Why connection matters - ending loneliness in older age

About 46 per cent of Australians over 65 report feeling lonely at times, taking a toll on individual and community health and wellbeing.

What is loneliness?

Loneliness is a negative emotion that happens when the level of social connection someone has, is less than the level of connection they would like. Social isolation is one factor that can contribute to loneliness. Social isolation is about the *quantity* of social connections a person has, whereas loneliness is about the *quality* of those social connections.

Loneliness is an important health issue for older people because it is associated with poorer quality of life and poorer health outcomes, including increased risks of chronic illness, depression and anxiety. It is also associated with functional and cognitive decline including reduced mobility and a higher risk of dementia. Evidence shows that good relationships are important for mental health and wellbeing. People with social relationships have a 50% increased likelihood of survival from conditions such as vascular disease and cancer.

How common is loneliness?

Australian data from Ending Loneliness Together found that almost 1 in 3 Australians feel lonely, with 15% feeling lonely often/always, and one in six experiencing severe loneliness (Ending Loneliness Together, 2023). This data is confirmed by a mental wellbeing doorknocking initiative to 4,027 Australians in 2022, where approximately one third of those surveyed reported they felt lonely some of the time, and one in 10 reported they felt lonely often (Hooper, Kaleveld, & Lester, 2022).

Bolton Clarke data gathered from people living in retirement villages has identified that almost 20% of residents aged 65 years or more experience loneliness.

Why are older people at risk?

Click on the image to watch Denise's story

The reasons for loneliness and social isolation are complex, with individual, family, community and societal factors all playing a part (Burholt et al., 2019). An important risk factor is life transitions or changes.

While everybody experiences transitions during their lives, these tend to increase and have a greater impact as we get older. Transitions can be expected, for example retiring or becoming a grandparent, or unexpected such as reduced physical or cognitive ability due to illness, or an accident. All these changes can affect how people see themselves, their relationships, and their sense of belonging.

What are we doing about loneliness in older age?

Because of this complexity, the solutions are not one size fits all – work needs to be done to promote social connection at every level, from urban design to individual support (R. Ogrin et al., 2021). The figure below shows the different levels, potential approaches, and the target population(s) to address loneliness through promoting social connection.
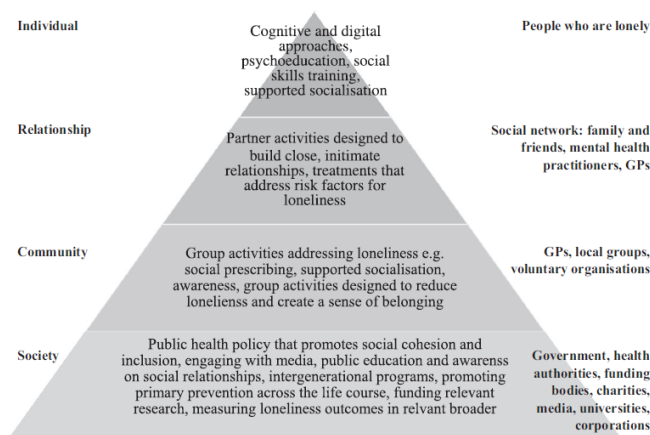

Figure 1: Levels of loneliness interventions and solutions (R. Ogrin et al., 2021)

One community approach that has shown success is called social prescribing. This works by linking medical and social care, through encouraging healthcare providers to formally include social activities with 'social prescriptions'. GPs get involved to prescribe social activities for older people who are at risk of social isolation and loneliness.

Social prescribing works best when it's part of a community-wide approach, integrating existing solutions into communities, and where neighbourhoods are activated to offer a range of social and

wellbeing activities that are co-designed with people in the community. Research shows social prescribing can help improve connections for older people and people who are lonely. It shows what is possible when a neighbourhood is organised and committed to inclusion and helps combat ageist perceptions.

An example of this is the Connect Local program codesigned, implemented and evaluated by Bolton Clarke Research Institute in a local government area in Melbourne.(Rajna Ogrin et al., 2024)c.

Loraine's story

Loraine is a ballroom dancer, actor and advocate who dazzles under the spotlight. "I always see myself as being strong and independent – I don't need anybody and I can always do it for myself," she says.
"But with COVID it was very, very tough, devastating even – I was alone, and I felt it."
Happening on a small newspaper article triggered a chain of events that restored her signature shine. She called Bolton Clarke's Connect Local program, and a community connector worked with her to connect her with groups in her community.
"It's a matter of feeling wanted, feeling that I have a place again, I have something to do, I have a purpose," Loraine says.

At the individual level, a program that has been making a difference for older people feeling isolated in the community is Bolton Clarke's *HOW-R-U?* initiative. The program matches volunteers for a weekly phone call with older people who would like or would benefit from more social connection. This telephone support has been found to reduce feelings of social isolation, loneliness and depression, as well as to improve quality of life.

Bolton Clarke Research Institute has also been working with aged care residents, carers and university students in our Storytelling program to provide intergenerational social connection.

Video sessions from Bolton Clarke's Social Connection in Older Age symposium and SHARE Life Stories webinar series are available here.

The cost of loneliness

The social and financial costs of not supporting and enabling social connection are considerable. Specific costs outlined in the 2021 report from Bankwest Curtin Economics Centre (Duncan et al., 2021) estimated the cost of loneliness at $2.7 billion AUD each year, equating to an annual cost of $1,565 for each person who becomes lonely.

In the UK, the National Academy for Social Prescribing has undertaken systematic reviews on social connection activities using social prescribing. International evidence (Kimberlee et al., 2022; Polley et al., 2022) suggests social prescribing can have a positive immediate impact to decrease loneliness and improve mental health and wellbeing, in turn reducing pressure on health care and primary care.

Australian investigations by the National Mental Health Commission in 2019, showed that for every dollar invested in programs that address loneliness, the return on investment is between $2.14 to $2.87 (National Mental Health Commission, 2019a, 2019b).

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