



Understanding loneliness in older Australians: Connecting what we know and what we do.

Introduction

For many older Australians, loneliness is a pressing social and health issue. As Australia's population ages, greater numbers of people aged 65 years and over will experience negative social, emotional and physical health problems associated with loneliness.

The aim

The aim of the study is to provide understandings of loneliness that can inform support and service providers targeting older Australians managing loneliness.

Methodology and method

The *Alone in a Crowd* project is a three stage, exploratory and descriptive *qualitative* study conducted in two Australian states, namely South Australia and Queensland.

Stage One consisted of 60 in-depth interviews with older people and 8 focus groups with service/support providers to gain their understandings and perceptions of loneliness in older people and how best to manage it.

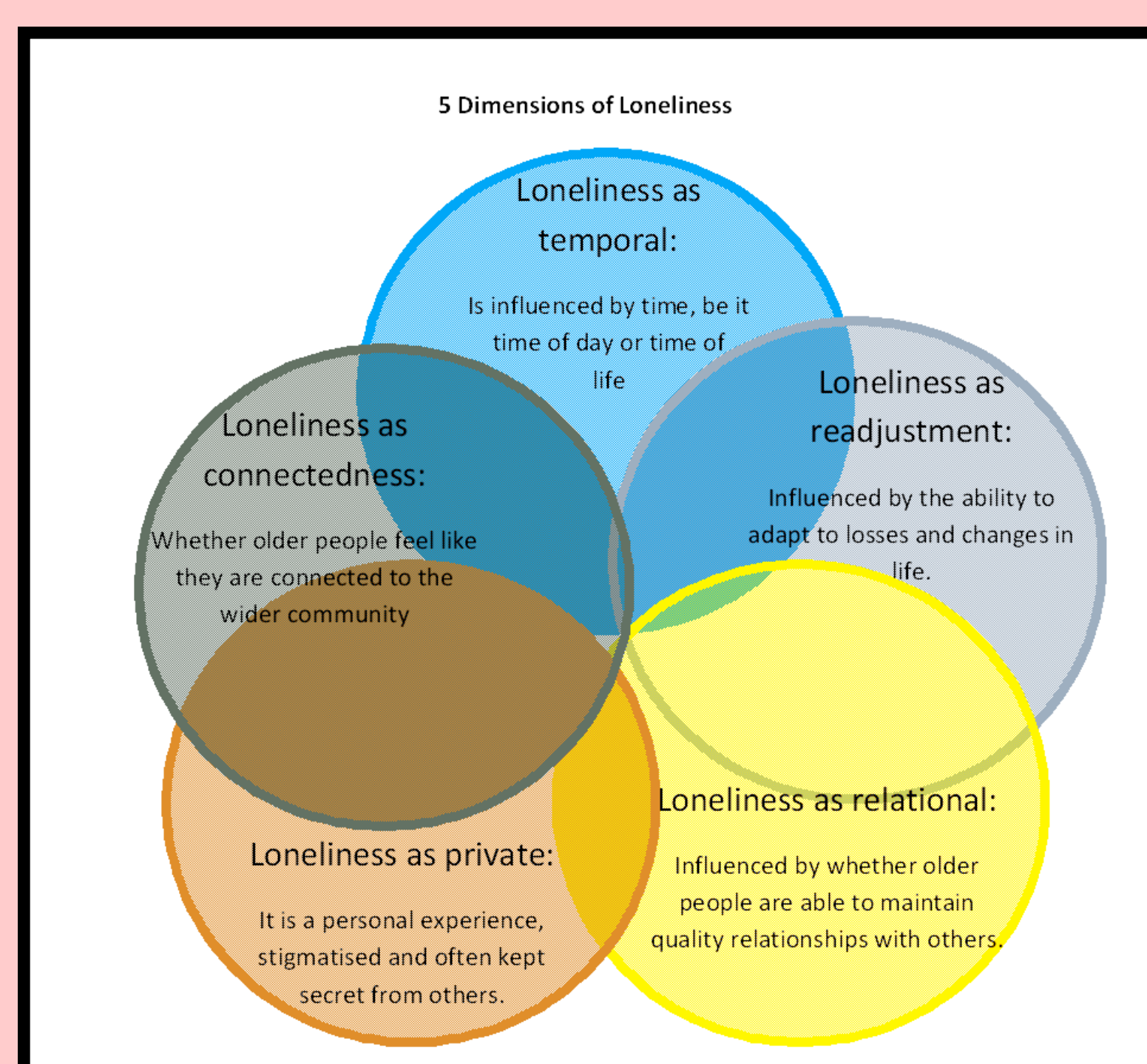
The findings of Stage One informed Stage Two. Workshops were held with older people and service providers to develop strategies for management and guiding principles to guide practice. Four demonstration projects were developed in collaboration with the industry partners as outworkings of the findings and the principles to guide practice.

Stage Three will see the development of recommendations drawn from data obtained in each preceding stage of the study, which will conclude at the end of 2009.

Results

Stage One

Analysis of data from interviews and focus groups revealed 5 dimensions of loneliness. The dimensions are inter-related and show that loneliness is distinct from social isolation but related.



Stage Two Phase 1

The dimensions of loneliness were shared with older people and service providers at a series of workshops which resulted in a set of principles to guide practice, and strategies to manage loneliness.

Principles to Guide Practice

- The person and their needs are considered foremost; that is, client-centred practice.
- The focus on the person is considered at a number of levels (e.g. individual, organizational and community).
- A holistic approach to health and well-being of the person is taken into account.
- The person and their feelings are affirmed/validated/valued.
- The person feels they have a sense of purpose.
- Activities (when used) are meaningful to the individual.
- Programs are individualized as one size does not fit all.
- Programs are adjusted around the person, not the person to the program.
- Barriers are navigated and built into programs e.g., access to transport, using IT.
- Thought is given to sustainability.

Stage Two Phase 2: Implementation of Strategies

Stage Two Phase 2 involved the project team, in collaboration with the industry partners, considering, planning and implementing four distinct strategies which were informed by the dimensions of loneliness and principles to guide practice. A brief overview is provided.

Happy at Home -This strategy took an educational approach which aimed to increase the capacity of retirement village residents to recognise and respond to their own and/or neighbours feelings.

Social networking for older people using technology - aimed to reduce loneliness for older persons residing in their own home by utilising an internet social networking site and provided continual one-on-one support to individuals over three months to help them learn to use computers and the internet.

Living Well Model - aimed to educate and empower residents by enhancing individual social connectedness in order to reduce loneliness and increase independence and wellbeing utilising sustainable 1:1 interventions tailored to individual needs.

Self Help Resource Folder- aimed to reduce loneliness and increase social wellbeing by creating a local resource folder produced after consultation with independent living residents thus resulting in a self-help approach for the management of loneliness.

What have we learnt?

1. The dimensions of loneliness (private, relational, connectedness, temporal and re-adjustment) identified in the study have been used effectively to inform practices, both new and existing in implementing the selected strategies. Attention to the dimensions is needed in the assessment of the older person, the design and planning of services and throughout the intervention and ongoing evaluation.
2. Education is required to:
 - a) aid in minimising perceived stigma associated with loneliness that prevents older people from being able to manage their own loneliness
 - b) increase the capacity of older people to enable them to self-identify and self manage their loneliness
 - c) inform service providers and other professionals regarding how to approach the topic of loneliness and how to identify older people who might be at risk of being lonely or who are lonely. This education should include all staff who come into contact with older people including staff from areas such as reception, maintenance and domestic services.
 - d) increase awareness of the public to aid in combating the stigma, e.g. "saying you're lonely is ok" – a Beyond Blue type of approach.
3. Translation of research into practice is required with a focus on the development of best practice guidelines, and the dissemination of findings to key stakeholders who work with older people.

In Summary:

The themes emerging from the interviews conducted with older people and service providers in this study suggest that loneliness is diverse and complex, bound to the context in which it is perceived, understood and experienced. Further evaluation of selected strategies provided outcomes that can be implemented by service/support providers, whilst also providing information that can assist policy makers and managers in the service provision area.

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The research has been funded by the Australian Research Council (LP0774983) under the Linkage Project Scheme for 2007 – 2009, and Industry Partners [SA Aged Care Collaborative (Helping Hand Aged Care Inc., ECH Inc. & Southern Cross Care (SA))