

Community Support and Services Committee

From: John Scoble [REDACTED]
Sent: Monday, 26 July 2021 2:56 PM
To: Community Support and Services Committee
Subject: Inquiry into social isolation and loneliness in Queensland
Attachments: Community-Engagement-Toolkit-Social-Isolation-and-Loneliness_Jun21rr.pdf; ELT_1_Guide to Measuring Loneliness for Community Organisations_June 21.pdf

The Committee Secretary
Community Support and Services Committee

Good morning,

I am pleased to provide this submission to the Community Support and Services Committee. I hope that it is helpful to your enquiry.

Who am I?

John Scoble
[REDACTED]

I am a retired management consultant who specialised in human resources and organisation design during my career. Volunteering positions relevant to this enquiry are:

- ✓ Facilitator, the Social Inclusion Project Inner West
- ✓ Former Board Chair, Rosies Friends on the Street
- ✓ Member, St Vincent de Paul Qld Social Justice Committee
- ✓ Member, St Vincent de Paul Indooroopilly conference

My submissions will be limited to those areas where I have direct personal knowledge or where I can provide links to relevant research by other organisations. The committee's terms of reference are now addressed in order.

the nature and extent of the impact of social isolation and loneliness in Queensland, including but not limited to:

identification of and consultation with vulnerable and disadvantaged individuals or groups at significant risk across the life course

the interplay of COVID-19 with this issue

Those that I encounter in the community who display concerns about isolation and loneliness fall into the following categories:

- People who are dependent on income support through government programs
- People who have been the subject of domestic violence and are now separated emotionally and geographically from their families and loved ones
- People with disabilities, especially mental health issues, who have great difficulty navigating administrative systems
- University students, particularly those from country areas or overseas. International students have been disproportionately affected by Covid 19.

the causes and drivers of social isolation and loneliness, including those unique to Queensland

I am unaware of any published research related to this issue in Queensland. However, the following reports may be of assistance:

2020 The Ending Loneliness White Paper (Ending Loneliness Together) and the 2018 Australian Loneliness Report (Australian psychological Society <https://endingloneliness.com.au/resources/#research>)

2019 The Young Australian Loneliness Survey (Victoria) <https://www.vichealth.vic.gov.au/loneliness-survey>

The 2019 Friends for Good survey <https://friendsforgood.org.au/assets/downloads/FriendsForGood-ResearchReport-TimeWeTalked.pdf>

the protective factors known to mitigate social isolation and loneliness

I have no direct experience here and will leave this subject to others.

the benefits of addressing social isolation and loneliness, examples of successful initiatives undertaken nationally and internationally and how to measure social isolation and loneliness in Queensland to determine if implemented strategies are effective.

Regarding measurement – see Ending Loneliness Together’s Guide to Measuring Loneliness For Community Organisations June 2021 (attached)

Regarding successful initiatives, I would like to outline briefly the origin and status of a network that I am currently facilitating the western suburbs of Brisbane. The Social Inclusion Project Inner West was launched in February 2020. It exists to reduce social isolation in the suburbs of St Lucia, Toowong, Taringa and Indooroopilly, by:

- Networking, information sharing and collaborative effort among members
- Creating spaces and opportunities for people to meet and strengthen relationships
- Identifying assets and resources in the local area and the level of association/connection between them, and building upon these to create a strengthened network
- Enabling key people within our community, well informed about the options available, to become catalysts for referral of the socially isolated and lonely.
- Evaluating the effectiveness of our project, at least annually

During the second quarter 2021, we conducted three asset mapping workshops aimed at both developing close relationships and documenting the many varied activities which could be built upon to achieve our objectives. The network has contact with approximately 140 people representing about 60 organisations within the community. I would be happy to provide further information about the network if this is of interest to the committee.

Finally, although I am unable to provide any data to support this contention, I believe there are potentially huge savings to be made in the health budget by ensuring community members are active and feel connected.

how current investment by the Queensland Government, other levels of government, the non-government, corporate and other sectors may be leveraged to prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland, including:

services and programs such as health and mental health, transport, housing, education, employment and training, sport and recreation, community services and facilities, digital inclusion, volunteering, the arts and culture, community development, and planning for accessible, inclusive and connected communities

targeted support to vulnerable and disadvantaged groups and those most at risk

There is a reasonable amount of activity through government, corporations, NFPs and individuals directed at addressing social isolation and loneliness. Unfortunately, in my experience, these efforts are often blinkered and silo’d. This results in:

- duplication of effort
- a lack of collaboration and the synergy that comes from this
- lack of knowledge of services available to meet the specific need being addressed at any time
- sub-optimal outcomes for the socially isolated, lonely, vulnerable and disadvantaged

investment by the Queensland government could be directed towards information sharing, development of local networks, including community centres, and public education about services. I would advocate strongly for locally focused, community led and government supported activities.

There appears to be a growing interest and support for social prescribing. The Mount Gravatt Ways to Wellness Program should be on your radar already. <https://waystowellness.org.au/#top>

all by Within the Social Inclusion Project Inner West, a subgroup is examining how we can leverage key people in the community who are “connectors”, such as general practitioners, accountants, hairdressers and real estate agents.

the role, scope and priorities of a state-wide strategy to address social isolation and loneliness, considering interactions with existing Queensland and national strategies.

The priorities of a statewide strategy should be to treat the causes rather than the symptoms of social isolation and loneliness, through support for community organisations or where appropriate, direct government action.

I reference for your information the Ending Loneliness White Paper which can be found at <https://endingloneliness.com.au/resources/#research> .

I would also reference for your information a TED talk by Johann Hari. He points to the loss of connections (with self, others, meaning and purpose, the natural world etc.) as the key reason for the rise in mental health – particularly mood disorders like anxiety and depression. <https://www.youtube.com/watch?v=MB5IX-np5fE>

Another relevant document is the toolkit produced by the Uniting Churches in the Mt Gravatt area (attached)

Finally, a network colleague has passed on from my information an article from the Stanford Social Innovation Review on “collective impact”. See https://ssir.org/articles/entry/social_progress_through_collective_impact#

Cheers

John Scoble
Facilitator, Social Inclusion Project Inner West





The Uniting Church in Australia
QUEENSLAND SYNOD



Transforming Communities - Taking action locally

A Community Engagement Toolkit –
Social Isolation and Loneliness

A Community Engagement Toolkit

– Social Isolation and Loneliness

This guide is designed to assist and support local social action, as people from across the Synod work together to transform communities.

The Uniting Church's advocacy for social justice issues is grounded in the affirmation that all people are of equal worth and dignity in Christ. God intends for the whole of creation to flourish, and it is part of our mission as the church to identify and work against the inequalities and injustices that result from flawed humanity and broken systems.

Through (project) Plenty we echoed this commitment to Transforming Communities and to supporting: Wellbeing and Mental Health, Environment and Sustainability, and First Peoples.

The foundational document for the Uniting Church in Australia, the Basis of Union, highlights our call to be a fellowship of reconciliation, a foretaste of the new creation in Christ. We answer this call by loving and serving our communities, particularly those among us who are most vulnerable.

If you are planning a meeting, or have held a meeting, the Uniting Church Queensland Synod would love to hear from you. If we can support you to engage in these priority issues, please contact us on 07 3377 9777 or at projectplenty@ucaqld.com.au

Understanding Social Isolation and Loneliness

Definitions of social isolation and loneliness

Loneliness is an unwelcome experience of feeling alone (Gardiner, Geldenhuys & Gott, 2018). Social isolation is when a person has minimal contact and interaction with others and a low level of involvement with community life (Commissioner for Senior Victorians, 2016). Social isolation and loneliness are similar as they are both experienced when there is a lack of social connection (Holt-Lunstad, 2017).

The extent to which someone is connected to their community and the quality of these connections directly impacts their quality of life, their sense of belonging and their participation in their community (Clear Horizon, 2019).

Recent research on social isolation and loneliness in Australia

Is Australia experiencing an epidemic of loneliness? (2018) Relationships Australia.

- One in 10 people lack social support, and one in six people are experiencing emotional loneliness.
- Overall levels of loneliness for men are higher than women. However, women report higher rates of emotional loneliness than men. People living in more remote areas have an increased risk of loneliness, with older age (over 65 years) reducing the risk for men living in regional areas.
- There are decreasing levels of loneliness observed in the years leading up to the age of 65 years. After the age of 65 years, the number of people experiencing a lack of social support continues to decline, but the rate of emotional loneliness increases to reach a peak at ages over 74 years.
- Lack of employment and/or receipt of income support was associated with higher risk for loneliness for both men and women, with the highest rates observed for younger men in receipt of income support. Similar trends were also observed for low income, with almost one-third of men and women reporting loneliness.
- Single parents were most likely to experience a lack of social support. This was particularly the case for single fathers, with almost 40% of younger fathers reporting a lack of social support and more than 40% reporting emotional loneliness.

- Where men and women were younger than 65 years and widowed, high rates of loneliness were also observed. Older age impacted positively on the loneliness rates of widows but negatively for men and women in defacto relationships.
- Poorer health was associated with higher rates of emotional loneliness and a lack of social support, with the association between poor health and men and women's loneliness more significant for the younger cohort, particularly men.

Impacts of loneliness

The Australian Loneliness Report (2018) outlines the following impacts of loneliness.

- Lonely Australians have significantly worse health status (both physical and mental) than socially connected Australians. Higher levels of loneliness are associated with higher levels of social interaction anxiety, less social interaction, poorer psychological wellbeing and poorer quality of life.
- One in two Australians feel lonely for at least one day in a week, while one in four feel lonely for three or more days. One in four Australians also experience high levels of social interaction anxiety.
- Australians who are married and Australians in a de facto relationship are the least lonely, compared to those who are single or divorced.
- Australians aged over 65 years are the least lonely; other age groups experience similar levels of loneliness. Australians aged over 65 years also report better physical and mental health, lower levels of social interaction anxiety, fewer depression symptoms and greater social interaction than younger Australians.
- Younger adults (18-35 years) compared to adults over 35 report more social interaction anxiety and more depression symptoms. Younger adults (18-35 years) report significantly more social interaction anxiety than older Australians (over 65 years).

Do these facts resonate with your experiences in your local community?

What surprised you?

Are there any of these groups that you have identified as high need in your community?

Social action on loneliness and social isolation

Hints for developing a response (from Ageing is everyone's business: a report on isolation and loneliness among senior Victorians (2016) Commissioner for Senior Victorians).

- **Placed Based:** It is important to develop capacity-building initiatives for those at highest risk of exclusion and disadvantage, by building-on services or programs that already exist locally.
- **Existing Groups:** Local organisations such as senior citizens clubs, sporting clubs, neighbourhood houses and community groups have an important role to play in providing opportunities for people to be socially active and thus protect against isolation and loneliness. A key feature of successful groups is that they provide innovative and creative opportunities for social interaction targeted at what people actually want to do. Building on and expanding the work of existing groups can be a great way to connect with people in your community.
- **Communication:** There is a need for better communication to people about the range of programs, activities and supports available to them in the community. Information could be provided through local community information hubs in places where older people frequent, such as shopping centres, pharmacies or libraries supplemented by online information.
- **Community Connections and Intergenerational:** Isolation and loneliness could be addressed by improving community connections. This could be achieved by connecting different groups of people in the community. Many older people enjoy being around younger generations and that intergenerational interaction is an important element of social connectedness for older people. Examples of successful intergenerational programs included linking older people with mothers and babies groups and school-based programs where children either learnt from or taught older people. The concept of 'good neighbouring' can be a protective

factor for isolation and loneliness. The Neighbourhood Watch program is an example of a program that achieves 'good neighbouring' by establishing connections and fostering community spirit.

- **Transportation:** Personal mobility and access to transport were acknowledged as barriers to social participation and participation in community programs, particularly in rural areas. Participants felt that isolation and loneliness could be assisted by improving the availability of public, community and volunteer transport.
- **Meaningful Volunteering:** Volunteering is an important part of addressing isolation and loneliness, both for volunteers and those people receiving support from volunteers. A number of actions to increase rates of volunteering include: increasing the awareness of volunteering opportunities; linking volunteers to opportunities that make use of their professional skills; and actively seeking out volunteers, noting that some people want to be asked, rather than offer, to volunteer. When thinking about volunteering opportunities, think about ways of creating meaningful opportunities to volunteer.

Do any of these areas surprise you?

**As you think about responding to social isolation and loneliness,
what factors stand out for you and your local context?**

**Can you identify any significant gaps and challenges for your
community based on the above information?**

References and further reading

Ageing is everyone's business: a report on isolation and loneliness among senior Victorians (2016) Commissioner for Senior Victorians. <https://www.seniorsonline.vic.gov.au/services-information/commissioner-for-senior-victorians/ageing-is-everyones-business>

Combating Loneliness A guide for local authorities Campaign to End Loneliness (2012) Local Government Association. <https://www.local.gov.uk/publications/combating-loneliness>

Gardiner, C., Geldenhuys, G., & Gott, M. (2018) Interventions to reduce social isolation and loneliness among older people: an integrative review. *Health and Social Care in the Community* (2018) 26(2), 147–157.

Holt-Lunstad, J. (2017) The Potential Public Health Relevance of Social Isolation and Loneliness: Prevalence, Epidemiology, and Risk Factors. *Public Policy & Aging Report*, Vol. 27, No. 4, pp 127–130.

Is Australia experiencing an epidemic of loneliness? (2018) Relationships Australia. <https://www.relationships.org.au/what-we-do/research/is-australia-experiencing-an-epidemic-of-loneliness>

Social isolation and loneliness project report (2019) Prepared for Inner South-east Metropolitan Partnership Working Group by Clear Horizon. https://www.suburbandevlopment.vic.gov.au/_data/assets/pdf_file/0021/62652/Social-Isolation-and-Loneliness-Project-Report-Final-2019.pdf

The Australian Loneliness Report (2018) The Australian Psychological Society and Swinburne University. <https://psychweek.org.au/2018-archive/loneliness-study/>

Case study - Ways to Wellness

GATHER: Faith communities, churches, union members and the Mt Gravatt Community Centre came together and decided they wanted to make change in the local community through community organising with the QLD Community Alliance. **[PLACE-BASED]**

LISTEN/RESEARCH/ IDENTIFY: Together they listened to over a hundred stories of issues that their community faces. In April 2018 a meeting was held at St Mark's Uniting Church and the community members voted to act on loneliness and social isolation. They then started a process of "research-action" and spoke to a wide range of community groups and academics.

EXPERIMENT: In August of 2018 a working group was set up with local Councillors, local MPs and the University of Queensland to develop solutions. A world-leading pilot program for a social prescribing network in Queensland was developed, called Ways to Wellness. Social prescribing is a way of linking people with sources of group support within the community **[EXISTING GROUPS]**. Ways to Wellness is a free service provided by the Mt Gravatt Community Centre to members of their community aged sixteen and above.

The Mt Gravatt Community Centre has a Community Link Worker, whose role is to connect socially isolated members of the community to meaningful group programs and activities through social prescribing **[COMMUNITY CONNECTIONS]**. The Link Worker helps identify activities a person might be interested in and connect them with local classes, social groups and clubs within the community to help a person reach their well-being goals **[COMMUNICATION]**. They also have a Health Care Link Worker who receives referrals from GPs and local primary health care providers and links patients with sources of group support within the community.

REFLECT/RESET: Groups across Mt Gravatt and surrounding suburbs have committed to welcoming new people as part of the network of local organisations working to help combat loneliness. Carolyn Coombes set up a weekly activities group through the Southside Uniting Church after social isolation was identified as a key problem locally. "It has a huge impact on people ... I think it's only in recent years that we've started to realise how severe and how devastating and debilitating that can be," Ms Coombes said. "There's a lot of healing for some people in these groups. People will accept them."



A weekly activities group operates through Brisbane's Southside Uniting Church. (ABC News: Emilie Gramenz)

Examples of other groups involved with Ways to Wellness include:

Mt Gravatt Community Centre Activities and groups include painting, crochet and knitting group, card making, English conversation, computer lessons, sewing group, music groups and senior's social group.

St Marks Uniting Church (Mt Gravatt) - SAGE Group Social Activities Group for Everyone (SAGE) is held at St Marks Uniting Church Hall. There are a variety of activities on offer and include a variety of arts & crafts, painting, chat, board games, book appreciation, and technology assistance – all free of charge. There is also English immersion, tennis, table tennis, mahjong, cards, sewing, table games, mosaics and tatting. Morning tea is provided, and all ages are welcome.

Mt Gravatt Men's Shed The Mt Gravatt's Men's Shed promotes a strong interest in woodworking, woodturning, carpentry and welding. Interest groups also exist in the shed for members such as darts, guitar, cooking, computing, card playing, gardening, leatherwork, photography, art and travel. Open to men 18 years and over, their main objective is to improve the health & wellbeing of men who are at risk from preventable health issues that may originate from isolation.

Mansfield Melody Makers Non-auditioned community choir. Anyone who wishes to share the love of music and singing is most welcome.

Mt Gravatt Environment Group Join a local Bushcare group for a relaxing time in the bush and help bring birds, butterflies and koalas back to our mountain. Exercise in healthy fresh air venues. Meet interesting people and wildlife.

References

<https://waystowellness.org.au/> <https://waystowellness.org.au/about/>
<https://www.abc.net.au/news/2020-11-26/loneliness-queensland-to-be-addressed-by-parliamentary-inquiry/12911318>

A Guide to Measuring Loneliness for Community Organisations

GUIDE 1 OF 3



Guide 1

This document is part of Ending Loneliness Together's Measurement Outcomes Framework series.
This is document one of three.

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future, for they hold the dreams of Indigenous Australia.

Ending Loneliness Together

Ending Loneliness Together (ELT) is a national Australian initiative that aims to raise awareness and reduce the negative impact of loneliness and social isolation in our community through evidence-based interventions and advocacy.

Inspired by the work of the UK Campaign to End Loneliness, ELT has drawn together research expertise from Australian and international universities, service delivery expertise from not-for-profit organisations and government agencies, community groups and skilled volunteers, in order to address loneliness in Australia.

www.endingloneliness.com.au

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Introduction

Who is this guidance for?

This guidance is for community organisations seeking information on how best to measure loneliness in order to evaluate programs or activities designed to reduce loneliness. It will be useful for community services and organisations interested in aligning their activities, and benchmarking their programs, as part of the Australian initiative Ending Loneliness Together, launched in 2020. In adopting this guidance, you will be helping to build the evidence base on loneliness in Australia and the most effective solutions to reducing it.

What is loneliness?

The working definition of loneliness used here is:

“A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.”

—Perlman & Peplau, 1981¹

Loneliness is a subjective experience, so it is not easy to know who is (or is not) lonely. Someone may be living, studying, or working with others, yet still feel lonely. Similarly, a person may be living alone or socially isolated, but not feel lonely.

Feeling lonely is a common human experience that comes and goes. Loneliness affects people of all ages, backgrounds, and abilities. Statistics from the Australian Loneliness Report² indicate that around one in four Australian adults are lonely. However, the rate of loneliness found in different studies and community settings is influenced by a range of factors, including: the specific groups examined, the timeframe being considered, and how loneliness is measured.

Loneliness is influenced by a wide range of life experiences (e.g., migration, cultural identity, bereavement, leaving home, redundancy) and personal factors (e.g., age, self-stigma, poor physical and mental health³).

People who are lonely will describe their experience in highly personalised ways, but there are two common elements: an **emotional** component (sadness, distress), and a **social** component (feeling that your social connections are lacking in quantity, and especially in quality). Importantly, there is strong evidence that chronic (i.e. persistent, enduring) loneliness has a negative impact on health and well-being, educational attainment, and economic outcomes^{4,5}.

What loneliness is not

Feeling lonely is a **subjective** experience that needs to be distinguished from other similar concepts. Specifically, loneliness is different from the **objective** state of being alone or socially isolated which involves the complete, or near complete, lack of contact with other people. Social isolation refers to the degree of contact with other people.

Measures of social isolation therefore differ from those used to assess loneliness, and often focus on the number and/or frequency of social contacts. Loneliness also differs from the general sense of well-being, introversion, (absence of) social support, depression, solitude, and social exclusion.

2

Why measure loneliness?

When evaluating your service to reduce loneliness in the community you will need to be able to show service users, funding bodies and boards of management that your program or activity is making a real difference.

By measuring loneliness – rather than related issues such as social isolation or well-being – you will be able to produce clear and accurate evidence of what works, and what does not, and make informed decisions for your service.



Which measure of loneliness?

In selecting measures of loneliness, it is important to decide how well the questions suit your program, activity or service. There are many different measures of loneliness. Some are classed as **direct measures of loneliness** (they use the term 'lonely' in the questions) whilst others are called **indirect measures of loneliness** (they do not use the word 'lonely' in the questions).

Consistent with current guidance from the UK Campaign to End Loneliness, we recommend that both a direct and an indirect measure be used for service evaluation, where possible. However, if only one measure can be used, due to time or resource constraints, then a direct question about loneliness is recommended.

Loneliness measures also need to be: valid (accurate) and reliable, brief and easy to use, and suitable across age-groups, languages and cultures.

Recommended measures for adults

The University of California Los Angeles Loneliness Scale (UCLA-LS)* is an indirect and widely recommended measure of loneliness. There are many versions available, which differ in the number of questions and response options presented and it has been translated into many different languages. There are also many direct measures of loneliness, often using a single question, which differ in item wording and the period of loneliness being rated.

**Note: Copyright of the UCLA-LS is held by Daniel W. Russell, PhD. Use of this measure is permitted for research and evaluation purposes only (not for commercial benefit).*

For community sector organisations, we recommend the following measures for service evaluation:

1. The UCLA Loneliness Scale - 4-Item Version

The University of California, Los Angeles Loneliness Scale (UCLA-LS, 4-item version, Russell, Peplau, & Cutrona, 1980^{6,7}).

This version is valid for use across a wide range of age groups (18 yrs and over), and will permit benchmarking of scores against other programs, whilst minimising the number of questions presented.

2. Single-Item Measure of Loneliness

This single-item measure is currently used by the Office of National Statistics, UK. This item assesses how often the respondent feels lonely and will allow a direct comparison of data between the UK and Australia.

The UCLA Loneliness Scale - 4-Item Version

Instructions

The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described.

For example: If you were asked the question ‘*How often do you feel happy?*’, if you *never* felt happy, you would circle ‘1’, while if you *always* felt happy, you would circle ‘4’.

Never 1		Rarely 2		Sometimes 3		Always 4	
				<i>Please circle one response for each question</i>			
				Never	Rarely	Sometimes	Always
1.*	How often do you feel that you are “in tune” with the people around you?			1	2	3	4
2.	How often do you feel that no one really knows you well?			1	2	3	4
3.*	How often do you feel you can find companionship when you want it?			1	2	3	4
4.	How often do you feel that people are around you but not with you?			1	2	3	4

Russell DW, Peplau LA, Cutrona CE. The revised UCLA Loneliness Scale: concurrent and discriminant validity evidence. *J Pers Soc Psychol* Sep 1980;39(3):472-480.

Russell DW. UCLA Loneliness Scale (Version 3): reliability, validity, and factor structure. *J Pers Assess* Feb 1996;66(1):20-40.

How to score and interpret this measure

Items with an asterisk must be reverse-scored (i.e., 1=4, 2=3, 3=2, 4=1) and the scores for each item are then summed. The minimum possible score is 4 and the maximum possible score is 16. Higher scores indicate greater degrees of loneliness⁶. For a worked example see Appendix 1.

There is no specific score that distinguishes between people who are lonely and those who are not lonely. For further guidance on how to use these scores for service evaluation see the companion document entitled: *Ending Loneliness Together (2021). A Guide to Evaluating Loneliness Outcomes for Community Organisations*.

Single-Item Measure of Loneliness

Instructions

The next question asks how often you feel lonely.

Please tick one box:					
	Often/ always	Some of the time	Occasionally	Hardly ever	Never
How often do you feel lonely?					

Office for National Statistics. Measuring loneliness: guidance for use of the national indicators on surveys. United Kingdom 2018.

How to score and interpret this measure

Calculate the percentage of service users reporting each response before and after your service is provided.

For further details, see: *Ending Loneliness Together (2021). A Guide to Evaluating Loneliness Outcomes for Community Organisations.*

Recommended approach to collecting answers

Ending loneliness requires a systematic and coherent response so that chronic loneliness is prevented and the skills for reconnecting with others are facilitated.

It is important that the wording of the instructions, questions and response options is not changed (with nothing omitted), so that a standardised approach to measurement is maintained. If using both measures, it is best to present the UCLA-LS 4-item measure first, followed by the direct single-item measure*. It is also important to check that the font size and layout used is appropriate for your program participants. If in doubt, ask your service users what would work best for them.

Due to the subjective nature of loneliness, and the potential effects of stigma (which can make it harder to admit to feeling lonely), we advise that service users answer these measures without help. When this is not possible, it is preferable to use the same method of presenting the questions and collecting answers each time the measure is used. Interpreters/translators assisting service users with literacy or language difficulties should try to keep closely to the instructions, questions and scoring options (without adding anything new).

**See separate survey evaluation forms on p.18 and p.19.*

Best practice in service evaluation

These measures are recommended to assist with service evaluation: they will help you to quantify change in loneliness associated with your service.

Service users should be clear that completing the measures is voluntary, responses will be kept confidential and anonymous, and used only for the purpose of service evaluation and improvement.

How often should loneliness be measured?

To be able to examine the impact of your service, you will need to have measures of loneliness taken from each service user before they start taking part in your program (sometimes called 'baseline' data) and again (typically several weeks or months later) when the program is completed. To determine if the effects of your program last, optional follow-up data can be taken at a later date (several months later).

Figure 1 Best-Practice Data Collection



Advantages and disadvantages of recommended measures

It is important that you are aware of the strengths and weaknesses of the measures you use to evaluate your service.

Weaknesses of the recommended measures:

- People vary in how they interpret the response options. For example, someone with a score of 14 may not be twice as lonely as someone with a score of 7; though we can be confident that one is lonelier than the other.
- Direct, single-item measures may not be sensitive to changes in loneliness over time.
- Direct questioning about loneliness may lead to under-reporting, due to the stigma associated with admitting to feeling lonely.
- The questions do not assess how long loneliness persists, and do not assess the intensity of loneliness felt.
- In-depth information about the lived experience of loneliness is not provided, including the reasons why someone became lonely.
- The recommended measures of loneliness were developed and standardised in white, Anglo-American cultures and may not fully capture the experience of loneliness in culturally diverse groups.

Develop a common outcomes language

Using consistent measures of loneliness across different services provides a common outcomes 'language' that can help all organisations to share, compare and learn from each other's achievements.

Strengths of the recommended measures:

- They are brief and easy to administer, making them easy to use even when time and resources are limited.
- The UCLA-LS is a valid and reliable measure of loneliness. The value of using standardised, high quality measures to evaluate services is increasingly recognised as best practice.
- Multi-item measures may be more sensitive to change in loneliness over time than single-item measures.
- The measures have a strong track record for use in the general community, with younger and older adults, and in a variety of settings.
- Translated versions of the UCLA-LS have been found to be valid and reliable measures of loneliness in a wide range of countries and cultures.
- Quantitative measures of loneliness can help you to improve the quality of your service for reducing loneliness, by establishing baseline data for monitoring and evaluating change.

The process of measurement:

Tips before you begin

1

Planning and preparation

- Be aware of the relevant ethical principles, legislation, national/professional standards and whether ethical review is required for your measurement and evaluation activities¹.
- Develop and implement policies and practices accordingly.

2

Understand what can influence loneliness scores

- Loneliness is influenced by many different risk factors³ including people who experience poor physical health and mental health. Loneliness scores could be higher in these risk groups, so you should be aware that your outcomes may not be comparable to other general community samples.
- Collecting additional information about factors that can increase risk of loneliness may improve your service evaluation.

3

Mapping the process

- Maintaining privacy: how and where will service users complete the measures?
- Maintaining data confidentiality and security: how and where will the data (i.e. answers) from each service user be stored? What steps will be used to keep personal information confidential? How long must data be stored? Who 'owns' the data? Who will have access to it and under what circumstances? Who is responsible for data security?
- How will you determine the cost of evaluating your loneliness program or activity?
- Develop, implement, and refine relevant policies on privacy, confidentiality and security accordingly.

¹<https://www.nhmrc.gov.au/about-us/resources/ethical-considerations-quality-assurance-and-evaluation-activities>

4

Deciding what to measure (and how)

- Implementing co-design: how can you engage people with a lived experience of loneliness in your service evaluation?
- Organisations tackling loneliness often collect a range of data to evaluate their outcomes. What measures of loneliness best suit your program? Do you need to supplement the recommended measures with other tools?
- What funder requirements and costs need to be considered? Will service user characteristics (e.g., hearing/vision loss) influence selection or administration of measures?

5

Helping your staff

- Collecting high quality data: what capacity, skills and resources exist (or need development) for data collection and evaluation? For example, do staff know about standardisation of service evaluation? Have staff been trained in responding to service user queries?
- Understanding staff attitudes: do staff see value in evaluating your organisations' program to reduce loneliness? Have systems been put in place to assist staff if service users feel upset or need more help?
- Implement professional development and training on a regular basis.

Additional measurements

Incorporating additional measures into your outcomes framework

While this guidance is focused on recommended measures of loneliness, your service may have other goals as well, such as improving subjective well-being. We know that some things may be protective against loneliness, such as having good access to strong social support networks, transport, and being employed. Asking about these factors could help to improve understanding of why loneliness usually comes and goes, but sometimes becomes chronic. Below we outline some recommended additional questions to consider in evaluating your service.

Demographic Indicators

It can be helpful to ask some questions about your service users, so that you have some understanding of their personal background, living arrangements and factors that may make them more vulnerable to chronic loneliness.

These questions could include information about:

- Age
- Gender
- Marital status/living as a couple
- Number of people living in the household
- Renting or home owner
- Poor mental and physical health
- Disability or limiting conditions
- Financial status
- Migration status (with/without family, and length of time in Australia)
- Education level
- Employment.

6

What do we do with the data?

We recommend measuring loneliness to assist with service evaluation. After completing recommended measures, it can be useful to give service users the opportunity to talk about their feelings of loneliness, ask questions, or make any comments. This could be done informally, through a follow-up conversation, or in more formal ways, through qualitative semi-structured interviews. It can also sometimes be helpful to remind people of other supports available, including their GP.

Further information on how to use the recommended loneliness measures to evaluate your service can be found in *Ending Loneliness Together (2021). A Guide to Evaluating Loneliness Outcomes for Community Organisations.*

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Appendix

The UCLA Loneliness Scale - 4-Item Version

Instructions

The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described.

For example: If you were asked the question ‘*How often do you feel happy?*’, if you *never* felt happy, you would circle ‘1’, while if you *always* felt happy, you would circle ‘4’.

Never 1	Rarely 2	Sometimes 3	Always 4
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	Please circle one response for each question			
	Never	Rarely	Sometimes	Always
1.* How often do you feel that you are “in tune” with the people around you?	1	2	3	4
2. How often do you feel that no one really knows you well?	1	2	3	4
3.* How often do you feel you can find companionship when you want it?	1	2	3	4
4. How often do you feel that people are around you but not with you?	1	2	3	4

How to score this example

- First reverse-score items with an asterisk (i.e., 1=4, 2=3, 3=2, 4=1), then sum all scores.
- **Item 1: score 2 becomes 3.**
- Item 2: score 4 stays 4.
- **Item 3: score 1 becomes 4.**
- Item 4: score 3 stays 3.
- Sum of scores = 14.

The total loneliness score in this example is 14 out of a maximum possible score of 16.

Service Evaluation Form

Program Name:

Date:

Instructions

The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described.

For example: If you were asked the question ‘*How often do you feel happy?*’, if you *never* felt happy, you would circle ‘1’, while if you *always* felt happy, you would circle ‘4’.

Questionnaire	Please circle one response for each question			
	Never	Rarely	Sometimes	Always
1.* How often do you feel that you are “in tune” with the people around you?	1	2	3	4
2. How often do you feel that no one really knows you well?	1	2	3	4
3.* How often do you feel you can find companionship when you want it?	1	2	3	4
4. How often do you feel that people are around you but not with you?	1	2	3	4

Service Evaluation Form

Program Name:

Date:

Instructions

The next question asks how often you feel lonely.

<i>Please tick one box:</i>					
	Often/ always	Some of the time	Occasionally	Hardly ever	Never
How often do you feel lonely?					

Contributors

This document is authorised and published by Ending Loneliness Together (ELT). It was prepared by Professor Johanna Badcock, Dr Michelle Lim, Professor Lisa Brophy, Dr Lidia Engel, and Dr Karra Harrington, with input from the Ending Loneliness Together Management Committee, as well as individuals in a variety of community organisations working to end loneliness.

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