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## INQUIRY INTO PREVALENCE, CAUSES AND IMPACTS OF LONELINESS IN NEW SOUTH WALES

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# Community Connections

Losing Loneliness



Ken Willett

ST JOHN'S CATHEDRAL, ANN STREET, BRISBANE

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## Executive Summary

Humans typically crave connections with others (community). It is part of a biological alarm system, along with hunger and thirst. Poor connections lead to loneliness, which adversely affects wellbeing.

Loneliness is a nagging, distressing feeling of disconnection from others, along with a desire for more satisfying social relationships. It adversely affects wellbeing. If it is persistent and severe (chronic), adverse wellbeing effects are potentially magnified greatly because of substantially elevated risk of a wide range of physical and mental (psychological and cognitive) health issues and premature death.

Loneliness is widespread. About 35-45 per cent of Australian adolescents and adults regularly feel lonely, and around 20-25 per cent experience chronic loneliness. They long to belong. The key to alleviating their feelings of loneliness is to improve social (or community) connections. The main requirement is to enhance the quality of social interactions, rather than the quantity.

While people experiencing chronic loneliness crave connections with others, they often have great difficulty making the meaningful connections they desire. This results from perception of others' aloofness, social exclusion linked to inter-personal and structural issues, not knowing how to connect, feelings of embarrassment, a tendency to withdraw, other behavioural effects that impede connection, and various physical, mental, and financial impediments. Therefore, help is often required to address these issues, so that desired meaningful social connections can be made.

Communities and their constituents have important responsibilities to help those who feel lonely make desired connections and come to feel they belong, laying a foundation for large wellbeing gains. As Christians, we should want to help, not just as individuals, but also as communities.

Representatives of many Anglican communities across southern Queensland have expressed interest in participation in a community-connections programme. Each Anglican community potentially could become a connections hub or join with others to form one within the relevant region (or district). These hubs could be linked to a digital-resourcing-and-connections hub that would extend the reach of the programme within and beyond regional communities and facilitate inter-hub cooperative activity.

Analysis of loneliness has revealed keys to addressing the problem effectively, efficiently, and fairly:

- finding people experiencing or at risk of loneliness
- encouraging acceptance of help, including via education on loneliness and social connection
- ascertaining what interests or motivates each person
- helping each person to find a welcoming, safe group with matching, meaningful interests
- addressing obstacles to meaningful participation
- ensuring personal autonomy or free agency of each person
- respecting privacy and confidentiality, and ensuring safety of everyone involved
- addressing perceived stigma
- recognising the complexity of the problem
- a community-based approach.

While having multiple hubs might appear to exacerbate the complexity of the task of addressing loneliness, it allows diversity in dealing with differing issues in hubs and surrounding communities. Variations in circumstances mean the appropriate mix of initiatives may differ between hubs.

An initiative of the Anglican Church SQ to help adapt ministry in the context of complexity provides a framework that would assist parish-based hubs to discern the scope and composition of loneliness-alleviation programmes suited to their circumstances. Each hub would do this in the context of the complex, multi-faceted nature of the loneliness problem; the interests, skills, and other resources of hub participants; the circumstances of the community encompassing the hub; and input sought and received from parties with an interest in the hub.

Globally, various mechanisms have been proposed and/or tried to address loneliness. Many approaches have been mentioned and some outlined and assessed in the body of this document to provide an indication of the variety and differing quality of mechanisms that have emerged from research and discussions so far. Approaches reviewed, with widely varying outcomes, are:

- an atomistic approach (AA)
- community-referral-and-connection (CRC)
- digital connections (DC)
- alleviating loneliness through helping others (HO)
- food-facilitated friendships
- support after loss of someone close
- tackling loneliness among adolescents and young adults
- English conversation groups for new immigrants
- natural connections
- third places
- tailored one-to-one support
- psychological support
- time banking.

None of these approaches should be perceived as a stand-alone scheme. AA is a precursor of an organised programme. Uniquely, CRC is a framework for finding people who feel lonely and helping them find places-to-belong. DC supports other schemes. Time banking is seriously flawed. The other devices help specific cohorts only but complement CRC. HO is a highly desirable programme component. Other ideas may emerge from the World Health Organisation's *Commission on Social Connection*, other analyses, and discernment in hubs. Packaging of complementary measures is essential, as tackling loneliness is a complex problem, reflecting many causes of feelings of loneliness and heterogeneous personal preferences and circumstances. Yet, packaging has been neglected.

It is intended to trial Brisbane Community Connections (BCC) in the city's inner suburbs. BCC will be framed by CRC, involve the regional community in addressing loneliness, and improve the current range of places-to-belong. BCC will start with a hub comprising nine Anglican communities and add several more later in an area approximated by Statistical Area, Level 4 – Brisbane Inner City.

Loneliness-alleviation programmes need to be properly resourced. For example, resourcing is needed to prepare guidance on interaction with vulnerable people, to train those who support others, and to facilitate discernment of the nature and extent of involvement of each parish-based connection hub in loneliness-alleviation initiatives. While programme volunteers can contribute greatly, additional resourcing may be required to support initiatives and volunteers, especially if initiatives are complex and have wide scope.

Discussions have been initiated with the Queensland Government, Brisbane City Council, Primary Health Networks, and non-government organisations about resourcing support. Interactions are ongoing. Potential assistance from other sources will also be investigated.

## Craving Connections

Human beings typically crave community connections that are meaningful. This craving or longing to belong exists in every stage of life (Danvers, et al, 2023; Holt-Lunstad, 2022; Hawkley and Cacioppo, 2010). Being human desirably is a shared experience, not an individual one (Mackay, 2024, p. 315).

Meaningful community (or social) connections involve feelings of belonging with others, involving, *inter alia*, feelings of being acknowledged, respected, appreciated, and included (Brown, 2012; Franklin, et al, 2019; Collier and Kay, 2020; Mackay, 2021b, 2024, p. 260; Greaves, 2022; Parkinson and Jensen, 2023a). Such connections also involve feelings of being needed, sharing with, and concern and caring for others, making the experience bilateral and/or multilateral. Moreover, meaningful community connections are accompanied by a sense of purpose (Mackay, 2024, p. 14; Chen, et al, 2021; Murthy, 2020, pp. 209, 216-218, 278; Hari, 2018, pp. 100-101; Cacioppo and Patrick, 2008, pp. 240-241).

The need for meaningful connections with others is part of a biological alarm system, along with hunger and thirst (Weiss, 1973, p. 37; Murthy, Holt-Lunstad, et al, 2023, p. 9; Cacioppo, 2022, p. 130; Mackay, 2024, pp. 26-27). Failure to address any of these cravings causes distress, signalling that action is required. In each case, inaction leads to serious adverse effects on health and mortality.

Lack of meaningful community connections, which could be described as relational poverty, typically leads to feelings of loneliness, which may be felt as intensely as material poverty.<sup>1</sup> These feelings signal that effort to find and connect with community is imperative (Weiss, 1973, pp. 20-22; Hawkley and Cacioppo, 2010; Badcock, et al, 2022; Murthy, Holt-Lunstad, et al, 2023, p. 9).

If feelings of loneliness are allowed to persist, the risk of serious mental and physical illness and premature death is substantially increased. This has been well documented (Lim, et al, 2023; Murthy, Holt-Lunstad, et al, 2023, pp. 23-35; Australian Institute of Health and Welfare, 2022, 2023a; Lim, 2021; Ending Loneliness Together, 2021; Smith and Lim, 2020; Murthy, 2020, pp. 12-14, 37-41; Holt-Lunstad, 2021, 2022; Cacioppo, et al, 2015; Hawkley and Cacioppo, 2010; Cacioppo and Patrick, 2008).

Sociologist Robert Weiss (1973, pp. 16-22) recognised that connections with others and loneliness can have multiple dimensions or domains.<sup>2</sup> He attempted to distinguish between two syndromes: emotional loneliness – absence of a close emotional attachment; and social loneliness – absence of an engaging social network. He commented that there are undoubtedly other types of loneliness too.

Later, researchers grouped connections with others and loneliness under headings with wider scope, such as “intimate”, “relational” and “collective”. “Intimate” refers to “up close and personal” support and encouragement from “nurturing confidantes” (or the absence thereof) – the inner circle. “Relational” refers to involvement in (or unavailability of) high-quality family relationships and friendships formed in small special-purpose groups (including work teams and leisure-oriented sporting groups) – the middle circle. “Collective” refers to involvement (or otherwise) in larger groups or organisations, in which amicable interactions occur while feelings of meaningful

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<sup>1</sup> Nick Cave (2024) observed that the “twin devils” of “loneliness and lack of meaning seem to inhabit the same dark orbit”.

<sup>2</sup> Robert Weiss’ (1973) book on loneliness triggered an upsurge of academic interest in loneliness and connections with others from the mid-1970s.

participation or contributions develop – the outer circle. These domains have “fuzzy” or imprecise boundaries. For example, high quality friendships (“relational” connections) could grow from involvement in “collective” activities, and high-quality friendships may become “intimate connections”. Also, depending on occurrences, acquaintances and familiar strangers potentially could become part of one of the community connections domains (Ang, 2021; Murthy, 2020, chapter 7; Cacioppo and Cacioppo, 2012; Cacioppo and Patrick, 2008, pp. 80-82).

If unfortunate events or circumstances disrupt meaningful connections, even in only one of the domains, emotional stability is likely to be disturbed, and feelings of loneliness could occur. For example, bereavement or a couple splitting up would prejudice “relational” as well as “intimate” connections, because of disruption of social networks,<sup>3</sup> and retirement and/or residential relocation could undermine “relational” and “collective” connections (Cacioppo and Patrick, 2008, p. 81).

In Australia, the average frequency of social contact has been declining for at least two decades. This has been observed in all age groups from 15 to 65+ years of age. The overall decline was around 13 per cent from 2001 to 2021 (Australian Institute for Health and Welfare, 2023a).

Recognition of the importance of social connections prompted the World Health Organisation, in late-2023, to form a *Commission on Social Connection*. Its purpose is to address loneliness as a pressing health threat, promote social connections, and accelerate scaling up and implementation of measures to build social connections and alleviate loneliness. The *Commission on Social Connection* will operate from 2024 to 2026 (World Health Organisation, 2023b; Krug, 2023).

## Distinction between Loneliness and Social Isolation

Loneliness refers to a nagging, distressing feeling of a lack of connection to other people (community), accompanied by a desire for additional or more satisfying social relationships. Loneliness is subjective. Social isolation is distinct from loneliness. Social isolation refers to having objectively few relationships with others, group memberships, and social roles. It is characterised by infrequent social interaction (Murthy, Holt-Lunstad, et al, 2023, p. 9; Holt-Lunstad, 2022; Ending Loneliness Together, 2022; Hawkey and Cacioppo, 2010; Perlman and Peplau, 1981). While social isolation is characterised by a dearth of connections with others of any type, loneliness involves a feeling of a lack of meaningful connections.

Loneliness may be episodic (transitory) or chronic (persistent and severe). Social isolation also may be transitory or chronic.

The proportion of people who experience loneliness in Australia is about double the proportion experiencing social isolation. Transitory loneliness is much more prevalent than chronic loneliness, and transitory social isolation is much more common than chronic social isolation. The proportion of all people who experience chronic loneliness is more than three times the proportion experiencing chronic social isolation (Lim, et al, 2023).

For some people, loneliness and social isolation co-occur. Social isolation may be a precursor to loneliness, being an intermediate state between loneliness and its various primary causes (triggers and risk factors – see Attachment A). Also, lonely feelings may lead to or exacerbate social isolation, by inducing withdrawal from social engagement or triggering other behavioural changes that tend to

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<sup>3</sup> See the sub-section on “Support after Loss of Someone Close” for further explanation of this phenomenon.

push others away (Cacioppo and Patrick 2008, pp. 16, 37, 44, 217). These responses in turn worsen feelings of loneliness, creating a vicious cycle.

Those in another category experience loneliness without being socially isolated. Indeed, people may feel lonely in a crowd.

There are other people who do not feel lonely, but they are socially isolated. If they are contented or at least not distressed in these circumstances (for example, because independence is valued), it is reasonable to question why their situation might be regarded as a cause for concern. Obviously, unwanted social isolation would be an undesirable state (Vasile, et al, 2024).

Another group – the largest one – comprises people who are neither lonely nor socially isolated at a particular time. They may (have) experience(d) loneliness or social isolation at some other time.

In popular discourse, loneliness and social isolation have often been conflated. Sometimes this has occurred in academic work too. Frequently, the terms have been grouped together (either “loneliness and social isolation” or “social isolation and loneliness”) without adequate explanation of this practice. Sometimes the terms have been used in ways that suggest they are interchangeable. In each case, distinctions between the concepts have been avoided or blurred. Occasionally, the conflation of terms has been exacerbated by depicting loneliness as perceived or subjective social isolation.<sup>4</sup> These practices have been sources of obfuscation and confusion.

Loneliness and social isolation appear to have been conflated for at least one of two reasons. First, conflation of the concepts may have provided a means of avoiding the issue of dealing with the difficulties of clarification and disentanglement of these concepts and their consequences. Second, reliance on a poorly supported assertion that the concepts independently raise risks of adverse effects on wellbeing has led to the practice of mentioning them together. However, there is evidence that the concepts are partly interdependent or interacting influences on wellbeing. This includes evidence regarding the role of loneliness as a mediator between social isolation and adverse effects attributed to that state (Beller and Wagner, 2018; Vasile, et al, 2024).

Unfortunately, conflation of the related, but distinguishable concepts of loneliness and social isolation has been an obstacle to clarification of the concepts and their relationship, and to identification of their causes and effects. This has impeded formulation of sound rationales for intervention, and selection or design of initiatives to mitigate adverse effects of these phenomena.

## Loneliness, Social Isolation, and Wellbeing

Mental and physical health researchers have found that loneliness is an important cause of adverse wellbeing issues in all age groups. These start with negative feelings or psychic pain that may extend to adverse mental and physical health effects.

Based on the literature referenced in this paper, negative feelings or psychic pain may include:<sup>5</sup>

- a nagging sense of restless emptiness
- melancholy or pensive sadness

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<sup>4</sup> Referring to loneliness as perceived social isolation is misleading because loneliness invariably is a distressing state, while some people who are socially isolated are content or at least not distressed in that state.

<sup>5</sup> Jason Gaboury (2020), who experienced loneliness for many years, referred to the “ache of loneliness” and described loneliness as “relational restlessness”. Nick Cave (2024) depicted an “insistent feeling of loneliness” as “a melancholy that varies in darkness”.



- gnawing mental discomfort
- despair or hopelessness
- feelings of abandonment and rejection
- perceptions of invisibility, and contributions to society being unrecognised or undervalued
- insecurity and self-doubt, including questioning of self-worth
- lack of enthusiasm and motivation, based on feelings of having nothing to look forward to
- feelings of boredom or aimlessness
- anger and frustration because of perceptions that no one understands or cares
- envy and resentment of others who seem to have fulfilling connections with others.

In the case of chronic loneliness, these distressing feelings are intense. The stress response to these feelings, with reinforcement from negative cognitive biases,<sup>6</sup> substantially elevates the risk of a variety of serious physical and mental (psychological and cognitive) health issues. These include greater risk of stroke and cardiovascular disease, infectious diseases, inflammatory diseases, dementia, Alzheimer's disease, depression, anxiety, and cognitive impairment and decline. Strong feelings of loneliness undermine sleep quality and its restorative effects. They also accelerate health issues associated with ageing. These effects are consistent with chronic loneliness being potentially lethal. The increase in risk of premature death is substantial and comparable to or greater than that associated with obesity, heavy smoking, excessive alcohol consumption, and physical inactivity (Murthy, Holt-Lunstad, et al, 2023, pp. 23-35; Hong, et al, 2023, 2024; Australian Institute of Health and Welfare, 2022, 2023a; Holt-Lunstad, 2017, 2021, 2022; Lim, 2021; Ending Loneliness Together, 2021; Smith and Lim, 2020; Murthy, 2020, pp. 12-14, 37-41; Australian Psychological Society and Lim, M., 2018; Holt-Lunstad, et al, 2010, 2015, 2017; Cacioppo, et al, 2015; Hawkley and Cacioppo, 2010; Cacioppo and Patrick, 2008).

Diminished capacity for self-regulation is another way in which feelings of loneliness can adversely affect health and mortality. It can do this by leading to behavioural changes, such as reduction of physical activity, neglect of good dietary behaviour, avoidance of precautionary health checks, and increased propensity to abuse alcohol and drugs (Hawkley and Cacioppo, 2010; Hong, et al, 2024).

The related, but separable concept of social isolation also needs to be considered when analysing the effects of feelings of loneliness on wellbeing. Social isolation may be a precursor to feelings of loneliness and lonely feelings may be a precursor to social isolation, creating a vicious cycle.<sup>7</sup> Researchers have found that both loneliness and social isolation are associated with adverse health and mortality outcomes (Hong, et al, 2023; Holt-Lunstad, et al, 2010, 2015; Steptoe, et al, 2013). However, typically they have examined loneliness and social isolation as separate constructs, rather than as concepts that may interact synergistically (Beller and Wagner, 2018; Vasile, et al, 2024).

Various reasons have been suggested to explain why social isolation could adversely affect health and mortality, independently of effects linked to feelings of loneliness. This could occur through

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<sup>6</sup> Negative cognitive biases refer to a tendency to see more threats, perceive negative outcomes, and remember negative things, inducing behaviour that leads to negative social outcomes - a self-fulfilling prophecy (Hawkley and Cacioppo, 2010; Hong, et al, 2024).

<sup>7</sup> The complex relationship is illustrated by results of research by Alexander Danvers, et al (2023). They found that loneliness and social isolation were "weakly but significantly correlated". Specifically, social isolation was more likely to be associated with loneliness if more than 75 per cent of waking hours was spent alone, especially for older adults. Moderate time alone (25 - 75 per cent of waking hours) was associated with relatively low rates of loneliness. Little time alone was associated with elevated loneliness, indicating loneliness in a crowd and/or unsuccessful effort to make meaningful connections.

mechanisms relating to diminished ability to self-regulate, and risk and fear arising from isolation (Steptoe, et al, 2013; Xia and Li, 2018; Schrepft, et al, 2019; Hong, et al, 2023).

The mechanisms said to be associated with diminished self-regulation ability caused by social isolation include the absence of influence of others in respect of exercise, diet, medical checkups, adherence to medical advice, participation in groups/activities, and avoidance or curbing of substance abuse. However, these mechanisms seem to coincide with those linked to diminished capacity for self-regulation arising from feelings of loneliness. An apparent explanation is that social isolation and loneliness commonly co-occur.

The health and longevity of socially isolated individuals may also be subject to additional risk if alone in the event of a fall or another form of medical episode. Also, socially isolated individuals may be stressed by fear of being alone at the time of any fall, other medical emergency, or break-in. This stress may make them more susceptible to physical and mental health issues. Unfortunately, these mechanisms have not been clearly articulated.

The fear factor would obviously be unwanted by socially isolated people. However, it is not obvious why socially isolated individuals who are contented with their isolation could be concerned about adverse health effects of their isolation before health problems arise.

Research in Germany, Ireland, and the United States has indicated that if strong feelings of loneliness and a high degree of social isolation co-occur, adverse effects on health and mortality typically are greater than if loneliness and social isolation are not associated (Beller and Wagner, 2018; Ward, et al, 2021; Barnes, et al, 2022; Danvers, et al, 2023).

If feelings of loneliness are experienced in the absence of social isolation (loneliness among others or in a crowd), the adverse health and mortality effects of loneliness could be moderated by an influence with the grammatically awkward label, “positive affect”. The concept of “positive affect” relates to the influence of positive emotions such as contentment, joy, engagement, excitement, satisfaction with achievement, and being interested. “Positive affect” provides a buffer against the adverse health and mortality effects of loneliness. It does this by creating some offsetting or countervailing effects and by providing opportunities for and hope of meaningful connections to others in groups/activities (Davidson, et al, 2022; Beller, 2023; Steptoe, 2023). Research in the United States among people aged over 60 years (Davidson, et al, 2022) and Germany among people aged over 40 years (Beller, 2023) indicated that “positive affect” had strong buffering effects against the adverse health and mortality effects of loneliness, at least among older adults, particularly men.

If social isolation is experienced without feelings of loneliness, adverse effects on health and mortality could occur, but the risk is much lower than if social isolation is accompanied by feelings of loneliness (Beller and Wagner, 2018; Ward, et al, 2021; Barnes, et al, 2022). The magnitude of adverse effects will depend on whether social isolation is wanted or unwanted. If it is wanted (for example, because independence is valued), there should be contentment in social isolation. Then, “positive affect” provides a buffer against any adverse health and mortality effects. This is indicated by research regarding people age over 65 years in Europe (Vasile, et al, 2024). If social isolation is unwanted, this buffer would be absent.

How the adverse effects of experience of loneliness without social isolation (loneliness in a crowd) compare with the effects of social isolation without loneliness is not clear (Beller and Wagner, 2018; Ward, et al, 2021; Barnes, et al, 2022). Presumably, the comparison will depend crucially on various factors, particularly: the countervailing influence of “positive affect” on adverse effects of loneliness

without social isolation; whether social isolation is desired; and the countervailing influence of “positive affect” on any adverse effects of wanted social isolation.

Mental and physical health issues, particularly poor subjective ratings of both physical and mental health, may contribute to both social isolation and loneliness, as well as the reverse occurring. As loneliness and social isolation also interact, effects tend to be tri-directional (National Academies of Sciences, Engineering, and Medicine, 2020, p. 49; Barreto, Qualter and Doyle, 2023, pp. 37-38; Hong, et al, 2024).

Summing up, loneliness and social isolation are related and entangled phenomena, but they are distinguishable. They interact synergistically to adversely affect wellbeing. The larger are the adverse effects of loneliness, the larger are the adverse effects of social isolation. The adverse health and mortality effects of both loneliness and social isolation are strongest for people who are concurrently lonely and socially isolated. The adverse effects of each phenomenon are much weaker if the other problem is not an issue. Then, their relative importance depends on whether social isolation is a source of contentment or otherwise, and the moderating influence of any “positive affect” on adverse effects of loneliness or social isolation. Adding to the complexity of the entanglement, loneliness and social isolation have interdependent (two-way) relationships with adverse health effects.

In this document, the primary focus is improvement of social connections to alleviate loneliness and its adverse wellbeing effects, taking account of circumstances and ways in which social isolation sometimes intersects with loneliness to affect wellbeing. Conveniently, better social connections would not only alleviate loneliness but also unwanted social isolation, addressing cases in which these phenomena cooccur or one occurs without the other.

## Incidence of Loneliness

Loneliness is a problem that has afflicted human beings since ancient times.<sup>8</sup> Its prevalence has been prominent in popular culture, since Paul McCartney (1966) wrote, and The Beatles performed the song, *Eleanor Rigby*. Its words were inspired by Paul McCartney’s personal encounters with people experiencing loneliness in the preceding decade.<sup>9</sup> Insightfully, he asked:

“All the lonely people, where do they all come from?  
All the lonely people, where do they all belong?”

A few years later, sociologist Robert Weiss (1973, p. 9) observed: “Loneliness is much more often commented on by songwriters than by social scientists.” Indeed, loneliness did not become the subject of serious analysis by academic sociologists and psychologists until interest was prompted by Robert Weiss’ (1973) theoretical work on the nature and causes of the problem. In the past few years, loneliness has attracted considerable interest from governments, participants in the not-for-profit caring sector, and the popular media, as well as from academic researchers in neuroscience, psychology, and sociology.

Loneliness has not been ameliorated over the past 15 years by increasing digital connectivity, even though many believed it would facilitate meaningful connections. Indeed, there is evidence that

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<sup>8</sup> Jason Gaboury (2020) pointed this out, drawing attention to many Biblical stories of loneliness dating back 4,000 years.

<sup>9</sup> Paul McCartney’s story of his encounter with “lonely people” that inspired the words of *Eleanor Rigby* has been retold in an article by Ken Willett (2022a).

loneliness has increased substantially among those in the most-digitally-connected cohort, adolescents and young adults. These phenomena reflect several influences: reductions in occurrences of physically getting-together; declines in the quality of relationships as numbers of digital connections have risen; social-distancing and facade-facilitating aspects of digital communication; and feelings of exclusion triggered by misleading social-media depictions of fun-experiences of peers (Murthy, 2020, pp. 101-120; Batsleer and Duggan, 2001; pp. 11-13; Parkinson, 2022; Murthy, Holt-Lunstad, et al, 2023, pp. 13, 19-20).

Over the past few years, several surveys have been undertaken in Australia to provide indications of the prevalence and intensity of feelings of loneliness. While the survey results have not been uniform, some common themes have emerged. About 35-45 per cent of Australian teenagers and adults regularly feel lonely, including 20-25 per cent of adolescents and adults who feel persistently, intensely (chronically) lonely. Around 51 per cent feel lonely at least one day a week. The incidence of chronic loneliness is highest in late teenage and young adult years. It is disturbingly high in all age groups from teenage years to middle age, but declines in later years, especially among those aged over 75 (Australian Psychological Society and Lim, M., 2018; Lim, Eres and Peck, 2019; Headspace, 2020; Ending Loneliness Together, 2021; Telstra, 2021; Relationships Australia, 2022b; Healthy Male, 2023b; Ending Loneliness Together, 2023a; Australian Institute of Health and Welfare, 2023a, b).

Feeling lonely is linked to personal and social circumstances, not just age, although age may influence personal and social circumstances. Loneliness tends to be greatest among those living alone, single parents, unemployed individuals, disadvantaged people (eg, those afflicted by disabilities or resources deprivation), LGBTIQ+ people, individuals suffering a mental health condition, people with long-term, adverse physical health conditions, those experiencing major life changes, people who are time-poor because of heavy responsibilities, and individuals in other circumstances conducive to social exclusion (left out, pushed aside or ostracised by others).<sup>10</sup> So, loneliness is often entangled with other troubling issues (Campaign to End Loneliness, 2020; Smith, 2021; Haslam, et al, 2021; Barreto, et al, 2022; Badcock, et al, 2022; Barreto, 2022; Lim, et al, 2023; Barreto, et al, 2023; Murthy, Holt-Lunstad, et al, 2023; Ending Loneliness Together, 2023a, 2024).

Chronic loneliness is a major public health issue (Mackay, 2024, pp. 38, 106; Murthy, Holt-Lunstad, et al, 2023, pp. 9-10; Australian Institute of Health and Welfare, 2023a; Ending Loneliness Together, 2022; Lim, 2021; Collier and Kay, 2020, p. 152; Murthy, 2020; Cacioppo and Cacioppo, 2018; Holt-Lunstad, et al, 2017, 2022; Holt-Lunstad, et al, 2010). This is a result of its disturbing prevalence (discussed in this sub-section), the severity of its adverse effects on the wellbeing of afflicted individuals (explained in the preceding sub-section), and adverse economic consequences. The latter include disruption of economic activity, a less productive and smaller workforce, and adverse fiscal effects, such as reduction of the tax base, and expansion of government health-funding obligations.

## Importance of Improving Community Connections

Conventional medical intervention is an appropriate response for health issues that have been caused by or have contributed to loneliness, but not for unsatisfactory social (or community) connections or relationships that underlie feelings of loneliness. Improving community connections

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<sup>10</sup> It has been suggested that people born in countries in which English is not the principal language, and racial and ethnic minorities might also be particularly susceptible to loneliness, but this is disputed. For example, see Ending Loneliness Together (2024) and Lim, et al (2023).

– a “social response” – has been widely acknowledged as important for addressing feelings of loneliness and pre-empting their adverse health consequences (Haslam, et al, 2024; Ontario Agency for Health Protection and Promotion, 2024; Barreto, Qualter and Doyle, 2023; Wakefield, et al, 2022; Dingle and Sharman, 2022; Thompson, et al, 2022; Smith, 2021; Lim, 2021; Mackay, 2021b; Holt-Lunstad, 2021, 2022; Antonovsky, 1996). Improved social connections address lonely feelings and associated adverse effects on wellbeing. They do this directly by enabling feelings of belonging and providing opportunities for “positive affect”,<sup>11</sup> and indirectly by reducing social isolation that intersects and/or interacts synergistically with loneliness to adversely affect wellbeing.

Moreover, a balance of giving and receiving support in social relationships provides long-term health and mortality advantages compared to a predominance of either giving or receiving, consistent with the bilateral or multilateral character of good social connections (Chen, et al, 2021). It has also been observed that good social connections are more influential in protecting against adverse health occurrences and premature mortality than poor social connections are in causing adverse health conditions and hastening mortality (Holt-Lunstad, 2021; Holt-Lunstad, et al, 2015).

Improving social (or community) connections refers to development of more meaningful or satisfying interactions with other people. In some cases, this may require an increase in the extent and diversity of a person’s community involvement and networks, and in other cases it may involve establishing new connections to replace existing unsatisfying relationships. However, the most important requirement for more satisfying social connections is to enhance the quality of interactions with others, rather than the quantity (Murthy, 2020, pp. 9, 220; Cacioppo and Patrick, 2008, p. 240).

The quality of social interactions depends on how meaningful they are. The meaningfulness of social interactions and resulting connections reflects the depth of feelings of belonging with others, based on bilateral and multilateral sharing, trust, and caring; a sense purpose and contribution; and pleasure deriving from interaction (Mackay, 2021b, 2024, pp. 14, 260; Hall, Holmstrom and Totzkay, 2023; Chen, et al, 2021; Murthy, 2020, pp. 9, 209, 216-218, 220, 278; Brown, 2012; Cacioppo and Patrick, 2008, pp. 240-241). Engaging in small talk is unhelpful in developing friendships that result in feelings of belonging. It reduces closeness, rather than enhancing it (Hall, 2019).

Substantial commitments of time, as well as meaningful interactions, are required to realise feelings of belonging. This has been illustrated by an investigation in the United States with two focus groups. One part of the investigation focussed on adults who had relocated geographically. The other focus group comprised first-year university students. Both parts of the investigation provided estimates of the expected (average) amount of time required to be invested in meaningful interactions to support transition to closer friendships (Hall, 2019). A summary of the results of the investigation follows (Hall, 2019):

<i>Transition</i>	<i>Relocated</i>	<i>1<sup>st</sup> Yr Univ</i>
Acquaintances to casual friends	94 hours	43 hours
Casual friends to friends	164 hours	57 hours
Friends to good/best friends	219 hours	119 hours

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<sup>11</sup> The concept of “positive affect” is explained briefly in the section on Loneliness, Social Isolation and Wellbeing above.

The required investment of time and effort by each person to establish each relationship with another person is substantial. Clearly, the challenge of improving community connections is not amenable to a quick fix (Whetham, 2024).

Improving social connections is not only important for alleviation of feelings of loneliness, reducing associated social isolation, and pre-emption of a substantial elevation of risk of serious physical and mental health conditions and premature death. In communities, better social connections also can have positive synergistic effects on multiple important matters, including disaster responses, personal and community safety concerns, and economic outcomes, as well as on individual wellbeing (Murthy, Holt-Lunstad, et al, 2023, pp. 39-43). One important personal safety benefit is a reduction of risk of various types of elder abuse – neglect and physical, sexual, psychological, social, and financial mistreatment (Queensland Council of Social Service, 2023, p. 7).

## Why is Intervention Necessary?

As loneliness involves distressing feelings, and as there are numerous existing and potential opportunities for people to improve their community connections, it is reasonable to query why many people experiencing loneliness do not help themselves by seeking to access available connection opportunities. It is also appropriate to ask how those who experience transitory loneliness can allow it to develop into chronic loneliness. There are various reasons for these phenomena.

First, many people who feel lonely may not attempt to engage in social connection activities if they perceive that others are aloof, if they are shy and/or lack confidence, if they do not want to be a burden on others, or if they consider attempts to engage with others would signal that they feel lonely. They may wish to avoid signalling feelings of loneliness because of embarrassment resulting from a perception that a stigma is attached to loneliness as it suggests personal inadequacy or failure (Baretto, et al, 2022; Badcock, et al, 2022, pp. 40-41; Ending Loneliness Together, 2023a; Badcock, Preece and Badcock, 2023).<sup>12</sup>

Second, feelings of loneliness may induce negative or fearful attitudes and expectations (particularly if the feelings are chronic), leading to withdrawal, rather than efforts to make meaningful connections with others (Cacioppo and Patrick 2008). So, loneliness may result in retreat into social isolation, as well as social isolation being a source of feelings of loneliness, as outlined in the seventh reason below (Hong, et al, 2024).

Third, some people who feel lonely may be passively resigned to their condition. They may not perceive any way out of their circumstances, leading to lack of effort to connect meaningfully with others (Perlman and Peplau, 1981). This phenomenon and the previous one may make it difficult to identify people who feel lonely.

Fourth, chronic loneliness may disrupt a person's ability to self-regulate emotions, resulting in uncooperative or unhelpful behaviour, tendencies to lash out, harsh subjective assessments of the

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<sup>12</sup> A survey in the European Union on loneliness undertaken by the Joint Research Centre of the European Commission and the Directorate-General for Employment, Social Affairs and Inclusion revealed that one in six respondents stigmatised loneliness, believing that people who feel lonely mostly have themselves to blame for their feelings. Higher proportions of males, young people and more affluent people stigmatised loneliness (Casabianca, Nurminen and Stepanova (2023). Data from the British Broadcasting Corporation Loneliness Experiment indicated that men, young people and people living in collectivist societies were more likely to stigmatise loneliness and to perceive more community stigma attaching to loneliness (Barreto, et al, 2022)

motives of others, perception of threats in benign social opportunities, and responses to others' attempts to interact that repel others. These phenomena tend to worsen and perpetuate feelings of loneliness. They also indicate that engaging with people experiencing loneliness could be difficult in many cases (Cacioppo and Patrick, 2008; Masi, et al, 2011; Campaign to End Loneliness, 2020; Murthy, 2020, pp. 41-44, 156; Ending Loneliness Together, 2021; Telstra, 2021; Lim, 2021; Barreto, et al, 2022; Hong, et al, 2024).

Fifth, contact with others *per se* is not sufficient to alleviate loneliness. One reason is that people differ widely in their personalities and their views of what is interesting, engaging, and important.<sup>13</sup> Consequently, preferences vary widely across individuals. Contact with others needs to be supported by alignment of perceptions of what matters or is of interest. In addition, perceptions of a welcoming atmosphere and safe surroundings are important. So, a combination of positive circumstances is necessary for development of a feeling of belonging or community connection.

Sixth, individuals who feel lonely may not be aware of specific opportunities to make meaningful connections with other people, and they may not know where to start looking and how to get involved.<sup>14</sup> Such people will need help with correction of the informational deficiencies they face (Casabianca, Nurminen and Stepanova, 2023).

Seventh, loneliness may derive from social isolation created by various factors that are not easy to overcome without help from others. These factors could include health and associated mobility issues, ineligibility for a driver's licence, unsuitable transport facilities and availability, being time-poor because of caring responsibilities, and constraints of coercive control or domestic violence.

Eighth, social exclusion – being left out, pushed aside or ostracised by others – is a particularly concerning cause of loneliness that often requires intervention by third parties. Social exclusion can be linked to a variety of circumstances, including material deprivation, disability, language difficulties, job loss, bullying, and discrimination or stigmatisation for a variety of reasons, such as race, culture, gender, sexual orientation, and other attributes. Often, social exclusion results just from being different (Batsleer and Duggan, 2001, pp. 98, 104). Social exclusion can derive from “structural” mechanisms (relating to social, economic, regulatory, and other government-supported structures) or “interpersonal” factors (Barreto, Qualter and Doyle, 2023). Typically, activation of these causes of social exclusion is context dependant. An individual may be affected by more than one source of social exclusion. Indeed, social exclusion may be a dynamic phenomenon because of causes interacting, and consequences activating other causes (Daly and Silver, 2008).<sup>15</sup>

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<sup>13</sup> Gender and cultural differences are just two of many influences on widely varying social preferences (Franklin, et al, 2019).

<sup>14</sup> A survey on Loneliness in the European Union by the Joint Research Centre of the European Commission and the Directorate-General for Employment, Social Affairs and Inclusion revealed that 17 per cent of “very lonely” people did not know what to do to reduce feelings of loneliness, even though they wanted to do something (Casabianca, Nurminen and Stepanova, 2023).

<sup>15</sup> The importance of this reason for intervention can be illustrated by reference to the wicked problem of material deprivation or poverty. This problem is a cause of loneliness, because it impedes participation in groups and activities. Loneliness is a cause of poor health, independently of the direct adverse effects of poverty on health through diet, lifestyle, impeded access to health care (Meisters, et al, 2021). Poor health from poverty and loneliness is a financial drain, which exacerbates poverty. Both poverty and loneliness are impediments to working to escape poverty. So, loneliness plays a part in the poverty/health trap. Current economic and government structures maintain social (including economic) exclusion. Therefore, intervention is necessary.

Ninth, there may be various impediments to participation in groups engaged in activities of interest. These impediments may include social anxiety, shyness, the perceived stigma attaching to loneliness, feelings of inadequacy, financial constraints, and various factors contributing to social isolation or social exclusion. These obstacles often are difficult to deal with alone.

For these nine reasons, feelings of loneliness should not be deemed to be simply the responsibility of whoever experiences those feelings. Individuals who experience chronic loneliness need and should be provided with assistance from others to address their plight. Those suffering transitory loneliness should be assisted to avoid their distress becoming chronic. People at risk of experiencing loneliness also should be supported to help them minimise transitory loneliness and avoid chronic loneliness. Indeed, the responsibility for tackling feelings of loneliness should be accepted as a collective or community obligation (Ending Loneliness Together, 2024; Batsleer and Duggan, 2001, p. 18, 162-163, 169).

The existence of a strong case for intervention does not imply that paternalism is typically justifiable. Analysts focussed on self-determination theory and economic development have pointed out that enabling and maintaining personal autonomy or self-determination is very important for human well-being (Ryan, et al, 2019; Sen, 1999, pp. 11, pp. 283-284, 289-290).

## Who Should Intervene?

A common answer to the question, “Who should intervene in response to the loneliness public health crisis?” is that government should take responsibility for alleviating loneliness. Consistent with this view, the Queensland Government’s response to the report of a Parliamentary inquiry on social isolation and loneliness (Queensland Parliament, Community Support and Services Committee, 2021) was: declaration of an intention to formulate a government strategy; a state-wide trial of social prescribing, subject to positive results of an evaluation of the Mt Gravatt Community Centre’s application of social prescribing (the *Ways to Wellness* programme); a proposal to develop an online induction course and resources for volunteers in loneliness-alleviation programmes; and an intention to seek Commonwealth Government funding support for Primary Health Networks to deliver initiatives to address loneliness and social isolation (Queensland Government, 2022a). In the second half of 2022, the Department of Communities, Housing and Digital Economy established an internal group to support this work. Since mid-May 2023, the responsible group has been included in the Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities, and the Arts.

Externally visible Queensland Government activity has been limited since the release on 18 December 2022 of the Government’s *Communities 2032 Strategy and Action Plan*, which incorporated statements of intent regarding alleviation of loneliness and social isolation (Queensland Government, 2022 b, c). The Government has allocated some funding through competitive-submissions processes from the *Stay Connected Fund*, the *Communities Innovation Fund*, and the *Seniors Social Isolation Programme*, for a few community-based loneliness-alleviation projects. Publicly available information on progress on other loneliness-alleviation initiatives foreshadowed in the Queensland Government’s response to the Parliamentary inquiry on social isolation and loneliness and in the *Communities 2032 Strategy and Action Plan* has been slow to emerge. However, the Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities, and the Arts advised that, in conjunction with Primary Health Networks (PHNs), it was undertaking a “feasibility study” of various social prescribing models, with the results to be provided to the incoming Government late in 2024.



The involvement of Commonwealth funded PHNs in a “feasibility study” of social prescribing in Queensland and initiation of a social prescribing scheme by the Brisbane North PHN in the Caboolture-Kilcoy region suggests some indirect Commonwealth Government involvement in addressing the loneliness problem. Meanwhile, it is not obvious if the loneliness problem has received direct attention from the Commonwealth Government, and if local government authorities in Queensland have taken an interest in addressing loneliness.

Minimal government activity to address the important public health problem of loneliness is surprising because widespread experiences of loneliness have negative consequences extending beyond affected individuals to the community and the economy. These consequences derive from adverse effects on productivity, the size and structure of the workforce, the health system, taxpayers who provide resources for health services, potential beneficiaries of government services sacrificed to address increased demand for health services, and those having to bear higher health insurance premiums.

Governments have a responsibility to address loneliness indirectly by tackling “structural issues” that contribute to loneliness by enabling social exclusion. These issues include legislation, regulations, cultural norms, and community attitudes and prejudices that cause or facilitate discrimination and other forms of social exclusion (Barreto, Qualter and Doyle, 2023; Murthy, Holt-Lunstad, et al, 2023). Other relevant issues for governments are aspects of the economic structure and the fiscal regime (comprising government expenditure and taxation settings) that entrench material deprivation for many people. As well as major fiscal reform to address material deprivation in society, fiscal measures should be deployed to address the community and economic consequences of loneliness.

As a first step, governments could fund provision of information to raise awareness of the nature and extent of the loneliness problem and the importance of social connection. In addition, they could formulate and disseminate guidance on appropriate responses to loneliness, and on coordination and packaging of complementary community-connections initiatives (Holt-Lunstad, 2023).

Any government programme to tackle loneliness directly would depend critically on individuals and communities providing relational support for those who feel lonely. While government could support loneliness-alleviation initiatives by communities and individuals, government activity would not be a suitable or desirable replacement for the warm relational support that individuals and communities can provide (Collier and Kay, 2020; Murthy, 2020, pp. 240-241). Appropriately, the Queensland Government has recognised the importance of community-based activities in the loneliness and social isolation elements of its *Communities 2032 Strategy and Action Plan* (Queensland Government, 2022b, c) and in its initial relatively small funding programmes to address loneliness and social isolation.

Communities and their individual members have responsibilities to help those feeling lonely make the connections they desire and need. As loneliness reflects a dearth of satisfying connections for afflicted people, it is a relational matter, making it an “interpersonal” issue, not just a problem for those with feelings of loneliness and governments. Loneliness should be perceived primarily as a problem for communities and their constituents to tackle (Ending Loneliness Together, 2024).

As Christians recognising the magnitude of God’s grace, we want to be kind to people in distress, treating others as we would like to be treated (Matthew 7: 12) or loving our neighbours (broadly defined to include strangers) as ourselves as exemplified by the iconic example of unconditional

kindness, the Parable of the Good Samaritan in Luke 10: 25-37 (Willett, 2022b). A closely related principle is: “You received without payment; give without payment” (Matthew 10: 8 (NRSV)).

As compassionate individuals, we have much to offer in response to the relational poverty of people who feel lonely (Greaves, 2022). However, a community of compassionate people can be more effective than separate individuals in helping others overcome feelings of loneliness. This applies not only to the number of people who can be helped, but also to the amount and nature of attention given to each person experiencing loneliness (Willett, 2022a). A subsequent sub-section, Atomistic Approach, compares individual and community responses.

The Anglican Church Southern Queensland comprises more than 130 parishes plus 20 schools (150 communities) within broader local and regional communities. It is an extensive network. Adding other denominations would result in a network unrivalled in its representation in southern Queensland. This would also apply across Australia (Parkinson and Jensen, 2023a).

Over the past two years, representatives of many Anglican communities in diverse locations in southern Queensland have expressed interest in participation in a community connections programme to alleviate loneliness that was initiated and is being developed by the St John’s Cathedral community. While loneliness has been observed in the various Anglican communities and the broader district and regional communities in which they are embedded, the circumstances of these Anglican communities differ, and they have varied capabilities.

The prevalence and serious consequences of loneliness provide opportunities for Anglican communities to reach into the larger regional or district communities in which they reside to help others and themselves in practical ways to develop meaningful relationships, the most effective way of alleviating loneliness. Pursuit of these opportunities combines loving our neighbours as ourselves and sharing the Gospel in practical ways relevant to our times (Whetham and Whetham, 2020, pp. 115-116).

## Community-Connections Hubs

Each interested Anglican community potentially could become a community-connections hub within its broader district or regional community. Alternatively, for pragmatic reasons, such as the magnitude of membership, geographical area and/or the location of parishes, individual Anglican communities may join with other faith-based communities (Anglican or otherwise) and/or with secular entities to form joint-venture community-connections hubs. Even if secular entities do not become joint venture partners in a hub, their cooperation would be highly desirable in formulating a programme to alleviate loneliness, because of relevant services and opportunities they offer.

Hubs would focus on identifying people experiencing or at risk of loneliness, and helping them to connect with other people, with whom they could feel they belong. The comprehensiveness and intensity of this activity within each hub will depend on the extent of motivation and capabilities within the relevant hosting community.

The various hubs could be supported by and linked to a digital-resourcing-and-connections hub to extend the reach of the community-connections programme within and beyond regional or district communities that encompass hubs. The digital-resourcing-and-connections hub would make available relevant research material, provide input and feedback regarding proposed initiatives, advertise and facilitate access to initiatives, facilitate cooperation with relevant secular entities, and support inter-hub cooperative activity, including exchange of knowledge and ideas about loneliness-

alleviation frameworks and activities. These contributions would help to improve the performance of participating community-based hubs.

## Discernment in Context of Complexity

Loneliness is a complex, multi-faceted problem. It involves interacting, contributing factors that differ between individuals with heterogeneous preferences and backgrounds (Yanguas, et al, 2018). A central insight of analyses of decision making in the context of such complexity (including uncertainty) is that complex problems typically are not amenable to simple solutions, simple responses are usually wrong, and neglect of complexity often leads to misdirected initiatives and seriously poor outcomes (Tinbergen, 1952; Hansen, 1955; Dixit and Pindyck, 1994; Kay, 2010; Senge, et al, 2004; Scharmer, 2016; Quiggin, 2019, pp. 343-344; Beaumont, 2019; Arthur, 2021). Consistent with this insight, there is no single, simple solution to feelings of loneliness for all afflicted people.

Complexity needs to be recognised and accommodated, rather than avoided or ignored. A complex, multi-faceted problem typically requires a multi-pronged response (Tinbergen, 1952; Hansen, 1955). This is relevant to the complex task of alleviation of loneliness (Badcock, et al, 2022, pp. 30, 36).

While having multiple community-connections hubs apparently adds to the complexity of the task of loneliness alleviation, it facilitates management of the task by allowing diversity of approaches to take account of differing circumstances. Variations in circumstances mean the appropriate mix of initiatives may differ between hubs.

An initiative of the Anglican Church Southern Queensland (organised by a team from St John's Cathedral) focussed on adapting ministry in the context of complexity provides a framework that could assist parish-based hubs to formulate loneliness-alleviation programmes suited to their circumstances. The initiative was designed to help parishes discern their future directions, programmes, and initiatives in the context of the prevailing complexity and the contributing underlying uncertainty. It is part of a *Resource Church* programme intended to help resource mission in the diocese. This programme was derived from a Church of England programme with the same name.<sup>16</sup>

The complexity-management initiative draws on cutting-edge techniques for dealing with complexity and associated uncertainty. It deploys the *Cynefin* framework, which facilitates emergence of contextually appropriate responses to complex problems through a process of patient, guided interaction of a diverse group of interested people (Snowden and Boone, 2007; Mind Tools Content Team, 2023).

The *Cynefin* framework is consistent with a conceptual approach to managing complexity known as *Theory U* (Senge, et al, 2004; Scharmer, 2016). It could be buttressed by economic approaches to managing complexity, such as:

- deploying multiple instruments to address multiple targets (Tinbergen, 1952; Hansen, 1955)
- explicitly recognising the value of information and keeping options open as long as possible (Dixit and Pindyck, 1994)
- explicitly embracing complexity and underlying uncertainty in analysis of responses to important problems (Arthur, 2021).

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<sup>16</sup> Jack Shepherd (2023a, b) has reviewed the *Resource Church* concept in depth.

Consistent with this discernment process, each hub would consider its involvement and formulate its programme in the context of:

- the multi-faceted nature of the loneliness problem
- the interests, skills, and other resources of participants in the hub
- the circumstances of the district or regional community encompassing (surrounding and hosting) the hub
- input sought and received from parties with an interest in the hub.

This paper on community connections to alleviate feelings of loneliness provides considerable background material that should be helpful in the discernment process. The work associated with this document could constitute a new *Resource Church* initiative supported by the existing one on adapting ministry in the context of complexity.

## Key Requirements for a Community-Connections Programme

The preceding discussion of reasons for intervention and potential responders, and information gleaned from a review of literature on interventions to alleviate loneliness suggest various keys to effectively meeting objectives for alleviating (avoiding or overcoming) loneliness.<sup>17</sup> They involve targeting improvements to community (or social) connections through:

- means of identifying or finding people experiencing or at risk of loneliness
- ways of encouraging them to accept help to alleviate loneliness, including via education on the nature, consequences and prevalence of loneliness, and the benefits of community connections for wellbeing
- ascertaining what interests, motivates or matters to each person, as circumstances and preferences vary widely across people
- helping each person find a welcoming and safe group (or groups) doing things that match that person's particular views of meaningful, worthwhile activities
- addressing obstacles to engagement or participation in groups of interest
- taking care to allow personal autonomy or free agency of each person
- respecting privacy and confidentiality, and ensuring safety of participants
- addressing perceived stigma associated with loneliness
- recognising the complexity of the problem
- a community-based approach.

Any programme applied to alleviate loneliness needs to be efficient, as well as effective. An efficient programme yields social benefits that exceed social costs, and the surplus it provides is greater than the surplus yielded by alternative programmes. Moreover, fairness or equity of outcomes needs to be considered to ensure the relative circumstances of disadvantaged people are not made worse.

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<sup>17</sup> For example, the literature review encountered the "EAR framework" suggested by Holt-Lunstad and Peressinoti (2023): "educate", "assess", and "respond". In this context, they stressed the "need" to "engage in shared decision making". The "assess" component of the "EAR framework" includes finding or identifying people who feel lonely or are at risk of such feelings. Separating out and highlighting this important requirement yields the acronym, "FEAR" ("find", "educate", "assess" and "respond"). Another example identified in the literature review is a set of three keys nominated by Gardiner, Geldenhuys, and Gott (2019): adaptability of interventions to the context, involvement of service users in design and implementation of interventions, and purposeful or productive engagement of those targeted by interventions.

These requirements recognise the complex, multi-faceted nature of the loneliness problem and the task of alleviating loneliness. This suggests that multiple complementary interventions or initiatives need to be combined to establish a programme to address loneliness effectively and efficiently.

Each initiative in a programme should make a positive contribution by alleviating loneliness in one or more cohorts, by addressing one or more issues underlying or exacerbating the loneliness problem and its alleviation, and/or neutralising shortcomings of initiatives that otherwise make desirable contributions.

The requirements described above could be used as criteria to guide the design of a multi-initiative programme, including selection of specific initiatives for inclusion in the programme. These criteria also could be deployed to undertake assessments of multi-initiative programmes.

## Options for Hub-Based Community-Connections Programmes

Around the world, numerous schemes have been proposed and/or tried to address the loneliness problem. The range of proposed schemes is diverse. The range could include any arrangement that facilitates bringing people to together in a safe, meaningful way for a constructive purpose.

Several categorisations of initiatives or schemes to alleviate loneliness have been suggested (for example, see Berg-Weger, Cudjoe and Lyu, 2024; Jopling, et al, 2020; National Academies of Sciences, Engineering and Medicine, 2020; Gardiner, Geldenhuys and Gott, 2018; Mann, et al, 2017; Masi, et al, 2011). The labels given to categories and allocations to those categories differ. For example, Jopling, et al (2020) on behalf of the Campaign to End Loneliness in the United Kingdom nominated four categories of initiatives to alleviate loneliness: “connector services”, “direct solutions”, “gateway infrastructure”, and “system-level approaches” (Jopling, et al, 2020a), while Mann, et al (2017) categorised initiatives as “indirect” or “direct”, and allocated “direct” initiatives to four sub-categories: “changing cognitions”, “social skills training and psychoeducation”, “supported socialisation”, and “wider community groups”.

An indicative taxonomy drawn from various suggested categorisations of initiatives to address loneliness has been formulated for this paper. Five selected categories of loneliness-alleviation initiatives are outlined below.

“Connector services” are intended to identify and reach lonely people, understand the nature of each person’ feelings of loneliness so that a personalised response can be offered, and help lonely individuals access potential places-to-belong,<sup>18</sup> including assisting them to overcome practical and emotional barriers. Connector services need to be multifaceted.

“Ad hoc connection opportunities” are groups and activities that are potential places-to-belong for people in specific cohorts that provide opportunities for individuals to make and maintain connections with others. The range of these opportunities is extremely wide, reflecting a high degree of heterogeneity in human attributes, circumstances, and preferences. These opportunities and “connector services” complement each other.

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<sup>18</sup> In this paper, the term “places-to-belong” refers to groups or activities in which people can feel they have good quality relationships characterised by meaningful (strongly satisfying) involvement, engagement, and connection. It does not include or refer to the distinct concept of a sense of affinity to a location or event (Badcock, Preece and Badcock, 2023).

“Targeted psychological therapy and education” to help individuals change their thinking about interactions and relationships with others and improve their communication and other social skills. These initiatives are intended to help lonely people overcome mental barriers to making connections with others. They could support “connector services” and facilitate involvement in “*ad hoc* connection opportunities”.

“Supporting infrastructure” facilitates access to potential places-to-belong and supports the operation of “connector services”. It includes transport facilities, digital technology, sporting and other recreational facilities, community or public spaces and places, and readily accessible natural environments.

“Jurisdiction-wide approaches” refer to government and institutional efforts to encourage and facilitate formulation and implementation of initiatives to address loneliness. They could include awareness-raising activities to encourage action and reduce stigma in respect of loneliness; direct provision of resources for other types of loneliness-alleviation initiatives; efforts to address various forms of social exclusion (such as inequity/disadvantage and discrimination); publication of wide ranging directories of groups and activities in which people might feel they belong; encouragement of volunteering; and support for participation in sporting, creative/artistic, and environmental activity groups.

The broad combined coverage of these categories reflects the important insight that responses to feelings of loneliness should not be the sole responsibility of each afflicted person. Tackling loneliness is a collective responsibility, requiring bilateral and multilateral involvement. Many parts of the social and economic structure can contribute to or impede social connection and alleviation of loneliness (Holt-Lunstad, 2022). These influences typically interact. The importance of each category and its included initiatives tend to vary with the circumstances of afflicted individuals.

The Campaign to End Loneliness in the United Kingdom has provided 53 case studies of loneliness-alleviation approaches. These are spread across the Campaign’s four suggested categories of initiatives (Jopling, et al, 2020a, b).

In Australia, Ending Loneliness Together (2023b) has been compiling information on “*ad hoc* connection opportunities” (or potential places-to-belong) currently available in various locations across the country. The first version of the directory of Australian connection opportunities was released on 26 March 2023. It has been updated as additional opportunities have been identified. Typically, the individual connection opportunities are narrowly focussed, tending to fall into the “*ad hoc* connection opportunities” category outlined above. Also, coverage of the range of connection opportunities is limited. Therefore, much more work is required.

Most of the loneliness-alleviation opportunities reported in the media are “*ad hoc* connection opportunities”. Examples include: church communities and the service (helping), social, and activity groups they sponsor; service clubs (such as Rotary and Lions); single- and multi-focus charities; wild-life and environmental protection associations; other cause-focussed organisations; men’s sheds; book clubs; groups socialising over refreshments; play groups; learning-focussed groups, historical and ancestral societies; community gardens; music-related groups; drama associations; floral art societies; art groups; sporting teams and clubs; social exercise groups; and other special interest groups.

Numerous connection opportunities and potential schemes to avoid or overcome feelings of loneliness have emerged from discussions with interested parties and from considerable research

activity while preparing this research/concept paper. Thirteen categories of initiatives have been selected for analytical scrutiny:

- an atomistic approach (“*ad hoc* connection opportunities” and potentially, “connector services”)
- community-referral-and-connection frameworks (“connector services”)
- digital connections (“supporting infrastructure”)
- alleviating loneliness through helping others (“*ad hoc* connection opportunities”)
- food-facilitated friendships (“*ad hoc* connection opportunities”)
- support after loss of someone close (“*ad hoc* connection opportunities”)
- tackling loneliness among adolescents and young adults (various categories of initiatives)
- English conversation groups for new immigrants (“supporting infrastructure”)
- natural connections (“supporting infrastructure” and “connector services”)
- third places (“*ad hoc* connection opportunities” and “supporting infrastructure”)
- tailored one-to-one support (“*ad hoc* connection opportunities” and potentially, “connector services”)
- psychological support (“*targeted psychological therapy and education*”)
- time banking (“connector services”).

Only one of these schemes – a community-referral-and-connection framework – would be suitable for deployment as an overarching programme by a hub or geographical grouping of hubs. Several mechanisms target specific cohorts. All potentially could complement other arrangements.

The lengths of outlines and assessments of the selected loneliness-alleviation initiatives below reflect the extent to which governments, non-profit organisations, and academic researchers have investigated these mechanisms and published information about them. Length does not necessarily reflect merit.

While some mechanisms have been assessed as having more merit than others, none of those incorporated in two lists above (including those described below) should be perceived as a stand-alone means of alleviating loneliness. Each of these mechanisms and other suitable arrangements not mentioned in this concept paper needs to be packaged or deployed in conjunction with complementary measures, recognising the complex, multi-faceted nature of the task of alleviating loneliness in the context of multiple potential causes of loneliness, and great diversity in human attributes, circumstances, interests, and preferences.

The arrangements described below, and others listed above provide an indication of the types and variety of community connections schemes for alleviation of loneliness that have emerged from literature reviews and discussions so far. The schemes or opportunities listed in this research paper do not comprehensively cover the range of potential options. They are meant to be indicative and to provide triggers for discernment processes, not to constrain their scope.

Other initiatives more suited to the specific circumstances of individual hubs or groups of hubs may emerge from discernment processes in various hubs. Also, additional insights regarding potential loneliness-alleviation arrangements may emerge from the work of the World Health Organisation’s *Commission on Social Connection*, which was established in November 2023 (for three years, 2024-2026) to identify how best to address loneliness and social isolation by advancing social connection, and how best to marshal necessary policy and funding support for recommended mechanisms (World Health Organisation, 2023b; Krug, 2023).

In the meantime, the outlines and assessments below could provide a foundation for the process of investigation of various categories of initiatives and how to package or team them to alleviate loneliness or facilitate belonging through social connection. This process should not neglect timing issues. To be helpful to a person experiencing loneliness, a group/activity not only needs to be safe, welcoming, and interesting for that person, but also it should be regularly accessible without long periods of unavailability. Unfortunately, too many groups/activities shut down during some or all school holiday periods, depriving some participants of the regular, uninterrupted social connections that they need and crave (da Costa Roque, 2024).

Researchers and analysts have not yet arrived at a widely agreed view on the “best approach” to alleviate loneliness (Krug, 2023; Australian Institute of Health and Welfare, 2023a; Smith, et al, 2023; Holt-Lunstad and Perissinoto, 2023; Badcock, Preece and Badcock, 2023; Beckers, et al, 2022; Barnes, et al, 2022; National Academies of Sciences, Engineering, and Medicine, 2020, pp. 214, 218; Jopling, et al, 2020a, p. 87; Yanguas, et al, 2018). This could be attributed to:

- deficiencies in analysis of nominated schemes
- the high degree of heterogeneity of people experiencing loneliness
- the narrow focus of most schemes that target or relate only to specific cohorts or issues
- investigation of individual initiatives in the absence of complements
- insufficient attention to formulation of overarching or organising frameworks, that incorporate mechanisms for finding people who feel lonely, as well as means of helping individuals to connect meaningfully with others
- inadequacy of consideration of packaging of complementary loneliness-alleviation measures to deal with the great diversity of people and the multifaceted nature of the task of alleviating loneliness.

The most surprising and common oversight in investigations of various loneliness-alleviation schemes has been the neglect of mechanisms to find people experiencing loneliness. Typically, researchers assess initiatives to alleviate loneliness without considering the availability and efficiency of related means of identifying subjects. People with feelings of loneliness are not easily identified, as explained above, but they need to be found before they can be helped to connect with others with whom they can feel they belong. Paul McCartney recognised this nearly 60 years in a well-known piece of popular culture, the song “Eleanor Rigby” (McCartney, 1966):

*All the lonely people, where do they all come from?*

*All the lonely people, where do they all belong?*

Three important principles of analysis of initiatives or interventions need to be stressed. First, interventions should be assessed comparatively (not in isolation) to guide selection of the “best approach”. Second, consideration should be given to issues necessitating packaging of complementary initiatives to tackle loneliness: multiple potential triggers and risk factors for feelings of loneliness; substantial diversity of preferences of people, their backgrounds and their current circumstances;<sup>19</sup> and the multiple dimensions of the loneliness-alleviation task. This insight is

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<sup>19</sup> In a similar context, Badcock, Preece and Badcock (2023, pp. 59-60) observed: “The application of the same intervention across all clients therefore misses opportunities to tailor an approach to the specific needs of each client. .... Moving forward, it will be useful to test modularised treatment programmes containing multiple components, where the weighting of each component, and the format of its presentation, can be customised for clients based on pre-intervention assessment results.” Similarly, Joanna Hong, et al (2024, p. 10) suggested: “a multi-faceted intervention approach might be the most effective in trying to alleviate loneliness.”



consistent with the widely accepted principle of policy and programme design that, efficiently addressing multiple issues simultaneously, requires deployment of multiple, complementary, targeted initiatives (Tinbergen, 1952; Hansen, 1955).<sup>20</sup> Of course, packages should be assessed comparatively with alternative packages and individual initiatives. Third, assessments should not focus solely on effectiveness (performance relative to a benchmark). They should also consider efficiency (all benefits relative to all costs for all parties) and equity or fairness (distribution of social benefits and costs). These principles have too often been neglected in investigations of initiatives to address loneliness, and in surveys of such investigations.<sup>21</sup>

## Atomistic Approach

Effort by individuals, without collaboration with others, to help people who feel lonely could be described as an atomistic approach. Every motivated individual can make a difference in the lives of others (Willett, 2022a; Greaves, 2022; Murthy, 2020, pp. 237-238).

The disturbingly high proportion of people experiencing loneliness in Australia means that many encounters with others will inadvertently involve individuals who feel lonely. However, their feelings of loneliness will often not readily be observable.

One version of an atomistic approach to loneliness alleviation would involve encouraging individuals in each hub to actively seek to notice people experiencing or at risk of loneliness (see Appendix A for indicators) in and outside the hub, and to engage with them to help pre-empt or overcome their feelings of loneliness. Being observant is the starting point. Little acts of kindness – as simple as being friendly – facilitate interaction. Then, listening intently and displaying a caring attitude are further acts of kindness that can help people feeling lonely recognise that someone cares, and that connection and belonging may have become easier (Mackay, 2024, pp. 274-275, 297; Batsleer and Duggan, 2001, pp. 124, 129).

Another initiative is to ask people experiencing loneliness to help with things for which they are equipped and in which they are interested. This can help them to feel they are needed, valued, wanted, welcome, and accepted, and therefore, they belong (Cacioppo, 2022, pp. 136-137). This important form of kindness to those who feel lonely is easily and often overlooked because it is not typically perceived to be a conventional way of helping to address loneliness.

Indeed, it is appropriate to be kind in all encounters. Acts of kindness typically will lift both parties, even if they do not feel lonely, and will provide a bonus benefit to those who are experiencing loneliness. Recruiting a small group in a neighbourhood or a church to initiate engagement through acts of kindness in relevant communities could spark the creation of a kindness and connection culture that provides a foundation for a community-connections programme to address loneliness.

An atomistic approach could be categorised as an “*ad hoc* connection opportunities” approach in the taxonomy of loneliness-alleviation initiatives discussed above.

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<sup>20</sup> Kate Jopling, et al (2020a, pp. 12, 89) observed that different approaches could work together to address loneliness more effectively than individual initiatives, but apparently did not recognise the potential efficiency gains from packaging or teaming complementary initiatives.

<sup>21</sup> For example, see the discussions of “interventions” by Berg-Weger, Cudjoe and Lyu (2024); Smith, et al (2023); Beckers, et al (2022), National Academies of Sciences, Engineering and Medicine (2020), chapter 9; Gardiner, Geldenhuys and Gott (2018); Mann, et al (2017), and work on evidence and gap maps by Welch, Ghogomu, Barbeau, et al (2023) and Welch, Ghogomu, Dowling, et al (2023).

### ***Assessment of Atomistic Approach***

Little acts of kindness are acts of friendship. They facilitate connection and feelings of belonging (Batsleer and Duggan, 2001, pp. 122-124, 129). They can be initiated by people who observe or experience feelings of loneliness. They benefit givers as well as recipients, as discussed in the sub-section on Alleviation of Loneliness through Helping Others.

Involving a person who feels lonely in provision of assistance to others is likely to be a powerful mechanism for helping that person with loneliness, as researchers have confirmed (Cacioppo and Patrick, 2008, chs 13, 14; Charles and Wolfer, 2018, p. 16; Campaign to End Loneliness, 2020, p. 41; Productivity Commission, 2020, pp. 391-392; Murthy, 2020, pp. 163-168, 179-181; Lim, et al, 2021; Mackay, 2021b; Holt-Lunstad, 2021, p. 571; Cacioppo, 2022, pp. 136-137; Murthy, Holt-Lunstad, et al, 2023, pp. 21, 48). This is discussed in the sub-section on Alleviating Loneliness through Helping Others. Asking people experiencing loneliness to help others may be more effective in alleviating loneliness than offering to help people who feel lonely in other ways (Cacioppo, 2022, p. 136).

The example of individuals and small groups seeking to facilitate connections can positively influence others to support people experiencing loneliness, and to engage in acts of kindness more generally, as observed by psychology researchers (Cacioppo and Patrick, 2008, p. 225; Zaki, 2016, Mohemadali, 2020; Mackay, 2021a, p.241). The resulting growth of feelings of being cared for and respected will help create a sense of community and build a kindness and connection culture that will facilitate more connections and larger-scale and more-complex initiatives involving groups (Murthy, Holt-Lunstad, et al, 2023, p. 53). Communities can achieve so much more if motivated individuals support a team-based programme, as well as initiating individual activities to support those who feel lonely (Willett, 2002a, b).

An atomistic approach can be transformed into a kindness culture and team-based approach to help others as a by-product of informal, welcoming get-togethers supported by tea, coffee, and food after church services or at other times. The power of these simple activities has been evidenced by extensive research on religious organisations and practices in the United States. It was found that the “belonging” provided by such get togethers, rather than “believing”, is the key influence on formation of a kindness culture and groups to help others (Putnum and Campbell, 2010, pp. 472-475).

Such communities, if welcoming, offer opportunities for each newcomer to connect with multiple people and develop feelings of belonging, particularly if existing participants are engaged in things that interest or matter to each newcomer (Smith, 2021). People in a welcoming community may also be able to facilitate connections with other communities that may help people feel they belong.

Simultaneously with direct action to alleviate loneliness, a community can lobby governments to provide resources to support this activity and to act to address “structural issues” that contribute to the major public health issue of loneliness. A local church community can perform the first of these functions, and to a limited extent, the second. A network of churches can pursue the second and third functions more effectively than a single, local church community.

An atomistic approach could be a valuable precursor and element of an organised loneliness-alleviation programme. While the stand-alone efforts of individuals are important, they can play a much more valuable role as an inspiration for and complement to an overarching loneliness-alleviation framework and other team-based approaches.

## Community-Referral-and-Connection Framework

Community-referral-and-connection is an overarching or organising framework for a community-based approach for targeting the important elements of an effective and efficient loneliness-alleviation programme. This mechanism has been categorised as providing “connector services” in the taxonomy of loneliness-alleviation approaches outlined above.

The community-referral-and-connection approach is based on a concept usually known as “social prescribing”. This concept has attracted considerable and increasing attention in the academic and other literature on loneliness. Formulation of the concept was influenced by recognition that a substantial proportion of visits to GP clinics involved people in need of meaningful social contact and/or support from others in the community, rather than medical intervention, to improve their wellbeing (Sharman, et al, 2023; Oster, et al, 2023). The term “social prescribing” derives from the notion of “prescribing” potential cures of a social or relational nature that are more appropriate for people afflicted by loneliness than the standard medical practice of prescribing medication, psychotherapy, or counselling (Sharman, et al, 2023; Morse, et al, 2022; Wakefield, et al, 2022; World Health Organisation, 2022).

Social prescribing’s origin can be traced back to 1984, when the Bromley-by-Bow Centre started to blossom as a multi-purpose, community-service hub from a nearly defunct parish of the United Reformed Church in the severely deprived Tower Hamlets area of East London. This hub was guided by the new rector, Andrew Mawson (now Lord Mawson OBE). In 1989, a GP practice was added to the Centre. GP and barrister Sam Everington (now Sir Sam Everington OBE) helped set up and participated in the practice. Subsequently, Sam Everington and Andrew Mawson developed and implemented the social prescribing concept over several years. Building on its earlier initiatives, the Bromley-by-Bow Centre established the United Kingdom’s (UK’s) first Healthy Living Centre in 1997 (Bromley-by-Bow Centre, 2023; NHS Resolution, 2023). Both the Bromley-by-Bow Centre and the Bromley-by-Bow United Reform Church continue to serve the local community. The Bromley-by-Bow Centre’s social prescribing regime is complemented by the Church and the Centre’s wide range of groups and activities from which people can make participation choices, depending on their preferences. These and other groups and activities in the wider community provide opportunities for feelings of belonging to develop.

Social prescribing is now well established as an all-age programme in the UK, which was the first country to integrate this concept into national health policy through the 2019 *National Health Service Long Term Plan*. Across the UK, the National Health Service provides funding to support social prescribing schemes complementing the activities of primary care networks. There are some differences between specific details of social prescribing in England, Scotland, Wales, and Northern Ireland.

Social prescribing is being trialled or deployed in at least 20 other countries, including Australia (Khan, Chiva Giurca, et al, 2023; Bertotti, Hayes, et al, 2022; Morse, et al, 2022; Husk, et al, 2020). In addition, the World Health Organisation (Western Pacific Region) has produced a toolkit to guide implementation of social prescribing (World Health Organisation, 2022). The toolkit has been complemented by a free online course presented by OpenWHO (World Health Organisation, 2023a).

In Australia, in November 2019, the Royal Australian College of General Practitioners, the Consumers Health Forum and the National Health and the Medical Research Council Partnership Centre for Health System Sustainability (2019) held a roundtable event involving 33 participants from a wide

range of entities to consider the appropriateness of applying social prescribing. Reflecting a shared desire for a shift from a focus on illness to a focus on wellness (indicating greater attention on prevention and early intervention) in Australia's health system, participants recommended incorporation of social prescribing into policy in all three tiers of government. They proposed that government funding be pooled to support planning and implementation of social prescribing pilot schemes across the country on a scale large enough to properly test the concept in Australian contexts.

While social prescribing has been discussed as a mechanism for improving wellbeing through lifestyle changes, skill development, and better access to services, it has attracted particular attention as a means of improving wellbeing by alleviating feelings of loneliness and pre-empting physical and mental health conditions and premature death caused by experiences of loneliness.

A local example of the application of social prescribing to alleviation of loneliness is the *Ways to Wellness* programme managed by the Mt Gravatt Community Centre (2023) since early 2019 in southern suburbs of metropolitan Brisbane (specifically Statistical Area, Level 4 – Brisbane South). This community-based approach was funded initially by Commonwealth and Queensland Government grants and subsequently has been funded by the Queensland Government. This programme and some smaller, partly relevant programmes in south-eastern Queensland were evaluated with positive results by psychologists at the University of Queensland (Sharman, et al, 2023).<sup>22</sup>

In response to the report of a Queensland Parliamentary inquiry on social isolation and loneliness (Queensland Parliament, Community Support and Services Committee, 2021), which allocated a chapter to social prescribing, the Queensland Government advised that it intended to consider a state-wide trial of social prescribing after reviewing results of an evaluation of existing schemes in south-eastern Queensland by University of Queensland psychologists (Queensland Government, 2022a). Subsequently, the Queensland Government's *Communities 2032 Action Plan* stated (action 29): "Develop a social prescribing trial in Queensland informed by the evaluation of the *Ways to Wellness* programme and supported by key health professionals and systems" (Queensland Government, 2022c). In response to a query regarding the trial, a representative of the responsible government department advised in late November 2023 that scoping activity would be undertaken over 12 months to identify a range of social prescribing models to be considered for inclusion in a formal trial. Subsequently, the scoping activity became a "feasibility study" to be completed in late 2024. Nevertheless, since mid-2023, social prescribing schemes have been established in Oxenford, Hervey Bay, and northern Townsville with Queensland Government grants.

There are various existing and potential forms of the social prescribing process (Oster, et al, 2023; Muhl, et al, 2023a; Khan, Chiva Giurca, et al, 2023; Haslam, et al, 2024).<sup>23</sup> One version that could be suitable for some of the proposed hubs and that includes process elements that are widely regarded as important is described below. It is consistent with the results of an academic exercise to formulate internationally accepted conceptual and operational definitions of social prescribing

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<sup>22</sup> The *Ways to Wellness* programme derived from interactions between organisations comprising the Queensland Community Alliance (QCA), which is focussed on issues in the community. The QCA's membership includes faith-based groups (such as the Anglican Parishes of Logan and Mt Gravatt and the Social Responsibilities Committee of the Anglican Diocese of Southern Queensland), trade unions, community organisations and ethnic associations. After a decision was taken to address loneliness and social isolation, local politicians and University of Queensland psychologists were included in a working group established in August 2018 to consider solutions.

<sup>23</sup> See Khan, Chiva Giurca, et al (2023) for outlines of schemes in more than 20 countries.

through a discernment process designed to obtain a reasonable degree of consensus among experts (Muhl, et al, 2023b).

In the proposed version of a social prescribing framework, perceptive people with various skill sets and backgrounds identify people who might be feeling lonely or at risk of loneliness and refer them to a “community-connections hub”. There, a “community-connections facilitator” listens attentively to and works closely with each person with feelings of loneliness to ascertain what interests and motivates that person and to identify activity groups within which feelings of belonging could ensue. The community-connections facilitator also engages with the person to identify and address obstacles to that person’s involvement in groups of interest.<sup>24</sup> Members of those groups have the important task of welcoming newcomers and helping them to become involved in the group’s activities so that they come to feel they belong.

The social prescribing framework proposed in this document incorporates a compatible version of the concept of “nature prescribing”. This concept involves communing with nature, usually while connecting with others. It is discussed in a subsequent sub-section on Natural Connections.

Unfortunately, the name, “social prescribing”, does not accurately reflect the essence of what is involved in well-designed examples of this type of loneliness-alleviation scheme. There are two reasons for this concern.

First, the word “prescribing” is inappropriate because it has been widely accepted that it is unhelpful to “prescribe” what a person who feels lonely should do. Personal autonomy or self-determination – avoidance of paternalism – is considered vital.<sup>25</sup> This follows from a central principle that instead of the focus being on “what is the matter with the person?”, the focus is on ascertaining “what matters to that person”.<sup>26</sup> The principle means working with the person experiencing loneliness to identify what matters to or interests that person and to link the individual with a safe, welcoming group with similar interests so that a feeling of belonging ensues (Campaign to End Loneliness, 2020, pp. 38-39; Queensland Parliament, Community Support and Services Committee, 2021; Morse, et al, 2022; Sharman, et al, 2023).

Second, the word “social” does not adequately reflect the multiple roles of members of the community. Those roles include identifying and referring relevant people for support, and then connecting them with and accommodating them in groups and activities in which feelings of belonging can develop.

The term “community-referral-and-connection” is preferred in this document for the selected version of the process habitually termed “social prescribing”. The former term reflects the key

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<sup>24</sup> The community-connections facilitator has been given a variety of alternative names, such as “link worker” (England and China), “community connector” (Wales), “wellbeing coordinator” (Singapore) and “wellbeing coach” (Netherlands) (Morse, et al, 2022).

<sup>25</sup> Self-determination theory literature has explained how important autonomy or free agency is for human well-being (Ryan, et al, 2019). The importance of autonomy has also been recognised by some medical practitioners (Veitch, 1972; Barry and Edgman-Levitan, 2012). The importance of free agency for human well-being has also been highlighted in the economic development literature (Sen, 1999, pp. 11, 283-284, 289-290).

<sup>26</sup> This catchphrase has been popularised by Dr Sir Sam Everington, a founder of social prescribing. Its origins can be traced back to Dr Robert Veitch (1972), who stressed that, in the relationship between physician and patient, there should be “a sharing in which the physician recognises that the patient must maintain freedom of control over his own life and destiny when significant choices are to be made.” Interest among health care providers in the “what matters to you?” principle was boosted by an article on shared decision making in medical treatment in the *New England Journal of Medicine* in 2012 (see Barry and Edgman-Levitan, 2012).

features of the process, including its avoidance of paternalism, the involvement of community members in finding, referring, and embracing people experiencing loneliness, and the provision of “connector services”.<sup>27</sup>

There is potential to deploy a community-referral-and-connection approach in multiple community-connections hubs (based on individual or groups of Anglican communities) in southern Queensland. Alternatively, hubs could support schemes of this type established by other entities, such as the Mt Gravatt Community Centre’s well-established *Ways to Wellness* programme in Brisbane’s southern suburbs, and the Primary Health Network Brisbane North’s more recently established programme, *Social Health Connect*, in the Caboolture-Kilcoy area.

Community-referral-and-connection schemes could be linked via a common website and inter-hub cooperative activity. This would expand the range of potential referrers to each hub, provide each hub with a larger range of potential places-to-belong with which people who feel lonely could be connected, and share/transfer knowledge between hubs to improve their operation.

An important feature of the community-referral-and-connection framework is that it reaches beyond each community-connections hub to involve members of the district or regional community in helping other members experiencing feelings of loneliness (Jopling, et al, 2020a, p. 24). It engages with a broad community base and attracts support from that base. So, it is effectively a community-supported scheme, not a narrowly focussed initiative supported solely from within a community-connections hub.

### **Community Referrers**

Identification and recruitment of a range of suitable community referrers is a foundational element of a community-referral-and-connection system. Community referrers identify people whom they perceive to be experiencing loneliness or at risk of feeling lonely and refer them to a community-connections hub that could assist them to make the meaningful connections they crave.

General medical practitioners (GPs) were the original referrers in the United Kingdom. Potentially suitable referrers of people to a community-connections hub now have much more diverse backgrounds. Referrals can be made by other health professionals, including psychiatrists, psychologists, occupational therapists, physiotherapists, and staff in hospital emergency and out-patients departments. Additional referrers may include other counsellors, social workers, in-home assistance assessors for government, in-home assistance service providers, community-service organisations, educators, clergy, family members, neighbours, acquaintances, service providers, and work colleagues. Also, people feeling lonely may self-refer (Royal Australian College of General Practitioners, et al, 2019; Sharman, et al, 2023).

It is important that potential referrers are provided with information explaining that a community-referral-and-connection framework is not meant to be either a triage service that advises on appropriate treatment for people with pre-existing mental and physical health issues, or a support service for people experiencing traumatic circumstances such as domestic or sexual abuse (Rice, 2023). The framework is simply focussed on helping people with, or at risk of feelings of loneliness to find groups/activities in which they can feel they belong. Accompanying issues need to be dealt with by professionals with appropriate expertise. Of course, those professionals may wish to refer people for assistance in addressing feelings of loneliness accompanying other issues.

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<sup>27</sup> Kate Jopling, et al (2020a, pp. 19, 24) observed that social prescribing provides “connector services”.

Referrers desirably should be equipped with guidelines to facilitate identification of people thought to be experiencing or at risk of loneliness, as indicators of loneliness are not widely available. The identification task is further complicated by a common reluctance to admit to feeling lonely and a tendency to withdraw from interaction with others.

A preliminary list of indicators that has been gleaned and compiled from the literature on loneliness has been provided in Attachment A. The indicators can be categorised as either leading or trailing indicators. It should not be assumed that they provide definitive evidence of loneliness.

### **Community-Connections Hubs and Facilitators**

There is widespread agreement that community-connections facilitators (often referred to as link workers in Australia) are key personnel in community-referral-and-connection schemes hosted by community-connections hubs. A community-connections facilitator could connect a person who feels lonely to a group or range of groups in which that person could potentially have a feeling of belonging because of common interests and welcoming and safe-to-be-near participants.

In some cases, a community-connections facilitator may also consider that it is appropriate to connect a particular person to services to help with issues that are entangled with or exacerbate loneliness. These services may include disability support, assistance for seniors, domestic violence support, psychological and other counselling services, housing assistance, financial advice, and material assistance (Sharman, et al, 2022). Unfortunately, some of these services, notably cognitive behaviour therapy and social skills training, have mistakenly been regarded as substitutes for community-referral-and-connection, rather than as complements.

Essential elements of the task of connecting people who feel lonely with places-to-belong include (Royal Australian College of General Practitioners, et al, 2019; Hassan, et al, 2023; Haslam, et al, 2024):

- working closely with each person to ascertain what interests or motivates or matters to that person and to identify groups through which the person could make meaningful social connections while being involved in things or activities of interest
- collaborating with each individual to identify psychological, logistical, financial, physical, and other obstacles to that person's involvement in selected groups and activities, and to formulate and implement actions to address impediments to the person's involvement
- monitoring and assessment of progress of each placed person, provision of any further support required to deal with unforeseen issues (possibly including trialling alternative or additional connections), and reporting back to the community referrer
- building relationships with many individuals and groups in local communities who could provide referrals or places-to-belong or both.

While all four of these elements are essential, their relative importance and difficulty will vary with the specific characteristics and circumstances of relevant people. In some cases, the most important and difficult element will be the first. This may extend into the third. In other cases, the second element will be the most important and difficult, because there may be multiple challenging obstacles to be overcome to allow involvement in selected groups or activities. Challenges in overcoming these obstacles may spill over into the third element. The second and third elements of the connection task may include accompanying people who feel lonely to visit potentially suitable communities and service providers. The fourth element's scope needs to reflect the diversity of characteristics and circumstances of people experiencing loneliness in local communities. In some cases, the nature and severity of impediments to participation (for example, difficult health and

mobility issues) may require that communities (or subsets thereof) and services be brought to relevant people, rather than the reverse (Lim, Eres and Vasan, 2020, p. 802).

In all cases, enabling and maintaining the autonomy or free agency of those being helped is an important underlying theme. Paternalism is not part of a sound community-referral-and-connection scheme.

Attributes required by community-connections facilitators include the ability and persistence to:

- build feelings of rapport, trust, safety, and respect for privacy and confidentiality
- listen attentively to and work closely with vulnerable, often-disadvantaged people to ascertain what interests or matters to them and to identify and address obstacles to their involvement
- network continuously to facilitate identification and involvement of potential referrers and places-to-belong, and to determine and document how they contribute.

Community-connections facilitators and their supporters within hubs need to compile and/or update directories of potential places-to-belong, and various other support services. This is a continuous process, as contact details change, new options emerge, other options disappear, and gaps in the directory catalogue or directory are revealed during the process of trying to match people to groups/activities. Potential places-to-belong and support services could be external or internal to an organisation managing a hub. Places-to-belong could include new groups established by the hub to plug a gap in the range of available potential places-to-belong, or for a variety of other purposes. Even if addressing loneliness is not a primary purpose of various groups in which people can feel they belong, it may be an important by-product.

Similarly, community-connections facilitators and their supporters need to build relationships with and catalogue potential referrers of people desiring social connections. Referrers could be external or internal to an organisation supporting a hub.

Typically, community-connections facilitators are paid personnel (Oster, et al, 2023). This applies in the *Ways to Wellness* programme operating in metropolitan Brisbane's southern suburbs, the *Social Health Connect* initiative in the Caboolture-Kilcoy region, the *Studio Village Social Prescribing* scheme in Oxenford, the *Connecting Communities: Social Prescribing for Health and Wellbeing* scheme in Hervey Bay, and *A Place to Belong* in Northern Townsville.

However, the role of a community-connections facilitator could be undertaken by a volunteer or group of volunteers (Lee, 2017; FitzGerald, ca 2022). This applies in two community-referral-and-connection programmes in the eastern suburbs of metropolitan Melbourne: the *Living Our Best Life* programme for people aged 60+ in the City of Knox initially, and later extending to Maroondah, Manningham, Whitehorse, and Yarra Ranges; and the *Access to Community (A2C)* programme for people aged under 65 in and around the local government areas of Boroondara, Yarra and Manningham (Community Houses Association of the Outer-Eastern Suburbs [CHAOS], 2023; Access Health and Community, 2023). The *Beyond Loneliness Soul Talk Project* in Adelaide is another programme that depends on volunteers to help people experiencing loneliness to make meaningful connections (Whetham, 2024).

Deploying a group of volunteers to undertake a community-connections-facilitation role instead of employing a person has several positive features. The volunteer route allows involvement of people collectively offering considerably more than a single employed person in respect of expertise, life experiences (including feelings of loneliness), local knowledge, and networks. It lowers financial



costs relative to capacity. It deploys underutilised resources. It provides benefits to volunteers (with added benefits to volunteers who are lonely). It reduces the dependency of a programme on external funding that may be short-term in duration and insecure. It reduces the risk of a community-connections facilitator experiencing burnout and/or feelings of isolation, as it provides peer support within the group (Sharman, et al, 2022). Importantly, help from volunteers may be more beneficial because of the stronger ethical underpinnings of support from volunteers, the greater strength of intrinsic motivation compared to extrinsic motivation, and the greater autonomy of volunteers (Titmuss, 1971, pp. 157, 246; Arrow, 1975, pp. 21-22; Ryan, et al, 2019; FitzGerald, ca 2022, pp. 17, 26).

In an all-volunteer model of community-referral-and-connection, coordination and supervision of volunteers involved in community-connections facilitation could be undertaken by one or more volunteers. In a hybrid model, volunteers could work with paid employees, with each category of personnel taking on responsibility for either coordination/supervision or community-connections facilitation or support functions or training or some of each. In the hybrid A2C and *Living Our Best Life* models, community-connections facilitators are volunteers, while programme coordination and supervision/support of volunteers are undertaken by paid employees.

A negative aspect of a volunteer-led model is that difficulties may be encountered in recruitment and retention of suitable volunteers.<sup>28</sup> This problem applies to a lesser extent in a hybrid model.

Community-connections facilitators will require training and other support. Also, programme coordinators will need to be trained to provide or arrange training for community-connections facilitators. Training is important for paid employees and volunteers (Haslam, et, 2024; Hassan, et al, 2023; Oster, et al, 2023). Its importance arises from the sensitivities and behavioural characteristics associated with those who feel lonely, the desirability of avoiding paternalism, the necessity of developing attentive-listening skills, and the safety of all participants, including those in potential places-to-belong.

The Diocesan Coordinator for a programme called *Creating Caring Communities*, an initiative of the Anglican Church Southern Queensland, has advised that course material for this programme could be adapted and imparted to volunteers in a community-referral-and-connection scheme involving various parishes. The programme includes provision of training courses for volunteers. These courses are conducted by several accredited presenters dispersed around southern Queensland. Supplementary material could be drawn from the World Health Organisation's (2023a) online social-prescribing course, and online training material for volunteers in loneliness-alleviation activities to be developed by the Queensland Government (2022a).

An attractive, alternative training option or source of insights is the course embedded in the *Beyond Loneliness Soul Talk Project* that is being trialled in Adelaide by the Life Café psychology practice. The course has been designed to train "community connectors", some of whom may have experienced loneliness themselves. Participants in the course learn about connecting inwardly through improved self-reflection, emotional regulation, empathy and compassion,<sup>29</sup> as well as

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<sup>28</sup> While the difficulties associated with recruitment of volunteers have been worsening gradually over the past 30 years, the COVID-19 pandemic triggered a substantial additional drop in volunteering that has persisted.

<sup>29</sup> Neurobiological research has revealed that feelings of loneliness are associated with alterations in the structure and functions of parts of the brain that are involved in aspects of wisdom, including emotional regulation, self-reflection, empathy, compassion, and discernment (see Meeks and Jeste (2009) for an overview of aspects of wisdom and brain function). A strong and consistent inverse correlation has been

connecting outwardly with others, because both inward and outward connection are considered important for alleviation of loneliness. The training programme is meant to help each participant find a personal passion, purpose, and place, and to embrace four “pillars of connection”: an understanding of loneliness; allocation of time to things that enable feeling valued, heard and seen; facilitation of meaningful connections; and identification of safe and accessible spaces that bring people together<sup>30</sup> (Whetham, 2024).

The training is delivered to groups of 8-20 people for one hour per week for three terms of 10 weeks (total of 30 weeks). It is supported by a bonus Soul Talk E-Course containing 30+ hours of material. Topic 1 (in term 1) of the course is labelled “Move Your Mindset”. It is focussed on a personal quest to find a passion, purpose, and place. Topic 2 (in term 2) is labelled “Re-Story Your Life”. It deals with moving from a chaotic mindset to contemplative and passionate mindsets, and to a life characterised by connectedness, hope, identity, meaning, and empowerment. Topic 3 (in term 3) is on “Soul Talk Skills”. It is focussed on connecting with self and others, and on desirable behaviours, including ways of listening to and interacting with others. The free course, which is funded by the South Australian Government, was first trialled at a community centre in Adelaide in 2023-24 and conducted at two other community centres in 2024-25 (Whetham, 2024).

Paying community-connections facilitators and/support staff and/or coordinators of volunteers, and financing training of employees and volunteers require funding sources. If funding support from external sources, such as a government or private sector sponsor, cannot be arranged, service fees would be required.

Both recruitment of volunteers and pursuit of funding for employees to undertake a programme are demanding tasks. Both are ongoing activities because of turnover of personnel and uncertainty relating to funding-continuity. In the establishment and operation of a programme, the appropriate trade-off between these resourcing mechanisms needs to be considered.

### **Places-to-Belong**

The directory of potential places-to-belong, from which a community-connections facilitator can suggest opportunities, needs to be large and varied to cater for the potentially widely differing preferences, interests, attributes, and circumstances of people experiencing loneliness. A wide-ranging directory would also facilitate multiple connections for people desiring more than one opportunity (Jopling, et al, 2020a, p. 32; Jopling, et al, 2020b, p. 13).

There may be potentially suitable groups and activities already in existence. Relevant examples from a wide range of potential selections include: church communities; church-sponsored service, social, and activity groups;<sup>31</sup> community-service clubs; single- and multi-focus charities; wild-life and environmental care/protection groups; other cause-focussed organisations; men’s sheds; music-related (singing, instrumental, and dancing) groups; book clubs; play groups; social groups and activities linked to community/neighbourhood centres; groups socialising over refreshments; community gardens; floral art societies; arts and crafts groups; historical and ancestral societies; education-focussed groups; sporting teams and clubs; walking and running groups; indoor and

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found between the personality traits of loneliness and wisdom, especially the empathy/compassion component of wisdom (Lam, et al, 2021; Badcock, Preece and Badcock, 2023).

<sup>30</sup> Ending Loneliness Together (2024, p. 41) argued that establishing a culture of connection is critically important for an effective response to chronic loneliness and that it is underpinned by the nominated four pillars of connection.

<sup>31</sup> Charles and Wolfer (2018) explain how congregations can help avoid or address loneliness afflicting members.

outdoor exercise groups; and other special interest groups. The potential of groups and activities such as these to be places-to-belong is discussed in a subsequent sub-section on “Third Places”. This term refers to anywhere other than home (first place) or work or education (second space), where people could benefit from being with others voluntarily and informally.

Some of these groups/activities or third places provide more than the wellbeing (including health) benefits resulting from feelings of belonging. Those based on physical activity provide additional health benefits through weight control and improvements to bodily functions. Activities that involve communing with nature provide further health and wellbeing benefits, as discussed in a subsequent sub-section on “Natural Connections”.

Each hub or its sponsoring community could also consider and initiate establishment of new groups and activities in which people experiencing loneliness could feel they belong. Each community or hub could focus on adding offerings that satisfy two criteria.

First, they are of particular interest to sub-groups of lonely people seeking support or hub participants not experiencing loneliness but willing to help. Places-to-belong could be created for newcomers by building on common interests of people being supported by the hub or people within the hub that is providing support. So, people being helped could become helpers (Bhatti, et al, 2021).

Second, they plug gaps in the existing range of potential places-to-belong. Gaps refer not only to missing types of groups/activities, but also to times in the year, such as peak holiday periods, when community groups/activities typically shut down.

Existing and new offerings by hubs should include activities providing help to people in need, as volunteering to participate with others in such activities has been recognised as a potential place-to-belong for people experiencing loneliness (Tierney, et al, 2022; Turk, et al, 2022; Williams, et al, 2022; Nichol, et al, 2023). Recent research has emphatically confirmed that when people with feelings of loneliness participate in acts of service to others, they alleviate their own loneliness, as well as improving the wellbeing of others (Cacioppo, 2022; Campaign to End Loneliness, 2020, p. 41; Productivity Commission, 2020, pp. 391-392; Lim, et al, 2021; Mackay, 2021; Holt-Lunstad, 2021, p. 571; Charles and Wolfer, 2018, p. 16; Cacioppo and Patrick, 2008, chs 13, 14). This is consistent with other psychological and economic research that has found that helping other people benefits givers at least as much as recipients (Ryan, et al, 2019; Ludden, 2017, p. 5; Frey, 2008, p. 86). These research results also are consistent with the Biblical insight, “It is more blessed to give than receive” (Acts 20: 35 NIV). The concept of “helping the lonely by helping others” has been considered in more detail below as a separate or complementary initiative targeting loneliness.

Essential requirements for potentially suitable places-to-belong include the overt acceptance and safety of participants. This means people in those places need to be inclusive, warm, caring, understanding, trustworthy, respectful of privacy and confidentiality, and must allow individual freedom of thought and action (Andrews, 2021, pp. 184-190, 193; Queensland Council of Social Service, 2023, pp. 22-28).

### **Other Considerations**

Promotion is important to create awareness of the existence, functions, and benefits of any loneliness-alleviation mechanism, including a community-referral-and-connection scheme (Queensland Council of Social Service, 2023, pp. 29-31). Among schemes to alleviate loneliness, a community-referral-and-connection scheme is unique in that it promotes places-to-belong. It is self-

promoting only through the demonstration effect of helping people who feel lonely to participate in groups/activities in which they feel they belong. This helps build momentum, but it does not get the scheme started. Establishment of a scheme requires promotion, as well as organisational activity and resources. Informing potential referrers about the logic and benefits of a community-referral-and-connection framework is an essential foundational activity. Referrers, some of whom may also be participants in places-to-belong, can promote the scheme to people whom they perceive feel lonely or are at risk of loneliness. Compilation of a large directory covering a wide range of potential places-to-belong is important for promotion of the scheme and for its effective and efficient operation.

Good collaborative relationships are critically important requirements for a successful community-referral-and-connection regime (Haslam, et al, 2024; Hutchinson, et al, 2023; Thomas, et al, 2021). In each part of the community-referral-and-connection process, considerable time, investigational effort, and patience may be required to establish solid, enduring, collaborative relationships.

Obviously, there would need to be respect, trust, and collaboration between a social-connections facilitator and each person seeking help find a place-to-belong. To do this, it is essential to work sensitively and cooperatively with people, rather than doing things for them or prescribing what they should do (Bhatti, et al, 2021; Royal Australian College of General Practitioners, et al, 2019).

In addition, there would need to be trust and respect between potential referrers to a hub and the community-connections facilitator and other hub supporters. Feedback to regular referrers on those they have referred to a hub is likely to be important for maintenance of referrers' trust and continuation of referrals (Royal Australian College of General Practitioners, et al, 2019).

Also, the community-connections facilitator would need to be confident that groups to which a person might be introduced to alleviate loneliness would be suitably welcoming, inclusive, understanding, supportive, and safe. Of course, members of these groups would want to be comfortable that people sent to them can be integrated with ease, and that the safety of all parties is not compromised.

The importance of good collaborative relationships extends to entities partnering to deploy a community-referral-and-connection programme. A fractious relationship between partners could undermine a programme's performance.

There are various ways in which a community-referral-and-connection scheme could be designed and administered and/or complemented by other mechanisms (Oster, et al, 2023; Haslam, et al, 2024). It is sensible to learn from the experience of others in Australian contexts, and consider various refinements, before settling on an initial programme design and management arrangements. Consistent with this observation, dialogues have been initiated with managers/coordinators of a few community-referral-and-connection programmes in operation in Australia: *Ways to Wellness* (southern suburbs of metropolitan Brisbane), *Social Health Connect* (Caboolture-Kilcoy), *Connecting Communities: Social Prescription for Health and Wellbeing* (Hervey Bay), *A Place to Belong* (northern Townsville), *Studio Village Social Prescribing*<sup>32</sup> (Oxenford, northern Gold Coast), and *Access to Community (A2C)* and *Living Our Best Life* (eastern suburbs of metropolitan Melbourne). In addition, there has been considerable interaction with the initiator of the *Beyond Loneliness Soul Talk Project*

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<sup>32</sup> The *Studio Village Social Prescribing* initiative is focussed on women aged 55 years and over, because of a requirement of the Queensland Government's *Stay Connect Fund* from which Studio Village Community Centre (managed by Village Community Services Inc.) received a grant.

in Adelaide that currently incorporates some elements of a community-referral-and connection scheme and appears likely to add other elements in future.

The *Beyond Loneliness Soul Talk Project* is unique because a community-referral-and connection scheme is being built on the foundation of a training programme for “community connectors” (community-connections facilitators). In the initial version of the scheme, community connectors are “skilled friends” who share space and time with others and move the conversation from “small talk to soul talk” (from superficial to meaningful interactions) to facilitate connection with themselves and others. Graduates of the training programme are equipped to identify lonely people in their networks, work with them to ascertain what interests and motivates them, and then assist them to connect with others in potential places-to-belong. Essentially, individual “community connectors” operate as mini community-referral-and-connection services. Importantly, these programme graduates continue to be connected to the *Beyond Loneliness Soul Talk Project* through a Community Connector Club, sharing stories and information about potential places-to-belong, and receiving support and encouragement from one another (Whetham, 2024).

### ***Assessment of Community-Referral-and-Connection Framework***

Community-referral-and-connection schemes have attracted considerable and growing support among psychologists, medical practitioners, and other parties concerned about the wellbeing issues arising from the prevalent problem of loneliness. This support is based on the intuitive (qualitative analytical) appeal of the community-referral-and-connection approach to addressing loneliness, and initial rudimentary quantitative assessments of that framework (Sharman, et al, 2023; Morse, et al, 2022; Dingle and Sharman, 2022; Husk, et al, 2020). Reasons for the intuitive appeal of community-referral-and-connection programmes include the following.

A community-referral-and-connection framework is a mechanism for providing “connector services” in the form of an overarching or organising framework for alleviation of loneliness. It includes means of addressing three key issues in tackling loneliness: finding people who feel lonely; collaborating with them to identify places-to-belong; and facilitating access to a wide range of places-to-belong in the form of groups/activities that can cater for the preferences of highly heterogeneous people experiencing loneliness.

A community-referral-and-connection mechanism could be deployed for most age and other cohorts, including adolescent and pre-adolescent age groups. It is important to ensure that pre-adolescents, adolescents, and young adults are not neglected because of a common, but incorrect assumption that loneliness afflicts mainly elderly people. Unfortunately, young people, particularly those under the age of 16 years, have received less attention than older people, and have been underrepresented in “all-age” community-referral-and-connection programmes in the UK (Bertotti, Frostick, et al, 2020; Bertotti, Hayes, et al, 2022; Rice, 2023).

Components of a community-referral-and-connection mechanism are supported by various theoretical models that have been derived from work in different professional disciplines. While it is not apparent that the original scheme was originally based on any of these models (Evers, et al, 2024), some have been helpful in choosing between variants of the mechanism and guiding various refinements to it.

A community-referral-and-connection framework is supported by “social identity theory”, which recognises that “social identity” – a sense of “we” and “us” – is salient in various contexts and at least as important as personal identity in shaping thinking, emotions, and behaviour. Consistent with social identity theory, the community-referral-and-connection framework and complementary

arrangements should help to initiate, build, restore, and sustain meaningful connections with others in groups or communities. Such connections should and can be made while maintaining a sense of autonomy. They should provide feelings of belonging or a sense of social identity through shared purpose, joint participation in activities, and receipt and provision of social support. The result is a “social cure” for feelings of loneliness and their adverse health consequences (Dingle and Sharman, 2022; Wakefield, et al, 2022; Haslam, et al, 2024; Evers, et al, 2024). Social identity theory’s social cure approach to alleviation of loneliness seems to be compatible with the salutogenic model discussed next.

The theory of “salutogenesis” (health origins) is another intuitive support for the community-referral-and-connection framework described in this document. Salutogenesis focuses on bases of good health, broadly conceived to incorporate wellbeing more generally (a positive perspective), in contrast to pathogenesis, which focuses on causes of poor health (a negative perspective). The salutogenic model involves three key concepts: a “sense of coherence”, “resistance resources”, and “stressors”. A sense of coherence is deemed to be the key to health. When a “sense of coherence” is confronted by a “stressor”, three important attributes of a “sense of coherence” are activated: a desire to understand the challenge (“comprehensibility”), motivation to respond and cope (“meaningfulness”), and the capability to marshal required internal and external “resistance resources” (“manageability”). A sense of coherence can be strengthened by lived experience in coping with stressors, and by initiatives to support comprehensibility, meaningfulness, and manageability (Antonovsky, 1996; Ontario Agency for Health Protection and Promotion, 2024). If loneliness is a “stressor”, a community-referral-and-connection scheme can provide external “resistance resources” (referrers, community-connections facilitators, and places-to-belong), improve perceptions and use of internal “resistance resources”, and strengthen a weak “sense of coherence” (associated with moderate to severe feelings of loneliness) by contributing to “comprehensibility”, “meaningfulness”, and “manageability” (Wood, et al, 2021; Limarutti, Maier and Mir, 2023; Evers, et al, 2024).

Consistent with “self-determination” theory, the community-referral-and-connection framework outlined above eschews paternalism and advocates involvement of each lonely person in selecting potential places-to-belong and addressing impediments to linkage with those communities or groups. This is a highly desirable feature of that framework. The community-referral-and-connection framework also attaches importance to other basic psychological needs highlighted by self-determination theory: feelings deriving from “relatedness to others”, “competence” (building skills in things of interest) and “benevolence” (Ryan, et al, 2019; Bhatti, et al, 2021).

A published review of theories that seem to support social prescribing in some way documented eleven distinct theoretical formulations (Evers, et al, 2024). The review included the three theories outlined above, which appear to be particularly appropriate intuitive bases for a community-referral-and-connection framework among the eleven theories. Unfortunately, the review missed three important theoretical supports outlined below.

The Person-Environment-Occupation-Participation (PEOPP) model designed for occupational therapists is compatible with the community-referral-and-connection approach. Application of the PEOP model to address loneliness would centre it on the person feeling lonely, involve that person in identifying potential places-to-belong and addressing obstacles to participation, and have regard to various interacting circumstances, such as individual psychological and physical considerations, and community, societal, built, and natural environmental contexts (Johansson, Rapo and Nilsson, 2021).

The community-referral-and-connection approach described above is supported by “coproduction” theory (Hassan, et al, 2023; Hutchinson, et al, 2023; Thomas, et al, 2021).<sup>33</sup> The coproduction model applies to programmes that involve contributions from separate interested entities in the service-delivery process. Contributors include service recipients. Well-designed and well-executed coproduction has the potential to improve the efficiency of delivery of services through synergies arising from cooperative contributions (Ostrom, 1996).<sup>34</sup> The community-referral-and-connection framework described above is potentially an example of efficient coproduction, because the methodology activates efficiency-enhancing synergies. These are created by the framework:

- uncovering, attracting, and deploying underutilised resources and latent capacity from various sources in the wider community (unpaid referrers, voluntary community-connections facilitators, and places-to-belong) to address loneliness
- engaging lonely “clients” in identifying and scrutinising potential places-to-belong and in addressing impediments to involvement
- complementing various other means of alleviating loneliness
- releasing some resources for redeployment in the overstretched health system.

In addition, a carefully designed community-referral-and-connection scheme is an exemplar complex intervention targeting a complex problem (Wildman and Wildman, 2019; Bertotti and Husk, 2021). It is a multi-instrument (multi-component) regime that targets the various key requirements for a loneliness-alleviation programme outlined above. Moreover, it is designed to be complemented by other schemes targeting various cohorts, such as the mechanisms discussed in subsequent subsections. Unfortunately, too many reviews of loneliness-alleviation options have mistakenly considered variations of the community-referral-and-connection concept and other initiatives as substitutes or stand-alone schemes, without investigating how they could be packaged so that they complement each other in addressing loneliness. However, such investigations are important. For example, the success of a community-referral-and-connection regime would depend critically on the range and quality of potential places-to-belong with which people who feel lonely could be linked (Jopling, et al, 2020a, pp. 24, 30; World Health Organisation, 2022).

A programme design that incorporates a community-referral-and-connection framework and complementary schemes appropriately recognises the multi-faceted nature and complexity of the loneliness-alleviation task. Therefore, it provides a basis for efficient targeting of the various requirements of loneliness-alleviation and is consistent with long-recognised principles of programme design. Of course, the multiple components need to function well for the complex intervention to be effective and efficient (Husk, et al, 2020, p. 319; Tinbergen, 1952; Hansen, 1955).

Community-referral-and-connection also needs to be complemented by advocacy of government action to address “structural” mechanisms of social exclusion (a cause of feelings of loneliness)

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<sup>33</sup> In the UK, coproduction has also been widely perceived as a means of improving health care services, particularly through involvement of new forms of care other than traditional health services (Felipe, et al, 2017).

<sup>34</sup> The concept of “coproduction” and its potential to activate synergies has been attributed to Elinor Ostrom. She formulated the concept in conjunction with her husband Vincent Ostrom and others at Indiana University in the late 1970s (reflected in Parks, Ostrom, Ostrom, et al, 1981). The concept of efficiency-improving coproduction was part of the foundation for Elinor Ostrom’s work on cooperative management of natural resources by multiple users that pre-empts wasteful overexploitation. This work led to her being awarded the Nobel Prize in Economic Sciences in 2009. While she did not use the term “coproduction” in her ground-breaking book, *Governing the Commons: The Evolution of Institutions of Collective Action* (Ostrom, 1990), the concept of efficiency-improving coproduction was evident in this work.

based on social, economic, regulatory, and other structures for which governments are responsible. These mechanisms include material deprivation, disability, language difficulties, macroeconomic policy settings, and discrimination or stigmatisation for a variety of reasons, such as race, culture, gender, sexual orientation, and other attributes (Evers, et al, 2024; Barreto, Qualter and Doyle, 2023; Murthy, Holt-Lunstad, et al, 2023).

Because a community-referral-and-connection regime reaches beyond hubs to engage members of district or regional communities in helping other members experiencing feelings of loneliness, it can provide benefits to a broad community base. This includes not only people experiencing loneliness, but also others who help alleviate the affliction of those who feel lonely.

Despite the intuitive appeal of community-referral-and-connection as a mechanism for alleviating loneliness, an impediment to its adoption in some hubs could be a desire for a much simpler response to the complex problem of loneliness. However, simple solutions that are sound are rarely available for complex problems.

A related obstacle could be constraints on resources available to establish and support a community-referral-and-connection framework, and to address any gaps or deficiencies in the range of potential places-to-belong. The resource costs include not only financial allocations, but also the value of the services of volunteers in their best alternative use (opportunity costs). Resource costs will not be low because some people experiencing loneliness may need considerable support in identifying and accessing potential places-to-belong. In addition, follow-up support may be prolonged because the time and effort required to build friendships is typically substantial as indicated by results of research (Hall, 2019) outlined in a preceding sub-section on Importance of Improving Community Connections.

Adequate resourcing through external funding and/or recruitment and retention of volunteers is a critically important requirement for establishment, maintenance, and longevity of a community-referral-and-connection framework. Lack of resourcing would let down supporters and potential beneficiaries of the framework.

In the United Kingdom, where community-referral-and-connection schemes have been widely deployed, numerous quantitative assessments of various schemes have been undertaken. These assessments have covered large and small schemes involving a diversity of approaches, targeted issues, and targeted populations. Elsewhere, where deployment of community-referral-and-connection is in its infancy, it appears that few assessments have been undertaken (Herrmann, et al, 2021; Reinhardt, Vidovic and Hammerton, 2021). This is certainly applies in Australia.

Many quantitative assessments have considered outcomes only. Some have considered costs as well as outcomes. The included outcomes and costs have differed between studies. The quality of studies has varied widely.

Decreases in loneliness, and improvements in social connections, mental health, and overall wellbeing following deployment of community-referral-and-connection frameworks have been widely reported. However, some studies have focussed mainly or exclusively on physical and mental health outcomes, without consideration of loneliness. Most outcomes have been measured over short periods of time, even though it may take years for health effects of loneliness alleviation to become clear.

An example of a local study focussed solely on outcomes was an investigation of community-referral-and-connection (social prescribing) frameworks in five localities in metropolitan Brisbane



and the Gold Coast. The investigation was based on a comparative longitudinal survey of 63 clients of these schemes and 51 regular GP patients (not selected randomly), and interviews with 15 clients of the Queensland schemes and 15 community-connections facilitators (link workers) drawn from 10 schemes in Queensland, New South Wales, and Victoria. The longitudinal survey had three contact times during a period of 18 months: on commencement, after 8 weeks, and at the end of the survey period. It was ascertained that after 18 months, there had been significant reductions in feelings of loneliness and distress, and significant improvements in perceived health compared to the starting point and the comparison group. The interviews revealed that the magnitude of these effects was strongly influenced by the members of groups to which clients were connected and by the quality of relationships developed between community-connections facilitators and clients (Sharman, et al, 2023). Obviously, the assessment period was not sufficiently long to reveal medium- and long-term health benefits of the community-referral-and-connection schemes included in the assessment.

Another example of a study focussed solely on outcomes was an investigation of a community-referral-and-connection scheme operating in Nottinghamshire and supported by the UK National Health Service. This longitudinal study found significant improvements in quality of life after about four months that were sustained after another two to five months. The authors concluded that community-referral-and-connection works (Wakefield, et al, 2022). It is noteworthy that the assessment period was too short to capture medium- and long-term health benefits of alleviation of loneliness.

An important insight emerged from a recent investigation concerned only with a limited range of outcomes in a specific cohort. The results of the study suggested that the appeal of community-referral-and-connection as a framework for alleviating loneliness and consequential health issues should not be construed as meaning that this scheme can be viewed as a basis for curing serious health issues that already exist when the framework is put in place. Those medical issues typically will require medical responses. The review covered eight UK and US studies that considered health outcomes over periods of three to 24 months from community-referral-and-connection programmes for adults being treated for multiple medical conditions while living independently. It was reported that there was limited evidence that these programmes had positive effects on the physical and mental health of such people in the assessment timeframes. Loneliness was not a primary focus of any of the eight studies. Only three considered social connection as a secondary outcome. They did not report improvements in social connection (Kiely, et al, 2022).

Quantitative assessments ideally should include all relevant social benefits and social costs. Most of the quantitative assessments of community-referral-and-connection programmes that considered a range of outcomes and costs yielded positive results, even though assessment periods were not long enough to include medium- and long-term health effects (Kimberlee, et al, 2022; Polley, et al, 2022; Bickerdike, et al, 2017).

An example of a large, credible quantitative study including and comparing social benefits and costs was one undertaken in respect of a national programme conducted by the British Red Cross. A social benefit/cost ratio of 3.42 was estimated, but because the results were sensitive to the valuation of subjective wellbeing, a 95 per cent confidence interval was estimated. Its range of social benefit/cost ratios was from 2.4 to 4.45 (Foster, et al, 2021). This relatively attractive estimated social benefit-cost ratio range was obtained even though the assessment period was too short to pick up medium- and long-term health benefits.

Young people were the focus of a quantitative study of a community-referral-and-connection pilot programme in Sheffield over a period of 6 months. The age range was 11-24 years with an average

age of 17 years. The gender split was reasonably balanced. Just over half of the young people had longstanding physical and/or mental illness. The estimated social benefit/cost ratio of 5.04 for the Sheffield youth programme was above the average (3.19) estimated for similar adult community-referral-and-connection programmes in other locations in England by assessment teams with the same core group from the University of East London (Bertotti, Frostick, et al, 2020). Medium- and long-term health benefits of loneliness alleviation would not have been captured by the Sheffield youth study and the core team's similar adult studies because of short assessment periods.

The quantitative results of many assessments appear to endorse the qualitative analytical (intuitive) support for a community-referral-and-connection approach, and the considerable enthusiasm for implementation. However, there has been some criticism of many quantitative studies, even though critics often have acknowledged the promise of a community-referral-and-connection approach. Typical criticisms related to short assessment periods, incomplete benefit ranges included in assessments, neglect of costs in many studies, inadequate economic rigour or guidance, and insufficient use of randomised controlled trials or matched controlled trials (Bickerdike, et al, 2017; Costa, et al, 2021; Herrmann, et al, 2021; Reinhardt, Vidovic and Hammerton, 2021; Kimberlee, et al, 2022). However, opinion is divided on the practicality of randomised or matched controlled trials for a complex intervention like community-referral-and-connection (Kimberlee, et al, 2022).

An additional complication is that schemes described as social prescribing (community-referral-and-connection) have been heterogenous, covering a wide spectrum of designs and different purposes (Reinhardt, Vidovic and Hammerton, 2021; Sandhu, et al, 2022). Quantitative analysis ideally should compare various versions of community-referral-and-connection having the objective of alleviation of loneliness, and comparative analysis should extend to any other mechanisms that could be reasonably regarded as alternative overarching frameworks for addressing loneliness.

Some analysts have argued that methodological issues have meant that the quantitative evidence produced so far is insufficient to endorse or reject community-referral-and-connection approaches to alleviation of loneliness. They have proposed additional quantitative analyses that address methodological issues that have undermined the credibility of many past quantitative studies (Bickerdike, et al, 2017; Husk, et al, 2020; Costa, et al, 2021). Other analysts have noted that the available quantitative studies generally support community-referral-and-connection programmes, and that some methodological improvements, such as longer assessment periods and consideration of broader ranges of benefits, would tend to reinforce the prevalence of positive outcomes (Kimberlee, et al, 2022). Still, the evidence base for community-referral-and-connection schemes needs to be improved before it can properly validate the widespread enthusiasm for application of this approach to loneliness-alleviation.

## Digital Connections

Digital technology provides historically unsurpassed opportunities for people to interact with others. Therefore, digital technology appears to offer considerable potential as a means of alleviating loneliness. Paradoxically, however, the potential of digital connections to alleviate loneliness has not been realised despite increasing digital connectivity over the past 15 years. Indeed, loneliness has increased substantially in the most-digitally-connected cohort, adolescents and young adults (Gaboury, 2020, pp. 104-105; Batsleer and Duggan, 2021, pp. 11, 105; Parkinson, 2022; Hall, Pennington and Merolla, 2023; Australian Institute of Health and Welfare, 2023a; Mackay, 2024, p. 106).

It has been found that loneliness in Australia is correlated with social media addiction. The latter problem is most common among adolescents and younger adults, and declines with age (Ending Loneliness Together, 2023a).

A trend of declining physical-presence (space-sharing) social connections and breakdown of community that commenced in the late 1960s (Putnum, 2000; Murthy, Holt-Lunstad, et al, 2023) has not been reversed or halted by increasing digital connectivity (Franklin, et al, 2019, p. 130; Gaboury, 2020, pp. 104-105, 148; Australian Institute of Health and Welfare, 2023a). Also, digital connections apparently have not provided adequate substitutes for space-sharing connections (Cacioppo and Patrick, 2008, pp. 259-260; Hari, 2018, pp. 95-98; Franklin, et al, 2019, pp. 135-136; Gaboury, 2020, p. 87; Hall, Pennington and Merolla, 2023; Holt-Lunstad, 2023; Mackay, 2024, pp. 25-27).

There are various reasons why rising digital connectivity does not appear to have reduced the prevalence and degree of loneliness (Murthy, 2020, pp. 101-120, 220; Brennan, 2021; Parkinson, 2022; Beckers, et al, 2022; Coates, 2023a; Murthy, Holt-Lunstad, et al, 2023; Mackay, 2024, pp. 25-27, 106-113, 299):

- substitution of digital connections for space sharing or physically getting together (connections “in real life”),<sup>35</sup> and consequent deterioration of the quality of relationships, because, inter alia, digital connections are more likely to be superficial, lack the richness and subtlety of space-sharing interaction including genuine eye contact, and short-cut the getting-to-know-each-other process that is an important part of development of meaningful relationships based on common interests and purposes
- feelings of social exclusion triggered by cyberbullying and misleading depictions of interesting, exciting, fun-experiences of peers on social media
- the social-distancing and facade-creating opportunities allowed by digital connections that facilitate a form of withdrawal from community
- absence of or limited digital connectivity for people who lack sufficient resources, are otherwise disadvantaged, or have been left behind in taking up digital technology and knowledge of how to exploit its potential (eg, older people).

Nevertheless, digital connections appear to have unrealised potential to help alleviate loneliness. There are various arguments that have been offered to support this view.

First, digital interaction may be perceived as a safer, less stressful way of exploring potential connections than through space-sharing. Second, the weakening of visual, auditory and contextual signals in digital interaction, might induce more sharing of stories and feelings, leading to deeper relationships. Third, digital interaction is more likely to alleviate loneliness if the main reason for engaging in it is to reduce feelings of loneliness or obtain a feeling of belonging (Shah and Househ, 2023). Fourth, digital interaction is better than no interaction. Fifth, the potential of digital interactions to help alleviate loneliness may be unlocked by encouraging the application of digital technology to initiate meaningful connections through arrangement of physical-presence involvement with others for a common purpose. Sixth, digital interactions can help maintain relationships established through physical-presence interactions (Murthy, 2020, pp. 114-120, 220; Beckers, et al, 2022; Hall, Pennington and Merolla, 2023; Murthy, Holt-Lunstad, et al, 2023, p. 51; Berg-Weger, Cudjoe and Lyu, 2024).

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<sup>35</sup> The term “in real life” or the acronym “IRL” has often been used to distinguish reality from something happening digitally or online.

Physical presence is the preferred form of engagement with others to address loneliness (cultivate feelings of belonging) according to available research results (Mackay, 2024, p. 77; Hall, Pennington and Merolla, 2023; Hall, Holmstrom and Totzkay, 2023; Reed, 2023; Grangie, 2022; Jopling, et al, 2020a, p. 57). Forms of digital interaction that are not simply superficial could usefully complement engagement involving physical presence or provide backup when there are major impediments to space sharing. These forms could include online communities, and video-conferencing tools that allow virtual social gatherings or other common-purpose gatherings (Brennan, 2021; Batsleer and Duggan, 2021, pp. 111-113; Coates, 2023a; Mackay, 2024, p. 77; Berg-Weger, Cudjoe and Lyu, 2024).

Realisation of the potential of digital connections to play a useful role in alleviation of loneliness might also be facilitated by setting up a digital-resourcing-and-connections hub in the form of a website and apps to supplement the functions of community-based hubs. This digital facility would contribute by:

- providing articles and other useful material on the nature, significance, and consequences of loneliness
- including a link to access “social connectedness” or “belonging” surveys, such as a short-form questionnaire linked to the UCLA loneliness scale
- helping those feeling lonely to move towards meaningful, durable community connections (and feelings of belonging) based on space sharing with other people
- providing information about existing physical-presence groups and activities (such as those outlined below), categorised by type of activity and geographical area
- facilitating access to services available to address issues that tend to complicate feelings of loneliness
- extending the connective reach of community-based hubs
- facilitating inter-hub cooperative activity, including exchange of knowledge and ideas about loneliness-alleviation initiatives, and thereby helping improve the collective and individual performance of hubs.

An obstacle to realisation of the full potential of digital connections to play a useful role in alleviation of loneliness is that some people have been reluctant or unable to take advantage of available digital technology. These phenomena are most common among older people or others who lack resources, respectively.

The use of digital connections to support initiation and development of meaningful connections with others is consistent with the categorisation of digital technology as “supporting infrastructure” in the taxonomy of loneliness-alleviation approaches discussed above.

### ***Assessment of Digital Connections***

Digital technology is a “two-edged sword”. There is a danger that it could lead to fleeting and/or superficial connections. Alternatively, it could facilitate meaningful, enduring connections. So, it is important to encourage reorientation of online activity towards making meaningful connections involving physical presence.

Digital technology provides opportunities for people who feel lonely to subtly or overtly signal desires for meaningful connections with others, and to take steps in that direction. Consequently, it could help with the task of finding people experiencing or at risk of loneliness.

In relation to finding potential places-to-belong, digital technology facilitates exploration for and investigation of options by those who feel lonely. One direct approach would involve compilation

and uploading of relevant material to a digital-resourcing-and-connections hub focussed on alleviation of loneliness.

Unfortunately, a tendency of people who are chronically lonely to withdraw socially or behave in ways that could put others off might impede self-initiated digital connections. In such cases, digital technology could be deployed by those seeking to help people feeling lonely. These supporters could digitally access information to facilitate appropriate connections.

It has been incorrectly assumed that adolescents and young adults will welcome loneliness-alleviation initiatives that have digital components or bases. In the United Kingdom, a survey of young people aged 16-24 years who self-identified as feeling lonely found that participants had reservations about initiatives being entirely online or having digital components (Eager, et al, 2024).

There are some other impediments to realising the potential of digital connections as a means of alleviating loneliness, in addition to the perverse effects outlined above. While adolescents and adults aged under 30 years are the most-digitally-connected cohort, disadvantaged people may not have access to suitable digital technology. Also, some older people lack access because of fear of technology, not knowing how to start, or some form of disadvantage (National Academies of Sciences, Engineering, and Medicine, 2020, p. 193).

An evidence and gap map of digital interventions to alleviate loneliness and social isolation among older adults covered 200 articles (103 primary studies and 97 systematic reviews) that considered effects of such initiatives. Interventions were allocated to five categories (Welch, Ghogomu, Barbeau, et al, 2023):

- improvement of social skills – training in use of digital technology to facilitate communication and access to information
- enhancement of social interaction – facilitating digital connections with family, friends, and helpers in the community
- improvement of access to health and social care support
- facilitating digital access to cognitive training/therapy
- multi-component interventions incorporating a mix of the those above.

The compilers of the evidence and gap map classified 72 per cent of investigations as “critically low quality” and only 2 per cent as “high quality”. They did not identify digital interventions considered to be effective or ineffective (Welch, Ghogomu, Barbeau, et al, 2023).

The evidence and gap map did not provide a separate category for initiatives focussed on application of digital technology to facilitate meaningful connections through arrangement of physical-presence involvement with others for a common purpose. There was no mention of initiatives that could be categorised in this way. Also, the compilers of the evidence and gap map did not mention how digital interventions might positively complement other initiatives to alleviate loneliness. These are major oversights in the literature and/or in the compilation of the evidence and gap map.

The compilers of the evidence and gap map noted that none of the 200 articles assessed the effects of lack of access to and knowledge of digital technology. This is an important gap in the literature on digital connections to alleviate loneliness and social isolation among older adults (Welch, Ghogomu, Barbeau, et al, 2023).

In any event, the digital connections concept would not be suitable as a stand-alone device for alleviating loneliness, as it requires support from other mechanisms to be effective. However, it could be a valuable complement to an overarching loneliness alleviation framework, such as the

community-referral-and-connection scheme outlined above, and to various initiatives providing potential places-to-belong for those who feel lonely, such as those discussed in subsequent sub-sections in this document (Rice, 2023). A digital-resourcing-and-connections hub in the form of a website and apps could provide: educational material regarding loneliness and its consequences; an explanation of the structure, role, and functions of a community-referral-and connection framework; and a directory setting out information about potential-places-to-belong.

## Alleviation of Loneliness through Helping Others

An oblique, but very powerful means of facilitating community connections for those who feel lonely is to involve them as volunteers in groups focussed on helping other people. People experiencing loneliness could be given opportunities to join existing groups in hubs and in the communities encompassing them. Alternatively, they could be invited to participate in new groups established by a hub to help others. Indeed, people feeling lonely could be involved in setting up new helping groups.

Getting people who feel lonely involved in helping others could be categorised as “*ad hoc* connection opportunities” in the taxonomy of loneliness-alleviation approaches provided above. In that taxonomy, general encouragement of volunteering to help others has been categorised as a “jurisdiction-wide” initiative.

The range of potential helping opportunities is limited only by the combined imaginations of organisers of helping groups. Local examples of such groups include branches of Anglican Mothers Union that are involved in various activities to help others, *Trinity Pantry* organised by Holy Trinity Anglican Church in Fortitude Valley to support people in difficult circumstances, and a *Thread Together* partnership involving St Andrew’s Anglican Church at Indooroopilly and Anglicare Southern Queensland that supplies people in need with new clothes that otherwise would have been dumped by clothing enterprises.

Volunteers to help others could be recruited within and outside a loneliness-alleviation hub by a combination of information dissemination, open invitations, direct targeting, and a community-referral-and-connection scheme. The third and fourth methods would help to ensure that the group includes some people suspected of being lonely or at risk of loneliness, and those methods are more likely to be successful in recruiting lonely volunteers and alleviating their feelings of loneliness. The latter occurs because volunteers can be informed individually why they have been asked or invited to participate, indicating they are valued and needed, and thereby cultivating a sense of self-worth and belonging (Cacioppo, 2022, p. 136). In addition, direct targeting and a community-referral-and-connection scheme can address informational deficiencies about where and how to volunteer to help others.

Recruitment of volunteers to help others could include young adults, adolescents, and pre-adolescents, who could work with older adults or with peers. An example of young people helping peers is the *We-Dine-Together* initiative in schools in the United States that is discussed in the sub-section on Food-Facilitated Friendships below.

Within parish-based hubs, feelings of loneliness could be perceived as an invitation to improve connections or friendship with God and other people (Gaboury, 2020, pp. 10-12, 147-159; Whetham and Whetham, 2020, p. 115) – to love God and love your neighbour, broadly defined to include the stranger (Luke 10:25-37; Matthew 22: 36-40; Mark 12: 28-34). These connections can be facilitated by delving into the scriptures to review many stories about others who moved closer to God in their

loneliness (documented in Gaboury, 2020), and to be reminded that it is more beneficial to give than to receive (Acts 20: 35). The latter can be confirmed by action, as research by psychologists and economists has shown (Holt-Lunstad, 2021; Ryan, et al, 2019; Ludden, 2017, p. 5; Frey, 2008, p. 86).

Loneliness of helpers is alleviated because of an opportunity to collaborate and connect with others on a cause that is genuinely meaningful to those helpers, and to work and interact with and make a difference in the lives of people in need. These experiences typically provide a feeling of belonging and a sense of purpose. The benefits of connecting with other helpers and people receiving help are combined with the satisfaction of seeing up close how the results of those connections have improved the circumstances of all people involved.

A wide range of helping opportunities is desirable to cater for the widely different circumstances, interests, and preferences of potential volunteers. There are likely to be existing opportunities in all communities. Also, there are likely to be niches that parish-based hubs could identify and consider filling. The range of opportunities can be increased not only by establishing new helping schemes, but also by tailoring roles within schemes to suit individual volunteers. These tailored roles may change over time as personal preferences and feelings change in response to helping experiences (Williams, et al, 2022).

Some of the people being helped by these initiatives may have felt lonely or may have been in danger of becoming lonely, as well as having been experiencing a need that was the primary focus of the helping response. Their feelings of loneliness may be alleviated through connections formed with other people being helped or with helpers, or because of improvements in their ability to relate to others and to feel they belong. An example of the last category is the participation of St Gabriel's (Carindale) in the nationwide *Kids Hope* programme. It involves an adult mentoring the same child for one hour each week. The programme has been shown to produce positive changes in various aspects of the lives of mentored children. A review of a similar programme in the United States found that these changes included a greater sense of belonging with peers, alleviating (risk of) loneliness (Murthy, 2020, p. 177).

### ***Assessment of Alleviation of Loneliness through Helping Others***

There is substantial evidence from recent research that involving people (including adolescents) who feel lonely in activities to help others simultaneously alleviates feelings of loneliness, enriches the lives of those with whom those experiencing loneliness collaborate, and improves the circumstances of those being helped (Cacioppo and Patrick, 2008, chs 13, 14; Charles and Wolfer, 2018; Campaign to End Loneliness, 2020, p. 41; Productivity Commission, 2020, pp. 391-392; Murthy, 2020, pp. 163-168, 179-181; Lim, et al, 2021; Mackay, 2021b; Holt-Lunstad, 2021; Cacioppo, 2022, pp. 136-137; Murthy, Holt-Lunstad, et al, 2023, pp. 21, 48). This finding is indirectly supported by other psychological and economic research that has shown that those who help others benefit as much or more than the people they help (Holt-Lunstad, 2021; Ryan, et al, 2019; Ludden, 2017, p. 5; Frey, 2008, p. 86). These research results are consistent with the Biblical insight, "It is more blessed to give than receive" (Acts 20: 35 NIV).

Further support for these findings has been provided by neurobiological research that feelings of loneliness are associated with alterations in the structure and functions of parts of the brain that are involved in aspects of wisdom, including emotional regulation, self-reflection, empathy, compassion, and discernment.<sup>36</sup> A strong and consistent inverse correlation has been found between the

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<sup>36</sup> See Thomas Meeks and Dilip Jeste (2009) for an overview of literature on the neurobiology of aspects of wisdom.

personality traits of loneliness and wisdom, especially the empathy/compassion component of wisdom (Lam, et al, 2021; Badcock, Preece, and Badcock, 2023).<sup>37</sup> This strengthens the case for finding ways of involving people experiencing loneliness in activities that help others.

The focus on volunteering to help others, rather than just volunteering, is intentional. Volunteering to help others is “other-oriented volunteering”, while other forms of volunteering may be “self-oriented volunteering”. Of course, “other oriented volunteering” is much more likely to benefit others than “self-oriented volunteering”. In addition, researchers have found that the health and well-being benefits that volunteering to help others provides to “other-oriented volunteers” substantially exceed the benefits that volunteering delivers to those engaged in “self-oriented volunteering” (Yeung, et al, 2018).

Inviting people experiencing loneliness to help others is a much more effective way of alleviating their loneliness than trying to help them directly in some other way. This is so because being asked for assistance signals that the person is valued, needed, wanted, and accepted, rather than invisible (Cacioppo, 2022, p. 136). Moreover, those who ask people to help others can address the important obstacle of not knowing where and how to start volunteering. Research by Volunteering Queensland (2024, pp. 4, 32) has revealed that 23.3 per cent of people surveyed who were not volunteering said they had never been asked or were unsure how to volunteer. This composite obstacle was the second ranking reason for not volunteering after “no time”. The latter reason suggests that the opportunity cost of time (the value of time in alternative uses considered more important) was deemed to be too high to warrant allocating time to volunteering.

A “virtuous cycle” of helping others and social connection has been observed. Helping others improves community connections, and better community connections tend to induce more helping (Murthy, Holt-Lunstad, et al, 2023, p. 21).

Helping groups should include young people, who could collaborate with their peers or with (older) adults. Adolescents and young adults experience loneliness as much or more than older adults. They can benefit from helping others as older adults do. Young people can be valuable helpers of other young people. In addition, volunteering by young people to help others can facilitate future employment.

The doing and purposeful features of helping others may make it easier for lonely people to become involved in groups undertaking such activities than in groups that are mainly relational. These considerations are relevant to facilitation of connections by young people (Parkinson and Jensen, 2023b).

The social benefits of helping people experiencing loneliness through their involvement in helping others outweigh the social costs. Volunteers signal by their involvement that benefits accruing to them exceed costs to them, or that they consider they are morally obliged to become involved because their participation yields social benefits in excess of social costs. Targets of helping activities receive benefits without incurring costs, provided that the help is provided in a way that is not condescending, demeaning or otherwise harmful.<sup>38</sup> Indeed, nett benefits to those in both the

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<sup>37</sup> While loneliness is associated with adverse physical and mental health, wisdom is associated with better mental and physical health (Lam, et al, 2021).

<sup>38</sup> Marcel Mauss (1925, 1990, pp. 83-84), among others, argued contentiously that that all giving is self-interested and is based on expectations of reciprocity or reciprocal responses to the giving of others that reflect cultural or societal norms. He also argued that unconditional giving is demeaning and wounding to recipients. The first claim has been disputed by many credible analysts, such as Adam Smith (1759); Richard Titmuss (1971), Edmund Phelps (1975), Kenneth Arrow (1975), Partha Dasgupta (2005), Paul Collier and John



helped and helper categories depend on people in both categories having autonomy or free agency (Ryan, et al, 2019).

Unfortunately, helping activities of various types are *ad hoc* patches of light, not comprehensive loneliness-alleviation programmes. A wide variety of helping groups and other interest/activity groups will be required to appeal to the varying preferences of different people. Also, these *ad hoc* initiatives typically do not have in-built arrangements for finding people who feel lonely and encouraging them to join other helpers. These drawbacks could be addressed by linking various helping groups and other interest/activity groups through a digital-connections mechanism and a complementary, overarching loneliness alleviation framework, such as a community-referral-and-connection scheme, both of which are outlined above. In this context, helping groups could be important elements of a loneliness-alleviation programme.

Establishment of schemes that involve people experiencing loneliness in helping others is an important way of increasing the potency of a community-referral-and-connection regime and a digital-resourcing-and-connections mechanism. Helping schemes are potentially satisfying places-to-belong with which people who feel lonely could be connected by a community-referral-and-connection regime (Tierney, et al, 2022; Turk, et al, 2022; Williams, et al, 2022; Nichol, et al, 2023). Also, a digital-resourcing-and-connections mechanism could guide those with feelings of loneliness to schemes in which they can help themselves by helping others.

## Food-Facilitated Friendships

Open invitations to attend regular, organised get togethers over meals or snacks with tea/coffee provide opportunities for people (at risk of) feeling lonely to create new friendships and consolidate previous connections. Key requirements for success of such events are an inclusive culture and discouragement of cliques.

Examples of such initiatives are *Coffee on Wednesdays* at St John's Anglican Cathedral in central Brisbane,<sup>39</sup> *Coomera Craft Circle* at St Matthew's Anglican Church in the northern Gold Coast, *Thursdays at St Mark's* at The Gap Anglican Church in Brisbane, *The Well Community Café* operated by Freshwater Anglican Parish in Deception Bay, *Cuppa with Company* at Christ Church Anglican Church in Childers, the *Eating with Friends* programme in various locations in Australia, the *Chatty Café* concept offered at venues across Australia, and *We Dine Together* in numerous schools in the United States.

*Coffee on Wednesdays (COWS)* attracts regular and occasional attendees for conversation, a range of cakes and snack foods, and tea and coffee. Everything is free. *COWS* is open to everyone. *COWS* embraces people who are lonely and others who are not. It creates and cements connections. It is scheduled on Wednesdays from 10 am to 2 pm.

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Kay (2020), and Hugh Mackay (2021a), who observed much unselfish giving. The second claim has been heavily qualified by many analysts, such as James Buchanan (1975), Romand Coles (1997), Steve Corbett and Brian Fikkert (2012), Al Barrett (2018), Brian Fikkert and Kelly Kapic (2019a, b), and Richard Ryan, et al (2019), who have explained that helping does not hurt recipients if it is not simply focussed on a short-term quick fix, it accepts that humanity is characterised by heterogeneity, and it involves working closely with and ensuring personal autonomy of people being helped (including listening attentively and learning from them), rather than telling them what to do or doing things for them. Romand Coles (1996) referred to such giving as "receptive generosity".

<sup>39</sup> St Paul's Anglican Church in Ipswich also offers *COWS*.

*Coomera Craft Circle* members get together fortnightly for a “cuppa and chat”. Participants take turns to provide food for these gatherings. Members also knit and crochet items for the St John’s Crisis Care ministry for the homeless based in Surfers Paradise and for indigenous children in foster care with Anglicare SQ on the Gold Coast. A survey of participants revealed that none became involved to do craft work. Many participants are from the wider community. Backgrounds and circumstances of participants are varied, but many were lonely when they joined. Participants have coalesced into an effective mutual support group, as well as providing help to disadvantaged people outside the group (Creed, 2022). This group could also be cited as an example of the concept of people experiencing loneliness helping others that was discussed in the previous sub-section.

*Thursdays at St Mark’s* is a very informal opportunity for members of the wider community of The Gap to get together for company and conversation over tea, coffee, and biscuits in air-conditioned comfort. Attendees are welcome to bring, knitting, mending, or artwork. *Thursdays at St Mark’s* is scheduled from 9.30 am to 12 noon on Thursdays. It reflects a strong focus on addressing loneliness in the parish’s vision and mission plan.

*Freshwater Community Café* operates in conjunction with the Freshwater Anglican Op Shop (9 am to 2 pm) on Wednesdays. Both are staffed by volunteers. The core mission of the community café is to provide a space where people can come to meet, share food and coffee/tea together, support each other, and promote community initiatives. The café sells barista coffee, tea, milkshakes, snack foods (such as muffins), and light lunches at reasonable prices. “Suspended Coffee” is available for those unable to pay. Gifts of coffee (donated anonymously) are represented by hanging tags that can be unhooked and presented to receive a cup of coffee or tea without charge. Live music is another feature of the *Freshwater Community Café*.

*Cuppa and Company* is a community-of-care initiative underpinned by the belief that no one should be lonely. It is scheduled on Tuesday mornings from 10 am to 12 noon. Coffee, tea, and food are provided free of charge to attendees. Christ Church members contribute food. Board games, cards, and craft activities appeal to some participants, but chatting over morning tea/coffee is the main activity. About two-thirds of attendees have not previously been members of the Christ Church congregation (Barker, 2023).

*Eating with Friends* was started in 2000 in Tasmania in response to concerns expressed by *Meals on Wheels* volunteers about people eating alone, and associated feelings of loneliness. It now operates in 34 Tasmanian communities (Neighbourhood Houses Tasmania, 2022). It has also been adopted elsewhere, for example, the East Creek Community Centre in Toowoomba (Ending Loneliness Together, 2023b).

The *Eating with Friends* programme aims to promote “social eating” to encourage connections with others. The programme operates in three formats, with each recovering costs from participants. A community-based model involves community groups and volunteers organising and hosting a meal at a local community venue. An eating-out model features visits to cafes and restaurants, or volunteers hosting a meal and outsourcing meal preparation. Under a school model, students organise and host a meal at their school or a community venue. Nutritious food is featured to encourage good eating habits (Neighbourhood Houses Tasmania, 2022; Beyond Blue, 2023).

*Chatty Café Scheme Australia* (2023) encourages hospitality venues and community-focussed groups to participate in building friendly social connections over beverages and food to contribute to alleviation of loneliness and social isolation. The *Chatty Café* concept was initiated in the United Kingdom and subsequently spread elsewhere. In southern Queensland there are *Chatty Café* venues

in Maleny (10.30 am to 12 noon, Tuesdays in Maleny Library), Albion in Brisbane (Carriage Brasserie in Clayfield retirement village, 10 am to 12 noon, second and fourth Friday in each month), Carindale in Brisbane (Carindale Café in Aveo retirement village, 10 am to 1 pm first and third Friday in each month) and Varsity Lakes on the Gold Coast (AIRpresso, 10 am to 11 am fortnightly on Fridays). Each venue provides a “chatty table or tables”. To encourage conversations, some venues allocate “chatty volunteers” (trained by *Chatty Café Scheme Australia*) to “chatty tables”. Typically, participants buy beverages and food for themselves at the venue, but in the case of the Maleny Library, the local Lions Club provides refreshments. The Lions Club also recruits “chatty volunteers”.

*We-Dine-Together* was initiated by a lonely boy who noticed that other students at his high school in Florida also seemed to be lonely and this was apparent at lunchtimes. He recruited two other boys to help address this matter. If they noticed someone who seemed to be lonely, they would invite that person to join a *We-Dine-Together* group at lunchtimes. The group grew quickly to more than 50 students. Feelings of loneliness were alleviated. Friendships developed beyond lunchtimes. Subsequently, *We-Dine-Together* clubs were established in many other schools (Murthy, 2020, pp. 270-271). A similar concept *No One Eats Alone* has been incorporated into Beyond Differences’ broader school-based loneliness-alleviation programme (Beyond Differences, 2024).

The food-facilitated friendships concept could be funded by participants or from other sources. Funding requirements will depend on the nature of and venue for events.

Initiatives applying the food-facilitated friendships concept have been characterised as “*ad hoc* community connections” in the taxonomy of loneliness-alleviation approaches offered above.

### ***Assessment of Food-Facilitated Friendships***

Programmes intended to facilitate friendships over beverages and meals or snacks are likely to be helpful devices for alleviation of loneliness. However, there are negatives to be considered.

Inclusivity suggests accommodation of food intolerances and low-budget events or events that are free for participants. Lavish events are not necessary to facilitate social connections. Low-budget offerings make it easier for sponsors to support frequent free or nominally priced events.

Inclusivity also suggests that the focus should be on connections, not on consumption. Desirably, arrangements will be sensitive to eating disorders that may induce some self-exclusion.

The food-facilitated friendship concept does not include structured processes for finding people experiencing loneliness and at risk of feeling lonely. It relies on informal mechanisms such as word-of-mouth, individual motivation, and simple advertising.

The concept is a niche initiative. Although every bit helps, niche programmes need to be teamed with a range of other initiatives that in aggregate can significantly alleviate loneliness. These events could be promoted through a digital-resourcing-and-connections mechanism and linked with a broader-based programme under an overarching framework, such as community-referral-and-connection. The narrowly focussed events and broader-based initiatives would be complementary.

## **Support after Loss of Someone Close**

Bereavement of a partner is a widely recognised trigger for feelings of loneliness. Loss of a close friend and a relationship breakdown are also loneliness triggers (see Attachment A).

These traumatic separations not only obliterate an “emotional” or “intimate” connection, but also may disrupt other connections in a pre-existing social network. The latter may result from new feelings of awkwardness or discomfort from being different to or no longer sharing experiences with those in the network with partners or other continuing close connections. Also, such feelings may arise because the pre-existing social networks had been established by the lost partner or close friend. So, a traumatic separation may also lead to a fading of former friendships, adding to the suffering associated with the loss of someone close (Weiss, 1973, pp. 77, 95-96, 145; Collier and Kay, 2020, p. 45).

Groups could be established to help these people make friends based on shared experiences. In the United Kingdom, *Minus-One Groups* have been established to help bereaved people establish friendships with others with similar experiences. These groups have flourished (Collier and Kay, 2020, p. 45).

Age UK Oxfordshire initiated *Late Spring*, a bereavement support programme for people over 60 years of age. About 25 groups were established in Oxfordshire. Age UK has also established bereavement support groups across the United Kingdom.

*Late Spring* provides opportunities to meet twice a month for coffee/tea, cake, conversation, and peer support. Group facilitators guide discussion and ensure inclusion. Before initial attendance, a prospective participant receives a telephone call from a group facilitator to gain an understanding of the new participant’s circumstances, convey information about *Late Spring*, and ensure the participant knows someone at his/her first meeting with the group (Jopling, et al, 2020a, p. 44).

A similar concept has been initiated by St Gabriel’s Anglican Church in Carindale, Brisbane. There, senior women meet for morning tea once a week, work together on craft products for sale at a monthly market in the church grounds to raise funds to help others, and check on the wellbeing of those present and missing. They are seeking ways of involving others in similar circumstances in the surrounding community.

The ideas underlying these support and friendship groups could be extended to those who have experienced loss of close friends or relationship breakdowns. Separate groups may be appropriate to accommodate people experiencing different types of loss. Possible group names could include *Phoenix* or *Next-Step*.

The idea of providing support to those who have lost someone close could be listed under “*ad hoc* connection opportunities” in the taxonomy of loneliness-alleviation approaches offered above.

### ***Assessment of Support after Loss of Someone Close***

Support and friendship groups or similar concepts would help address loneliness triggered by bereavement or relationship breakdowns. This is indicated by a survey of participants of the *Late Spring* programme (Jopling, et al, 2020a, p. 45).

However, these groups are likely to be imperfect substitutes for loss of someone close, particularly in the short term (Weiss, 1973, pp. 18-19; 227-228). However, with time, they can provide bases for transition to satisfying new connections with others.

Of course, these groups are narrowly focussed. Nevertheless, they can assist people in cohorts in which risk of loneliness is high.

People who have lost others close to them should not be hard to find. There are multiple avenues for finding potential participants and allowing them to find a bereavement (or other loss) support programme. However, encouraging involvement could be challenging in some cases.

A missing element in the concept is a process for connecting relevant people to others with whom they can feel they belong in addition to those in their local *Next Step* group.

These groups could be promoted through a digital-resourcing-and-connections mechanism and linked with broader-based community-referral-and-connection schemes. These initiatives would be complementary.

## Tackling Loneliness Among Adolescents and Young Adults

Loneliness afflicts adolescents as well as adults. The incidence of chronic loneliness is highest in late teenage and young adult years, even though each young person may be surrounded by a crowd at school or university. Loneliness in adolescent years affects learning. Also, adolescent loneliness tends to continue into adult life and may lead to adverse behaviour in adult years (Murthy, 2020, pp. 244, 252, 264; Batsleer and Duggan, 2021; Murthy, Holt-Lunstad, et al, 2023, p. 34).

Social exclusion is a prominent cause of adolescent loneliness. It may result from bullying (being a victim or perpetrator) or from snubbing of those who have a disability, are different in some other way, appear shy, or are newcomers (Batsleer and Duggan, 2021, chs. 8, 9).

Other important influences on adolescents' feelings of loneliness are the stresses of various developmental and educational transitions that may be encountered within just one decade. Developmental transitions include puberty, discernment and revelation of sexual orientation, pursuit and collapse of romances, identity formation, and individuation from family. Educational transitions include moving from primary school to high school, changing schools, moving from high school to tertiary education, or from high school to the workforce on a fulltime basis. Young adults may experience feelings of loneliness following the transition from tertiary education to the workforce. Some transitional stresses may be exacerbated by accompanying changes in residential circumstances, and in extreme cases by being a refugee. Many transitions involve breaking established connections and having to make new connections. This may provide openings for social exclusion (Shah and Househ, 2023; Batsleer and Duggan, 2021, ch. 7).

Resource deprivation and shame associated with poverty restrict ability and inclination to share experiences and connect socially with others in ways that are not (self) destructive. This is manifested in a much higher incidence of loneliness among young people who experience poverty than among others in the same age cohort (Batsleer and Duggan, 2021, ch. 4). Poverty could be categorised as a mechanism of "structural" social exclusion (Barreto, Qualter and Doyle, 2023).

When potential initiatives to address feelings of loneliness among young people are being scrutinised, it is important to consider how to deal with fear of stigmatisation. This could be a major impediment to participation if their struggle with loneliness becomes known to peers or others who lack empathy because of poor understanding or cultural norms (Eager, et al, 2024; Rice, 2023; Ellard, et al, 2023; Shah and Househ, 2023).

Most analyses of initiatives to alleviate loneliness have focussed entirely or predominantly on things that can be done to address loneliness among older people, particularly retirees (Eccles and Qualter, 2021; Shah and Househ, 2023; Eager, et al, 2024; Berg-Weger, Cudjoe and Lyu, 2024). In addition, most of the initiatives previously considered for young people have been targeted at those deemed

to be “at risk”, such as young people with experience of autism or police attention (Eager, et al, 2024). Neglect of loneliness among other young people is not warranted.

The literature on initiatives to alleviate loneliness experienced by adolescents and young adults is relatively small. Nevertheless, at least six categories of initiatives have been found in that literature. Some categories overlap with others.

*Community-referral-and-connection* has not been prominent in published material on alleviation of loneliness among young people. However, it performs the important functions of “connector service” and an overarching or organising framework for a package of initiatives. It is just as applicable for young people as for older people (Bertotti, Frostick, et al, 2020; Bertotti, Hayes, et al, 2022; Rice, 2023; Anderson, 2024).

*Digital connections* have attracted considerable interest in surveys of initiatives to address loneliness among young people. It has often been assumed that adolescents and young adults will be highly receptive to loneliness-alleviation initiatives that have digital components or bases. However, a survey in the United Kingdom of young people aged 16-24 years who self-identified as feeling lonely found that participants had reservations about initiatives being entirely online or having digital components (Eager, et al, 2024). Analyses of the suitability of deployment of the “supporting infrastructure” of digital connections to address loneliness experienced by young people have yielded mixed results. It seems that digital support is most likely to be helpful if it is used to facilitate space-sharing (physical-presence) interactions.

*Social support groups* have been prominent in reviews of measures that could be deployed to address or pre-empt experiences of loneliness by young people. They could be arranged to help young people with life transitions. They would facilitate sharing of experiences, provision and receipt of advice, and establishment of friendships (Ellard, Dennison and Tuomainen, 2023). They could be included under the broader heading, “*ad hoc* connection opportunities”.

*Encouragement of social interaction, particularly in purpose-focussed groups*, is another commonly suggested measure for pre-empting and addressing loneliness among young people. This measure is based on recognition that bringing together young people with shared interests and goals increases the likelihood of forming friendships (Eager, et, 2024). It could be incorporated in the broader category, “*ad hoc* connection opportunities”.

*Giving and receiving help from peers* has been recognised as a mechanism for addressing loneliness among young people. Sometimes, this has simply involved small acts of care and kindness. Giving and receiving are foundations for friendships and opportunities to belong (Batsleer and Duggan, 2021, pp. 69, 122-124, 129, 175). This approach, which involves “*ad hoc* connection opportunities”, has been neglected in most overviews of initiatives to address loneliness among young people.

*Targeted psychological therapy and education* were typically included in reviews of measures to deal with loneliness experiences of young people. They are meant to help young individuals change their thinking about interactions and relationships with others and improve their communication and other social skills. These psychoeducational activities could support a “connector service” and facilitate involvement in “*ad hoc* connection opportunities”.

These initiatives could be deployed outside of, as well as within educational environments. In both contexts, packaging of measures or a multifaceted approach is required to facilitate tailoring to individual preferences and circumstances that vary greatly between people (Eager, et al, 2024; Eccles and Qualter, 2021). Ideally, organisation or selection of approaches to help young people

deal with loneliness should be preceded by seeking input from and actively listening to them on how the structures of their daily lives lead to loneliness, on what is important or of interest to them, and on their views on the suitability of various responses.

An example from the United States of a multifaceted initiative to address adolescent loneliness is the *Beyond Differences* programme that has been deployed in more than 10,200 schools. This programme seeks to address social exclusion of young people aged 11 to 14 years, recognising that breaking down social exclusion alleviates loneliness, and this has positive longer-term consequences for those who come to feel they belong. The programme offers a variety of initiatives to address social exclusion. They include training high school students to go into schools to talk to other students aged 11-14 about the pain of social exclusion, and how they can come together with others to prevent this suffering. The initiatives also include professional development for educators, and encouragement of parents to communicate with their children about the benefits to all parties of being kind and inclusive through sharing space (being physically present) and in online interaction with those who seem to be left out. Three widely promoted national sub-programmes are *No One Eats Alone*, *Know Your Classmates*, and *Be Kind Online*. Each sub-programme is promoted during an *Annual Day of Action* (Beyond Differences, 2024; Murthy, 2020, pp. 244-250). The *Beyond Differences* programme incorporates elements from three categories of initiatives outlined above: “social support groups”; “encouragement of social interaction, particularly in purpose-focussed groups”; and “giving and receiving help from peers”.

An example of a loneliness-alleviation concept conceived by adolescents is the *We-Dine-Together* initiative described under the Food-Facilitated Friendships sub-heading above. A similar concept *No One Eats Alone* has been incorporated into the broader school-based programme conducted by *Beyond Differences*. The narrower and broader schemes incorporate the same elements from three categories of initiatives outlined above.

An example from the United Kingdom of an overarching or organising framework for a package of initiatives for young people is the deployment of social prescribing (community-referral-and-connection) focussed on young people in Cumbria and Lancashire. Bernardo’s, the United Kingdom’s largest children’s charity, conducts the programme in Cumbria, and partners with Primary Care Networks (PCNs)<sup>40</sup> and an Integrated Care Board to provide the service in Lancashire. The Cumbrian programme is funded by Bernardo’s and four PCNs. The service in Lancashire is funded by local PCNs, with a short-term top up from an Integrated Care System.<sup>41</sup> These programmes connect young people with groups/activities in local communities, and with additional activities/groups organised by the social prescribing service provider. They incorporate nature prescribing, as communing with nature has been found to provide particularly beneficial effects on the health, cognitive performance, and feelings of wellbeing of young people (Rice, 2023).

### ***Assessment of Tackling Loneliness Among Adolescents and Young Adults***

Loneliness and underlying social exclusion experienced by young people have often been overlooked in superficial discussions of loneliness. This is surprising because the incidence of feelings of loneliness is relatively high in adolescents and young adults. The neglect of loneliness in this large cohort has long-term adverse consequences.

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<sup>40</sup> A PCN is a group of GP practices working closely together and aligned to other health and social care staff and organisations to provide integrated services to the local population.

<sup>41</sup> An Integrated Care System is tasked with bringing health and care systems together.

It is important to include initiatives to alleviate loneliness among adolescents and young adults in a package of measures targeting loneliness alleviation more generally. The initiatives should include pre-adolescents as they transition to adolescence.

The following commendable principles to guide initiatives have been gleaned from a UK survey of young people who self-identified as feeling lonely (Eager, et al, 2024).

- Formulate initiatives to help young people cope with many life transitions during adolescence and their early adult years.
- Genuine involvement of young people in formulation and implementation of initiatives (coproduction) is highly desirable.
- Packaging of initiatives or a multifaceted approach is desirable to enable tailoring to fit in with widely varying individual preferences and circumstances.
- Space-sharing or in-real-life interactions with others are necessary.
- Participation should be enjoyable for young people.
- Positive language and a focus on reduction of stigma are important.

The involvement of young people in helping other young people is particularly worthy of promotion. It provides benefits to those in both groups. It also helps to build a culture of service among young people within and outside of school communities (Batsleer and Duggan, 2021).

These and other “*ad hoc* connection opportunities” for loneliness among young people should not be regarded as stand-alone initiatives. They need to be complemented by other categories of initiatives. A connection mechanism is particularly important, because simply providing opportunities for social support or social connection is not enough to create meaningful connections. A broadly-based, overarching framework and “connector service”, such as a community-referral-and-connection scheme, would be a highly desirable complement to various potential places-to-belong or opportunities to address feelings of loneliness among young people (Rice, 2023; Anderson, 2024). This should incorporate natural connections, as discussed in a subsequent sub-section with that title. Also, initiatives could be promoted via a digital-resourcing-and-connections facility, another broadly-based complement. The more broadly based initiatives could guide young people to places-to-belong outside of educational institutions.

It is important to advocate government action to address “structural” mechanisms of social exclusion (resulting from social, economic, regulatory, and other structures for which governments are responsible). Poverty (including the associated problem of lack of opportunities) is a pertinent example of a structural issue requiring corrective action by governments.

## English Conversation Opportunities for Immigrants

In a predominantly English-speaking country, inability to converse with ease in the English language is an acknowledged contributor to feelings of loneliness. It impedes meaningful connections with English speakers. It is a source of embarrassment. It can lead to withdrawal, rather than effort to connect. It makes the task of seeking employment very difficult. Unemployment is an additional impediment to connections with others and consequent feelings of belonging.

The language problem is particularly common among refugees. It greatly magnifies the adjustment issues they face in a new country with a different culture.



TAFE classes are available to help people wanting to learn English as a second language. However, they need to be supplemented by vernacular conversations, as teachers of English as a second language often have stressed to their students. Provision of opportunities for vernacular conversations is highly desirable.

Helping new arrivals to learn to speak English is arguably the kindest form of assistance that can be provided. It makes their lives easier and facilitates connections and feelings of belonging (Duerden, 2018, p.166). This type of initiative could be categorised as “supporting infrastructure” in the taxonomy of loneliness-alleviation schemes suggested above.

Examples of initiatives to help newcomers learn to speak English are the discussion opportunities at St John’s Cathedral each Thursday afternoon and St Andrew’s, South Brisbane, on Thursday evenings. The sessions are not English classes. They are designed to help people to improve their spoken English through conversations in relaxed, informal settings. Typically, attendees are encouraged to discuss topical matters that vary from week to week. The St Andrew’s offering extends to a subsequent light meal and chatting, with an optional Bible study afterwards.

There is potential to expand these initiatives help refugees through arrangements with groups that support refugees in various ways.

Another option is to incorporate language practice with social activities in which people learning English as a second language can participate as equally as possible with those for whom English is a first language. These activities should be designed to encourage attentive listening and learning by individuals in both groups.

### ***Assessment of English Conversation Opportunities***

Provision of English conversation opportunities to immigrants for whom English is a second language is an oblique way of alleviating loneliness among such people. It facilitates connections, rather than guiding or arranging them.

Connections are facilitated by making interaction easier and by making it easier to obtain employment which provides opportunities for interaction. Consequently, provision of English conversation opportunities should be an important aid to community connections for a relatively small segment of the population comprising one sub-set of those who feel lonely. This measure could play an important niche role in a broader loneliness-alleviation programme.

This intuitive result seems to be partly contradicted by a finding based on Australian data that people from non-English-speaking countries were more at risk of transitory (episodic) loneliness than people from English-speaking backgrounds, but counterintuitively less at risk of chronic loneliness (Lim, et al, 2023). However, this data set also indicated that unemployed people and those engaged in home duties or study without paid work were much more at risk of both episodic and chronic loneliness than those in full-time employment. Better English should reduce these risks by facilitating employment and interaction with English speakers.

An important requirement of a scheme to provide English conversation support is that it is designed to allow participation of people learning English as a second language as equally as possible with those for whom English is a first language. This will help avoid people in the former category feeling devalued.

This initiative lacks an inbuilt means of attracting people desiring to improve their English conversation skills. Potentially, a digital-resourcing-and-connections facility and a community-referral-and-connection regime could help with this.

## Natural Connections

Over the past 20 years, researchers have undertaken considerable work on the human-health effects of the practice of communing with nature. In Japan, this practice has been labelled “shinrin-yoku”, which translates into English as “forest bathing”. It refers to being in nature and connecting with it through all senses. The Japanese Government began to promote “shinrin-yoku” more than 40 years ago (Li, 2022).

There is a growing body of evidence that communing with nature positively affects mental and physical health, and wellbeing more generally for people of all ages (Li, 2022; Siah, et al, 2023; Nguyen, et al, 2023; Ivers and Astell-Burt, 2023; Rice, 2023; Litt, et al, 2024). This applies to green-space activities (in land-based, vegetated locations, such as bushland, forests, parks, and horticultural spaces) and blue-space activities (in or near water, including the ocean, lakes, rivers, streams, and adjacent areas, including beaches and sandhills).

There are various sources of these positive wellbeing effects of communing with nature. The calming, relaxing, distracting, and sensory contributions of green space and blue space improve wellbeing directly, and positively contribute to wellbeing indirectly through benefits to physical and mental health (Li, 2022). Physical activity in green and blue spaces has positive health effects, and these significantly exceed benefits of similar activity in other places (Siah, et al, 2023). Moreover, communing with nature increases the likelihood of participation in physical activity (Rice, 2023). Community (or social) connection that is facilitated by being in green and blue spaces improves wellbeing directly by reducing feelings of loneliness. Then alleviation of loneliness results in longer-term improvements in wellbeing through better physical and mental health. In addition, it has been suggested that sharing green space and blue space with other people and with animals, even without direct human interaction, might still reduce loneliness with positive health consequences (Astell-Burt, et al, 2022).

Activities involved in communing with nature include walking, running, cycling, caring for and protecting plants and creatures, artistic pursuits, chatting in natural surroundings, and just being there for sensory experiences or to meditate. Most of these activities can be enjoyed in pre-arranged groups, facilitating community connections. Also, communing with nature separate from a pre-arranged group can present opportunities to connect socially. For example, dog walkers often meet and chat when their dogs insist on getting up close and personal, and walkers may stop to marvel and chat when someone sights interesting wildlife, such as channel-billed cuckoos, tawny frogmouths, pheasant coucals, brush turkeys building nest mounds and nipping at dogs’ heels, or koalas climbing trees, eating leaves, snoozing and ambling between trees (all viewable in parkland in Whites Hill Reserve and vegetated space adjacent to Salvin and Bulimba Creeks in the Brisbane suburbs of Camp Hill, Carina Heights and Carindale).

Researchers have observed that the wellbeing benefits of meaningful social connections (feelings of belonging with other people) and physical exercise are magnified by connecting with nature through multiple senses (feelings of belonging in nature). This applies in green space and blue space.

The benefits of communing with nature have prompted advocacy of “nature (green and blue) prescribing”. This term refers to a health or social professional recommending that a patient spends

time in nature. These recommendations have often included activities involving physical activity and/or social connection in nature. So, nature prescribing may intersect with or be incorporated in a community-referral-and-connection framework (Litt, et al, 2024; Ivers and Astell-Burt, 2023; Rice, 2023; Nguyen, et al, 2023). Nature prescribing would be an example of “connector services” in the taxonomy of loneliness-alleviation approaches formulated above.

A review of 92 studies of applications of nature prescribing, indicated that this mechanism resulted in significant improvements in physical and mental health measures in various age groups. Effects tended to be strongest when the recommended nature exposure and associated activity came from a health or social professional with a pre-existing connection to patients. Most of the studies covered prescriptions of nature exposure in groups in combination with an activity suited to each patient’s circumstances, making the prescriptions compatible with those in a community-referral-and-connection scheme (Nguyen, et al, 2023).

Researchers have also suggested provision of more green and blue spaces and better maintenance and support of those areas to improve human health and feelings of wellbeing through various avenues, including alleviation of loneliness. They have also proposed that green space and blue space be provided more equitably (Astell, et al, 2022; Nguyen, et al, 2023; Rice, 2023). Improving access to green space and blue space would be an example of “supporting infrastructure” in the taxonomy of loneliness-alleviation approaches provided above.

### ***Assessment of Natural Connections***

Research results indicate that communing with nature (shinrin-yoku) can improve human health and wellbeing. While it appears that green and blue spaces also help alleviate loneliness, further investigations are needed to confirm this and to ascertain the characteristics of those whose feelings of loneliness are likely to be alleviated. An obvious attraction of communing with nature is that it potentially can provide health and wellbeing benefits directly, as well as indirectly through alleviation of loneliness.

While researchers have suggested multiple pathways by which green and blue spaces alleviate loneliness, there is not yet a model that coherently brings these thoughts together. A systematic review of the available research evidence indicates that, on balance, green and blue spaces provide protection against loneliness. However, this is not supported by all relevant research, and the quantum of evidence remains small (Astell-Burt, 2022). It is important to remember that when activities are undertaken in groups in green space or blue space, the group activity in those areas could contribute more to loneliness-alleviation than just being in those spaces.

Green and blue spaces and activities/groups that use those spaces can be important components of a catalogue of potential places-to-belong for people experiencing loneliness. Like other potential places-to-belong, green and blue spaces and groups that use those spaces vary in their appeal to different individuals, as people have highly heterogeneous interests, preferences, demographics, personalities, and backgrounds. It follows that, while opportunities to commune with nature can help alleviate loneliness experienced by some people, availability of such opportunities does not constitute a universal or stand-alone mechanism for tackling loneliness.

Similarly, nature (green and blue) prescribing can be only a part of an overarching framework for alleviating loneliness. This applies because nature prescribing focusses only on connecting people with potential places-to-belong involving green and blue spaces, rather than with a much broader range of potential places-to-belong.

Communing with nature and nature prescribing would be most valuable as loneliness-alleviation mechanisms when teamed with a range of complementary initiatives. This could be facilitated by incorporating the function of helping people to commune with nature in a community-referral-and-connection framework. Doing this would help promote green and blue spaces as places-to-belong and would broaden the scope of the framework and the range of potential places-to-belong with which to connect people to improve their health and wellbeing.

Connection of people with green and blue spaces and activities/groups that use those spaces requires that impediments to accessing them be addressed. Obstacles may include the weather, inequitable geographical distribution of green and blue spaces, lack of facilities in those spaces, transport issues, and financial constraints. Advocacy effort will be required to obtain “supporting infrastructure”, such as shelter, toilets, water supply, rubbish bins, walking and cycling paths, road access, and parking areas. Then, a community-referral-and-connection scheme can guide people who would benefit from communing with nature to suitable serviced areas and help to address any residual obstacles to involvement in suitable activities in those spaces.

### Third Places

The concept of a “third place” refers to somewhere other than home (first place) or work or education (second space), where a person can benefit from being with others voluntarily and informally. The “third place” concept was formulated by Ray Oldenburg (1989), an urban sociologist. He nominated eight characteristics of a “third place”, which he also described as the “great good place”:

- neutral ground – participants having little or no obligation to be there
- a leveller – unimportance of socioeconomic status
- conversation being the main activity – typically light-hearted and good-natured interaction
- accessible and accommodating – easy to get there, get in, and feel satisfied
- regulars – providing a positive tone, mood, and welcome that are attractive to newcomers
- low profile – wholesome, unpretentious, accepting, and inclusive
- playful mood – absence of tension and hostility
- home away from home – feelings of warmth, belonging, and revival.

Commonly cited examples of third places include churches (including their helping activities), community centres, clubs with various foci, parks (of various types), playgrounds, gyms, sports centres, libraries, book shops, hairdressers, coffee shops, and cafés (Oldenburg, 1989, 2000; Oldenburg and Christensen, 2023; Murray, 2024; Volpe, 2024; Jing, et al, 2024). Ray Oldenburg (1989, 2000) believed that third places could be described as happy hangouts at the heart of a community.

Ray Oldenburg (1989, 2000) considered that third places can provide a sense of belonging through social or community connections, thereby alleviating loneliness. He also believed third places are important for civil society, civic engagement, and democracy.

Recently, there has been considerable interest in how, as potential places-to-belong, third places can contribute to the alleviation of loneliness. This has been observed in government reports, media articles, and academic publications.<sup>42</sup>

The concept of third place overlaps with opportunities to connect with others discussed in preceding sub-sections headed “Alleviation of Loneliness through Helping Others”, “Food-Facilitated Friendships”, “Support after Loss of Someone Close”, and “Natural Connections”. Also, third place incorporates many other “*ad hoc* connection opportunities” mentioned above, such as: service clubs; single- and multi-focus charities; wild-life and environmental protection associations; other cause-focussed organisations; men’s sheds; book clubs; play groups; learning-focussed groups, historical and ancestral societies; community gardens; music-related groups; drama associations; floral art societies; art groups; sporting teams and clubs; social exercise groups; and other special interest groups. Of course, a wide variety of opportunities is desirable because people differ greatly in their preferences in respect of third places, reflecting differing interests and circumstances.

Three categories of third places have been suggested: communitarian, commercial, and digital (Wexler and Oberlander, 2017). Communitarian third places are cause- and/or mission-driven groups attending to societal problems, or simply opportunities to enjoy being with others while exercising bodies, minds and talents. They connect people by bringing them together for a common purpose. They could be resourced by governments, volunteers, donors, participants, or a combination of those entities. Communitarian third places benefit users, volunteers, donors, and society-at-large. Commercial third places are operated to generate income, but also bring people together. They benefit owners, workers, and users. Digital third places rely on technology, software, digital platforms, and social media to connect people. They benefit users, technology and digital service providers, and advertisers. Digital third places are analysed in the Digital Connections sub-section above.

The third-place concept overlaps with the “supporting infrastructure” category, as well as the “*ad hoc* connection opportunities” category, in the taxonomy of types of initiatives to address loneliness suggested above.

### ***Assessment of Third Places***

It is important that potential places-to-belong be numerous and widely varied to cater for the highly heterogeneous interests, preferences, demographics, personalities, and backgrounds of the many people who feel lonely or are at risk of experiencing loneliness. Ease of access is also important.<sup>43</sup>

The concept of a third place appears to encompass a wide range of potential places-to-belong for people experiencing loneliness. However, too often, proponents of third places as means of alleviating loneliness have neglected to apply Ray Oldenburg’s eight criteria for third places.

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<sup>42</sup> A recent example of nomination of third spaces as means of alleviating loneliness is the report of an ACT parliamentary inquiry into loneliness and social isolation (Australian Capital Territory, Legislative Assembly, Standing Committee on Education and Community Inclusion, 2024, pp. 21-24). There have been numerous recent journalistic pieces on third spaces and loneliness. Two examples are Allie Volpe’s *Vox* article, “If you want to belong, find a third place” (Volpe, 2024), and Josey Murray’s *Wondermind* article, “Are third places the cure for loneliness?” (Murray, 2024). The role of third places in alleviating loneliness has also attracted academic interest. For example, Graham Ellender and Michael Bonner (2021) focussed on necessary conditions for third places to be effective in alleviating loneliness, and Jing Jing, et al (2024), investigated the role of third places in alleviating loneliness in the context of ageing-at-home in Stockholm.

<sup>43</sup> These points are supported by findings of a study of the role of third places in alleviating loneliness experienced by older people in Stockholm (Jing, et al, 2024).

Inter alia, Ray Oldenburg's (1989) criteria emphasise that potential third places need readily accessible facilities to enable interpersonal connections. These facilities include suitably equipped internal and open spaces, and convenient transport services. In addition, it needs to be made explicit that the third-place criteria include being welcoming and non-judgemental, ensuring safety (physical and emotional), and promoting meaningful connections (Ellender and Bonner, 2021). Some doubt has been expressed about many of the commonly cited examples of third places satisfying these criteria, particularly those relevant to facilitating and promoting meaningful connections (Ellender and Bonner, 2021). It seems that many third places have been assumed, rather than demonstrated, to be potential places-to-belong.

On the other hand, it has been asserted, rather than demonstrated, that some categories of third places are not potential places-to-belong that could alleviate feelings of loneliness. For example, it has been claimed that commercial third places, open spaces, and churches are not suitable as places-to-belong (Ellender and Bonner, 2021), but the supporting reasoning is flimsy. Specifically, doubt was raised about commercial third places because of the profit motive associated with the price system leading to biases against and exclusion of some people, but this system provides a revenue stream to support third places. It was asserted that open spaces were not suitable as they tended to be used for solace and solitude, but they provide opportunities to converse and do things with others as explained in the previous sub-section on Natural Connections. Religious institutions were criticised for combining evangelism with care, but no reason was given for concern about evangelism. In any event, the churches involved in the community connections programme discussed in this document want to help those struggling with feelings of loneliness simply because they are suffering. Evangelising is not a motive.

In addition, it appears that assertions that commercial places, open spaces, and religious institutions are unsuitable as places-to-belong may have been influenced by neglect of the important insight that each type of third place will be attractive to some people but not others. Indeed, third places need to be numerous and widely varied to cater for the widely differing preferences of highly heterogeneous people, as emphasised above.

While ensuring a large, highly varied offering of readily accessible third places is a necessary condition for effective and efficient loneliness alleviation, it is not a sufficient condition. As explained in a preceding section of this paper, research has indicated that people experiencing loneliness, particularly those who are chronically lonely, often experience difficulties linking with third places by themselves, even when they see/hear or read media reports about third places being avenues to meaningful connections.

Third places need to be complemented by other measures. Suitable "connector services" are required – mechanisms to identify the "invisible" people experiencing loneliness, assist them in finding third places, and help them address obstacles to participation. A community-referral-and-connection framework would satisfy this need. Third places and a community-referral-and-connection framework could also be complemented by a digital-resourcing-and-connections mechanism. The latter mechanism could provide support by documenting and promoting third places.

Resources are needed to provide, maintain, and facilitate access to the infrastructure that is part of or supports existing or potential third places. Sometimes the infrastructure is a byproduct of other activities, so that provision of a third place has only incremental resource requirements. For example, church premises and community centres can be used for multiple purposes at zero or low incremental cost. Unfortunately, some existing third places may underperform as loneliness-

alleviation devices because of poor supporting facilities/infrastructure. For example, transport access might be limited, or parks might lack access to drinking water and/or toilet facilities. If supporting infrastructure is inadequate, the social benefits and costs of upgrading it to help address loneliness should be estimated and compared, not neglected.

## Tailored One-to-One Support

It has been suggested that people reporting feelings of loneliness could be offered tailored one-to-one support to provide them with opportunities to converse with others and formulate plans to overcome their distressed feelings. One-to-one support could be provided by various means and in various locations. The nature of the required interaction would depend on the preferences of each person supported.

Examples of one-to-one support are the Australian Red Cross' *TeleCHAT* and *TeleYARN* (for indigenous people) programmes, the *FriendLine Call* telephone service provided by Friends for Good in Australia, telephone conversation services provided by The Silver Line in partnership with Age UK, the *Aged Care Volunteer Visitors Scheme* funded by the Australian Government, and a *Reconnections* scheme piloted by Age UK Herefordshire and Worcestershire.

The *TeleCHAT* and *TeleYARN* programmes are based on the view that conversations can make all the difference to an individual who feels lonely. The Australian Red Cross assigns volunteers, after vetting and training, to a person experiencing loneliness, after which the person is telephoned on a weekly or fortnightly basis.

The *FriendLine Call* telephone service was hosted by Friends for Good Inc., with funding from the Commonwealth Government for five years until mid-2024 under the *Seniors Connected Programme*. This national service was available to people over 18 years of age from 10am to 8pm, seven-days a week. Free and paid call options were available. There was no charge for conversations with the trained volunteers. From late-July 2022, *FriendLine Call* was supplemented by an online chat service, *FriendLine Chat*, between 6 pm and 8 pm, Monday to Friday. The purpose of *FriendLine (Call and Chat)* was to help alleviate loneliness, not to address crises (Friends for Good, 2023).

The *Silver Line Helpline* is a free, seven-day, 24-hour free telephone conversation and listening service for people aged over 55 years of age, especially those feeling lonely or isolated. The Silver Line's partner, Age UK provides a free regular telephone *Friendship Service* for over-60s, who are matched with volunteers, based on their interests, for a weekly chat (The Silver Line, 2022; Age UK, 2022; Murthy, 2020, pp. 131-132; Duerden, 2018, pp. 37-38).

The Australian Government's *Aged Care Volunteer Visitors Scheme (Community Visitors Scheme* before 1 July 2023) involves visits by volunteers at least 20 times a year to people receiving Government support through a Home Care Package or subsidised residential aged care. Visits are social in nature. They could incorporate activities additional to chatting. The aim is to provide "friendship and companionship". The Australian Government funds community-based organisations, such as Anglicare Southern Queensland (Anglicare Southern Queensland, 2023) to recruit and train volunteers and arrange for them to visit people qualifying for the scheme (Department of Health and Aged Care, 2023).

The *Reconnections* scheme deployed volunteers and paid staff to converse with individuals feeling lonely on a one-to-one basis weekly over a period of six months. Conversations were meant to help people who feel lonely gain confidence, find purpose in their lives, and make plans to address

feelings of loneliness. Guidance was provided by reference to the “five ways to wellbeing”: connections with people around them; being physically active; taking notice of natural surroundings and what is happening in the world; learning new things; and engaging in acts of kindness or giving. The last of the five ways was deemed to be the most effective (Campaign to End Loneliness, 2020, pp. 39-41).

Initiatives focussed on provision of tailored one-to-one support could be regarded as “*ad hoc* connection opportunities” according to the taxonomy of loneliness-alleviation approaches provided above. Some of these initiatives could also operate as “connector services”.

### ***Assessment of Tailored One-to-One Support***

Tailored-one-to-one support programmes do not incorporate arrangements for finding people experiencing loneliness. Also, these schemes lack a methodology for connecting people with feelings of loneliness to groups and activities in which they can feel they belong.

Reference to the “five ways to wellbeing” in the *Reconnections* pilot scheme appears to be a sound foundation for conversations. However, the process of transition from principles to action was not articulated.

While conversations in the *TeleCHAT/TeleYARN*, *FriendLine Call*, *FriendLine Chat*, *The Silver Line Help Line*, *Age UK’s Friendship Service*, *Aged Care Volunteer Visitors Scheme*, and *Reconnections* schemes apparently were valued by lonely participants, it is not known if they were transformational.

The programmes involving physical-presence (space-sharing) discussions, such as the *Aged Care Volunteer Visitors Scheme*, offer considerably greater potential to alleviate loneliness than telephone conversations or other electronic interactions (Hall, Holmstrom and Totzkay, 2023; Reed, 2023; Grangie, 2022; Brennan, 2021). Restriction of the *Aged Care Volunteers Visitors Scheme* to people on Home Care Packages or in subsidised aged care neglects other people experiencing loneliness. So, the scheme is too narrowly focussed.

The *FriendLine Call* service has apparently encountered difficulties in managing calls. It has been reported that 77,263 calls were answered from July 2020 to January 2023, and 297,977 calls were missed. The shortfall in calls answered was attributed to difficulties in recruiting volunteers and a call management system that gave priority to returning callers over first-time callers. Apparently, 42 per cent of calls answered were from 14 people who averaged 2,300 calls during the review period from July 2020 to January 2023, an average call rate of 17 per week (Armstrong, 2023). Presumably, Friends for Good tried to rectify these problems.

Unfortunately, connections arising from one-to-one support schemes may lead to temporary, artificial, and superficial interactions, rather than prolonged and meaningful connections based on common interests and mutual support. Also, such support may be perceived to be patronising.

These issues are more likely to occur in relation to telephone (and other electronic) conversation schemes than physical-presence (space-sharing) interactions. Superficial interactions in physical-presence contacts, such as in the *Aged Care Volunteer Visitors Scheme*, could be minimised by matching interests as in the case of Age UK’s friendship service and applying the approach in the *Reconnections* scheme of linking conversations to “five ways to wellness”. The latter approach would involve focussing conversations on helping people experiencing loneliness to connect with groups/activities that will give those people purpose in their lives, to make plans to address feelings of loneliness, and to gain confidence.



Neglect of these issues and the resource commitment required for one-to-one support schemes mean they could be ineffective and inefficient means of creating meaningful connections. Tailored one-to-one support would be improved by space-sharing interactions, carefully matching interests, and focussing conversations to aid connections. Then, the refined initiative could be rolled into a community-referral-and-connection programme to help connect people experiencing loneliness with groups and activities or communities in which they can feel they belong.

## Psychological Support

In reviews of potential interventions to alleviate loneliness, targeted psychological support mechanisms feature prominently. Various approaches have been mentioned.

The psychological interventions discussed most frequently are cognitive behavioural (enhancement) therapy and social skills training. They could be undertaken separately or together. These services can be delivered individually or in groups. They could involve space-sharing or online support (Masi, et al, 2011; Mann, et al, 2017; Gardiner, et al, 2018; National Academies of Sciences, Engineering and Medicine, 2020; Eccles and Qualter, 2021; Beckers, et al, 2022; Ellard, Dennison and Tuomainen, 2023).

Cognitive behavioural therapy could be applied to address maladaptive social cognition or cognitive biases affecting people experiencing loneliness. Cognitive barriers to connections with others could include stigma, mistrust, and fear of negative evaluations by others. Targeted cognitive behavioural therapy may help relevant people reframe their thoughts about interactions and relationships, their perceptions of the views and motives of other people, and their expectations regarding potentially overcoming feelings of loneliness. This intervention may facilitate formation of meaningful relationships.

Social skills education is intended to improve communication and other interpersonal skills, and confidence to interact with others. It could include conversational tips and guidance on interpretation of non-verbal social cues. Help to improve social skills is intended to facilitate interaction and development of meaningful relationships.

Delivery of these services in groups, rather than individually, is advantageous. This is the case because it allows interaction between participants and identification with a group, both of which facilitate connections with others (Dingle and Sharman, 2022).

Applied cognitive behavioural therapy and social skills education could complement a community-referral-and-connection framework by helping to overcome some obstacles to involvement in potential places-to-belong and subsequent formation of meaningful connections with others. Psychological support initiatives are not stand-alone mechanisms for alleviation of loneliness, as they do not incorporate means of finding people with feelings of loneliness, identifying potential places-to-belong, and linking relevant people and places.

There are other, newer psychological interventions specifically focussed on loneliness alleviation that have received much less attention. A local example is *Groups 4 Health*, which was devised by psychologists at University of Queensland. This programme addresses some of the issues neglected by cognitive behavioural therapy and social skills education as means of alleviating feelings of loneliness.

*Groups 4 Health* is underpinned by social identity theory, which recognises that there are various contexts in which “social identity” – a sense of “we” and “us” – is salient and at least as important as

personal identity in shaping cognition (thinking), emotions, and behaviour. While *Groups 4 Health* is not framed as cognitive behavioural therapy in group settings, the two approaches have some aspects in common: psychoeducation, goal setting, problem solving, and some social support (Dingle and Sharman, 2022; Haslam, et al, 2019). *Groups 4 Health* extends “targeted psychological therapy and education” tentatively into provision of “connector services”.

*Groups 4 Health* involves five 1.5-hour sessions over eight weeks for a group of five to nine participants and two facilitators with training in psychology and programme delivery. The programme is supported by a course manual and a workbook. The first session (“schooling”) is focussed on the health benefits of participating in and helping to manage social groups. The second session (“scoping”) helps participants with visualisation of their psychological resources and involvement in social group networks, and with gap identification. The third session (“sourcing”) is about formulating strategies to identify and strengthen existing group networks and involvement with them. Session four (“scaffolding”) is on formulation of a plan to make new social group connections and improve existing connections. The fifth session (“sustaining”) is about assessing how networks have changed during the programme, addressing problems, and reinforcing key messages to underpin maintenance of progress (Dingle and Sharman, 2022; Haslam, et al, 2019).

### ***Assessment of Psychological Support***

The psychological support mechanisms described above could make useful contributions to a rounded package of loneliness-alleviation measures. Cognitive behavioural therapy and social skills training could contribute by addressing some potential obstacles to connections with others. The *Group 4 Health* scheme contributes further by providing important information about the benefits of involvement in groups, by helping with planning of connections, and by providing these services in group settings.

None of these mechanisms is a stand-alone loneliness-alleviation device. They are only partial solutions – small useful pieces in a large, complex puzzle. Their contributions are most valuable as complements to other measures.

Quantitative effectiveness assessments of cognitive behavioural therapy, social skills training and *Groups 4 Health* as loneliness-alleviation mechanisms have yielded positive results (Masi, et al, 2011; Mann, et al, 2017; Gardiner, et al, 2018; Haslam, et al, 2019; National Academies of Sciences, Engineering and Medicine, 2020; Beckers, et al, 2022; Dingle and Sharman, 2022). However, these mechanisms and any with which they have been compared in the assessments, are narrowly focussed. They have not been assessed in comparison with or as part of packages of complementary measures.<sup>44</sup>

An important missing element of each mechanism is a clear set of arrangements for finding people experiencing loneliness. These people must come forward themselves or be found and referred before they can be supported.

Also, each of these schemes addresses only a part or some of the components of the important task of connecting people experiencing loneliness with groups and activities in which they can feel they belong. They need to be supported by measures that address the other components.

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<sup>44</sup> None of the assessments found in this investigation addressed cost-effectiveness or benefits compared to costs (benefit-cost analysis).

Psychological support mechanisms would complement a rounded package of loneliness-alleviation measures. Such a package needs to include a suitable overarching or organising framework, such as a community-referral-and-connection scheme.

## Time Banking

The concept of time banking was originated by Teruko Mizushima, in 1973. It was prompted by observation of the adversity and insecurity experienced by Japanese people during and after World War 2. The concept was embodied in an organisation called Volunteer Labour Bank. It was later renamed Volunteer Labour Network, after the Japanese Government prohibited the use of the word “bank” in descriptions of the scheme. In the United States from the early-1980s, the concept was noted by Edgar Cahn, a human rights lawyer and social justice advocate. He advanced the concept as a self-help, modified-market scheme in response to Reagan-era assaults on welfare and social programmes. Cahn perceived deficiencies in both the market and welfare systems as means of advancing public wellbeing. The modified-market feature of time banking facilitated depiction of the scheme as compatible with the Reagan administration’s optimistic ideological position that a wide range of public problems could be amenable to market solutions. Cahn conceived and trademarked the terms, “time bank” and “time dollars” (Cahn, 2004; Cahn and Gray, 2015; Wilson, 2016; Boyle, et al, 2022; Perez-Vega and Miguel, 2022).

An alternative to Edgar Cahn’s depiction of time banking by some proponents is that it integrates volunteering with a means of promoting reciprocity. Consistent with this portrayal, in the UK, time banking has frequently been described as “volunteering with a twist” (Glynos, et al, 2023). This alternative depiction shifts attention away from the modified-market and self-help features of time banking and towards a quasi-volunteering (to help others) interpretation.

Time banking has been promoted by proponents as a mechanism that improves the wellbeing of participants and the functioning of society. More specifically, it has variously been claimed that time banking reduces inequality, improves the efficiency of allocation/use of resources<sup>45</sup> by mobilising underutilised resources and building social capital,<sup>46</sup> and improves social connections and inclusivity (reduces social exclusion), thereby alleviating loneliness (Cahn, 2004; Coote, et al, 2008; Ozanne, 2010; Cahn and Gray, 2015; Ozanne and Ozanne, 2020).

Participants in time banking earn time credits by providing eligible services to others (individuals or the community). Participants do not have to earn time credits before accessing services from others. They can incur time debts. Participants use earned, borrowed, or donated credits to pay for

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<sup>45</sup> Improving the efficiency of resource allocation/use refers to deployment of available (including underutilised) resources in ways that increase nett social benefits or improve the wellbeing of the community’s constituents. This is a central focus of microeconomics, natural resource economics, and public economics/finance.

<sup>46</sup> The origins of the term, “social capital”, can be traced back to the early-twentieth century. However, related notions had emerged from the work of political economy theorists of the Scottish Enlightenment in the eighteenth century. The concept of social capital attracted growing academic interest from the late-1980s (Putnum, 2020, pp. 19-20; Productivity Commission, 2003, p. 6). Different interpretations of the concept have emerged from the work of sociologists, political scientists, and economists. Each version is characterised by lack of precision. Discussions of social capital often radiate a “warm glow”. However, some analysts have recognised that social capital can have a “dark side” for individuals and societies. For discussions of this elusive, polysemic, vague concept, see Putnum (2000), readings in Dasgupta and Serageldin (2000), Glaeser, et al (2002), Bowles and Gintis (2002), Productivity Commission (2003), Dasgupta (2005), Daly and Silver (2008), and Creed (2022).

services provided by other participants or corporate and institutional donors. Alternatively, credits may be given away by not recording services provided or by donating them to assist someone, rather than accumulated for redemption by the earner of the credits. Services are usually provided to and redeemed from different entities (Cahn, 2004; Coote, et al, 2008; Ozanne, 2010; Cahn and Gray, 2015; Burgess and Durrant, 2019).

Typically, credits are based on time applied, not the market value of the time. In other words, all hours of eligible service by all participants are valued equally. However, a small minority of time banking regimes have allowed different valuations of various services.

In some time-banks, credits earned may be exchanged for participation in group events arranged by management. These events would need to be funded by participants or through third-party grants or donations.

Time banking is usually supported by online platforms and time brokers/advisors. These facilitate the linking of service providers and users. They also assist in administration of the system. The platforms and staff need to be funded by participation fees and/or external contributions (eg, donations or government grants).

Although time banking was not considered in any of the taxonomies of loneliness-alleviation approaches reviewed for this paper, the scheme's proponents presumably would consider that it provides "connector services".

An on-line time banking platform potentially could be integrated with a digital-resourcing-and-connections hub supporting a multi-initiative community-connections programme. This would facilitate operation of time banking in parallel with various loneliness-alleviation initiatives.

### ***Assessment of Time Banking***

Promoters of time banking have asserted that it is a sound mechanism for increasing social connections and inclusion, thereby alleviating loneliness; for reducing inequity; and for improving the efficiency of allocation/use of resources (Cahn, 2004; Coote, et al, 2008; Ozanne, 2010; Cahn and Gray, 2015; Timebanking UK, 2017). However, it has received mixed reviews from academics in various fields. They had been induced to scrutinise time banking by substantial promotion of the concept over the past 25 years. In recent years, the results of considerable academic scrutiny of time banking have been predominantly negative.

Typically, claims of loneliness alleviation have been supported by reference to interviews and anecdotes, as Ozanne and Ozanne (2020) did to support their claim that time banking provides emotional, cognitive, and material support to participants. Indeed, it has been reported that many participants were initially attracted to time banks partly because of their community nature and opportunities to make social contacts (Ozanne, 2010; Ozanne and Ozanne, 2016).

A review of a time banking scheme in Cambridgeshire in the UK found anecdotal indications that it was helpful in increasing confidence and community and social participation and reducing loneliness among disadvantaged people with little or no history of volunteering. For several of these people, the scheme facilitated a transition into paid employment, but that transition typically ended or greatly reduced involvement in the scheme (Burgess and Durrant, 2019).

Prominent proponents of time banking have claimed that it improves the efficiency of resource use/allocation by mobilising unutilised labour and skills. To advance this view, since the late-1990s, they have described time banking as a form of "coproduction" (Cahn, 2004; Coote, et al, 2008). The

concept of coproduction had been formulated by Elinor Ostrom and colleagues in the late 1970s to refer to programmes that involve contributions from separate entities, including service recipients, in the service-delivery process (articulated in Parks, Ostrom, Ostrom, et al, 1981). Ostrom explained that the design and execution of service-delivery programmes could potentially be improved by involving all interested parties, particularly service recipients. Resulting synergies would yield more efficient outcomes (Ostrom, 1996). Time banking's proponents have asserted that time banking would yield these positive effects.

Proponents of time banking have also claimed that it improves the functioning of communities (and hence the efficiency of resource use/allocation) by building social capital through reciprocity, enhancement of trust, and increased community engagement. They have also linked these mechanisms with loneliness alleviation (Cahn, 2004; Coote, et al, 2008; Ozanne and Ozanne, 2016).

An example of time banking's claimed role in community engagement is that a time banking network could facilitate preparation of local emergency plans for natural disasters and post-disaster clean-up, repair, reconstruction, and other support services. The supporting argument is that time bank participants offer local communications networks, knowledge, and expertise that could be more effective and nuanced than offerings of a one-size-fits-all approach associated with top-down bureaucratic processes. This view was articulated by two marketing academics, who were researching a time bank at Lyttleton Harbour (11 km from Christchurch) when the Canterbury region of New Zealand was hit by earthquakes in late-2010 and early-2011. They produced a glowing report on the earthquake-response activities of time bank members and their communication networks, based on interviews and news reports (Ozanne and Ozanne, 2013, 2016).

Another claim made in support of time banking is that it avoids perceived perverse outcomes (such as demeaning and/or dependency-creating consequences for recipients) from unconditional giving to help others. This purported feature of time banking is based on the portrayal of the concept as a self-help scheme based on coproduction and reciprocity (Cahn, 2004).

Several lines of criticism have been directed at claims that time banking is a suitable mechanism for alleviating loneliness, building of social capital, and improving the efficiency of resource allocation and use. These criticisms include questions about the viability of time banking. Various objections to time banking have been outlined below.

The structure of time banking has resulted predominantly in instrumental or commercialised use of the mechanism (Perez-Vega and Miguel, 2022). Consequently, time banking yields only temporary, one-to-one, transactional connections, rather than the meaningful, enduring bi-lateral and multi-lateral relationships required to alleviate loneliness (Griffiths, et al, 2022; Perez-Vega and Miguel, 2022). The scheme does not have inbuilt mechanisms for finding those who feel lonely and connecting them with welcoming, safe places-to-belong in which participants have similar interests and motivations. Few real friendships are formed and carried into everyday life outside the structure of the time bank and such friendships have sometimes been actively discouraged (Wilson, 2016). It follows that the claim that time banking is an important tool for alleviation of loneliness is dubious.

Indeed, it has been observed that time banking is not a suitable instrument for alleviation of loneliness arising from social exclusion and disadvantage. One reason is that many participants in time banking are not socially excluded and/or disadvantaged (Valor and Papaoikonomou, 2019, p. 139). Another reason is that for participants afflicted by social exclusion and/or disadvantage, these circumstances have been moderated only marginally by time banking. Moreover, time banking does

not deal with the causes of social exclusion and disadvantage and tends to perpetuate them by complying with, rather than disrupting the status quo of undue veneration of the market system as a problem solver (Wilson, 2016).

Apparent expansions of reach and scope of time banking have been achieved at the expense of such schemes being “hollowed out” (Glynos, et al, 2023). This has occurred because benefits imputed to time banking often have actually been largely attributable to group events/activities and traditional volunteering opportunities created by managers of time banking schemes to attract and retain members and/or compensate for low levels of person-to-person exchanges (Kubinakova and Courtney, 2018; Ozanne and Ozanne, 2020; Naughton-Doe, et, 2021; Gregory, 2021).<sup>47</sup> Over time, there has been a tendency for time banking to be subsumed by more traditional forms of volunteering, particularly if time banking is managed by an organisation that deploys volunteers in its activities (Glynos, et al, 2023). These phenomena suggest that it would be more appropriate to focus solely on providing opportunities for people experiencing loneliness to participate with others in safe, welcoming groups with purposes that appeal to those seeking a place to belong. Such purposes would include volunteering to help others unconditionally and linking those in need of support with volunteer helpers.

Time banking is an attempt to commercialise kindness through deployment of a modified market mechanism based on indirect transactional reciprocity. Its proponents have spuriously asserted or implied that genuine kindness will be boosted by market exchange or transactional activity inherent in time banking. Acts of kindness tend to encourage recipients to reciprocate directly, or indirectly by helping third parties, because of feelings of obligation entangled with social norms. However, transactions typically do not trigger kind acts. The reciprocity induced by kindness – social reciprocity – is very different to the reciprocity involved in transactions – market exchange or transactional reciprocity (Murthy, 2020, pp. 99-100, 164, 216-217; Burgess and Durrant, 2019; Putnum, 2000, pp. 134-147; Titmuss, 1971, pp.210-212). Time banking’s focus on transactions denies participants (lonely or otherwise) the documented benefits of unconditional giving or kindness. This may discourage participation by people wanting to give unconditionally (Ozanne, 2010). As well as eroding the amount of giving, the focus on transactions is likely to undermine the freedom or right to give, and the sense of community or inclusion in society (Titmuss, 1971, pp. 198-199, 239, 242-243, 245). Nevertheless, genuine kindness is not accompanied by an expectation of getting something in return. Doing something to get something is transactional and it is self-serving (Mackay, 2024, p. 270).

Proponents’ depiction of time banking as volunteering integrated with a means of promoting reciprocity (“volunteering with a twist”) is misleading. The concept of volunteering referred to by proponents of time banking differs substantially from traditional volunteering. Time banking changes the focus of volunteering from unconditionally helping those in need, to provision of benefits to service providers (Wilson, 2016; Griffiths, et al, 2022; Glynos, et al, 2023). The form of “volunteering” involved in time banking cannot validly be categorised as “other-oriented volunteering”. At best, the “volunteering with a twist” in time banking can be categorised as “self-orientated volunteering”. Researchers have found that “self-oriented volunteering” delivers substantially less health and well-being benefits to these “volunteers” than the health and well-being benefits that “other-oriented volunteering” provides to volunteers focussed on helping others (Yeung, et al, 2018). In any event, time banking’s reorientation of focus from helping others

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<sup>47</sup> However, Lee Gregory (2021) pointed out that group events/activities organised by management of time banks have typically been more appealing to women than men.

unconditionally to returns to service providers is inconsistent with the central Christian principle of treating others as we would like to be treated (Matthew 7: 12) or loving our neighbours (broadly defined to include strangers) as ourselves as exemplified by the unconditional kindness in the Parable of the Good Samaritan (Luke 10: 25-37). This Christian principle is closely related to another: “You received without payment; give without payment” (Matthew 10: 8 (NRSV)). This injunction endorses social reciprocity associated with “other-oriented volunteering”, but not transactional reciprocity associated with “self-oriented volunteering”.

It is misleading to claim that time banking is justifiable on the basis that it avoids perverse outcomes (such as demeaning and/or dependency-creating effects) that are perceived by some to result from helping others unconditionally. As explained in a sub-section above on Alleviating Loneliness through Helping Others, the possibility of perverse outcomes of helping others can be avoided by engaging in “receptive generosity”:<sup>48</sup> accepting that people are different, and patiently working with and ensuring the free agency of people in need of help, rather than doing things for them or telling them what to do (Buchanan, 1975; Coles, 1997; Sen, 1999; Corbett and Fikkert, 2012; Barrett, 2018; Fikkert and Kapic, 2019a, b; Ryan, et al, 2019). Moreover, the commercial orientation of time banking wholly or partly sacrifices the observed benefits of soundly based volunteering to help others unconditionally that accrue bilaterally (one-to-one help) or multilaterally (working with others to help those in need).

Claims that time banking builds social capital through reciprocity, enhancement of trust, and increased social engagement are dubious (Gregory, 2021). Social capital is linked to social reciprocity, not the transactional reciprocity promoted by time banking. Trust is an important prerequisite for time banking transactions (Dasgupta, 2005; Valor and Papaoikonomou, 2019). It has not been demonstrated that time banking brings or builds trust. Time banking involves fleeting, transaction-related engagement, not meaningful, enduring connections with others (Griffiths, et al, 2022; Perez-Vega and Miguel, 2022). Time banking should not be credited with social engagement associated with group events/activities and volunteering opportunities created by managers of time banking schemes to attract and retain members and/or compensate for a paucity of time banking transactions.

Claims that time banking can play an important role in preparations for, and responses to natural disasters were based on interviews and news reports in Lyttelton Harbour near Christchurch in New Zealand in the pre- and post-earthquake period, April 2009 to December 2012 (Ozanne and Ozanne, 2013, 2016). The activities of, and grant funding for Lyttelton Harbour time bank and its members were not compared with the activities of, and grant support for other community organisations and their members in Lyttelton Harbour and elsewhere in earthquake-affected areas in New Zealand’s Canterbury region. As a result, it was not possible to ascertain whether disaster-related services provided by the time banking community could reasonably be deemed superior to those of other community organisations in the context of the Canterbury earthquakes in 2010-2011, having regard to any differences in grant funding arrangements. It is notable that the Lyttelton Harbour time bank is no longer operating (Project Lyttelton, 2024).

The modified market mechanism of time banking is unlikely to improve the efficiency of resource allocation/use. Several issues are relevant. First, claims that time banking builds social capital are dubious, as discussed above. Second, time banking is ill-suited to addressing a social target of alleviation of loneliness, as previously documented. So, there is an inefficient mismatch between a target and the instrument deployed to achieve it (Tinbergen, 1952). Third, equal valuation of hours

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<sup>48</sup> The term was put forward by Romand Coles (1997).

by all contributors overencourages participation by people providing low-value services and discourages participation by those who could provide high value services (Boyle, et al, 2022). Fourth, unresolved network interdependency effects (participation depending on the participation of others) deter participation, impeding efficiency (Naughton-Doe, et al, 2021; Kakar, 2020). Fifth, asymmetric availability of information between providers and users of services impedes trust in service quality, discouraging transactions and distorting the pattern of offerings – a “market-for-lemons” problem (Akerlof, 1970). Sixth, the quality of services may be less than those provided as acts of unconditional kindness, as the latter are more likely to have strong ethical underpinnings, and be intrinsically and autonomously motivated (Titmuss, 1971, pp. 157, 246; Arrow, 1975, pp. 21-22; Ryan, et al, 2019). Seventh, simply labelling time banking as a form of coproduction does not make it economically advantageous or efficient. One issue is that there is at best only a tenuous link between time banking and the original concept of coproduction (Burgess and Durrant, 2019). A second issue is that various conditions need to be satisfied for coproduction to yield efficiency-enhancing synergies in the service-delivery process (Ostrom, 1996, p. 1083). However, various aspects of the structure of time banking schemes are inimical to efficiency as explained above, and as illustrated by various failings in effectiveness and administrative efficiency outlined below.<sup>49</sup>

Time banks have been managed paternalistically. This has impeded initiation of person-to-person exchanges (Wilson, 2016; Naughton-Doe, et al, 2021). Paternalistic management has appeared in various forms. Activities have been constrained because of concerns about trust and risk issues. In some cases, unconditional giving has been discouraged by scheme management, as well as by the scheme’s design, which is focussed on self-oriented transactional reciprocity. Participants have sometimes been pushed into group events. Further, managers have excluded some types of work from eligibility for time credits. Excluded categories typically include looking after children and other family and home-related work, even though non-commercial performance of this work has been cited as a reason for time banking by its proponents. These excluded services are typically associated with women, who ironically dominate participation in time banks (Wilson, 2016; Wilson-Thomas, 2021).

Trust and safety issues are challenges for time banking (Valor and Papaoikonomou, 2019, pp. 147-148). Trust issues relate to the negotiability or acceptability of time credits and confidence in those providing services. In the absence of trust, mutually beneficial exchanges or transactions will be discouraged, distorted, or not be repeated (Akerlof, 1970; Dasgupta, 2005). Safety issues will tend to have similar effects. Concerns about trust and safety have contributed to paternalistic management of time banks (see above) and high costs (see below) or low levels of person-to-person exchanges (Naughton-Doe, et al, 2021).

Low levels of engagement by members of the relevant community have resulted in many requests for services by credit holders being unfulfilled, while many other potential suppliers have experienced difficulties connecting with users (Perez-Vega and Miguel, 2022; Ozanne and Ozanne, 2020; Burgess and Durrant, 2019); Valor and Papaoikonomou, 2019). In some cases, this has led management to engage in resource-intensive efforts to engineer transactions (including recruitment of corporate and institutional donors of services to be acquirable with time credits), and to organise

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<sup>49</sup> Edgar Cahn, who originated the term, time banking, and was the most prominent proponent of this mechanism for about 40 years, claimed that time banking is a form of coproduction, and warned, “Coproduction is clearly vulnerable to co-option and exploitation” (Cahn, 2004, p. 25). This warning is ironic as Cahn co-opted, distorted, and exploited the original concept of coproduction (see Parks, Ostrom, Ostrom, et al, 1981; Ostrom, 1996) to give credence to his advocacy of time banking, disregarding his own warning and failing to acknowledge the source and substance of the original concept.



group activities to avoid resource costs of engineering transactions and compensate for low exchange activity (Naughton-Doe, et al, 2021; Burgess and Durrant, 2019).

Time banking is a relatively costly scheme. Confusion and conflicts in relation to volunteering and reciprocity concepts and departures from conventional volunteering and market arrangements have elevated costs of promoting time banking and recruiting and retaining participants (Glynos, et al, 2023). Also, administration costs of time banking systems are relatively high because of documentation issues, difficulties of arranging person-to-person exchanges, and pressures to manage trust and safety issues (Perez-Vega and Miguel, 2022, p. 333; Boyle, et al, 2022). This has led to trade-offs between management of trust and safety issues, and levels of person-to-person exchanges (Naughton-Doe, et al, 2021).

Many time banking schemes have survived for relatively short periods and/or at a small scale (Boyle, et al, 2022; Naughton-Doe, et al, 2021; Valor and Papaoikonomou, 2019, p. 137). Some have failed or struggled to take off. In other cases, after an initial period of growth in participation and transactions, both typically have declined steadily as members have dropped out or engaged in less transactions, and as considerable difficulty has been encountered in recruitment of new members (Glückler and Hoffmann, 2022). The reasons for these patterns are linked to various other issues outlined in this section.

Independent quantitative assessments of time banking as a loneliness-alleviation mechanism, a means of building social capital, and an efficiency-enhancing mechanism are difficult to find. Unfortunately, the material that was found during a literature search did not provide credible support for claims by time banking's proponents that the scheme delivers substantial nett benefits.

A semi-quantitative investigation of the operation of six UK time banks was undertaken by researchers from the Universities of Sheffield and Bristol. They analysed operational data over a period of 12 months, undertook semi-structured interviews with 13 staff members, and surveyed 84 time-bank members through focus groups, interviews and questionnaires that included open questions. The researchers found that performance fell far short of proponents' hype. During the investigation period, the numbers of person-to-person exchanges were small. By the time the article was published in August 2020, three of six time banks in the investigation had folded, and two of the others had abandoned person-to-person exchanges in favour of group activities. Reasons identified for this poor performance included paternalistic management, and the resource-intensive tasks of safeguarding participants, managing risk, and facilitating person-to-person exchanges (Naughton-Doe, et al, 2020).

Starting with the presumption that improving social connections would improve health (one category of benefits from alleviating loneliness), Lee, et al (2020) undertook a systematic review of analyses of the impact of time banking on public health outcomes. Most of the studies (31 of 38) were assessed to be of low quality, because of a variety of deficiencies. Also, many were judged to be too small to provide generalisable insights or outcomes of direct relevance to the review. While the authors noted a consistent narrative of improved mental health and wellbeing, they concluded that the overall evidence of direct health impact was neither reliable nor generalisable and there was limited evidence of economic benefit. They warned that the boundaries between research and advocacy are often blurred, and that research results published by advocates should be treated with caution.

Timebanking UK (2017), an advocacy and support group for time banking programmes in the United Kingdom, has published a quantitative evaluation of five time-banking schemes in London. An extraordinary social benefit-cost ratio of 10.1 was claimed.

Timebanking UK (2017) reported that it used records and questionnaires, supported by software and nominated outcomes provided by HACT Social Value Insight. It was revealed that reports of outcomes by participants were dominated by two of 16 outcomes: “regular volunteering” (36.5 per cent) and “regular attendance at community/voluntary group(s)” (40.5 per cent), which together accounted for 77 per cent of “outcomes measured”. The third ranking “outcome measured” was “frequent moderate exercise” at 3.6 per cent, followed by “high confidence” at 3.3 per cent. No information was provided on valuation methodologies, valuation of specific outcomes, protocols to avoid double counting and misattribution of benefits, and other methodological features of the evaluation.

Obviously, the estimated benefits of attendance at “community/volunteer groups” should not have been attributed to time banking. It was not revealed whether the term “volunteering” in the report referred to “other-oriented” or “self-oriented” volunteering or both. Also, it is not apparent that any procedures were implemented to:

- assess the existence and strength of any causal link from time banking to “volunteering”
- differentially value different forms of “volunteering”
- avoid misattribution of benefits.

Because of the extraordinary vagueness of the report, the lack of data, the absence of any meaningful explanation of methodology, lack of information on the credentials of those who undertook the evaluation, and the unavailability of any independent review of the evaluation, there is considerable doubt regarding the credibility of the extraordinary social benefit-cost ratio of 10.1 declared by the report.

An apparently positive assessment of time banking was provided by social researchers at University of Gloucestershire (Kubinakova and Courtney, 2018). However, a careful review of the assessment revealed that this was not the reality.

The University of Gloucestershire researchers assessed the *Fair Shares* scheme for the entity managing the scheme. The *Fair Shares* scheme includes various volunteering opportunities and group activities along with time banking. The executive summary and the body of the report stated, “Time credits and exchanges (time banking elements) are not seen as (the) driving element” (Kubinakova and Courtney, 2018). The case studies and discussion indicated that volunteering and group activities were the source of the benefits of the *Fair Shares* scheme.

The evaluators of the *Fair Shares* scheme estimated a social benefit-cost ratio of 1.04 for the programme. This is a marginal result. The social benefit-cost ratio was based on undiscounted estimated benefits and costs over a period of three years. Therefore, the corrected benefit-cost ratio is likely to be less than 1.04 and the social rate of return (an annual rate) would be low compared to a reasonable foregone social return on alternative uses of the investment in the programme.

Neither proponents nor critics of time banking as mechanisms to alleviate loneliness have analysed time banking as an alternative or a complement to a community-referral-and-connection programme. It is apparent that time banking would not be a suitable replacement for community-referral-and-connection as a provider of “connector services” or as an overarching/organising

framework for alleviation of loneliness. It is not apparent that time banking would be suitable as a complement to a community-referral-and-connection scheme and various other mechanisms, such as those outlined and/or mentioned above.

## Other Options

The existence of potential “places-to-belong” is a necessary condition for alleviation of loneliness. However, it is not a sufficient condition. Other requirements are mechanisms for finding people who feel lonely and connecting them to groups/activities in which they can feel they belong (“connector services”). The connecting function has multiple elements. These include linking people who feel lonely with those who will work with them to find groups/activities where they can feel they belong and will help them overcome obstacles to their ongoing involvement.

A community-referral-and-connection regime provides an overarching/organising framework and “connector services” that incorporate the mechanisms required to find people who feel lonely and connect them to places-to-belong. There may be credible alternatives to a community-referral-and-connection regime that are worth considering as an overarching framework. However, none emerged from the considerable research and analysis underpinning this research/concept paper.

There will be various other initiatives to help sub-sets of people experiencing loneliness (“*ad hoc* connection opportunities”) that could be teamed with an overarching framework. Several categories of such initiatives have been discussed above. Generally, they involve creating potential places-to-belong.

Further investigations will be required to identify and assess various additional options. This applies to overarching frameworks and initiatives that could be subsumed in an overarching framework.

Ending Loneliness Together (2023b) has started to document information on initiatives to alleviate loneliness in specific cohorts at various locations across Australia. The compilation of initiatives so far is at best indicative only. Typically, the inclusions are “*ad hoc* connection opportunities” or potential places-to-belong, not connection mechanisms or overarching frameworks for alleviation of loneliness.

Additional loneliness-alleviation options could emerge from discernment processes in community-connections hubs. They may be specific to circumstances of an individual hub or may be applicable to multiple hubs. Also, additional insights regarding potential loneliness-alleviation arrangements might emerge from the work of the World Health Organisation’s *Commission on Social Connection* during its term, 2024-2026.

It is desirable to maintain flexibility and keep options open for as long as uncertainty remains about the most appropriate approach, and final decisions on matters of detail have not become necessary. This would apply even after implementation has commenced, as new insights could emerge during the establishment process that suggest sensible refinements. Closing-off options before it is necessary can be costly (Dixit and Pindyck, 1994; Kay, 2011).

## Resourcing

Community-connections programmes to alleviate loneliness need to be properly resourced. Volunteers can make important contributions to resourcing of such programmes. However, additional resourcing is likely to be required to support volunteers involved in various initiatives.

Partnerships with entities having compatible aims and ways of operating would potentially expand access to resources and resulting capacity to undertake loneliness-alleviation programmes. Of course, realisation of this potential will depend on good collaborative relationships.

Critically important elements of any successful loneliness alleviation programme are the individuals in communities with whom people experiencing loneliness can connect and feel they belong. These individuals offer a friendly smile, a warm greeting, and an attentive ear. They are inclusive. They actively welcome new people into their social groups. They are not cliquish. They act this way voluntarily. In any community-based group (including church communities), encouragement to engage in such behaviours is rarely superfluous.

People who recommend an individual perceived to be feeling lonely to a group to which the person could feel they belong or who refer such a person to a community-connections hub need to be perceptive. Otherwise, referrals could be inappropriate, misdirected and/or could overload a hub to the detriment of all parties.

Particularly important resourcing requirements include training, information, and guidance for volunteers in programmes targeting alleviation of loneliness. This support relates to appropriate ways of interacting with vulnerable people, and discernment regarding the nature and extent of involvement of each parish-based community in operation of a community-connections hub. Some tentative indicators of loneliness that could be used in training of people involved in a loneliness-alleviation programme have been listed in Attachment A.

In the case of a community-referral-and-connection framework, resourcing decisions need to take account of the time, effort, and patience necessary to build good collaborative relationships between referrers to hubs, personnel in hubs (including community-connections facilitators), and groups to which people who feel lonely could be connected within or outside of hubs. This resourcing need is additional to that associated with identification and cataloguing of potential referrers to hubs, and groups to which people experiencing loneliness could be connected (Thomas, et al, 2021, pp. 7-8).

Potential sources of resources to supplement and support the activities of volunteers include the Queensland Government, local government authorities, the Commonwealth Government, and private sector entities. Rationales for government funding of a community-connections programme are that the scheme would improve the wellbeing of people who feel lonely, enhance productivity, and reduce pressure on and resourcing requirements for the GP network, the medical specialist network, the hospital system, and the Medicare regime.

The Queensland Government was perceived to be a logical starting point for resourcing support. It has funded the *Ways to Wellness* (loneliness-alleviation) programme since 2019. In mid-2022, in response to the report of a parliamentary inquiry on social isolation and loneliness (Queensland Parliament, Community Support and Services Committee, 2021), the Queensland Government committed to preparation of a loneliness and social isolation strategy, consideration of a state-wide trial of “social prescribing” after reviewing results of an evaluation of *Ways to Wellness* by University of Queensland psychologists, and development of online training material for volunteers in programmes that help prevent and address loneliness and social isolation in Queensland communities (Queensland Government, 2022a).

On 18 December 2022, the Queensland Government released its *Communities 2032 Strategy and Action Plan*, incorporating statements of intent regarding alleviation of loneliness and social isolation (Queensland Government, 2022 b, c). The Government also issued guidelines for “large” and “small”

*Communities Innovation Fund* grants to help incorporated, not-for-profit community-led organisations provide innovative responses to social isolation and loneliness. “Large” grants could be up to \$200,000 per year for three years from April 2023, with the programme to be fully completed by 30 June 2026. “Small” grants could be up to \$50,000 for one year from April 2023, with the initiative to be fully completed by 30 June 2024. Additional funding rounds for “small” grants were to be available in 2024-25 and 2025-26. As foreshadowed in the Queensland Government’s 2022-23 budget, \$4 million was committed for *Communities Innovation Fund* grants over four years.

In 2023, two of five “large” grants over three years were awarded to neighbourhood/community centres in northern Townsville (North Townsville Community Hub, Inc., total \$535,122) and Hervey Bay (Hervey Bay Neighbourhood Centre Inc., total \$533,772) to fund social prescribing (community-referral-and-connection) schemes complemented by some small activities to facilitate social connections in specific cohorts. Three other “large” grants were provided to institutional applicants to support initiatives to assist Indigenous people make social connections.

Consideration is to be given to lodgement of an application on behalf of St John’s Cathedral for a “small” grant from the *Communities Innovation Fund* in 2025-26. For 2024-25, grants up to \$50,000 for 12 months were restricted to support for innovative initiatives that respond to social isolation and loneliness among culturally and linguistically diverse people and communities in Queensland. The nominated total pool for “small” grants in 2024-25 is \$200,000. Compliance with the narrow focus of small grants in 2024-25 would have distracted from establishment of the much broader programme envisaged in this research paper.

In September 2023, discussions were initiated with the Communities division of the Queensland Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities, and the Arts regarding the Queensland Government’s expressed intention to consider a state-wide trial of social prescribing (community-referral-and-connection) following consideration of the published results of an evaluation of the *Ways to Wellness* programme by University of Queensland psychologists. Results of the evaluation were released in August 2023 and have been discussed in the section on community-referral-and-connection above. The discussions included exploration of the possibility of the Government’s potential state-wide trial incorporating the inner-Brisbane trial of community-referral-and-connection proposed in this paper, and provision of resources by the Queensland Government to support the inner-Brisbane trial.

In late-November 2023, a representative of the Communities Division of the Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities, and the Arts advised that in the subsequent 12 months it was intended to undertake a “scoping study” of social prescribing covering a range of models before undertaking any formal trials. In August 2024, it was advised that a “feasibility study” of the application of social prescribing models to address loneliness and social isolation was underway in collaboration with Primary Health Networks. Input has been provided through participation in a group consultation process and by provision of this research paper to the social prescribing study group. Funding of trials following completion the “feasibility study” will depend upon results of the study and the priorities of the government in office following the October 2024 election.

In 2024, the Queensland Department of Child Safety, Seniors, and Disability Services allocated some grants under the *Seniors Social Isolation Programme* for proposals to address loneliness and social isolation among seniors. All grants were awarded on a competitive basis to a few initiatives in remote and regional areas. No funding was made available for initiatives in Brisbane.

In early 2023, discussions regarding a community-connections programme in Brisbane were initiated with the Lord Mayor of Brisbane and his wife, who chairs the *Lord Mayor's Charity Trust*. This led to subsequent discussions with the administrative head of the Trust. These discussions have been positive.

Primary Health Networks (PHNs), which are Commonwealth Government-funded, but independently managed, have been contacted regarding potential resourcing our intended *Brisbane Community Connections* programme, and potential support from Anglican parishes for initiatives to address loneliness that Primary Health Networks (PHNs) are considering or planning. So far, the Brisbane North PHN has funded a social prescribing trial in the Caboolture-Kilcoy region and has provided us with information about the trial. This and other Queensland PHNs are participating with the Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities, and the Arts in a social prescribing “feasibility study” as indicated above. Further resourcing discussions with PHNs are intended following completion of the “feasibility study”.

Support from other local governments and other parts of the Commonwealth Government is also to be investigated. Corporate support could be pursued too. However, it may not be attainable until a loneliness-alleviation programme is operating successfully.

Resourcing is a very important issue on which much remains to be done.

## Key Insights and Conclusions

Human beings commonly crave community (social) connections that are meaningful. This craving occurs in every stage of life, meaning that being human desirably is a shared experience, not an individual one.

Human craving for community connections (longing to belong) is part of a biological alarm system, along with hunger and thirst. Poor connections lead to loneliness, which adversely affects wellbeing in short- and long-term contexts.

Meaningful community connections involve feelings of belonging with others, including feelings of being respected, loved and needed; and feelings of sharing with and caring for others, making the experience bilateral and/or multilateral. Meaningful community connections are also accompanied by a sense of purpose.

Community connections and loneliness can have multiple dimensions or domains. Loneliness researchers have grouped them under headings such as “emotional” and “social”, or “intimate”, “relational” and “collective”. These domains have “fuzzy” boundaries. If unfortunate events or circumstances undermine meaningful connections, even in only one domain, emotional stability is disturbed, and feelings of loneliness can occur.

Loneliness refers to a nagging, distressing feeling of a lack of connection to others (community), accompanied by a desire for additional or more satisfying social relationships. Loneliness is subjective. Social isolation is a distinguishable concept that refers to having objectively few social relationships, social roles, and group memberships, and infrequent social interaction. While social isolation is characterised by a dearth of community connections of any type, loneliness involves a feeling of a lack of meaningful connections.

If feelings of loneliness are chronic (persistent and severe), their adverse wellbeing effects are potentially magnified greatly because of substantially elevated risk of a wide range of physical and mental health issues and premature death.

Loneliness is widespread. About 35-45 per cent of Australian adolescents and adults regularly feel lonely, and around 20-25 per cent experience chronic loneliness.

Loneliness and social isolation often interact. Unfortunately, their conflation in popular and some academic discourse has led to confusion and obfuscation, impeding formulation of sound rationales for intervention and initiatives to address adverse effects on wellbeing.

The key to alleviating (avoiding and overcoming) loneliness is to improve connections with others (community). This also addresses any associated, unwanted social isolation. Improving the quality or meaningfulness of community connections is essential. More connections can be a bonus unless their quality is negative.

In this document, the primary focus is improving social connections to alleviate loneliness and its adverse wellbeing effects. However, the analysis has taken account of circumstances and ways in which social isolation might intersect and/or interact with loneliness to affect wellbeing.

Feelings of loneliness provide an incentive to try to make meaningful connections to alleviate adverse feelings. However, too many people who feel lonely have great difficulty in developing the meaningful connections with others that they crave and need. This results from impediments such as feelings of embarrassment; perverse tendencies to withdraw; other behavioural effects that impede connection; not knowing how, where, and when to connect; social exclusion linked to interpersonal and structural issues; and various physical, mental, and financial issues. Consequently, too many people experiencing loneliness require help in overcoming these impediments, so that they can make the meaningful connections needed to improve their circumstances.

Communities and their constituents have important responsibilities to help those feeling lonely make desired connections and come to feel they belong, establishing a foundation for substantial wellbeing gains. The involvement of others is essential because they can provide opportunities for meaningful social connections and help turn opportunities into reality. As Christians, we should want to accept these responsibilities, not just as individuals, but also collectively as communities. The guiding principle is to treat others as we would like to be treated (Matthew 7: 12) or to love our neighbours (broadly defined to include strangers) as ourselves, as exemplified by the iconic example of unconditional kindness, the Parable of the Good Samaritan (Luke 10: 25-37).

The prevalence and serious consequences of loneliness provide opportunities for Anglican communities to reach into surrounding regional or district communities to collaborate with others to help those who feel lonely form meaningful relationships, the most effective way of alleviating loneliness. Pursuit of these opportunities combines loving our neighbours as ourselves and sharing the Gospel through practical action to address a disturbing contemporary problem.

Appropriately, representatives of many Anglican communities across southern Queensland have expressed interest in participation in a community-connections programme to help alleviate loneliness. Each of these communities potentially could become a community-connections hub or could join with others to form a hub to serve the relevant broader regional (or district) community. The various geographically oriented hubs could be supplemented by and linked to a digital-resourcing-and-connections hub that would extend the reach of the community-connections

programme within and beyond regional communities, provide a conduit for relevant information, and facilitate inter-hub cooperative activity.

Addressing widespread loneliness is a complex problem because it has multiple potential causes, and individuals are complicated, often are reluctant to admit feeling lonely, and differ greatly in terms of interests/preferences, personalities, backgrounds, locations, and other circumstances. While having multiple community-connections hubs might appear to exacerbate the complexity of the task of loneliness alleviation, it has the redeeming feature of allowing diversity of approaches to take account of differing circumstances in hubs and surrounding communities. Variations in hubs' circumstances mean the appropriate mix of initiatives could be expected to differ between hubs.

An initiative of the Anglican Church SQ to facilitate adapting ministry in the context of complexity provides a framework that would assist parish-based hubs to discern the scope and content of belonging or community-connections programmes suited to their circumstances. Each hub would do this in the context of:

- the complex, multi-faceted nature of the loneliness problem
- the interests, skills, and other resources of participants in the hub
- the circumstances of the community encompassing the hub
- input sought and received from parties with an interest in the hub.

In this context, a wide-ranging, preliminary review of various mechanisms proposed and/or tried to address loneliness was undertaken. To provide an indication of the variety and differing quality of mechanisms identified, a selection of thirteen types of initiatives was made, and each was outlined and qualitatively assessed.

In the assessment of a various schemes, a range of matters was deemed to be important, having regard to the literature on loneliness and its alleviation, and to credible approaches to assessment of interventions in human affairs:

- means of finding people experiencing or at risk of loneliness
- ways of encouraging acceptance of help to avoid or overcome loneliness, including via education on the nature, consequences and prevalence of loneliness, and the benefits of community connections for wellbeing
- ascertaining what matters to each person
- helping each person to find a welcoming, safe group with matching, meaningful interests
- addressing obstacles to meaningful participation
- ensuring personal autonomy or free agency of each person
- respecting confidentiality and ensuring safety of participants
- addressing perceived stigma associated with loneliness
- recognising the complexity of the problem
- a community-based approach
- effectiveness in addressing the problem of loneliness
- efficiency (benefits relative to costs) of an initiative or package of initiatives
- fairness (distribution of benefits and costs) of intervention.

The tentative assessments of multiple schemes yielded widely varying outcomes. Another key finding is that multi-faceted problems like loneliness that have multiple causes and affect highly



heterogeneous people require multifaceted responses to be effective and efficient. Packaging of complementary measures is essential.

A community-referral-and-connection (social prescribing) framework has been shown to be the only scheme among those assessed that would provide a suitable overarching framework that includes means of identifying a wide range of people who feel lonely or crave connections with others, and a process for helping them find and connect with places-to-belong. However, this scheme, like the others, should not be perceived as a stand-alone loneliness-alleviation initiative, as it needs the support of other schemes that offer places-to-belong for specific cohorts. A community-referral-and-connection regime complemented by a wide variety of potential places-to-belong and some suitable supporting initiatives would appear to provide a suitable multi-faceted response.

Time banking was the only scheme assessed not to be worthy of further consideration for inclusion in a loneliness-alleviation programme. It is a seriously flawed scheme that was found to be deficient in multiple ways.

The other mechanisms assessed in this research were found to be useful complements to each other and to a community-referral-and-connection framework, although fine-tuning of mechanisms would be desirable. However, in isolation, their value is constrained because they are limited in scope. Despite this limitation, one of these mechanisms, “alleviating loneliness through helping others” was assessed to be a particularly desirable component of a community-connections programme targeting loneliness.

It is anticipated that additional insights on ways of tackling loneliness will be provided by the World Health Organisation’s *Commission on Social Connection*, which will operate from 2024 to 2026. The Commission’s work is also likely to trigger more academic activity on devising and assessing loneliness-alleviation or community-connections mechanisms.

An unresolved issue requiring additional analytically- or evidence-based insights is the specification of circumstances in which it is likely to be practical or impractical to implement a community-referral-and-connection scheme. For example, it may not be practical to deploy this complex mechanism in some small, isolated parish-based hubs in southern Queensland, because of resource constraints and lack of economies of scale, scope and density. These considerations are much less likely to be problems in large urban areas, but coordination issues are likely to increase with the number of parishes involved in a hub.

To shed more light on practicality questions, it would be sensible to trial community-referral-and-connection in a specific area or areas and learn from the exercise. The information gained from trialling this framework could be used to guide refinements of the approach, and decisions and design considerations in respect of its potential deployment in other areas.

For locational convenience, it is proposed to trial a community-referral-and-connection framework in Brisbane’s inner suburbs (approximately Statistical Area, Level 4 – Brisbane Inner City). It would be supported by a community-connections hub involving Anglican communities in the relevant area, starting with nine and expanding to around 15. The community-referral-and-connection framework would involve numerous potential referrers and potential places-to-belong already in place in the broader community. It would be complemented by Anglican communities’ new initiatives for specific cohorts that emerge from their discernment processes. An important feature of the trial to be known as *Brisbane Community Connections* is that it will allow relevant Anglican communities to work with members of the broader community in various practical ways to tackle an important community-wellbeing issue.

The southern boundary of the proposed focus area overlaps slightly with the northern fringe of the focus area of the well-established *Ways to Wellness* community-referral-and-connection scheme. This scheme's focus area is strictly confined to Statistical Area, Level 4 – Brisbane South by a Queensland Government funding condition. The southern and northern boundaries of *Brisbane Community Connections* will be blurred or “fuzzy” – based on commonsense or pragmatic considerations, rather than the official boundary of Statistical Area, Level 4 – Brisbane Inner City.

There are opportunities to cooperate with and learn from the organisers of the neighbouring *Ways to Wellness* scheme, because of geographical proximity and accumulated knowledge from the Mt Gravatt Community Centre's successful operation of the scheme for more than five years. Exchange of information is occurring. Other potential cooperation could include cross-referrals between *Ways to Wellness* and *Brisbane Community Connections* based on location of clients' residences and suitable places-to-belong. Some places-to-belong could be of interest to people in both schemes.

Information about the practicalities of establishing and running a community-referral-and-connection scheme in geographically and demographically different locations in south-eastern Queensland can be obtained by interacting with the sponsors and operators of schemes established in the second half of 2023 in the Caboolture-Kilcoy region, Oxenford (northern Gold Coast), Hervey Bay, and northern Townsville. This interaction is occurring. Relevant information is flowing in both directions.

Learning and cooperation could be further advanced by arranging the involvement of interested, appropriately located Anglican parishes in established community-referral-and-connection schemes. These parishes could be referrers and places-to-belong.

It is recognised that a community-referral-and-connection scheme needs to be complemented by advocacy of government action to address “structural” mechanisms of social exclusion (resulting from social, economic, regulatory, and other structures for which governments are responsible). The adverse effects of these mechanisms, at best, could be only partly offset by a community-referral-and-connection scheme.

Community-connections or loneliness-alleviation programmes need to be properly resourced to succeed. Volunteers can make important contributions to resourcing of such programmes. However, additional resourcing may be required to support various initiatives and volunteers involved in them, particularly if initiatives are complex and have broad scope.

Important resourcing requirements include training, information, and guidance for volunteers and employees in programmes addressing loneliness. This support includes advice on appropriate ways of interacting with and supporting vulnerable people, and discernment regarding the nature and extent of involvement of each parish-based hub in loneliness alleviation activities.

Interaction should continue with the Queensland Government, Brisbane City Council, and Primary Health Networks about resourcing support, as external support is desirable and initial discussions have revealed glimmers of promise. In addition, potential direct assistance from the Commonwealth Government and private sector entities should be investigated.

## Attachment A – Indicators of Loneliness

Indicators of loneliness were gleaned from a variety of sources in the reference list. The categories of “leading” and “trailing” indicators were not drawn from those sources. They were perceived to be natural groupings of predictive factors and identifying characteristics of loneliness, respectively.

### **Leading Indicators**

Feelings of loneliness may arise when a potential trigger interacts with a pre-existing risk factor. Triggers may co-occur. Also, risk factors may co-occur (Lim, Eres, Vasan, 2020).

#### *Potential Triggers*

A major life transition or change in life circumstances that disrupts connections with other people, such as:

- bereavement
- relationship breakdown
- retirement
- unemployment
- changing employment
- changing educational institution
- moving to another city, town, or region
- children leaving home
- becoming a parent
- taking on caring responsibilities in respect of a family member
- having to give up driving a vehicle
- experience of bullying
- experience of discrimination
- experience of another form of social exclusion.

#### *Pre-existing Risk Factors*

Living alone.

Working alone.

Time poverty arising from heavy responsibilities.

Low socio-economic status.

Limited English (refugees, new immigrants, etc).

Racial and ethnic minorities.

LGBTIQ+.

Depression and/or anxiety.

Chronic health condition: physical, mental, or cognitive.

Older people.

Older adolescents and young adults, particularly females.

## **Trailing Indicators**

Withdrawal from contact with others.

Reduced activity.

Social anxiety.

Behaviour that puts others off.

Relatively high scores on the UCLA Loneliness Scale (Russell, 1996; Russell. et al, 1980) in its full 20-question format or a reduced-question format, a sub-set of the longer list of questions, have been widely accepted as indicators of loneliness (Badcock, et al, 2021). Questions in the long and short formats do not refer directly to loneliness, to avoid the issue of reluctance to admit feeling lonely in some cases. A reduced-format test is often used as it is easier to administer. One reduced-question test asks for responses to three questions included in the original 20 questions: “I feel left out”, I feel isolated”, and “I lack companionship”, with choices to be made in each case from “hardly ever” (one point), “some of the time” (two points), and “often” (three points). Higher scores indicate a greater degree of loneliness (Hughes, et al, 2004).

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