

ALONE IN A CROWD: **Supporting older Australians managing loneliness**

An Australian Research Council Linkage – Project for 2007-2009

Recommendations

The study revealed five dimensions of loneliness which are interrelated. The dimensions describe loneliness as: private; relational; connectedness; temporal; and re-adjustment. Conveying both positive and negative elements of loneliness, the dimensions reveal that how loneliness is understood and perceived is not only diverse and complex, but also bound to the context in which it is experienced. Participants in the study did not understand loneliness as being synonymous with social isolation. Thus, while social isolation may indeed be a part of older people's experiences of loneliness, social isolation does not encompass the array of experiences that constitute loneliness. That is, while loneliness and social isolation are related, the former cannot entirely explain the latter, as loneliness is complex and multidimensional. Although research and practice exists in the area of loneliness there remains confusion between loneliness and social isolation. Current initiatives tend to focus on social inclusion which is only one aspect of loneliness.

Four areas of recommendations have been identified as a result of the research processes. In making these recommendations the research team is aware that some of the areas identified as requiring action are not necessarily new with some initiatives currently, or have previously been, undertaken to address aspects of loneliness. However, our research reveals that despite such initiatives there is still much work to be done. More attention needs to be paid to expanding and extending existing initiatives rather than continuing a proliferation of new initiatives.

Area 1: Loneliness is complex

Having an understanding that loneliness is complex is important. In particular:

- 1.1 Intervention programs and services targeting loneliness need to be clear whether they are addressing loneliness or social isolation. Interventions for social isolation are important but on their own overlook the full experience of loneliness.
- 1.2 Recognition and acknowledgement that the different dimensions of loneliness are often intertwined and therefore programs need to be designed to account for the complexity.
- 1.3 Further research be conducted into the effectiveness of interventions that focus on the different dimensions of loneliness.
- 1.4 Further work is also necessary to develop measures that address the dimensions of loneliness for use in evaluation and outcome research.

Area 2: One size does not fit all

To understand that one approach to preventing and managing loneliness will not work for all and as such a range of approaches are required. Specifically:

- 2.1 The dimensions of loneliness (private, relational, connectedness, temporal and re-adjustment) are used to inform practice. Attention to the dimensions is needed in the assessment of the older person, the design and planning of services and throughout the intervention and evaluation.
- 2.2 Placing a central emphasis on the individual experience of loneliness will ensure that the needs of the older person are met. Therefore develop responses that are flexible and tailored to the individual with services matching the older person rather than matching older people to available services.
- 2.3 Use approaches that empower and enable older people to self manage their loneliness.
- 2.4 Promote the rights of older people to access activities that are meaningful and relevant to the individual's capacities, values and interests. Environments in which the older person interacts need to incorporate activity spaces which support activity engagement and participation.

Area 3: Education of older people, the community and service providers

Ensure that effective education programs are designed and delivered for older people, the general community and service providers which aim to increase the overall knowledge and understanding of loneliness and to reduce stigma associated with loneliness.

- 3.1 Education programs need to be targeted at the general public to combat the stigma associated with loneliness. Stigma associated with loneliness prevents older people from being able to manage their own loneliness.
- 3.2 Education for older people to empower and increase the capacity of older people to prevent and address their loneliness.
- 3.3 Education of workers in aged care organisations that provide care and services about the dimensions of loneliness so that they are better informed to assist in identifying older people who might be at risk of being lonely or who are lonely. Education needs to be provided to direct care staff and to other staff from areas such as reception, maintenance and domestic services.
- 3.4 Adoption of a broad approach to education focusing on social well-being as opposed to using words/programs to target loneliness which conveys negative elements of loneliness.

Area 4: Sustainability of programs

Given that older people and service providers become disillusioned by the establishment of new programs only to have them terminated, consideration of sustainability needs to be given higher priority. Funding of new programs needs to be dependent on inbuilt strategies for sustainability.

- 4.1 New programs do not necessarily need to be created. Examination and evaluation of current programs and services in light of the dimensions will lead to refinements rather than creating new programs/ services.
- 4.2 Where a new initiative is utilised then it must be evidence based with clearly articulated, boundaries and role designation.
- 4.3 Sustainability is built into programs and services. Funding for new programs and services only be approved if due attention is given to strategies for making the program sustainable.
- 4.4 Use approaches that enable older people to manage their own loneliness.
- 4.5 Greater integration between the sectors is required particularly in the areas of transport and housing. Planning approvals of new retirement village or residential developments should not be granted unless serious attention has been paid to the interface with the local community and inclusion of common space for activities.
- 4.6 Examine the impact that funding models have on providing services to manage loneliness. Funding of short term programs may not be beneficial, and indeed may be problematic in terms of ensuring continuity of care for clients utilising those services.
- 4.7 Examine current service provision and funding to see how addressing loneliness might be incorporated into other service provision to make it more holistic and efficient. Taking a broad holistic approach to social well-being, not just focusing on loneliness will benefit a wider range of older people.
- 4.8 Expand the notions of social inclusion and age friendly communities to reflect a broad approach to well-being and participation in the community. If older people felt more valued and connected to the community then loneliness would be less of an issue. Such an approach will strengthen the capacity of the community to address issues for older people in general and make it a more inclusive community.

Area 5: Where to from here – Translation of research into practice

To ensure effective translation of the research findings the following activities are recommended:

- 5.1 Guidelines for best practice are developed that take into account the dimensions of loneliness and the other findings from this research.
- 5.2 An audit of all research and projects that have been undertaken on loneliness and social isolation is conducted in order to account for what has already been done, and to avoid repetition.
- 5.3 Assessment tools and outcome measures that take into consideration the dimensions of loneliness and have established reliability and validity are developed.
- 5.4 Allocate the responsibility of leadership in knowledge transfer within organisations to a person(s) who has included in their job description the role of implementing research findings into practice.

The research team:

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