



**Health Issues Centre**  
Consumer voices for better healthcare

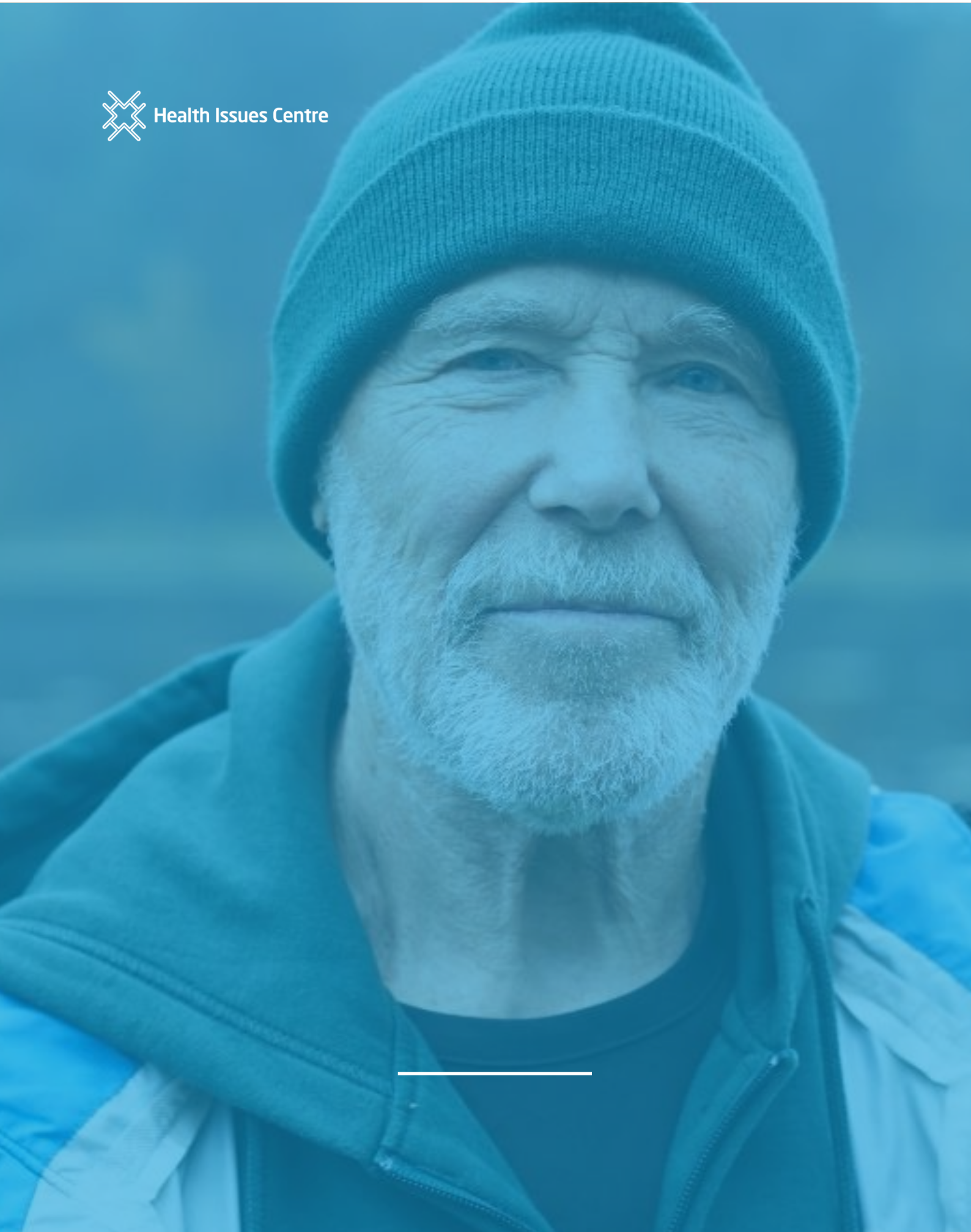
# Conversations on Loneliness in older people living in Melbourne's East

**Eastern Metropolitan Partnership**

October 2019



Health Issues Centre



## Contents:

EXECUTIVE SUMMARY .....	4
THE LONELINESS EPIDEMIC .....	6
ABOUT THE PROJECT.....	8
METHODOLOGY.....	9
KEY FINDINGS .....	11
What is loneliness?	11
Triggers for loneliness	11
Loss of primacy connections	12
Loss of capacity and independence	13
Loss of identity and purpose	14
Loss of a sense of belonging	15
KEY FOCUS AREAS .....	17
Design Brief 1 – Alternatives to family connections	19
Design Brief 2 – Small steps to reconnecting	22
Design Brief 3 – Reinvention of purpose	24
Design Brief 4 – Neighbourhood spaces	26
CONCLUSION .....	27
ACKNOWLEDGEMENTS.....	28
REFERENCES.....	28

# Executive Summary

Loneliness and social isolation are significant and growing issues for many older people in Australia today, with potentially wide-reaching implications for both individuals and communities. Health Issues Centre was commissioned by Eastern Metropolitan Partnership to use their Social Listening<sup>®</sup> research platform to engage older adults, families and workers in the Eastern Metropolitan Region in conversations about loneliness. The objective of this project was to create a guiding design brief for Eastern Metropolitan Partnership when creating initiatives to tackle loneliness.

Through our consultations we identified four key triggers for loneliness:

- Loss of primary connections – the loss of loved ones and primary social connections means not only reduced physical but also reduced quality connections which can lead to loneliness.
- Loss of capacity and independence – receiving a diagnosis, experiencing cumulative functional decline and key events such as losing ones driving license can create dependency on others and lead to a sense of isolation and vulnerability.
- Loss of identity and purpose – moving away from the roles they once played in work and family life which are developed over a lifetime can leave people feeling confused and despondent about their loss of identity.
- Loss of a sense of belonging – the sense of neighbourhood community has diminished in recent times, leading to less feelings of community connection.

Many people who experience loneliness lose confidence in their ability to make social connections and further withdraw, fearing further social rejection. This means people experiencing loneliness may not access locally available activities or may decline offers to connect with their community.

Given these four key triggers and the compounding withdrawal response, we propose four key focus areas for recommendations for loneliness. These are not intended to be prescriptive but this design brief can provide ideas for further implementation:

- Alternatives to family connections
  - Pets or animals can provide a missed sense of physical touch as well as psychological wellbeing.
  - Support and mentoring to teach or help people to develop their skills with technology.
  - Intergenerational programs can be a positive way for older people to mix with younger people and engaging in shared activities.

- Older people can also be encouraged to take up another role within the family that provides them with a refined identity, such as being custodians of the family tree.
- Small steps to reconnecting
  - Volunteer community connectors can provide hands-on, one-on-one support to explore personal wants and needs and help older people make connections.
  - Alternative platforms to utilise existing community resources to encourage a collective community responsibility for the wellbeing and social connectedness of neighbours.
- Helping reinvent a sense of purpose
  - Instead of offering people services to help them feel less lonely, a “We need your help” campaign emphasises wanting older people’s help, time and knowledge.
  - Once people have connected with community connectors, they could subsequently volunteer to be a community connector themselves to connect other members of their community.
- Casual and flexible neighbourhood spaces
  - A ‘thanking shopkeepers’ campaign can bring awareness to the social potential of shops and cafes as a place for conversations and connections.
  - Developing the role of libraries as a ‘third place’ where people can have social connection and support free from financial transaction or judgement.

# The Loneliness Epidemic

Loneliness and social isolation are significant and growing issues for many older people in Australia today, with potentially wide-reaching implications for both individuals and communities. Social isolation is an objective measure concerning the quantity of social ties an individual has and can occur when people lack social ties and opportunities to integrate within the community<sup>1</sup>. On the other hand, loneliness is more of a subjective measure often related to quality of relationships. Loneliness can be defined as:

“A subjective, unwelcome feeling of lack or loss of companionship, which happens when there is a mismatch between the quantity and quality of the social relationships that we have, and those that we want.”<sup>2</sup>

Social isolation and loneliness are undoubtedly connected, but this is a modest relationship; they can also occur quite independently of each other<sup>3</sup>. Older people can be socially isolated but not necessarily feel lonely if they are content with the social ties they have. Likewise, those who are not considered socially isolated may still feel lonely if they perceive that the relationships they have do not meet their needs on a social and emotional level.

A worrying 46% of Australians over 65 admit to feeling that they lack companionship at least sometimes, and 8-9% report feeling lonely often or always<sup>4</sup>. Loneliness is likely to fluctuate over time and may be induced by key life events as well as chronic situational factors. Some factors that contribute to loneliness for older people include:

- Living alone
- Living far away from family members
- Being widowed and/or loss of close friends
- Poor physical and mental health
- Hearing and sight loss
- Cognitive impairment
- Low availability of services such as support groups, transport or even public meeting places
- Financial pressures
- Built environment, such as perceived safety of local area
- No access to telephone or computer
- Key later life transitions e.g. retirement, bereavement, moving house and losing one's drivers licence

As humans are a fundamentally social species, with a basic need to belong and strong drive for intimacy and companionship, there is considerable emerging

evidence that loneliness can have a significant impact on physical, mental and cognitive health in older people. It is associated with poor physical health outcomes such as elevated blood pressure<sup>5</sup>, increases the risk of developing multiple chronic illnesses compared to non-lonely older people<sup>6</sup>, and increases the likelihood of rehospitalization<sup>7</sup>. The risk of developing dementia is greater for older people experiencing loneliness along with more rapid cognitive decline<sup>8,9</sup>. Loneliness is also a key predictor of poorer mental health outcomes including depression and anxiety<sup>10</sup>. Additionally, there are the potential social impacts of loneliness which can include withdrawal and engaging in detrimental health behaviours, such as eating poorly and having an erratic sleep schedule.

Overall, loneliness is thought to have comparable health impacts to other more widely targeted health issues such as smoking and obesity. This ultimately increases the chances of premature death by a startling 26%<sup>11</sup>.

It is unlikely that an issue such as loneliness, which is complex and influenced by many different factors, will have simple and all-encompassing solutions. From our previous research on the challenges of ageing, we have found that the loss of personal identity experienced at key life transitions may be more of a significant consequence than the loss of social contacts. During these transitions, older people may question their sense of purpose and relevance, which can become a precursor to experiencing loneliness. Social connections may therefore need to bolster this sense of social identity as well as group participation to facilitate older people's social capital contribution.

# About the project

## The project partners

Health Issues Centre is Victoria's peak body for consumer health. Through our involvement in the issue of ageing, we have been exploring the issue of social isolation and loneliness for a number of years. This has allowed us to consider the nuances of loneliness for consumers including the role loss of identity plays, the opportunities for consumers to contribute to the solution of their loneliness, and what protects people from being at risk of loneliness and social isolation.

The Eastern Metropolitan Partnership is an advisory group established by the Department of Jobs, Precincts and Regions as a way for local communities to engage directly with state and local governments, and advise the Victorian Government of the top priorities in the region which will form part of the government's key decision-making processes. Social inclusion is one of the five priorities currently identified by the partnership, with the aim of creating a region where all people, regardless of age, gender, cultural background, or physical ability feel connected and able to participate in community life.

## The Eastern Metropolitan Region

The Eastern Metropolitan region includes the inner suburban local government areas (LGAs) of Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges. The population density of the most easterly LGA, Yarra Ranges, is around 37 times lower than the south-western LGAs of Monash and Whitehorse. The region has a population of just over 900,000, which is ageing rapidly: 54% of the population growth until 2021 is expected in the 50-79-year-old age range.

## Purpose

Health Issues Centre applied their Social Listening<sup>®</sup> research platform to understand the issues of loneliness and social isolation in the Eastern Metropolitan Region of Melbourne. The themes from this inquiry will inform the creation of a design brief to act as guidance for Eastern Metropolitan Partnership when creating initiatives to tackle loneliness.

## Scope

This inquiry will focus on people aged over 65 and those who support them, such as adult children or support workers, to explore their experiences with social isolation and loneliness, as well as risk factors, protective assets, and opportunities for solutions.



# Methodology

## Social Listening<sup>®</sup> research platform

Social Listening<sup>®</sup> involves reaching out to consumers to engage and understand them as they go about their daily lives. This can allow consumers to express their opinion more openly. It overcomes the difficulty of engaging with “hard to reach” communities thanks partly due to the unparalleled reach of social media into the lives of consumers who may not engage through conventional consultation mechanisms. Lines of inquiry are investigated as they emerge, offering a degree of flexibility, and deeper understanding can be gained once ideas are saturated.

Social listening was integrated with a human-centred design approach, using the first two stages of inspiration and ideation to frame the project challenge and define key insights.

The first stage of social listening involved asking broad questions, asking people to tell us their story.

- A social media conversation posed the question “Is being alone the same as being lonely?” and was boosted to older adults (50-65+) living in the Eastern Metropolitan Region. This resulted in 101 reactions and 49 comments, allowing us to draw out some initial themes and create an online survey.
- An online survey asked people what situation best describes them (e.g. alone and lonely, lonely despite having people around me, I enjoy my own company), and then to tell us their story. We also asked people for suggestions of what could help people feel less lonely these days.

This first stage then informed a more focused discussion based on the insights that were generated in the first phase, with space given for new insights to emerge.

- Seven video vox-pop conversations with older people attending EACH activity houses in Healesville and Ringwood. These explored with people who they were earlier in their lives and who they are now; how someone becomes lonely; their sense of belonging in their neighbourhood; and what would benefit them to help with loneliness.
- Fifteen face-to-face and two telephone conversations with older people, and people who support them such as family, and key workers, at the EACH houses and a grandparent playgroup club in Oakleigh.
- An observational inquiry, going out to a key shopping area in Box Hill, gave insights into the built environment and neighbourhood spaces.

From these conversations, we identified some groups that hadn’t been covered and sought to reach out to them.

- A telephone interview with a coordinator at a Social Inclusion and Wellbeing Men's Shed gave a male perspective, particularly for an older cohort.
- A nursing home manager and a librarian were interviewed for a perspective from these environments.

However, we appreciate that there are some groups that were missed in our consultations, such as housebound older people and carers and severely isolated and lonely people, as well as demographic groups including Aboriginal and Torres Strait Islander people, and a culturally and linguistically diverse perspective. The findings and recommendations should therefore be interpreted with these limitations in mind. Subsequent consultations could identify and reach older people through other mediums like GPs and district nurses, home support services, and libraries.

Our key findings inform a design brief for the third stage of human-centred design: implementation, where design ideas are prototyped and evaluated.

## Video Vox-pops

The video vox-pops of consumers telling their stories about the experience of loneliness and how they manage it can be found here:

- <https://www.youtube.com/watch?v=Eg31Edfo2Ds&t>
- second social media video goes here

# Key findings

## What is loneliness?

There is a distinct difference between being alone and being lonely. Being alone is generally seen as a choice, one that can be beneficial to process thoughts and problem solve. Some solitude is necessary and even desired some of the time. Living alone does not necessarily correlate with being lonely; many people enjoy their own company and feel capable at reaching out for social connection when they want it.

On the contrary, loneliness is not a choice and is instead seen as wanting something that is not forthcoming, which can bring sadness and depression. In fact, older people experiencing loneliness are 1.9 times more likely to experience depression than those who are not lonely<sup>10</sup>.

---

“Being alone is just being by yourself, you might just enjoy your own company and freedom to do what you like, but being lonely is when you feel sad because you haven’t seen anyone or you’re missing people.”

“Being alone can be a choice. Gives me time to gather thoughts and solve problems. But being lonely is not good at all if you want the company of others and it does not happen. That can bring depression.”

---

## Triggers for loneliness

As people get older, key triggers and events, often centring on loss, can occur that can cause social isolation, threaten identity and independence and lead to loneliness. We identified four primary themes of triggers in our consultations:

- Loss of primary connections
- Loss of capacity and independence
- Loss of identity and purpose
- Loss of a sense of belonging

As a result of experiencing loneliness, many people respond by further withdrawing.

**Loss of primary connections** – The death of loved ones and the loss of primary social connections, often cultivated over years, can inevitably lead to grief. Early stages of the grieving process are characterised by isolation and feelings of loneliness. Making new connections in the aftermath of this can be difficult.

---

“I am 3 years widowed and know that our connection was unique. Nothing compares.”

“Where I am, people tend to move on a lot. Someone you have things in common with, then they pass away. At our age we have to be prepared.”

---

Poor or neglectful family relationships can also have a significant effect on wellbeing and loneliness is a person is not receiving the desired reciprocal love and support that is often expected from a family member.

---

“I live with my daughter and my granddaughter, and my daughter lives in the garage downstairs...I’ve been there for 10 years and she’s lived with me for 7 years, and she has never been upstairs and had a coffee with me.”

---

A reduction in physical connections is a reality for many older people nowadays, for example leaving the sociability of a work environment, or having family spread out around Victoria or wider Australia that they do not see regularly.

---

“My grandchildren live in Perth. My son-in-law comes from there so my daughter moved them out that way. I felt miserable when they left.”

---

However it is not just reduced physical connections, but the reduction of quality connections and relationships that can lead to loneliness. Creating new meaningful, long-lasting relationships can be a demanding challenge. In our modern world, “real attention” and “genuine listening” are seen as sparse and a barrier to creating meaningful relationships.

---

“It’s tricky getting out and making friends and having people understand you. People can misinterpret what I say, even my husband. I feel like they don’t want to listen properly and make assumptions, so we get crossed wires. Real attention is listening carefully to understand what the person wants to say and respond to that, rather than leaping off on some other topic.”

---

Touch can also be a vitally important but often overlooked facet of loneliness in ageing. We start and generally spend our lives being in physical contact with others, but this can decline over time along with diminishing social connections.

---

“The first thing we feel is touch. In old age and on your own this vital sense is almost non-existent.”

---

***Loss of capacity and independence*** – Receiving a diagnosis of a transformative health condition, or simply experiencing cumulative functional decline can reduce the capacity of older people, create dependency on others and lead to a sense of isolation and vulnerability.

---

“Our friends and family were different, we’ve been left out of a few things. You do get treated differently. Some people can’t handle it.”

“I’m slightly vulnerable, I have macular degeneration so at one point I won’t be able to drive or go to classes. Then I’ll be lonely.”

---

Losing one’s driving license can be another significant and powerful event, as no longer being able to perform a task they have likely done for many years can unsettle their concept of personal identity and independence.

---

“Then I became ill so that was difficult, and then losing my license just finished everything really.”

“I went to close friends up at Yarrawonga, they were good to me. I don’t do that anymore, it’s hard to travel up there.”

---

This may lead to reduced connections and isolation for pragmatic as well as psychological reasons. Declining health or losing the ability to drive can mean more

reliance on public transport and alternative transport services, which can be restrictive. This often requires a great deal more effort and forward planning, which can become wearing.

---

“It is difficult because public transport even when I used it wasn’t that good but now I can’t put my walking frame onto it.”

“Not being able to just go and get something when you need it. I used to go to the bank every fortnight, but that’s a big thing, and when you want to go to the post office and post a letter, things like that.”

---

A decline in financial capacity, such as loss of income from employment, can also lead to economic isolation as a barrier for people to engage with particular services.

---

“I would like to do more. If classes weren’t so expensive it would help everybody, most people are on pensions.”

---

**Loss of identity and purpose** – Key events such as retirement and children moving away and starting their own families pose a challenge to older people to adapt to a new way of life, which can mean a loss of their sense of relevance. Leaving work can mean losing a large part of what has defined you as a person. Moving away from the roles they once played in work and family life which are developed over a lifetime can leave people feeling confused and despondent about their loss of identity.

---

“I would be happier if I was at work, I felt very happy with autistic people, like I was doing something useful. A lot of older people struggle with being useless.”

---

We must appreciate that as people become frailer over time, their priorities change, often becoming narrower and more focused. Faced with nearing mortality and awareness of life’s fragility, their world tends to shrink so that they concentrate on only the very most important things to them, with other priorities fading to the background. This can mean an increased value placed on intimate family relationships. Unfortunately, this can occur at the same time as families become busier and have less time to dedicate to quality interactions. Whereas one time the older person would have been the centre of their world, as children start their own families their parents may shift to a peripheral role. For some, it is difficult to adjust to the fact that when their family disperses they are no longer the centre of the family

universe. Consequently, what the older person desires and what is available can be in misalignment.

---

“They [children] think they do support me, but they’re very busy. Sometimes I would like more time, I miss their interaction. I’m involved in what they’re doing but they’re not involved in what I’m doing. I can’t expect them to think about it but I would like it.”

---

**Loss of a sense of belonging** – Living in one area for several decades is one factor that generally fosters a sense of belonging. But whereas several years ago most people might say they knew their neighbours, this sense of neighbourhood community has diminished somewhat, potentially due to changes in the physical design of neighbourhoods but also the tendency for people to move more frequently. Major changes in the built environment such as the loss of neighbourhood spaces can, over time, impact feelings of connection.

---

“Where I live it’s just four units in a body corporate, and you never see anyone. People come down the driveway, you open your garage door and drive in, so it’s not like parking the car out the front and then waving to the neighbours as you go into the house, you don’t see anyone. There’s a lot of units around that are a similar set up, people just drive in.”

“The neighbourhood has changed a lot since I’ve lived here, people have shifted, it’s changed a bit to mind your own business. I don’t know most of them. People are shifting around more now. Once I would go over to the neighbours and have a cup of tea but I don’t do that now. Would like it to be a bit more like that.”

“I’ve been here 50 years and it’s a lot different to how it used to be. Most of the shops now are Asian, there’s only one newsagents around here. Not that it’s a bad thing but people might not feel like they have places to go.”

---

Moving to a new area can be a daunting time, and a person will likely be more preoccupied with working out how the public transport works, where the banks, shops and post office are, before then thinking about making new social connections. Knowing how to go about this can be perceived as overwhelming, and it can take time to feel a sense of belonging and being grounded in a community or neighbourhood.

---

“When you come to a smaller town and you’re not a local, that sort of made it, I didn’t realise that would be as bad as it is.”

“When I first moved here, I felt like a displaced person. People went to work, came home and shut the door and that’s it.”

---

**Withdrawal** - The triggers discussed above, along with the reduction of physical and quality social connections and experiencing the sadness of loneliness can give way to a self-perpetuating spiral of withdrawal and isolation.

Similar to having physiological needs, such as thirst, that we must satiate, humans also have love and belonging needs, including friendship, intimacy, family and sense of connection. So just as thirst is the body’s response to not having enough fluid, loneliness is the body’s response to not having enough quality social contact to meet these needs for love and belonging. This can become a self-perpetuating cycle as the more people feel lonely and withdrawn, the more fear they can have of reaching out and experiencing rejection and pity, and therefore engage in avoidance behaviours to protect themselves from further rejection. Loneliness begets loneliness, and they become self-protective of the outside world, like withdrawing into a shell.

---

“I think it’s all up here. When you start thinking oh I don’t want to go out today, I think I’ll just stay here, you have to say no I’m going, or you start to slide. You can’t just stay home and watch TV all day. Otherwise you stagnate.”

“You’re in the house and your family have gone, they’ve left the nest, you start to feel aww, you know. And then if you lose your partner, it’s always there, so you’re in four walls and you can’t see a way of getting out and you don’t make the effort, and nobody tries to get you out of there.”

---



# Key focus areas

Given the four triggers to loneliness and the subsequent withdrawal we uncovered in our consultations, we propose four key focus areas for recommendations for loneliness. These recommendations are not intended to be prescriptive but this design brief can provide ideas for further implementation:

- Alternatives to family connections
- Small steps to reconnecting
- Helping reinvent a sense of purpose
- Casual and flexible neighbourhood spaces

## Alternatives to family connections

Given the almost universal importance of family and the profound sense of loss when there is a misalignment between an older person's needs and their family's availability, providing alternatives to family relationships may help to alleviate the loneliness felt by older people who are no longer central to their children's priorities.

Pets are often mentioned as the next best thing in substitute for family, providing the sought-after sense of intimacy and purpose, as well as affection and unconditional loyalty. Connecting with animals is often easier for people than connecting with other people. Having an animal to talk to and stroke can also provide the missed sense of touch, and can act as a social catalyst. Essentially, they play a large part in boosting physical, psychological and social wellbeing<sup>12</sup>.

---

“The first thing we feel is touch. In old age and on your own this vital sense is almost non-existent. This is why so many elderly benefit from owning a pet.”

“I live alone, but I'm never lonely. I have 4 dogs, 5 cats & 16 horses. Bliss.”

“At home I have a cat and a dog and me, and that's the family.”

---

While technology is regularly criticised as detrimental to experiencing fulfilling social connections, it can be a protective factor against loneliness in the context of connecting dispersed families. Although there is some misconception that older people do not get on with technology, their take-up of new technology is growing<sup>13</sup>.

That being said, several older people will likely need support and mentoring to engage with technology.

---

“What I enjoy very much is talking on the mobile phone, I can talk with my granddaughter in Queensland, in New South Wales. I learned how to learn a mobile phone and I enjoy it very much...my son uses Facebook, I’m very happy that he contacts family in Holland. I could only have contact with writing letters and that takes a whole week.”

---

Besides grandchildren, older peoples’ contact with younger generations can be infrequent, which may contribute to detrimental societal attitudes about older people and the feelings of uselessness and invisibility. Intergenerational interactions can be hugely beneficial for older people, potentially fostering a lost role of caregiving and knowledge sharing. For example, older people being invited to playgroups along with parents and children can have a positive effect on personal wellbeing as well as social connections<sup>14</sup>. Connecting across generations could foster knowledge exchange, and positive mindsets through a vicarious sense of possibility and ambition.

---

“I miss having contact with younger people. They’re not ready to give up, they’ve still got ambition and drive, they’ve got hope.”

---

## DESIGN BRIEF #1: Alternatives to family connections

### Insight

A misalignment between an older person's needs and their family's availability can lead to loneliness, suggesting the need to provide alternatives to family connections.

### Recommended solution focus

- + Pets can provide a missed sense of physical touch as well as psychological wellbeing. Opportunities to participate in a pet sitting scheme in their neighbourhood, looking after pets while neighbours are at work, can help to boost wellbeing and decrease loneliness by connecting them with others in their community. Petting zoos in community spaces can also play a role.
- + Support and mentoring to teach or help people to develop their skills with technology. This could be positioned as a social exchange between older and younger people, where for example younger people teach older people how to use a mobile phone in exchange for homework help or simply a chat.
- + Intergenerational programs including grandparent playgroups can be a positive way for older people to mix with younger people and engaging in shared activities.
- + Older people can also be encouraged to take up another role within the family that provides them with a refined identity, such as being custodians of the family tree and history and photo albums.

## Small steps to reconnecting

Just like if we are very dehydrated, “small sips” or steps are essential to help withdrawn and isolated older people to form new connections and reengage with the community. Anxiety, for example, is often explained in terms of cycles of negative thoughts, physical symptoms and the impact on behaviour; perhaps it might be helpful if people understood more clearly how loneliness and withdrawal manifest themselves to appreciate how to tackle them. As drinking too much water at once is bad for you, so can too much connection be overwhelming and may become a barrier to engagement.

---

“We try and support people and offer them options, but we have to be careful not to overload them, otherwise it goes into the “too hard” bin and gets ignored.”

---

Although there does appear to be a wealth of services available for older people in the Eastern region, they are not necessarily being utilised. This could be because there is often an onus on people to reach out and make the effort to engage, which is difficult advice for people who are more withdrawn and isolated. Especially with many services now requiring a referral through My Aged Care, people may need more support from organisations to engage with their services.

This gradual, step-by-step approach to new social connections and introducing people to what is available to them would help people overcome the nerves of pushing the edge of their comfort zone. Making opportunities to build trust and taking small steps to reconnect with natural, low commitment methods will be essential. This can be achieved through volunteer community connectors providing one-on-one support to reconnect people at a pace that suits them, at places where people naturally visit, such as libraries. Social prescribing is becoming an increasingly popular approach to identify and develop connections with social activities in a person’s community, which involves community navigators to support this connection<sup>15</sup>. Similar initiatives have been implemented successfully in other Melbourne regions<sup>16</sup> and are currently being trialled by Carers Victoria<sup>17</sup>.

---

“We go out and talk to the person to see if they’re interested, what they’re looking for. We can get a sense of if someone is isolated and a bit withdrawn and maybe a bit anxious. We can offer just to take them shopping once a fortnight, which gets them out of the house without making them feel anxious about joining a new group. As they go along, they might decide oh I’d like to go on a trip to the library. It’s a gradual thing. We can’t just say this is what we offer, take it or leave it, we have to try and offer as much as we can.”

---

There is also the potential for bringing the neighbourhood to older people, if they lack the capacity to get out into the neighbourhood themselves. Home visiting library services provide an opportunity for people to connect through their book lending services. One Good Street is a connection service aiming to tackle loneliness and isolation in older people<sup>18</sup>. This focuses on utilising the resources that are already built-in to communities to encourage a collective community responsibility for wellbeing of neighbours. A similar project in the UK, where GPs prescribed initiatives to at-risk older residents, resulted in a 17% reduction in emergency department admissions over three years<sup>19</sup>.

---

“The neighbour on my right, if her kitchen blind isn’t up by half past nine, I go in and see if she’s alright. I’ve got a young Asian couple living on my left, if my bedroom blinds aren’t up by nine thirty, they ring.”

---

## DESIGN BRIEF #2: Small steps to reconnecting

### Insight

Small steps are essential to help withdrawn and isolated older people to form new connections and reengage with the community.

### Recommended solution focus

+ Volunteer community connectors can provide person-centred practical and emotional support to explore personal wants and needs, set incremental goals, and help to build the self-confidence and resilience to continue making new social connections. They can connect individuals to services and activities and nudge them on the journey to connect them until the person feels more comfortable. This is especially vital at key transitions such as losing a driving license. As well as visiting people in their own homes, they could be positioned in places where people naturally visit, such as libraries or shopping centres, and encourage interconnected working between different services and community hubs.

+ Alternative platforms such as One Good Street to link older people with free opportunities for social connection and assistance in their neighbourhood. One Good Street provides a platform of opportunities for people, through coordinated local initiatives, to offer their assistance to older people in their neighbourhood and so improve their social connectedness. Multiple community members networked to each older person's needs means the work is shared, a process which ends up being more effective than many single initiatives working in isolation. This includes initiatives like "air con club" during hot days, a free Library of Aged Care Things to lend to others, and One Good Ride, where older people are taken out on a modified taxi bike to get out and see their community.

## Reinvention of purpose

Beyond increasing connection and belonging comes the opportunity to help lonely older people rediscover their lost sense of purpose. Feeling “useless” can mean that people do not feel they have anything beneficial to contribute to their community. Encouraging people to contribute in a way that is personally meaningful to them is vital and will vary on an individual basis. Simply doing an activity with tangible outcomes can bolster this sense of contribution and purpose and could be the first step in engaging people.

---

“We did make teddy bears for children in hospital.”

“They might just want to make a doll’s house for the granddaughter,  
or wooden toys for their grandson.”

---

Having a shared interest or passion with others can have the dual role of fostering connections as well as purpose and self-esteem<sup>20</sup>. Long-term provisions are more beneficial in this context, rather than one-off or short-term activities, especially to develop quality and meaningful connections.

---

“When somebody’s finished [crafting] something, one of our rules is you bring it along and you show it to the group, so you don’t finish it at home and then put it in your craft bag and there it stays forever and ever you bring it along and say to people I’ve finished and you get a lot of feedback, positive feedback.”

“We’ve transformed this farming area into an urban park...we value each other for what you’re doing but also ourselves, we share the enthusiasm. For older people to have the feeling of doing something worthwhile and sharing it is very valuable.”

---

Some older people find volunteering is a way to give back and connect with their community opportunity as a new or continued purpose. Although not everyone wants to or feels capable to volunteer, interacting with others while volunteering can take the focus away from an individual and get the perspective of others.

---

“I don’t know what volunteering does for me really. It’s something giving back to the community. Opens up your mind on how other people are coping, having that interaction. People tell me things they probably haven’t told their own family.”

“There’s an older woman whose husband died suddenly, now she comes to the playgroup three times a week. It helps her through that healing and grieving process, and she doesn’t have to be home alone. Volunteering gives her purpose. Mixing with the kids is important.”

---

## **DESIGN BRIEF #3: Helping reinvent a sense of purpose**

### **Insight**

Opportunities to volunteer or participate in a shared purpose can be important to reinvent a sense of purpose and identity in older people.

### **Recommended solution focus**

- + Instead of offering people services to help them feel less lonely, a “We need your help” campaign emphasises wanting older people’s help, time and knowledge. Examples are helping to develop a community history, making things for school fetes or children in hospital, or helping to develop a derelict area into one for community planting and growing. It is important to provide opportunities that align with people’s capabilities for involvement, as well as planning beyond one-off or short-term ventures to maintain connections.
- + Once people have connected with community connectors, they could subsequently volunteer to be a community connector themselves and help other members of their community become re-engaged.



## Neighbourhood spaces

Having casual and welcoming neighbourhood spaces and places to congregate can be of great benefit to encourage natural connections and foster a sense of belonging. This does not mean someone has to connect, as long as they have the opportunity to do so if they wish. Flexibility is important to open spaces to people who might find it difficult or stressful to attend traditional services at a set time.

---

“Now it’s more of a community with a shopping square, it’s a community within itself, very welcoming. One time I was raining and standing outside thinking whether to go to the car and the hairdresser said come inside and have a cup of tea.”

“You need that flexibility of the environment. It’s 10 until 3 and they can just pop in and out whenever. I think this group works because we offer that flexibility.”

---

Libraries, as an example, are shifting from their traditional role of providing books to become community hubs, as well as places of enquiry and connection. Community groups and individuals alike can make use of libraries as the “third place” beyond home and the workplace. This is an example of an existing neighbourhood space that can be repurposed to encourage social connections.

---

“It’s the community hub and library all in one. What that means is we’ve got the library there, but we’ve also got the kinder and M&CHN and space for community groups to come in and do other things. I think that’s a good model to follow. Where it’s all in one. We’re all in the same place and we’re all in the same service. It’s all about the community.”

---

## DESIGN BRIEF #4: Casual, flexible neighbourhood spaces

### Insight

Having casual and flexible neighbourhood spaces can be of great benefit to encourage natural connections and foster a sense of belonging.

### Recommended solution focus

- + A 'thanking shopkeepers' campaign can bring awareness to the social potential of shops and cafes as a place for conversations and connections. This could include an award scheme for those who are recognised as contributing to connections within the community.
- + Developing the role of libraries as a 'third place.' Some libraries are already moving beyond their traditional role to helping people with Centrelink and MyGov, connecting people with community supports, and providing a gathering place for both groups and casual social conversations. It is important that this is provided in a place free from financial transaction and judgement. Community connectors could be based in libraries as a hub to help people take small steps to engaging in the community. For those who are often housebound, the home library service could provide bring this third place to the home.



## Conclusion

Just as loneliness is a complex problem, potential solutions must address this complexity, which will likely mean providing a variety of solutions rather than a one-sized fits all approach. We have provided four key recommendations for a design brief that acknowledge the complexity and changing nature of loneliness in older age:

- Providing alternatives to family connections
- Encouraging small steps to reconnecting when people have become withdrawn
- Aiding a reinvention of purpose and identity
- Developing casual, flexible neighbourhood spaces that encourage social connection

Solutions need not always require expensive programs but can largely make use of existing community networks and supports to extend a hand to older people experiencing loneliness. This will require an integrated and coordinated response across multiple services and sectors, from healthcare, community and mental health services to broader services such as libraries and transport services, as well as existing communities and neighbourhoods.

# Acknowledgements

We would like to thank all the participants who kindly shared their lived experiences with us, with extra thanks to those who were brave enough to be videoed for the project.

We would also like to thank EACH for their invaluable assistance at connecting us with older people in their network.

# References

1. Cornwell, E. Y., & Waite, L. J. (2009). Social disconnectedness, perceived isolation, and health among older adults. *Journal of health and social behavior, 50*(1), 31-48.
2. Perlman, D. & Peplau, L.A. (1981). *Toward a Social Psychology of Loneliness*. In Gilmour R & Duck S (Eds.), *Personal relationships. 3, Personal relationships in disorder* (pp. 31-56). London: Academic Press
3. Coyle, C. E., & Dugan, E. (2012). Social isolation, loneliness and health among older adults. *Journal of aging and health, 24*(8), 1346-1363.
4. Lim, M. (2018). Australian loneliness report: A survey exploring the loneliness levels of Australians and the impact on their health and wellbeing. *Australian Psychological Society, Psychology Week 2018 'The Power of Human Connection' campaign*.
5. Hawkley, L. C., Thisted, R. A., Masi, C. M., & Cacioppo, J. T. (2010). Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults. *Psychology and aging, 25*(1), 132.
6. Theeke, L. A. (2009). Predictors of loneliness in US adults over age sixty-five. *Archives of psychiatric nursing, 23*(5), 387-396.
7. Kobayashi, L. C., & Steptoe, A. (2018). Social isolation, loneliness, and health behaviors at older ages: longitudinal cohort study. *Annals of Behavioral Medicine, 52*(7), 582-593.
8. Kuiper, J. S., Zuidersma, M., Voshaar, R. C. O., Zuidema, S. U., van den Heuvel, E. R., Stolk, R. P., & Smidt, N. (2015). Social relationships and risk of dementia: A systematic review and meta-analysis of longitudinal cohort studies. *Ageing research reviews, 22*, 39-57.
9. James, B. D., Wilson, R. S., Barnes, L. L., & Bennett, D. A. (2011). Late-life social activity and cognitive decline in old age. *Journal of the International Neuropsychological Society, 17*(6), 998-1005.
10. Beutel, M. E., Klein, E. M., Brähler, E., Reiner, I., Jünger, C., Michal, M., ... & Tibubos, A. N. (2017). Loneliness in the general population: prevalence, determinants and relations to mental health. *BMC psychiatry, 17*(1), 97.

11. Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspectives on psychological science*, 10(2), 227-237.
12. Smith, B. (2012). The 'pet effect': Health related aspects of companion. *Australian Family Physician: Emergency Care*, 41(6), 439-442.
13. Chesters J, Ryan C & Sinning M 2013, Older Australians and the take-up of new technologies. NCVET, Adelaide.
14. ABC News. (2019). Intergenerational playgroups reduce social isolation for parents, aged care residents. Retrieved from <https://www.abc.net.au/news/2019-09-09/intergenerational-playgroup-for-young-and-old-reduces-isolation/11487584>
15. Chatterjee, H.J., Camic, P.M., Lockyer, B., & Thomson, L.J.M. (2018) Non-clinical community interventions: A systematised review of social prescribing schemes, *Arts & Health*, 10, 97-123.
16. Seniors Online Victoria. (2019). Strengthening seniors inclusion and participation evaluation report. Retrieved from <https://www.seniorsonline.vic.gov.au/get-involved/for-organisations/grants/ssip>
17. North West Melbourne PHN. (2019). Social connectedness trials. Retrieved from [https://nwmpnh.org.au/commissioned-activity/social-connectedness-trials/?fbclid=IwAR2HRjRb4IzkM9sedXwZGvd1blUG-Vth3lxUPh9xykBqRrc\\_uw-zeG3ojdQ](https://nwmpnh.org.au/commissioned-activity/social-connectedness-trials/?fbclid=IwAR2HRjRb4IzkM9sedXwZGvd1blUG-Vth3lxUPh9xykBqRrc_uw-zeG3ojdQ)
18. One Good Street (2018). Retrieved from <https://lasa.asn.au/wp-content/uploads/2018/06/Matiu-Bush-Bolton-Clarke-One-Good-Street.pdf>
19. Brown, M. (2018). Compassionate Community Project. Tackling loneliness and isolation reduces health bill. *Resurgence & Ecologist*, 307.
20. Kinder, K. & Harland, J. (2004). The arts and social inclusion: what's the evidence? *Support for learning*, 19(2), 52-56.