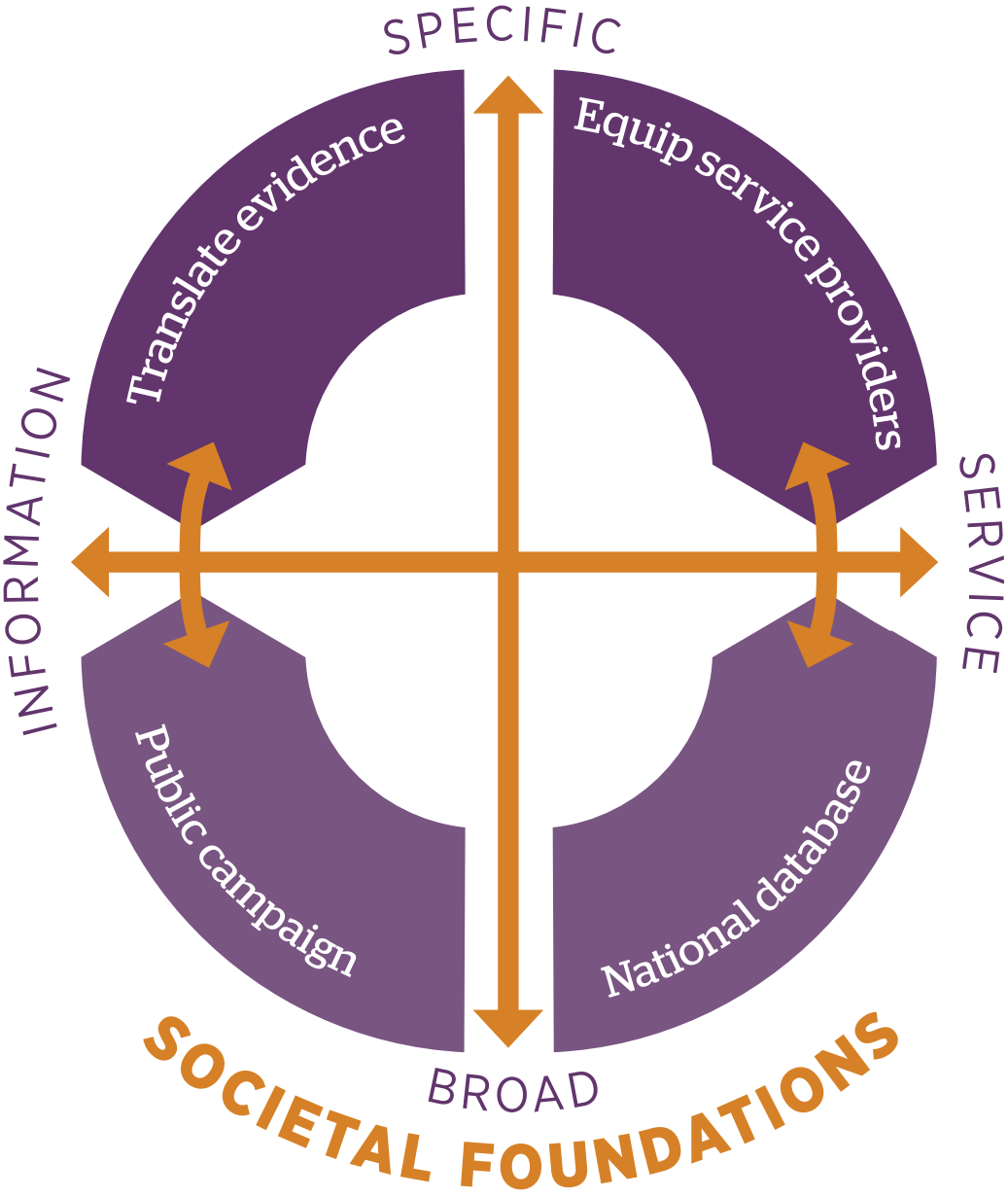
- **National database:** Agreement on a common set of indicators to measure decreases in loneliness, with secondary measures looking at increases in feelings of social connectedness, wellbeing and life satisfaction
- **Develop and translate evidence:** Development of evidence-based tools and programs to assess and address levels of loneliness across the population, and ensuring that existing evidence is taken up in policy and practice
- **Equip service providers:** Funding and training for services providers to be resourced and equipped to provide support when it is needed
- **Public campaign:** A shift in public awareness and understanding of loneliness as part of a broader concept of social health. Social health should be framed as important for overall wellbeing alongside physical and mental health
- **Societal foundations:** Invest in public infrastructure and support systems to facilitate meaningful connections and enable people to live meaningful lives

1 This goal is outlined on the Ending Loneliness Together website at https://endingloneliness.com.au/about-us/

Framework

Vision: An inclusive society where everyone experiences meaningful connection with others

Goal: Distressing loneliness is halved over the next ten years



Actions

ROADMAP SECTION	ACTION
Develop and translate evidence	1. Translate existing diagnostic tools to assess levels of loneliness for people with high prevalence conditions (e.g. anxiety) into routine practice and promote them amongst consumers and health professionals
	2. Develop an evidence-based risk assessment framework to predict points of vulnerability (including life transitions and stressors) and facilitate a preventative approach to addressing loneliness
	3. Invest in ongoing research and evaluation into loneliness to build the evidence base, demonstrate cost savings and identify what works, including through governments, universities, philanthropic and community organisations
Equip service providers	4. Develop targeted approaches to address the needs of vulnerable and disadvantaged groups including single parents, carers, young children, people on low income, people with a disability and others developed in partnership with the relevant population group
	5. Create a network of trained community navigators to help people find and access community services and activities, drawing on existing expertise and workforces, and facilitate training, sharing of best practice and resource exchange between them
	6. Look to implement models that co-locate intergenerational services where people from different age groups can interact and develop connections, and implement where supported by evidence
	7. Invest in a national social prescribing scheme based in primary health care settings, including training, databases to support referrals and evaluation to demonstrate effectiveness and impact on levels of loneliness
	8. Provide funding for facilities and settings that are accessible, affordable and belong to the community including hubs where services can be co-located
	9. Utilise existing infrastructure and systems (e.g. Neighbourhood Houses, cultural networks) to support local communities and 'villages'
	10. Build a healthy peer-to-peer support system in the health and community services workforces that extends beyond a mental health focus
	11. Embed loneliness into policy considerations and services responses within existing systems including the NDIS and national disaster responses

Actions *continued*

ROADMAP SECTION	ACTION
Public campaign	12. Undertake a national campaign to talk about social health, reduce stigma associated with loneliness and enable people to self-identify as lonely, drawing on lived experience and taking a strengths-based approach. The campaign should also recognise the role of stigma for other marginalised groups that contributes to loneliness
	13. Engage with schools and workplaces as gateways for conversations about loneliness, and evidence-based programs to help maintain good social health
	14. Ensure resources and information about loneliness and opportunities for social connection are provided across a range of media, in accessible and culturally appropriate formats and in different languages
	15. Create a culture that values volunteering and encourages businesses to support volunteer work by their employees
	16. Identify and promote tools to help people reach out to others in their neighbourhood and local community to identify if someone is lonely, create meaningful connections and a sense of belonging
	17. Expand on programs with a record of success in reducing loneliness
National database	18. Create a national loneliness indicators framework to enable consistent collection of data and measure decreases in loneliness, drawing on existing expertise in the voluntary and community sectors and informed by lived experience
	19. Develop a loneliness outcomes framework based on a common definition and goal, with data aggregated at local, regional, state and national levels, including identifying areas of need
	20. Develop a national database of resources and groups in each local area to enable people to make informed choices, provide options of where to go once self-awareness is attained and achieve meaningful connection
Societal foundations	21. Governments, community organisations and all those with an interest in addressing loneliness should support Ending Loneliness Together as the national coordination body[2] to facilitate partnerships, coordinate research and synergise efforts to address loneliness across all sectors
	22. Include loneliness as a factor in urban planning and liveability assessments
	23. Address the digital divide by ensuring reliable broadband and data access and improving digital literacy across the community, drawing on work already happening in this space
	24. Invest in public transport, local and community media, income support and other social infrastructure so that everyone has the means to develop and maintain social connections and meet their basic living needs
	25. Explore opportunities for training, upskilling and entrepreneurship for individuals to provide a sense of purpose
	26. Provide targeted financial support to enable access to activities, digital devices and data for those who need it.

2 CHF recognises Endling Loneliness Together (ELT) as the leading national organisation working to tackle loneliness in Australia. Following the recent release of the Ending Loneliness Together in Australia White Paper, ELT is well positioned to take on this national coordination role and CHF looks forward to contributing to these efforts.

Knowledge, gaps and research agenda

Researchers have highlighted that there remain significant gaps in knowledge in loneliness and it is clear that more research is needed to get a better understanding of the issue and how to respond. It is also important to recognise that there is significant work being done in this area but it is often unrecognised due to the lack of a framework to define and understand the issue, with many interventions being framed around mental health rather than loneliness.

A key component of this roadmap is setting some priorities for the future research agenda to coordinate existing research and inform policy responses going forward.

When asked to consider the research and knowledge gaps, participants identified the following nine topics:

1	The impact and prevalence of loneliness amongst different population groups including age, rurality and cultural background as just a few examples
2	Development of a valid psychometric tool to measure levels of loneliness across the Australian population, based on a common definition and set of measurements
3	Assessment of interventions to address loneliness in the Australian context, using Australian data (researchers are currently often reliant on data from overseas)
4	Understanding how other people respond when people are experiencing loneliness, recognising that loneliness is a relational issue
5	How design of spaces, urban design and environments can promote people coming together and creating meaningful social connections (building on existing European models)
6	Cost benefit analysis of investing in loneliness prevention and programs to address loneliness
7	Impact of disasters and significant societal events (e.g. COVID-19, bushfires etc.) on levels of loneliness across the Australian community
8	How digital services and approaches can create social connectedness, how they can increase loneliness, and how digital approaches work for different population groups
9	The impact and potential of volunteering for addressing loneliness.

The policy challenge moving forward is to balance the need for more research and evidence with the need to address loneliness currently present in the community. While we must invest in research to answer the questions posed above, and many others, we can at the same time start to implement what we know works and trial some new approaches with appropriate evaluation. We recognise the critical need for coordination moving forward and so the development of agreed definitions, measures and indicator frameworks should be a particular priority.

Next steps

This report provides a framework to help address loneliness in Australia moving forward, building on existing knowledge and efforts, including the recently launched initiative Ending Loneliness Together and accompanying Ending Loneliness Together in Australia White Paper.

The framework proposes a series of 26 actions that could support the goal of halving levels of distressing and enduring loneliness in Australia over the next ten years.

As a first step, we propose the following four actions should be progressed as a priority due to their ability to inform and underpin the remaining action:

1	**National loneliness index:** Create a national index with agreed definitions, indicators and outcome measures for loneliness and social connection
2	**Coordination:** Governments, community organisations and all those with an interest in addressing loneliness to work with Ending Loneliness Together as the national coordination body to facilitate partnerships, coordinate research and synergise efforts to address loneliness across all sectors
3	**National campaign:** Undertake a national campaign to talk about social health, reduce stigma associated with loneliness, enable people to self-identify as lonely and provide practical self-help tools and tips
4	**Research:** Fund ongoing research and evaluation into loneliness to build the evidence base, demonstrate cost savings and identify what works

We recognise there is a broad and diverse community of stakeholders who bring expertise and a desire to address this issue at all levels and in all sectors of the community. We look forward to working collaboratively to continue to raise the profile of loneliness on the national stage and to enact the actions outlined in this Roadmap.

Appendix A

Roundtable Participants

We thank the following organisations and individuals who participated in the Roundtable sessions and the drafting of this report:

Participant organisations

Consumers Health Forum of Australia
Medibank Better Health Foundation
VicHealth
beyondblue
CSIRO
Ending Loneliness Together
Australian Neighbourhood Houses and Centres Association
Relationships Australia
Menzies Centre for Health Governance, Australian National University
Australian Primary Health Care Nurses Association
Mental Health Australia
Western Victoria Primary Health Network
South East Melbourne Primary Health Network
Good Things Foundation Australia
Cohealth
National Mental Health Commission
Federation of Ethnic Communities' Councils of Australia
Multiple Sclerosis (MS) Australia

Individual consumer participants

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