SOCIAL ISOLATION AND LONELINESS AMONG OLDER AUSTRALIANS

ISSUES PAPER No. 1

OCTOBER 2015

ATTRIBUTION

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ABOUT ACSA

Aged & Community Services Australia (ACSA) is the leading national peak body for aged and community care providers. It represents church, charitable and community-based organisations providing housing, residential care, community care and home support services to older people, younger people with a disability and their carers.

ACSA members provide care and support in metropolitan, regional, rural and remote regions across Australia.

The ACSA Federation is made up of the following members:
- Aged & Community Services NSW & ACT (ACS NSW&ACT);
- Aged & Community Services SA & NT (ACS SA&NT);
- Aged & Community Services Tasmania (ACS Tas);
- Aged & Community Services Western Australia (ACSWA);
- Aged & Community Services Australia - Victoria (ACSA Vic);
- Aged & Community Services Australia - Queensland (ACSA Qld).

Mission-based and other not-for-profit (NFP) aged care organisations are responsible for providing services to those older Australians who are most in need. Not-for-profit organisations deliver about 60 per cent of residential aged care services and more than 80 per cent of all community aged care in Australia.[1]

These organisations are visible and highly accessible in the community and as a result, the public relies on them for service, support and care. The broad scope of services provided by ACSA's membership and the leadership they display gives it unique insights into the challenges and opportunities that come with the ageing of the population.

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[1] Australian Government Department of Social Services (2014). '2013-14 Report on the Operation of the Aged Care Act 1997', Canberra, 26, 33.

INTRODUCTION

The ageing of Australia's population is a testament to the success of good public health and social policy over a number of decades. It is an achievement that should be welcomed. However, it is not appropriate for us, as a nation, to simply rest on our laurels and celebrate the successes of the past. The ageing of the population raises a series of challenges that must be acknowledged and addressed.

One such challenge is understanding and combating social isolation and loneliness among older people. As Australians live longer, it is important to ensure they are given every opportunity to enjoy quality of life, as well as quantity of life.

ACSA's members support hundreds of thousands of older people in metropolitan, regional, rural and remote areas of Australia every day. They are committed to promoting choice, wellbeing and a high quality of life for all the people we support.

This paper focuses on older Australians living at home in the community. It will consider the definition, the prevalence, the causes and the consequences of social isolation and loneliness and examines strategies for promoting social connection and inclusion. As well as raising awareness of these important issues, this paper aims to begin a conversation about policies and strategies that will promote social inclusion and community engagement of older people throughout Australia.

UNDERSTANDING SOCIAL ISOLATION AND LONELINESS

In reviewing social isolation and loneliness, it is necessary to understand what is meant by each term and to articulate the differences between the two. Traditionally, social isolation has been seen as an objective term which applies to people who have little relationship with others. It can either be deliberate or unwanted. In contrast, loneliness is a more subjective concept and is generally recognised as a negative and undesired state.[2] It has been defined as the '…feeling of lack or loss of companionship'.[3]

The connection between loneliness and social isolation is not a simple one. While previous definitions of loneliness have viewed it as a direct consequence of social isolation, more recent studies have highlighted that loneliness is associated more with the quality of social bonds than the number of connections that a person has.[4] Social isolation may lead to feelings of loneliness but at the same time, it may not; people who have very few social connections may not feel lonely at all. On the other hand, a person with many social connections and interactions can still experience loneliness.

As well as differentiating loneliness from social isolation, it is worth noting that feelings of loneliness come in many different forms. For example, a study based on the views of older people[5] and service providers, identified five distinct "dimensions" or components to feelings of loneliness. They were:

- Private and personal feelings;
- The quality of relationships;
- A sense of connection with the broader community;

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[2] Grenade, L and Boldy, D (2008). 'Social isolation and loneliness among older people: issues and future challenges in community and residential settings', *Australian Health Review*, CSIRO Publishing, Canberra, Vol 32 No 3, 468-478.

[3] Pate, A (2014). 'Social Isolation: Its impact on the mental health of older Victorians', COTA Victoria, Working Paper No. 1, 6.

[4] Franklin, A, Tranter, B (2011). 'AHURI Essay Housing, loneliness and health', Australian Institute of Housing and Urban Research Institute, AHURI Final Report no. 164, 3.

[5] The sample of 60 participants included older people living in long term care, independent living units and in the community.

- Time, such as the time of day, time of year or time of life;
- Adjusting to changing circumstances such as loss and declining health.[6]

In addition, loneliness can be felt with differing levels of intensity and severity. Passing feelings of loneliness are common and do not necessarily reflect a significant underlying problem. It has been argued that loneliness becomes a serious issue, however, when it is persistent and leads to a cycle of self-reinforcing negative thoughts.[7]

WHAT LEADS TO SOCIAL ISOLATION AND LONELINESS?

The causes of social isolation and loneliness, like the relationship between the two, are varied and multifaceted. Numerous studies have been conducted to identify the characteristics that are linked to social isolation and loneliness among older people. However, few of these investigations have identified the causal nature of the identified risk factors.

The characteristics and life circumstances associated with loneliness can be classified into a range of different groupings in order to better understand them. An Australian study published in 2008[8] listed the chief 'risks' for loneliness in older populations as being in the following three categories:

1. Socio-demographic risks
These risks include widowhood, never being married, having no children or no living children. On the flipside, there is evidence to suggest that strong relationships with friends and families – and having a particular person to confide in – all tend to reduce the risk of loneliness.[9] Links have been identified between living alone and both isolation and loneliness but, as discussed, the nature of this relationship is unclear. It has been argued that the evidence for the association between living alone in old age and social isolation is weak and, on its own, it should not be used as an indicator for policy interventions.[10]

There is also a connection between an increase in loneliness and belonging to a special needs group.

It is generally recognised that the risk of loneliness in old age is higher among migrant and refugee populations, people with same sex attraction, gender dysphoria or intersex conditions, and people living in rural and remote areas.[11]

Older people who live in a rural or remote locality are at greater risk of experiencing social isolation and loneliness because of limited access to services, the changing roles they experience within their community and the potential for a greater disconnect with family. However, as Australian researchers have noted, very little research has been conducted on social isolation and loneliness among older rural populations.[12]

2. Health status risks
These risks include both physical and mental health indicators. Researchers in a broad range of

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[6] Stanley, M et al. (2010). ''Nowadays you don't even see your neighbours': loneliness in the everyday lives of older Australians', *Health and Social Care in the Community*, 18(4), 407–414, 409-412.

[7] Cacioppo, JT, Patrick, W (2008). *Loneliness, Human Nature and the Need for Social Connectedness*, W. W. Norton & Company, 7.

[8] Grenade, L and Boldy, D (2008). 'Social isolation and loneliness among older people: issues and future challenges in community and residential settings', *Australian Health Review*, CSIRO Publishing, Canberra, Vol 32 No 3, 470,471.

[9] Grenade, L and Boldy, D (2008). 'Social isolation and loneliness among older people: issues and future challenges in community and residential settings', *Australian Health Review*, CSIRO Publishing, Canberra, Vol 32 No 3, 471.

[10] Pate, A (2014). 'Social Isolation: Its impact on the mental health of older Victorians', COTA Victoria, Working Paper No. 1, 6.

[11] Pate, A (2014). 'Social Isolation: Its impact on the mental health of older Victorians', COTA Victoria, Working Paper No. 1, 9.

[12] Bartlett, H (2010). 'Social Isolation of Older People in Regional Australia: the research agenda', MonRAS Presentation.

studies have found a direct link between loneliness and each of the following health conditions: Alzheimer's disease and dementia, obesity, increased vascular resistance, high blood pressure, high cholesterol, sleep disorders, diminished immunity, reduction in independent living, alcoholism, depression and suicidal states.[13] Once again, it is not clear whether these factors actually precipitate loneliness or are merely correlated.

3. Life event risks
Experiences of loss and bereavement are also commonly linked to social isolation and loneliness among older people.

Broader societal impacts, such as government policies and programs designed to support older people, can also contribute to isolation and loneliness. It has been suggested that reforms in Australia aimed at supporting greater numbers of older people to live at home for as long as possible, if not well implemented, could lead to higher levels of isolation and poor mental health.[14] Another study has highlighted that programs aimed at promoting "co-presence" without fostering meaningful relationships, such as day rooms, social activities and group outings, could have the unintended consequence of increasing loneliness.[15]

HOW COMMON ARE SOCIAL ISOLATION AND LONELINESS?

There is accurate and readily available evidence on the prevalence of some of the major risk factors linked to isolation and loneliness. However, this information does not give an accurate picture of how many of these people are actually affected by social isolation and loneliness.

The evidence clearly shows that older Australians are more likely to live on their own. At the time of the 2011 Census, 24.3 per cent of the population lived in a lone person household.[16] For people aged 75-84 years old, that figure rose to 29.7 per cent and for those aged over 85, it was more than a third (35.2 per cent). Older women (32 per cent) were much more likely to live alone than older men (17 per cent) – and 59 per cent of older people who lived alone reported that they were widowed.[17]

As well as being more likely to live by themselves, older people are more likely to go out less often. According to the latest Productivity Commission Report on Government Services, in 2012 16.2 per cent of people aged 65 and over did not leave home or did not leave home as frequently as they would have liked. Among older Australians with a profound or severe disability, almost half (46.8 per cent) did not leave home or did not leave as often as they wished.[18]

There is also strong evidence which demonstrates that older Australians generally have greater healthcare needs than their younger counterparts. Analysis conducted by the Australian Institute of Health and Welfare (AIHW) shows that in 2008-09, the average healthcare costs of adults aged 85

[13] Franklin, A, Tranter, B (2011). 'AHURI Essay Housing, loneliness and health', Australian Institute of Housing and Urban Research Institute, AHURI Final Report no. 164, 6.

[14] Pate, A (2014). 'Social Isolation: Its impact on the mental health of older Victorians', COTA Victoria, Working Paper No. 1, 5.

[15] Jaworski, K. and Moyle, W. (2008) Alone in a crowd: supporting older Australians managing loneliness. Stage One Discussion Paper. Canberra: Australian Research Council. Cited in: Franklin, A, Tranter, B (2011). 'AHURI Essay Housing, loneliness and health', Australian Institute of Housing and Urban Research Institute, AHURI Final Report no. 164, 12.

[16] Australian Bureau of Statistics (2013). '2011 Census QuickStats':
http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/0?opendocument&navpos=220

[17] Australian Bureau of Statistics (2013). '2071.0 - Reflecting a Nation: Stories from the 2011 Census, 2012–2013':
http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features602012-2013

[18] Productivity Commission (2015). 'Report on Government Services', Chapter 13, Australian Government, Canberra, 67.

and over were almost 20 times higher than for the average child aged 5-14.[19] In addition, more than half of Australians aged 65 and over live with disability, compared with just 16 per cent of people aged 25-64 and seven per cent of those aged under 25.[20] Taken together, these indicators suggest that older Australians are at greater risk of experiencing social isolation and loneliness.

Further research has identified an association between the prevalence and acuity of loneliness, on the one hand, and the type of housing tenure on the other. Once again, the authors of these findings stress that type of tenure is unlikely to be a direct cause of loneliness on its own. There is evidence to show loneliness is more common and more severe among renters of all ages than mortgage holders and outright home owners. An essay from the Australian Housing and Urban Research Institute (AHURI) found that only 27 per cent of public tenants rarely or never experience loneliness, compared to 39 per cent in private rental, 53 per cent of mortgage holders and 62 per cent of those who own their own homes outright. The same paper found that 47 per cent of public housing tenants feel that loneliness is a problem, compared to 31 per cent of private renters, 21 per cent of mortgage holders and 19 per cent of home owners.[21]

As a result of the difficulty in measuring the prevalence of loneliness and social isolation, estimates vary from study to study. There are a number of reasons for this. One reason is that definitions of social isolation and loneliness differ; another is that as a subjective concept, loneliness cannot be easily measured or compared; a third reason is that in most cases such data relies on self-reporting, which is notoriously unreliable – particularly in the case of loneliness where negative perceptions increase the likelihood of underreporting.

A review of a wide body of research estimating the prevalence of loneliness among older Australians found that around 7-9 per cent experience 'severe' loneliness but as many as a third experience loneliness at some point in old age. However, the authors noted that these numbers probably did not capture the full extent of loneliness.[22] One study which focused on older veterans across Australia found that one in ten was socially isolated while a further 12 per cent were at risk of social isolation.[23]

Discussions around social isolation and loneliness are significantly informed by the perceptions of others. In broader societal contexts, loneliness is often perceived to be closely linked to old age, despite evidence which suggests that the majority of people aged 65 and over are neither lonely nor socially isolated.[24] It is important to note though, that there are clear trends in the way that social isolation and loneliness are experienced among older people. Some older people are more at risk than others. People in the oldest age brackets are more likely to feel lonely, while men are more likely to experience loneliness than women – even though it is less likely that they live on their own.[25]

Another group at higher risk of experiencing social isolation and loneliness is older people receiving professional care and support in their own homes. They tend to be older, have poorer health and

[19] Australian Institute of Health and Welfare. 'What lies ahead?' http://www.aihw.gov.au/australias-health/2014/what-lies-ahead/

[20] Australian Institute of Health and Welfare (2014). 'Australia's Health 2014: The 14th biennial health report of the Australian Institute of Health and Welfare', Canberra, 259.

[21] Franklin, A, Tranter, B (2011). 'AHURI Essay Housing, loneliness and health', Australian Institute of Housing and Urban Research Institute, AHURI Final Report no. 164, 7.

[22] Grenade, L and Boldy, D (2008). 'Social isolation and loneliness among older people: issues and future challenges in community and residential settings', Australian Health Review, CSIRO Publishing, Canberra, Vol 32 No 3468,474.

[23] Pate, A (2014). 'Social Isolation: Its impact on the mental health of older Victorians', COTA Victoria, Working Paper No. 1, 7.

[24] Flood, M (2005). 'Mapping Loneliness in Australia', The Australia Institute: Discussion Paper Number 76, 2.

[25] Pate, A (2014). 'Social Isolation: Its impact on the mental health of older Victorians', COTA Victoria, Working Paper No. 1, 8.

more issues with mobility and cognitive impairment than their counterparts who are not aged care consumers. Among the managers and care staff who coordinate and provide care in older people's own homes, social isolation and loneliness are significant concerns. Organisations providing home care have reported that as many as 41 per cent of their new clients are lonely.[26] People working in home care, who spend time with at-risk older people and are trained to understand their care needs, also believe older people worry about the effects of loneliness. The staff of a franchised care provider in Australia identified social isolation and loneliness as the biggest concern for older people living at home. Tellingly, the next biggest concern, according to the staff surveyed, was mobility and access to transport[27] – both key indicators of social engagement and interaction.

HOW SERIOUS ARE SOCIAL ISOLATION AND LONELINESS?

As already discussed, it is not possible using current data to demonstrate whether social isolation and loneliness are causes or effects of the conditions that are statistically linked to them. However, it is clear that there are strong associations between social isolation and loneliness, on the one hand, and poorer mental health, physical health and earlier death, on the other.

There are, for example, clear links between loneliness and feelings of anger, sadness, depression, worthlessness, resentment, emptiness, vulnerability and pessimism. [28] On a deeper level, several studies have shown connections between loneliness and psychological distress and poor wellbeing. Loneliness and social isolation have a significant effect on mood and wellbeing in the elderly. If left unrecognised and unsupported, the potential exists for the symptoms to intensify and lead to more crippling mental health conditions, such as depression and anxiety disorders.[29] From a broader policy perspective, it has been shown that lonely people are 60 per cent more likely to use emergency services than the non-lonely, while lonely older people are twice as likely to be admitted to residential aged care. [30]

One of the most significant areas of research exploring the effects of loneliness and social isolation is its association with mortality. Research by an American psychologist has found that older people who experience "extreme loneliness" are up to 14 per cent more likely to die prematurely.[31] Research out of the UK suggests that social isolation has a strong association with higher mortality. A study based on the findings of the 'English Longitudinal Study of Ageing in 2004', found that older people who are socially isolated are more likely to die earlier, irrespective of feelings of loneliness. It also found that these higher mortality rates were present regardless of health and demographic characteristics. While stressing the importance of reducing the rates of both loneliness and social isolation, the paper concluded that efforts to combat social isolation would have a greater impact on mortality. [32]

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[26] Lewin and Patterson cited in Benevolent Society (2013). 'Promoting social networks for older people in community aged care', Research to Practice Briefing 2, 2.

[27] Australian Ageing Agenda (2013). 'Loneliness leading concern for older people', *Australian Ageing Agenda*: http://www.australianageingagenda.com.au/2013/09/12/loneliness-leading-concern-for-older-people/ [viewed 14 November 2013].

[28] Pate, A (2014). 'Social Isolation: Its impact on the mental health of older Victorians', COTA Victoria, Working Paper No. 1, 12.

[29] Golden, J et al (2009). 'Loneliness, social support networks, mood and wellbeing in community-dwelling elderly', *International Journal of Geriatric Psychiatry*, 24 (7), 604-700.

[30] Franklin, A, Tranter, B (2011). 'AHURI Essay Housing, loneliness and health', Australian Institute of Housing and Urban Research Institute, AHURI Final Report no. 164, 6.

[31] Harms, W, (2014). 'AAAS 2014: Loneliness is a major health risk for older adults', The University of Chicago: http://news.uchicago.edu/article/2014/02/16/aaas-2014-loneliness-major-health-risk-older-adults#sthash.3JONqnZK.dpuf'

[32] Steptoe, A, Shankar, A, Panayotes, D, Wardle, J (2012). '12). '' Social isolation, loneliness, and all-cause mortality in older men and women', *Proceedings of the National Academy of Sciences*, vol. 110 no. 15, 5797–5801.

COMBATING SOCIAL ISOLATION AND LONELINESS

Recent changes in the understanding of social isolation and loneliness are being reflected in the initiatives designed to reduce loneliness and boost social inclusion. In the past it was assumed that the best way to overcome loneliness was by increasing the quantity of relationships and social connections. However, sociological and psychological studies have revealed that the quality, not the number, of social bonds is much more important. It is therefore recognised that strategies to tackle loneliness must aim to support older people to build strong and meaningful relationships, rather than simply connecting them with more people.[33] Ideas about combating social isolation and loneliness among older people have also been informed by theories around choice, autonomy, enablement and independence. These approaches stress the importance of supporting people to actively develop and take ownership of the strategies for overcoming loneliness. They are encouraged to do this by developing their own goals and by using the skills and experiences from their past. [34]

A significant body of research has identified several strategies that have proven successful in fostering social inclusion and building social support. They include:

- Introducing interventions as part of a wider strategic approach;
- Targeting specific groups of older people;
- Using existing community resources;
- Using volunteers to run programs;
- Using targeted and tailored approaches;
- Involving older people in the planning, delivery and evaluation of programs.[35,36]

The concepts of agency and active participation alluded to in the last point are particularly important. A study on dementia and loneliness found that, when interviewed, people living with dementia talked about the importance of relationships and the value of interacting with familiar people. However, despite this, family members and carers of people with dementia often associated their loneliness with social isolation and sent them to noisy day activity groups with unfamiliar people.[37]

There are great benefits too in being occupied and engaged in meaningful activities, such as helping others.[38] A series of qualitative interviews of older people living in Australia, Norway and the UK found an important distinction between those participants who did and did not identify as feeling lonely. The older people in the 'not lonely' group were much more likely to view social engagement as an opportunity to meet the needs of and demonstrate commitment to others, rather than simply meeting their own needs; to be givers of support as well as receivers. The paper concluded that policy interventions should be directed towards removing the barriers to active social engagement

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[33] Franklin, A, Tranter, B (2011). 'AHURI Essay Housing, loneliness and health', Australian Institute of Housing and Urban Research Institute, AHURI Final Report no. 164, 3.

[34] Benevolent Society (2013). 'Promoting social networks for older people in community aged care', Research to Practice Briefing 2, 34.

[35] Benevolent Society (2013). 'Promoting social networks for older people in community aged care', Research to Practice Briefing 2.

[36] NARI and COTA Victoria, 'Healthy Ageing Literature Review', 2012, 38.

[37] Moyle W et al. (2010). 'Dementia and loneliness: an Australian perspective', *Journal of Clinical Nursing*, 20, 1445–1453, 1451.

[38] Stanley, M et al. (2010). ''Nowadays you don't even see your neighbours': loneliness in the everyday lives of older Australians', *Health and Social Care in the Community*, 18(4), 407–414, 413.

and to encourage older people to contribute meaningfully to others through volunteering activities.[39]

Other research has highlighted a number of "less obvious" approaches to tackling loneliness which do not focus on social issues at all. One study in Britain, for example, advocated a focus on improving chronic health conditions – both physical and mental – to help people 'recover' from loneliness.[40]

Finally, an emerging area of investigation is examining the benefits of using social media to promote engagement and reduce isolation and loneliness among older Australians. These projects are seeking to harness social networking applications to enable communication across geographical divides and strengthen connections with others.

As part of the Connecting Older Adults project in NSW, 150 older people living in the community were given "brief" training in how to use Twitter, Facebook and Skype before taking part in a six month trial. An evaluation conducted by the University of Sydney compared data on the participants before and after the trial, and found a notable decrease in loneliness for those who had taken to using the technology. More than half of the participants said that using the social networking tools had helped them to be more engaged with their community.[41]

A similar project in South Australia gave internet connection and one-on-one tutoring to six clients from a community aged care program. An evaluation conducted by the University of South Australia found four main themes from the participants:

- Using social media helped reduce the participants' feelings of loneliness;
- The technology enabled participants to engage in new experiences;
- The one-on-one approach to learning was particularly helpful;
- Participants in the trial grew closer to each other.[42]

Importantly, the authors of the study stressed the need for diverse and individualised strategies to support older people experiencing social isolation and loneliness.[43] Based on the available evidence on social isolation and loneliness, it seems this principle is one that should be adopted broadly.

POLICY PRIORITIES

Given the complex nature of social isolation and loneliness, and the highly personal manner in which they are experienced, a broad range of policies, interventions and strategies are needed to reduce them. ACSA has identified the following policy areas to be pursued as priorities to reduce the frequency and severity of social isolation and loneliness among older Australians.

Targeting older people with multiple risk factors
As a number of factors can contribute to social isolation and loneliness among older people, strategies aimed at tackling them should focus on people with multiple risk factors. All of those factors – including socio-demographic circumstances, health status and life events – should be

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[39] Kirkevold, M et al. (2012) 'Facing the challenge of adapting to a life 'alone' in old age: the influence of losses', *Journal of Advanced Nursing*, 69(2), 394–403, 400.

[40] Victor, CV, Bowling, A (2012). 'A longitudinal analysis of loneliness among older people in Great Britain', *The Journal of Psychology: Interdisciplinary and Applied*, 146:3, 313-331, 327-8.

[41] The University of Sydney (2013). 'Social media decreases loneliness for older adults', The University of Sydney: http://sydney.edu.au/news/84.html?newsstoryid=11208

[42] Ballantyne, A (2010). 'I feel less lonely: what older people say about participating in a social networking website', *Quality in Ageing and Older Adults*, 11:3, 25-35, 29.

[43] Ballantyne, A (2010). 'I feel less lonely: what older people say about participating in a social networking website', *Quality in Ageing and Older Adults*, 11:3, 25-35, 34.

considered when screening and assessing older Australians for access to government-funded aged care programs.

With the move to a consumer directed aged care market, it is crucial that the My Aged Care Gateway and care providers inform at-risk older people and their carers about services and programs that can help to alleviate social isolation and loneliness.

Quality, rather than quantity, of relationships
The evidence suggests that having *some* good quality relationships provides greater protection against loneliness than having a large number of shallow relationships. Programs that aim to provide social support and improving socialisation for older people should explore options for enabling and building on existing relationships, familiar connections and existing interests.

As carers will develop good quality relationships with the older person they are caring for, it is important that aged care programs allow sufficient contact time for these relationships to develop and be maintained.

Volunteer programs in this area are important but may be challenging because the relationship is personal and requires trust to be built between the older person and the volunteer.

Active engagement
Older people should have active input into care and support programs during the design, delivery and evaluation phases. Older people should also be free to choose which programs and activities they participate in and when, as well as being given the opportunity to exercise their opinion and choice. The principles of consumer direction are consistent with this approach and other concepts such as co-design should also be considered and adopted. Some older people will, however, need to be actively encouraged to participate.

Housing
There is an association between living in a lone-person household and experiencing loneliness, while those in insecure housing situations are more likely to be lonely as well. ACSA believes older Australians would have more opportunities to belong and connect with their communities if there were an increase in the supply of appropriate, affordable and accessible housing.[44]

The research linking increased levels of loneliness with people renting housing, in particular public tenants, suggests public housing planning should incorporate suitable near-by community and green spaces to encourage connection with the community and lessen the likelihood of social isolation and loneliness. Options which support tenants to transition out of public housing to the private rental market, particularly with longer-term leases, may also be beneficial.

Age friendly communities and transport
Given that older people are at risk of leaving home less often than they would like, it is important that communities are as easy to navigate as possible. Core elements of this are stair-free environments, places to rest, accessible public toilets, accessible and reliable public transport, green areas, age-friendly buildings and safe footpaths and pedestrian crossings.[45]

Technology and social media
Programs and strategies using social media should continue to be developed and implemented to support older people at risk of social isolation and loneliness, particularly – but not limited to – those

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[44] For more details, see the 'Future of Housing for Older Australians' Position Paper by ACSA (2015).

[45] Field A (2007) *Global Age Friendly Cities: A Guide*, WHO Press, Geneva, 12-16.

with limited mobility. A significant advantage of social media platforms is that they enable users to actively choose the people with whom they will communicate and when.

Meaningful activity

To be fully engaged older people, as with all people, require meaningful and a variety of activities and interactions. Examples include: programs so that older people can take an active part in society and that support a healthy lifestyle; health programs that restore function and mobility; activities that resonate with their life histories; opportunities to volunteer or support other people; interactions with a range of people from different backgrounds and ages; and interactions with pets.

There is likely to be benefits in programs which connect socially isolated older people with each other using existing and new technologies including letters, telephone and email. Accordingly programs may also need to include the provision of equipment, associated training and support.

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