BE SOMEONE FOR SOMEONE

Tackling loneliness together

Founded by feros care GROW BOLD

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TABLE OF CONTENTS

EXECUTIVE SUMMARY 2
Background 2
Recommendations 2
BACKGROUND 3
Be Someone For Someone 3
Feros Care 3
ABOUT LONELINESS 5
Key facts about loneliness 5
RESPONDING TO THIS INQUIRY 7
Who is most at risk of loneliness? 7
Understanding Risk Factors – the Be Someone For Someone Loneliness Framework 8
Loneliness in Queensland 10
The interplay of COVID -19 on loneliness 11
Protecting Queenslanders against loneliness 13
Social Determinants of Health 13
Recommendations 14
CONCLUSION 20

EXECUTIVE SUMMARY

BACKROUND

This submission is made by Be Someone For Someone, an initiative of Feros Care, established in 2019 to spearhead Feros Care's focus on tackling loneliness.

Through Be Someone For Someone, Feros Care pays the issue of loneliness the special attention it demands, with a dedicated brand, resources and Advisory Board. It allows us focus on research, on creating awareness of loneliness both for the lonely and those who want to help the lonely and most importantly, on designing, evaluating and scaling solutions to the "greatest social issue of our time". **Doing the work of tackling loneliness** is the role we aim to play.

Commissioning this Inquiry means the Queensland Government clearly recognises the tragedy that loneliness is, and on a broader scale, the public health issue it has become. With so much costly health effort placed in what we now know are the downstream impacts of loneliness – chronic disease, depression and suicide for example, we hope our insights and recommendations help the Queensland Government to attack the root cause of these conditions, improving the social health of Queenslanders as a route to overall good health.

RECOMMENDATIONS

Just as an individual's loneliness is complex, so too is tackling loneliness on a broader scale, for the estimated 1.6m Queenslanders suffering this condition. One size does not fit all - youths, older Australians, rural communities, FIFO workers and Veterans are some of the risk categories for loneliness in Queensland needing specific solutions. This submission includes the starting point for a Loneliness Framework for understanding loneliness in Queensland, detailed insights into the lives of older Queenslanders isolated through COVID and six recommendations based on what we know works.

These are

1. Include loneliness in Queensland Government health policy as a prevention and early intervention element of mental health
2. Develop a Loneliness Framework in Queensland so that interventions can be targeted for impact and delivered to those who need them most
3. A state-wide public campaign to increasing community awareness of loneliness and social isolation, elevate the importance of social health and destigmatise loneliness
4. The investment in social prescribing pilots recognising the person-centred approach needed to solve the complexities of individuals' loneliness
5. The development of virtual communities where physical communities are not possible

6. Equitable access to technology so that everyone can leverage the solutions to loneliness that technology offers. This includes state-wide digital coverage, equitable access to data and assisting vulnerable Queenslanders to improve digital skills in order to embrace technology and stay connected,

BACKGROUND

ABOUT BE SOMEONE FOR SOMEONE

Established in 2019, Be Someone For Someone is an initiative of multi award winning, Queensland based national Aged Care provider and partner to the NDIS, Feros Care, with the specific mandate of tackling loneliness in Australia.

To our knowledge, Be Someone For Someone is the only significant organisation based in Queensland, established with the sole purpose of addressing loneliness through impactful social programs that help people live healthier, more connected lives. As such, we are delighted that the Queensland Government has turned its attention to the issue of loneliness and isolation through this Inquiry.

To support this Inquiry, we offer research, international and national collaborations, knowledge of the landscape for loneliness, insights from our daily interactions with those experiencing loneliness and evidence from our social programs. We hope this contribution will help the Queensland Government understand the extent to which Queenslanders are affected by loneliness and isolation, how it impacts their health and wellbeing, risk factors of loneliness, solutions and the results these may achieve.

ABOUT FEROS CARE

Feros Care is a leading, multi award winning, national provider of care, trusted by the Commonwealth over 30 years to support more than 65,000 people aged 7 to 100+ as a Local Area Coordination partner to the NDIS and as a provider of aged care and innovative social programs.

We engage more than 1,000 staff and volunteers across Australia, who all share our mission of enabling 'Bold Lives' . In addition to quality care, have built a reputation for innovation and for 'smashing the stereotype of what it means to grow old, or to live with a disability'.

IN QUEENSLAND

Feros Care's national operations are based in Coolangatta, Gold Coast, where our CEO and Business support teams are based. Across the State, in the past twelve months, a team of staff and volunteers have supported 7,000 Queenslanders aged 7-100+, from remote communities north of Townsville to the Gold Coast and out to the Islands.

This includes those older Australians receiving personal care, domestic assistance, allied health and smart home modifications, NDIS participants whom we support to live independent lives and c500 participants in social programs specifically designed to end isolation by help them become more connected.

BE SOMEONE FOR SOMEONE, AN INITIATIVE OF FEROS CARE

Providing person centred care to vulnerable Queenslanders, in their community, means that every day, we encounter growing numbers of people suffering loneliness and isolation, giving us intimate and confronting insight into their consequences, including the devastating impacts on physical and mental health. People have told us they feared they would never hear their name spoken, or that their voice would no longer work.

"I felt so lonely, I felt one time like taking my life" Diane, 86

Conversely, our social programs and holistic model of care repeatedly prove that addressing social determinants of health leads to improved physical and mental wellbeing, less reliance on medication and health services and increased independence and self-care.

All of this is supported by an increasing body of academic and social research.

In 2019, Feros Care committed to tackling loneliness, now cited as the 'greatest social issue of our time' as a strategic imperative, establishing a major initiative, Be Someone For Someone, to spearhead its work. (besomeoneforsomeone.org)

Through Be Someone For Someone, Feros is at the forefront of tackling loneliness in Australia. We continue to study the landscape for loneliness with a proprietorial loneliness framework, advocate and create awareness of the issue, and develop our knowledge through memberships of international and national networks, including the Global Social Prescribing Alliance, Connection Coalition (UK) and Ending Loneliness Together (Australia).

Most importantly we focus on curating and implementing evidence based, impactful social programs which are delivered and scaled through Feros Care operations.

See Be Someone For Someone video here

SOCIAL PROGRAMS

We operate several social programs with the outcome of addressing loneliness and supporting people to develop connections in a preventative and early intervention approach to health and wellbeing. These including **Beating the COVID Blues social prescribing program**

(Feroscare.com.au/beattheblues), in partnership with The Primary Health Network to combat the mental impacts of COVID isolation, **Let's Get Technical** (https://www.youtube.com/watch?v=IQAaLV5Hku8&t=30s) digital coaching for social connections, an award winning **Virtual Social Centre** (https://www.youtube.com/watch?v=0QLuHPIG_Lk) that provides older Australians across the country with more than 100 community activities each week, **In Great Company Volunteer Companionship Program** (https://www.ingreatcompany.com.au/) and a **1,000 Notes of Friendship** Letter Writing scheme (https://www.youtube.com/watch?v=F8qgJpZ2-Ss&t=22s).

In addition we run a number of campaigns to promote social inclusion, reduce discrimination, create understanding on the issue of loneliness and inspire people to seek help or help others.

These include:

- Grow Bold series including Fearless Films, Visible Me Photography, Fearless Podcast, Gran Slam
- The Connections Project – a giant art installation of jigsaw pieces painted by the community to illustrate what it means to be connected,
- Let's Five Loneliness - a COVID isolation project helping people stay connected
- More the Merrier annual campaign inspiring people to help those who are lonely at Christmas.

ABOUT LONELINESS

There is significant focus globally on the topic of loneliness, commencing well before COVID and now a key issue for social and health agencies worldwide. Heralded as 'the greatest social issue of our time', loneliness has now emerged as a key health issue due to its impact on physical and mental health. This is now playing out publicly and 'en masse', as a consequence of COVID imposed social isolation.

Such is its social, health and economic consequences that some countries have created ministries dedicated to the issue –first the UK and more recently Japan, in direct response to the alarming suicide rates attributed to loneliness.

Key facts about loneliness

- Loneliness is subjective – an individual's own uncomfortable response to the gap between the social connections they have and those that they need/want.[1] Isolation, whilst different (an isolated person may not be lonely and vice versa), for many, leads to loneliness.

[1] John T. Cacioppo, Stephanie Cacioppo, Loneliness in the Modern Age: An Evolutionary Theory of Loneliness

- Loneliness is an experience unique to each individual – generally a result of more than one risk factor. Solutions to loneliness must be personalised accordingly – one size does not fit many, or all.
- Human beings are social creatures and momentary loneliness is a normal part of life – it exists, like hunger and pain, as a signal for us to change our circumstances to improve our wellbeing. The discomfort of loneliness has a purpose - to stimulate us to seek the connections we need. When an individual is unable to achieve such connections, their unaddressed loneliness becomes "problematic", leading to a range of mental and physical conditions.
- Evidence shows that loneliness and isolation are the root cause of many public health priorities, particularly mental health, suicide, dementia and avoidable chronic disease.

  Physical health. Of itself, the unnatural human condition of loneliness causes stress to the system, creating conditions such as hypertension and insomnia. Furthermore, evidence shows that lonely people are prone to poor lifestyle choices leading to chronic conditions such as cardiovascular disease, obesity, diabetes, substance abuse and addiction. Hence the conclusion that "loneliness is worse for your health than smoking 15 cigarettes a day".[2] Equally, people experiencing loneliness are physically less active, leading to reduced mobility and strength and increased likelihood of injury.

  Mental Health: Loneliness and unwelcome isolation is strongly associated with a decline in mental health. Many studies show that loneliness leads to depression (the leading cause of disability worldwide, W.H.O), anxiety and suicide. We also know that loneliness causes cognitive decline and dementia. [3]

> Loneliness is known to increase premature death by 26%

- It is estimated one in four Australians over the age of 12 endure problematic loneliness at this time. That is five million Australians at risk of, or already experiencing poor health because of their loneliness and isolation.[4]

- Loneliness is stigmatised- associated with being unpopular or a burden on others

- There are considerable strains on the primary care system currently – including shortages of mental health services, skilled healthcare professionals and GP's, especially in regional Queensland. The COVID vaccination rollout adds further pressure. Loneliness makes this worse - GP's report often being "caught up" in supporting patients out of problematic loneliness and helping them to regain social connections. 20% of GP consultations relate to social rather than medical issues[5] and 40% of

2 Social Relationships and Mortality Risk: A Meta-analytic Review, Julianne Holt-Lunstad, Timothy B. Smith ,J. Bradley Layton Published: July 27, 2010: https://doi.org/10.1371/journal.pmed.1000316

3 Evans IEM, Martyr A, Collins R, Brayne C, Clare L. Social isolation and cognitive function in later life: a systematic review and meta-analysis

4 Lim MH, Australian Psychological Society. Australian loneliness report: a survey exploring the loneliness levels of Australians and the impact on their health and wellbeing

5 Doty MM, Tikkanen R, Shah A, Schneider EC. Results from a 2019 survey of primary care physicians in eleven high-income countries (doi: 10.1377/hlthaff.2019.01088)

physicians in Australia said they frequently coordinated patients with social services or other community providers. The Productivity Commission's Mental Health Inquiry Report[6] proposes that mental health and suicide in Australia cost up to $70m in 2018-2019 and highlighted the correlation between loneliness and social isolation and mental illness and suicide.

Other studies highlight excess healthcare costs relating to loneliness- people who are lonely are often healthcare "frequent flyers' presenting at GP's and using hospital services more often, including using emergency services for non -emergency matters, whilst other studies showed loneliness was strongly associated with poor outcomes for cardiac patients.

In 2019, the Mental Health Commission recommended that tackling loneliness would offer a return on investment of up to $2.87 for every $1 invested[7].

RESPONDING TO THIS INQUIRY

WHO IS MOST AT RISK OF LONELINESS?

Age is the most researched risk factor for loneliness, with loneliness most prevalent amongst younger people (18-25) and older Australians (65+)

YOUNG PEOPLE

Although statistics vary across studies, all conclude that young people are the largest group at risk of or experiencing problematic loneliness in Australia [8]and that unfortunately, loneliness in early childhood and adolescence leads to higher depression, more GP visits, substance abuse and chronic disease. [9]

'Our biggest learning was focussing on older people at the beginning. We later realised, loneliness is a whole of life condition and young people are especially vulnerable". Program Director Robin Hewings of the UK's £100 million "Campaign to End Loneliness".

6 Productivity Commission. 2020. Mental Health, Report no. 95, Canberra. Available from: https://www.pc.gov.au/inquiries/completed/mental-health/report.

7 National Mental Health Commission. (2019 Online Report.

8 Lim MH, Australian Psychological Society. Australian loneliness report: a survey exploring the loneliness levels of Australians and the impact on their health and wellbeing. 2018. Available from: https://psychweek.

9 Lim MH, Eres R, Peck C. The Young Australian Loneliness Survey: understanding loneliness in adolescents and young adults. Swinburne University of Technology VicHealth 2019. Available from: https://www.vichealth.vic.gov.au/loneliness-survey.

For a young person whose loneliness goes unaddressed– it's a very long life of loneliness. Or worse still, it's a very short life. Queensland has a higher number of younger people than the national average.

OLDER AUSTRALIANS

On the other hand, loneliness is experienced **most deeply** by older Australians (55+) including those living in residential aged care. Risk factors include reduced physical and mental capacity, carer responsibilities, lack of mobility, loss of confidence, loss of purpose/occupation, discrimination, elder abuse and bereavement. Less than 40% of residents in Aged Care receive visitors and more than one million older Australians experience problematic loneliness. 40% of older Queenslanders live in regional and remote areas[10], a risk factor of loneliness in itself.

> Without vital social connections, older Australians are subject to accelerated physical decline, cognitive impairment, depression and suicide.

UNDERSTANDING RISK FACTORS -BE SOMEONE FOR SOMEONE LONELINESS FRAMEWORK

Loneliness is unique to each individual and typically complex - the result of multiple factors[11], with age only one.

A study by the Be Someone For Someone Research Advisory Committee reviewed over 300 studies to determine the most common risk factors for loneliness, designing a loneliness framework, identifying those groups most at risk.

Four key risk areas for loneliness were identified. Within each, we began to identify the size of the issue and prioritise groups of people with common triggers for loneliness, making it easier to design and deliver impactful, targeted interventions.

These are illustrated on the following page.

[10] Healthy Ageing Strategy for older Australians Report, 2019 (State of).
[11] Understanding loneliness in the twenty-first century: an update on correlates, risk factors, and potential solutions Michelle H. Lim, Robert Eres, Shradha Vasan

Figure 1 Risk Factors for Loneliness

Figure 2 Risk Groups for Loneliness (not limited to)

That's Life.	Life's Transitions.	Structural	Mental or Neurological Disability
• Living alone	• Separation/divorce	• Town planning	• Mental disability
• Victim of abuse	• Becoming a parent or single parent	• Poor digital services	• Depression
• Geographic distance from friends and family	• Leaving the workforce	• Physical and mental safety	• Anxiety disorders
• Barriers to inclusion (eg cultural, age, economic)	• Change in social circle	• Stigma of loneliness	• Intellectual disability
• Lack of social skills	• Leaving Care	• Loss of social capital	• PTSD
• Lack of mobility	• Relocation	• Limited Community facilities	
• Unsocial ongoing employment e.g., FIFO, shiftwork	• Becoming a carer	• Discrimination	
• Ex Servicemen and women	• Onset of physical impairment	• Social Media	
• Living remotely	• Leaving an institution e.g., defence, education or hospital	• Pandemic- enforced isolation	
• Caring for others	• Period of poor health	• Poor transport	
• Overemployment	• Children leaving home	• Housing Design	
• Homelessness	• Loss of occupation	• Neighbourhood Infrastructure	
• Retirement	• Bereavement		
• Lack of digital skills			

Social research company, Instinct and Reason followed this with a nationally representative survey of more than 500 people, to quantify the risk factors in the loneliness challenge.

Key learnings from the August 2020 Instinct and Reason survey showed

- 39% - almost 2 in 5 Australians are lonely
- Almost half of those feeling lonely are under the age of 35
- 18-34 years old's say a lack of social skills and poor emotional health are the main causes of loneliness
- Those over 55 years who are lonely feel it more deeply than their younger counterparts and have heightened negative emotional experiences when faced with situations and circumstances that bring about loneliness
- Over 55's say their top two reasons for loneliness are lack of purpose (under employment) and lack of mobility
- Most of us, lonely or not, are dissatisfied with our social connections in some way, with 69% often feeling rejected; 58% feel a general sense of emptiness and 55% find their circle of friends too limited

In asking those experiencing loneliness to identify its causes, the study found:

- 13% were lonely because of a diagnosed neurological/mental disability;
- 45%, the largest group, felt their loneliness was caused by a situation in their life; circumstances that make loneliness a fact of life. For the under 35s lack of social skills and poor emotional health play a huge role; for the over 55s it is unemployment and lack of mobility;
- 25% found loneliness had been triggered by a life event- a change in social circles, divorce, bereavement, or being made redundant;

LONELINESS IN QUEENSLAND

The results for survey respondents living in Queensland reflected the national statistics, meaning an estimated **1.6 million Queenslanders** experience or are at risk of problematic loneliness. Specific call outs were that a third of Queenslanders said they neither had enough people they felt close to, nor had the appropriate friends to call on in times of need. Both are critical for social health and in building communities resilient to disaster and pandemic.

All those groups and risk factors identified in Be Someone For Someone's Loneliness Framework exist within Queensland, with some particular risk factors for loneliness more specific to Queensland than some other states. These include: -

- People living in remote communities where physical distance and lack of social assets and groups create barriers to connection

- People leaving the defence force and its institutional connections and support who find it difficult to re-integrate into civilian life. Queensland has the second highest population of veteran service pensioners aged 75yrs + and the highest number of Disability Pensioners (Ex Service men and women) anywhere in Australia
- People living in mining communities where there has been an erosion of social fabric through migration and transient workforce – loss of local history, connections and community groups
- Those employed as FIFO workers whose work rotations make it difficult to establish enduring social connections in either work or home community. FIFO workers have significantly higher levels of anxiety and depression, unable to cope with being away from their loved ones, made worse by poor connectivity.

"I think what's now happening is that this fly-in, fly-out means you don't create partnerships, or you don't create friends in that sort of environment. It's actually very isolationist". FIFO worker

- New parents in rural and remote communities who must travel to major cities for maternal health –lacking the opportunity to build vital local connections with other parents.
- Those digitally excluded (either skills or connectivity) -technology being a critical enabler for social connections and access to mainstream services in regional and remote communities

THE INTERPLAY OF COVID -19 ON LONELINESS

The forced social isolation brought about by COVID 19 has exacerbated the issue of loneliness with one in two Australians reporting feeling lonelier than before the onset of the pandemic. Those who reported feeling lonelier because of COVID-19, also reported more mental health concerns.[12]

Calls to suicide crisis lines have increased by 30% during periods of lockdown.

Interactions with Feros Care clients during COVID-19 showed that those with particular risk factors for loneliness such as the elderly, those living alone and those with lower socio-economic circumstances became lonely, or lonelier.

Older Australians in particular, have been called out in the in the National Mental Health and Wellbeing Pandemic Response Plan 1 as especially vulnerable to the impacts of COVID-19 related loneliness along with the need to provide them with support to reconnect as an early intervention/prevention approach to mental health decline.

[12] Survey of Health and Wellbeing – Monitoring the Impact of COVID-19 Iverson Health Innovation Research Institute View online at https://www.swinburne.edu.au/media/swinburneeduau/research-institutes/iverson-health/Loneliness-in-COVID-19-15-07-20_final.pdf

Feros Care consulted with older Queenslanders in January 2021, after social restrictions had lifted, providing insights into the "long tail' of COVID. Seniors reported anxiety and fear about participating in community and networks, even though they were legally able to. Social anxiety led to "I just feel worried about everything, all the time" Feros Care client, aged 84.
In a focus group, twelve older Queenslanders told us

- Routine activities and rituals that have been integral to life for decades (for example church or volunteering) were abruptly cancelled. This left a significant void, not only in a social sense but also in their sense of purpose and meaning of their life.
- Social activities such as patchwork groups, choir and singing groups stopped overnight. They felt they had lost all contact with good friends that they had seen weekly for many years and quickly became sad and "down in the dumps".
- Activities that had made then feel good physically had stopped, affecting their mental state as well as physical strength and causing, or worsening depression.
- Many attributed their poor emotional and mental health to their circumstances, rather than being mentally unwell. There was concern over the stigma of being lonely and of acknowledging loneliness or being low/depressed either as a sign of weakness, being unpopular or of being labelled 'mentally ill'. Some reported feeling "a burden"
- They reported that they
    - were not hopeful that they could get back to their "normal" life.
    - reported getting "in their own head" – worrying about things they didn't normally worry about or that they would die alone.
    - were reluctant to go to new activities as they established – didn't want to meet new people and start all over again. "Didn't know whether familiar faces would be there".
    - were experiencing feelings of loneliness, boredom, anxiety and depression that they attribute directly to loss of social interaction
- Common barriers to re-establishing social activities, relationships and re-connecting with community include
    - Not knowing what was and wasn't on
    - Decline in physical wellness and/or strength
    - Fears of contracting COVID-19
    - Transport
    - Motivation – can no longer see the point
    - Reduction in formal and informal support
    - Stigma of loneliness – don't want to be a burden
    - Loss of self-esteem and social confidence
    - Loss of contact with friendship group
    - Technology- lack of access or expertise
    - Reduced/cancelled services such as community transport

> When asked if a mental health service might help (the only service available at that time) a senior reported "there's nothing wrong with me, I just feel lonely and left behind"

Consultation with Case Managers, My Aged Care Assessment Teams, healthcare professionals and GPs reflected these insights, adding that COVID isolation had often led to reduction in capacity – physical, emotional, mental and cognitive, by not practicing usual activities – walking, driving, shopping etc.

GPs specifically reported that

- Senior patients have been avoiding going to the GP because of fear of COVID- social isolation getting worse for them and going undetected
- GPs haven't the time to do sufficient probing on the issue - seniors are the cohort least likely to discuss mental health and more time is needed to investigate holistic wellbeing than is possible
- Access to My Aged Care and/or mental health services can take a long time after referral due to lack of availability and quicker, more immediate interventions are required
- Telehealth consults have helped but more difficult to detect the cues that might indicate mental health concerns
- Concerned about the people they are not seeing – impossible for GPs to know what is going on unless the senior presents. Some seniors just aren't going to the GP now and there are those in remote areas for whom it's too difficult unless there is a perceived "real/serious" medical issue

PROTECTING QUEENSLANDERS AGAINST LONELINESS

Social Determinants of Health

By definition, loneliness is resolved when a person feels they have the social connections they need. Meaningful social connections both protect us against and cure loneliness.

Studies of communities living in harsh conditions (including drought stricken Australian farmers) and at high risk of suicide, show that where there is a strong sense of community and connection (social capital), wellbeing is much better than expected [13].

> "as a rough rule of thumb, if you belong to no groups and decide to join one, you cut your risk of dying over the next year, in half."[14]

13 The New Psychology of Health, Unlocking the Social Cure **Catherine Haslam**, **Jolanda Jetten**, **Tegan Cruwys**, **Genevieve Dingle**, **S. Alexander Haslam** (page 12)

14 Puttnam, Bowling Alone 2000, page 331.

It stands to reason that addressing barriers to social connections is the best way to protect Queenslanders against loneliness. To do this takes an understanding of each individual's needs, "what matters to them" and to identify things that get in the way.

The contemporary approach to health and wellbeing recognises that good health is determined by more than simply biological factors and that social health – the extent to which we connect with others, has significant bearing on our health and longevity. We each have psycho-social needs – our own, unique, social determinants of health. Physical and mental illness is often a manifestation of our unmet need. Contemporary healthcare shows that up to 50% of an individual's health is the outcome of a range of 'social determinants'.

Research also shows however, that while social factors are most important protectors against mortality, individuals rank them as the least important. [15]

RECOMMENDATIONS

1. **Embed a program office within Queensland Health** dedicated to the issue of loneliness as a preventative and early intervention mental health and preventable disease strategy.

   Whilst tackling loneliness and isolation achieves outcomes across a range of ministries, feedback from the UK particularly (where loneliness is within the Ministry for Civil Society) is that unless it is considered as a public health concern, the necessary attention is not achieved.

2. **Public Awareness Campaign** to de- stigmatise the issue of loneliness and elevate the importance of social health as equal to physical health; capitalising on a greater appreciation of loneliness as a common experience gained through COVID-19. And equipping Queenslanders with the skills and confidence to manage their distress and support others

   Examples of successful campaigns include the UK's Campaign to End Loneliness (bemoreus.org), The Loneliness Project (https://www.youtube.com/watch?v=IYc85A8f2CM) and youth program, Lonely Not Alone.

   We propose the campaign is delivered by Feros Care in conjunction with a selected media partner, following on from a comprehensive range of award-winning creative content and social inclusion campaigns.

15 Social Relationships and Mortality Risk: A Meta-analytic Review, Julianne Holt-Lunstad, Timothy B. Smith ,J. Bradley Layton Published: July 27, 2010: https://doi.org/10.1371/journal.pmed.1000316

These include Be Someone For Someone (https://www.besomeoneforsomeone.org/stories/your-stories), Lets Five Loneliness (https://www.besomeoneforsomeone.org/programs/lets-5-loneliness), Ask Gran Not Google and (www.feroscare.com.au/ask-gran-not-google) and the Fearless Films series (https://www.feroscare.com.au/fearlessfilms).

Social research can be used to assess the effectiveness of this campaign, measuring increased awareness of loneliness and its impacts in Queensland and by evaluating attitudinal and behavioural change of Queenslanders in relation to improving social health.

3. **Develop a Queensland Framework for Loneliness** such as that provided on Page 9 to identify and prioritise those groups of Queenslanders most at risk of problematic loneliness. This will support targeted preventative solutions at identified trigger points as well as individualised early intervention support and could be developed by a social research organisation.

4. Pilot Social Prescribing for identified priority groups at risk of, or experiencing loneliness
   Whilst many Queenslanders are equipped to seek out the social connections that loneliness signal us to do, an estimated 1.6m Queenslanders need help to recognise their loneliness and its impacts and/or develop the social skills, resources and opportunities to achieve those vital connections. Protecting these individuals from loneliness requires a person-centred approach.

   What is social prescribing?

   Social prescribing uses the contemporary health premise that in many instances, physical or mental illness is a manifestation of unmet social needs and that many people neither recognise the need, nor have the ability to address it. Social prescribing focusses on "what matters to me", not "what's the matter with me".

   Rather than a reliance on medication as the prescribed solution therefore, an individual is supported with a social prescription, addressing, together with that person, all the social determinants that contribute to their health. This could be physical activity, nature, social connections, opportunities for intellectual and spiritual activities, welfare to improve living conditions, access to technology or volunteering for example. Wellbeing Coaches guide and actively link people to the appropriate activities, groups and services in an all of community approach, working through barriers and providing coaching to build skills and capacity to sustain the connections. Support offered can vary in intensity, from simple signposting to active linking and buddying, until the person is confident enough to keep going, under their own steam.

Social Prescribing is being heralded as the 21st century approach to healthcare and wellbeing and having now been integrated in the NHS in the UK is starting to gain traction globally. We believe there is an enormous opportunity for the Queensland Government to achieve public health outcomes by investing in social prescribing.

Internationally recognised

Recognising that loneliness is a major contributor to public health priorities, the UK (the global leader in addressing loneliness) has integrated Social Prescribing into the primary care system (National Health Service) with an expected 900,000 citizens supported by this approach by 2023.

Social Prescribing Outcomes

Evaluations of Social Prescribing programs have proven to deliver improved outcomes for individuals in relation to loneliness, social isolation, well-being, and connectedness[16], relief to health systems by reducing unnecessary demand on GPs, mental health and emergency services [17] and social outcomes for communities[18] It has been found to

- Support people to achieve sustained improved health and wellbeing, building skills, confidence, capacity and self-efficacy in understanding and managing their own health;
- Use what exists - Harness the power of mainstream, welfare and community and "what already exists" to support health outcomes; and
- Provide a contemporary solution to key public health focus areas being Aged Care, Mental Health Prevention and Early Intervention and Chronic Disease

The US, Canada and more recently Australia have successfully adopted social prescribing programs in priority areas including Australia's Primary Health Networks in Victoria and NSW and South Australia's Community Connections Program. Meanwhile, a literature review conducted by Consumers of Australia Health Forum[19] and a paper by The Royal Australian College of Surgeons[20] both recommend that Australian governments include social prescribing in plans for both primary healthcare and preventative health.

16 Vidovic D, Reinhardt GY, Hammerton C. Can Social Prescribing Foster Individual and Community Well-Being? A Systematic Review of the Evidence. Int J Environ Res Public Health. 2021;18(10):5276. Published 2021 May 15. doi:10.3390/ijerph18105276

17 Abel, J., Kingston, H., Scally, A., Hartnoll, J., Hannam, G., Thomson-Moore, A., & Kellehear, A. (2018). Reducing emergency hospital admissions: a population health complex intervention of an enhanced model of primary care and compassionate communities. https://doi.org/10.3399/bjgp18X699437

18 Polley, M.J., Fleming, J., Anfilogoff, T. and Carpenter, A. 2017. Making Sense of Social Prescribing. London University of Westminster.

19 Social prescribing: A rapid literature review to inform primary care policy in Australia: Yvonne Zurynski, Alex Vedovi, K-lynn Smith, NHMRC Partnership Centre for Health System Sustainability, Australian Institute of Health Innovation, Macquarie University

20 https://chf.org.au/publications/social-prescribing-roundtable-report

Feros Care and Social Prescribing

Feros Care has been delivering a social prescribing approach to wellbeing through its 'Byron Model of Care' for more than 20 years, incorporating all the social determinants of health into our health assessments and providing supported linkages to our clients to improve wellbeing.

Figure 3 CASE STUDY OF SOCIAL PRESCRIBING APPROACH FOR VISION IMPAIRED SENIOR

As a result of COVID, this senior's usual social activities had been cancelled and she had become withdrawn, lacking her previous social confidence - even walking around the block became an ordeal. On two occasions, the senior attempted to end her life. Under eased restrictions, opportunities to join a new social activity arose but the client was extremely anxious and afraid to participate. Through an assessment together with Feros' Wellbeing Manager, the senior recognised that it was loneliness that was the root cause of her poor health. Feros' linked her with a volunteer to encourage and accompany her to go out. It was determined that the source of the social anxiety was linked to the embarrassment of accidental spillages when drinking, caused by impaired vision. An adaptive cup was purchased. The senior is now connected with social activities, enjoying friendship and is no longer withdrawn, anxious nor has suicidal ideations.

Example of Feros Care Social Prescribing in the Hunter Region

In August 2021, Feros Care commenced a social prescribing service in the Hunter in partnership with the Hunter, New England & Central Coast Primary Health Network to support older Australians. The program *A social prescribing approach to beating the COVID blues*, is focused on re-integrating older Australians experiencing loneliness and isolation because of COVID-19 imposed isolation, back into their local community and networks, by creating and re-establishing social connections. Taking a new innovative approach to the COVID related health problem of loneliness and social isolation, the program recognises that a person's health and wellbeing is determined by a range of social factors and that in many instances a clinical service or medication may not be the answer.

Through the 12-week program a Wellbeing Coach works with eligible seniors to develop a What Matters to Me plan and actively coaches and supports them to re-connect with the people and things they love and maybe try some new connections too.

The program includes validated assessment tools so that goals and health outcomes can be tracked, measured and shared with relevant health professionals in an integrated approach.

5. **Invest in the development of virtual communities.** By definition, it's impossible to protect Queenslanders against loneliness if there is nothing for them to connect to. Our Loneliness Framework identifies many groups particularly at risk of loneliness due to physical barriers of connecting; lack of mobility, caring responsibilities, poor public transport, low social confidence, remote communities with limited social activities and socio-economic disadvantage for example. These groups are all strongly represented in Queensland, along with others more particular to Queensland, such as small communities eroded by the transient and cyclical resource sector and individuals in Defence, FIFO workers and farmers.

   We propose that the Queensland Government invests in the development of Feros Care's Virtual Social Centre, replicating physical community assets and providing equitable access to social connections for all Queenslanders.

What is the Virtual Social Centre (VSC)?

Feros Care's Virtual Social Centre has been awarded a range of national and global awards for tackling loneliness and social isolation for those Australians unable to socialise physically because of remote location, lack of mobility, caring responsibilities, lack of social confidence or self-esteem for example. This vibrant interactive online community uses a bespoke, user-friendly platform to deliver hundreds of social activities (eg arts, meditation, yoga, virtual tours, book clubs, drumming circles) to 500+ seniors. It is proven to increase their social participation, social connections and social confidence; reducing isolation and loneliness.

The VSC's point of difference is the way in which it has been established, modelling and replicating the success factors of thriving physical communities. It allows for any number of discrete communities to be established, each with their own community manager and content scheduled specific to them. Future examples might be a Queensland Arts Community, a Queensland Farmers or Resource Sector Community, or a Roma Virtual Community. Numbers are limited in sessions so that genuine interactions and meaningful friendships are formed – friendships that go on outside of the social centre.

"More than anything it has made me feel wanted, a valuable member of society instead of feeling useless and that there was nothing left for me." Before the VSC I was feeling very isolated and lonely. Being ill has meant that I haven't been able to go to church, visit friends or be an active part of my community. The Virtual Senior Centre has been a lifeline". VSC participant in regional Australia

Outcomes include

- 70% of participants improved socialisation and connection to community;
- 28% built lasting friendships within groups, some virtual;
- 64% reported better health and self-esteem

The value of the Virtual Social Centre has been even more evident throughout COVID in delivering social supports and other services to older Australians isolated from face-to-face contact.

This demonstrated how the VSC can support vulnerable populations in times of crisis, communities in Queensland cut off through fire and flood for example. Feros allocated an additional 245 Samsung Tablets and setup /supported 949 new VSC client subscriptions, delivering 3,210 hours of technical support during 2020.

6. **Ensure equitable access and connectivity to technology.**

7. For most people, the internet and digital access keep us connected with every aspect of life. Living without it means disconnection in every sense.

Digital solutions have proven key in maintaining and developing social connections for mental and health and wellbeing through COVID-19's imposed isolation. Once considered the poor cousin to physical connections and social media considered the enemy for social inclusion, the tide has turned. Used appropriately, few doubt the role technology can play in ending loneliness and isolation, especially to those facing barriers to physical connections.

This solution can only be maximised however, if people have connectivity and digital skills.

Connectivity and equitable access

Reliable digital services are critical and many areas of the Queensland have either no coverage or limited (3G) service, further disadvantaging remote communities. In just one of many examples, Feros Care staff report the impact that no coverage in the rural town of Leyburn (Southern Downs) has on their ability to offer alternative social supports to already isolated seniors. Meanwhile, one FIFO worker reported *"When you're thousands of kilometres away from your family, a quick call to say 'goodnight' can be shattered by the no signal symbol flashing up on your mobile phone."*

Affordability of data should also be addressed - Feros Care can cite examples of older Australians deterred from accessing social activities online because of data usage cost.

We recommend the Queensland Government work with telecommunications providers to ensure connectivity state-wide and to provide free data for connections for those who are economically disadvantaged.

Digital Skills for inclusion

To maximise the potential that technology offers in protecting Queenslanders against loneliness, we also recommend that the framework is used to ensure priority groups have the necessary digital skills. This relates especially to seniors who are otherwise excluded both from the opportunities to connect that technology provides and day-to-

day services as they become increasingly digitised (eg shopping, My Health Record, QR codes, taxis, community directories).

In 2018 -2020 Feros Care's Let's Get Technical program piloted a person-centred digital coaching service for seniors in their homes, across Australia. The average age was 80 and a quarter were living with a disability. The results showed 100% increased confidence with technology, 93% increased social connectedness and 96% increased Quality Of Life (validated assessment).

"*It's really inspired me! I can talk to my grandkids online! I want to be a part of their lives and gosh they're proud of me! I need to be a part of what they're doing and included with my whole family. Now I'm not the old granny sitting in the corner anymore, I'm connecting with then in all sorts of ways!*" Graduate of Let's Get Technical, 78

We recommend the expansion of Let's Get Technical for groups identified as vulnerable to loneliness through digital exclusion.

CONCLUSION

This paper and its recommendations have been written as a result of Feros Care's enormous concern for and commitment to tackling loneliness. They have been based on our daily experiences and learnings, outcomes achieved through our social programs, the stories of loneliness and of connection from the people we support and our investment in research, seeking global best practice to bring to Australia.

Protecting Queenslanders against loneliness takes an all of community effort. Some of our recommendations, such as including loneliness in health policy can only be done by government, whilst issues of connectivity and equitable digital access takes industry and government collaboration. The role Feros Care's Be Someone For Someone has chosen to play in this challenge is ***doing the work*** of tackling loneliness through impactful programs such as social prescribing, skills coaching or establishing virtual communities to deliver social connections when physical communities cannot. This takes innovation and passionate belief.

At a grass roots level, we recommend communities be better equipped to seek out people who crave connections and to create opportunities to connect. And finally, by making the Queensland public more aware of the importance of social health, we can better equip Queenslanders to make their social health a priority and remove the stigma of loneliness.

We urge the Queensland Government to make protecting Queenslanders against loneliness a key health priority, as a way of reducing mental illness, suicide and chronic disease in the state, of improving the health economy and health service, of building community capacity and resilience to disaster and most importantly, helping Queenslanders live, happier healthier more connected lives.

When interviewing the founder of at the UK's £100million Campaign to End Loneliness in 2011, a journalist laughed at the remark that loneliness was 'becoming a public health issue'. Ten years later, tackling loneliness has become a matter of life or death.