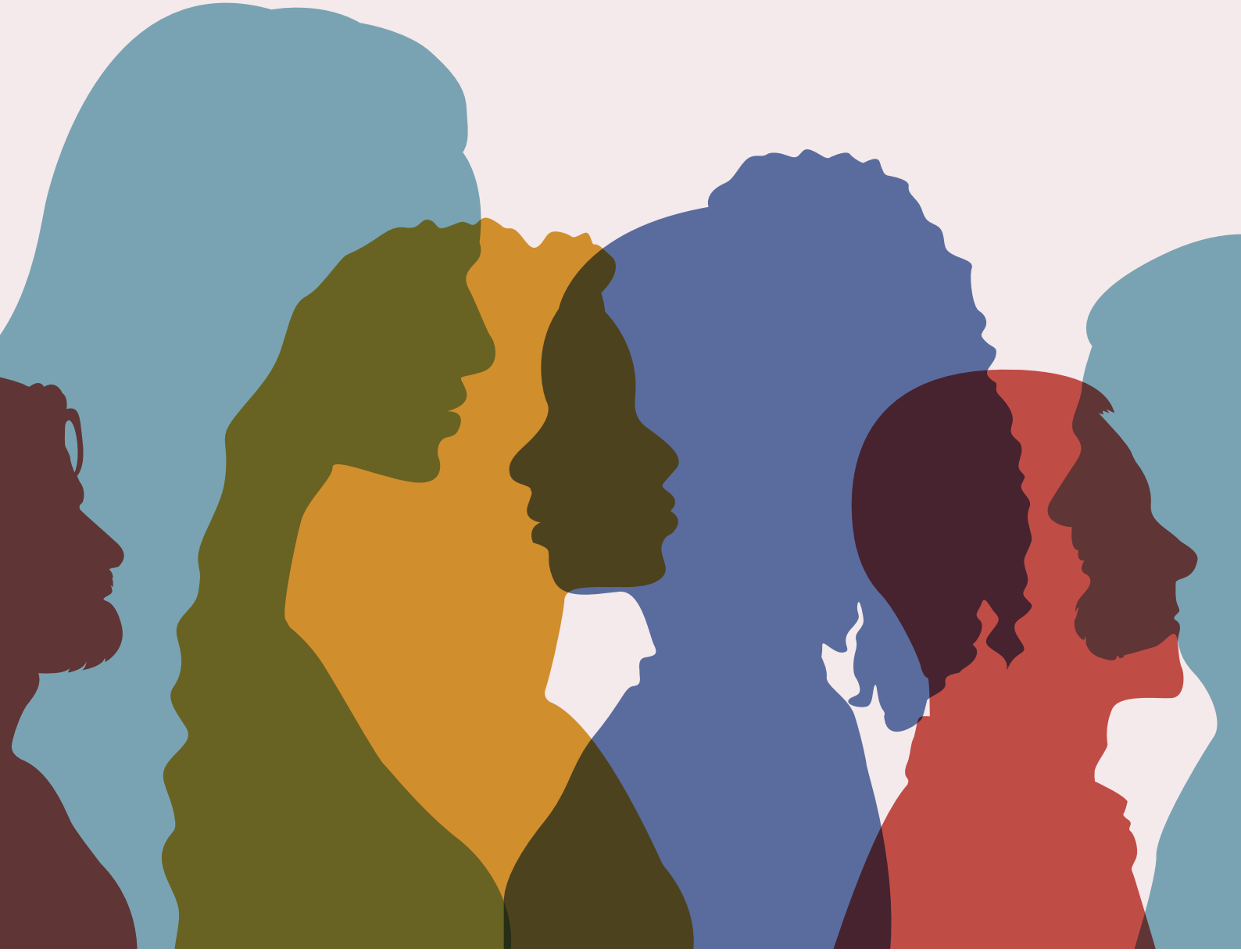
Addressing Loneliness:
Initiatives in Australia

2021



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Overview

Loneliness is a significant health concern in Australia with conservative estimates indicating that around 3 million Australian adults, from all walks of life, are experiencing a high level of loneliness[1].

Research suggests loneliness is associated with significant negative physical and mental health outcomes, including depression[2], suicidality[3], increased risk for Alzheimer's disease[4], cardiovascular disease[5] and immune dysregulation[6]. Isolation and stress caused by the COVID-19 pandemic has also increased the experiences and effects of loneliness for many people[7]. Loneliness is also highly stigmatised[8], making it more difficult for people to reach out to others for support. Given these significant health and wellbeing impacts, it is important that high-quality interventions and support are available for people who are experiencing loneliness. Although loneliness is gaining recognition as a serious concern, there is relatively little research into what works to combat loneliness in the Australian context.

Loneliness interventions are programs and services that are designed to assist people to be more socially connected and decrease experiences of loneliness[9]. Although the word intervention may sound disruptive or have some negative connotations, in this context the word is generally referring to taking positive steps to assist with overcoming loneliness. Some interventions focus on individual level support whilst others look at implementing wider community changes[10]. Interventions can be direct or indirect[11]. Direct interventions focus specifically on loneliness (e.g., social skills training to improve ability to make friendships), whereas indirect interventions do not have loneliness as a primary outcome, but may assist people with loneliness in an indirect way (e.g., a mental health support group where people may make connections with others).

1 *Lauria, 2018*

2 *Hagerty and Williams, 1999*

3 *Goldsmith, Pellmar, Kleinman & Bunney 2002*

4 *Wilson et al., 2007*

5 *Thurston & Kubzansky, 2009*

6 *Steptoe, Owen, Kunz-Ebrecht & Brydon, 2004*

7 *ABS, 2020*

8 *Kamili, 2019*

9 *Cacioppo, Grippo, London, Goosens & Cacioppo, 2015*

10 *Ogrin et al., 2021*

11 *Mann et al., 2017*

Mann and colleagues[12] provide a useful grouping of direct interventions. We will explore the following in this report:

1. Changing cognitions
2. Social skills training and psychoeducation
3. Supported socialisation
4. Wider community approaches

Loneliness is understood to be complex and multifaceted; people are lonely for different reasons. Some people experience transient loneliness, that is a sense of loneliness related to their current circumstances, whereas others experience chronic loneliness that recurs throughout their lives[13]. There is no 'one size fits all' solution to loneliness, so a range of interventions and approaches are necessary[14]. In Australia, there is limited information about loneliness interventions, especially those which use rigorous methods to measure effectiveness.

The aim of this short review is to provide some examples of interventions in Australia. Friends for Good decided to undertake this project to provide a resource and inspiration for other organisations and individuals. There is much to be learnt from the ideas, efforts and challenges of different program developers and researchers and we hope that this report provides an opportunity to contribute to ongoing learning and improvement.

Programs have been chosen that directly target loneliness as a key outcome measure and have been evaluated formally with reported results. We are aware of many excellent programs that aim to assist people with loneliness either directly or indirectly that do not have publicly available evaluations. We have chosen to include those that are evaluated in some way so that we can make comparisons and comment on the effectiveness of different approaches. This is not an extensive or systematic review, but rather a short overview that provides examples of different interventions.

[12] *Mann et al., 2017*

[13] *Cacioppo, Grippo, London, Goosens & Cacioppo, 2015*

[14] *Masi, Chen, Hawkley & Cacioppo, 2011*

Changing Cognitions

Research indicates that there is a relationship between the way a person perceives and processes the world around them (cognition) and feelings of loneliness[15].

Cognitive biases are patterns of thinking that can become automatic and unconscious. An example of this is a person perceiving themselves to be lonely, experiencing lower self-esteem and having difficulty trusting others[16]. Such unhelpful thinking can range from making assumptions about others' opinions e.g. "no one cares about me", to having unreasonable expectations e.g. "I will be less lonely if I can make more money."[17] These negative perceptions can contribute to greater interrelationship difficulties which subsequently maintain feelings of loneliness[18].

Loneliness has been related to depression and social anxiety; depressive and anxious symptoms can make the creation and maintenance of successful and meaningful connections with others challenging[19]. A growing body of research indicates the importance of developing interventions targeting loneliness to reduce the onset or impact of more severe mental illness. Existing therapies that target a person's negative cognitions and related behaviours, such as Cognitive Behaviour Therapy (CBT), have been traditionally used to treat clinical populations with anxiety and depression but are now also being implemented to assist people experiencing loneliness. It is hypothesised that CBT can assist people to feel less lonely and create more meaningful relationships by increasing positive thinking, enhancing pro-social behaviours and challenging negative perceptions that may be hindering relationship-building. Several international studies have demonstrated that CBT effectively reduces the feeling of loneliness[20]. Some Australian researchers have also examined changing cognitions as a mechanism to assist those experiencing loneliness.

[15] *Mann et al., 2017*

[16] *Hawkley & Cacioppo, 2010*

[17] *Mann et al., 2017*

[18] *Mann et al., 2017*

[19] *Hodgetts et al., 2017; Lim et al., 2019; Masi et al., 2011*

[20] *Glass et al., 1976; Mann et al., 2017; Saulsberry et al., 2013*

In a recent randomised controlled study, researchers found that a two-hour weekly Aging Wisely Cognitive Behaviour Therapy program administered in a group over 12 weeks was effective in reducing loneliness in older adults[21]. Sixty-two older people with an average age of 67 years were recruited for this study. All participants self-reported feelings of loneliness prior to their CBT treatment program. In addition to the 12-week group talk therapies, brief psychoeducation (that is, education on psychological concerns and topics including anxiety and depression, shyness, assertiveness) and communication skills training were included in the program. The research group found a significant reduction in the participants' depression, anxiety, and loneliness scores after this intervention program. The positive effect was maintained three-months post-treatment.

This study provides some evidence in the Australian context that CBT has the potential to alleviate not only depression and anxiety, but also feelings of loneliness. One limitation is the measurement for loneliness used in this study, the researchers used a single-item measure (participants rated their agreement with the phrase "I felt lonely" in the context of the previous week). Although considered a valid measure of loneliness, some researchers argue that this single item may not address the complexities and the variance of individual's experiences of loneliness and this was noted as a limitation by the authors. Future research needs to include other, more robust measures of loneliness.

A similar randomised study evaluated whether a novel loneliness intervention program: Groups 4 Health (G4H) is more effective than CBT in reducing loneliness and depression in young people[22]. The researchers compared the G4H program to the CBT Blues program, which is a group-based psychological intervention designed specifically for depression. One hundred and four young adults with an average age of 19 years were recruited for this study. Being a psychotherapeutic program (that is, a therapy program that targets psychological concerns), G4H was delivered over 5 weeks for 75mins per session with a 12-month follow-up. In G4H, participants learnt about the importance of social connectedness, how to recognise and build group-based belonging for health and developed goals for engaging with existing group members.

[21] *Smith et al., 2020*

[22] *Cruwys et al., 2021*

This study found that participants allocated to *either* group experienced less depression and less loneliness after treatment, with the G4H group experiencing a slightly lower level of loneliness than the CBT group. Although the focus of the study was on the novel G4H program, interestingly, researchers found that the CBT program was also effective in reducing loneliness. Importantly, the researchers found that the evidence of loneliness reduction was sustained 12-months post-treatment with either treatment program. Although well designed, the study did not have a completely insulated treatment condition, that is, participants in each group were aware of the aims of the study and this may have impacted their responses.

Both studies show some positive results in the use of CBT to target loneliness. However, they faced challenges and limitations. Given that they were undertaken in a group setting, it remains unclear whether the reduction in loneliness measured in both studies was a consequence of direct intervention on cognition bias, an overall improvement in mood and anxiety over that period of time, or the continuous exposure to the therapist and group members during the course of both studies. Despite some limitations, this emerging evidence suggests the potential for existing therapies, such as CBT, to be used to help those experiencing loneliness.

Social Skills Training & Psychoeducation

Social skills training, initially designed to reduce social anxiety and shyness, has been incorporated into loneliness interventions and there is some evidence to suggest its effectiveness in reducing feelings of loneliness[23].

Psychoeducation, giving people information to understand psychological issues, has also been incorporated into loneliness interventions[24]. Programs that include psychoeducation and social skills training assist people experiencing loneliness in a number of ways. This includes increasing understanding of the importance of social relationships, the relationship between loneliness and broader mental health issues and enhancing social and conversational skills.

These programs can be delivered either through one-on-one or in group settings and not only support meaningful relationship formation and maintenance, but also improve one's stamina to battle through loneliness[25]. Although social skills training and psychoeducation have shown promise for assisting people experiencing loneliness, there are limited studies in Australia and mixed results.

An early 2010 study investigated whether self-help material that encourages social wellbeing and raises awareness of loneliness can reduce loneliness among older Australians. Educational content was colour printed on A4 paper and was delivered over five consecutive weeks to 58 retirees who lived independently in a retirement village in Queensland[26]. Overall, the results demonstrated an increased awareness about loneliness and increased participation in community activities. Although cost-effective, several participants reported difficulties viewing the material due to failing eyesight. Others reported difficulties comprehending the content due to English as the single choice of language.

Additionally, the program was not a face-to-face intervention and was found to be ineffective in dealing with emotional loneliness, such as that related to the loss of family and friends, which is commonly experienced by older people. Future research needs to address readability, individuals' literacy, and language skills to ensure the success of print-based loneliness interventions.

[23] *Twentyman & Zimering, 1979*

[24] *Mann et al., 2017*

[25] *Mann et al., 2017*

[26] *Gracia et al., 2010*

Residents reported being more aware of the importance of social interactions after reading the factsheets. They subsequently organised a takeout meal eaten as a group in the recreation hall. As one resident recounts:

"There seemed to be close to 40 people there, probably about 75% of the village. And we didn't need to have any organised entertainment, because we just entertained ourselves, because we don't all get together regularly."

In a more recent 2013 study, researchers investigated whether one-on-one training on the usage of the internet and social media applications for young people with disabilities would improve their social network and reduce feelings of loneliness[27]. Although this did not explicitly include social skills training, the program aimed to teach the skills needed for individuals to socialise using online technologies. For eleven weeks, a 75 minute in-person home visit was provided each week to deliver support and skills training on internet access, knowledge of cyber safety, software and using different applications (mainly Facebook).

The majority of the participants and their parents provided positive feedback, claiming that they felt more optimistic and connected with their friends. However, the loneliness scores collected post-intervention demonstrated a contradictory result: no significant reduction in loneliness was observed. Researchers of this study speculated that a low level of loneliness at baseline (that is, the measure of loneliness before the intervention was delivered) may have contributed to this result. Furthermore, it was found that the recruited participants mainly used their newly acquired knowledge and skills to connect with existing social connections in an online environment, which may also explain why their loneliness level was not significantly improved post-intervention.

[27] *Raghavendra et al., 2013*

One participant said:

"...because when I've got the iPad I say more things than I do in person because I'm more confident meeting people on Facebook. I made lots of new friends and they're all like friendly and we have good chats. I'm usually a very shy person but when I'm on Facebook I'm not as shy, I just type. I say more things when I'm on Facebook than I do face to face because I was shy."

In contrast to the previous finding, a 2019 pilot study used a digital smartphone application named +Connect to deliver positive psychology content to 20 young people with or without social anxiety disorder over six weeks[28]. Positive psychology involves identifying an individual's strengths and positive characteristics and focusing on these. In the loneliness context, positive psychology emphasises how to utilise strengths to improve relationship quality and promote positive emotions. In +Connect, the content was delivered in short modules that modelled social interactions among young people and used elements of game-playing (e.g. winning points and badges) to engage young people. After six weeks, researchers found that the level of loneliness for young people with or without social anxiety disorder reduced significantly.

The positive effect remained three-months after treatment[29]. Upon reflection, participants reported that the process of active questioning and reflection after the short content delivery was the key to their successful learning. Although the result was promising, post-intervention interviews revealed some areas requiring improvement. This included a need to anticipate additional challenges, especially for people with significant social anxiety and to consider more targeted material to aid social interactions. To reduce attrition and promote social wellbeing, future programs also need to consider a more suitable reward system to keep users engaged and to allow more time to practice their newly learned skills. Furthermore, ways to apply new knowledge in real-life situations warrants future research attention[30].

[28] *Lim et al., 2019*

[29] *Lim et al., 2019*

[30] *Lim et al., 2019*

Some quotes from participants of the program:

"When I was using it more regularly ... I felt a lot more happy with myself"

"I know more friends and can talk with them more."

"the challenges ... just meant that it became a lot more ... like oh 'I can actually take it out into the world and do some of the things it suggested'."

Overall, these psychoeducation and social skills development programs were well received by participants who gave positive feedback. However, their impact on experiences of loneliness varied significantly. It should be noted that some programs use a combination of social skills training, challenging cognitions and psychoeducation; this blended approach seems to result in more effective outcomes. More studies are needed in Australia that explore these specific aspects of loneliness interventions and the best way to implement them for individuals and groups.

Supported Socialisation

Supported socialisation describes interventions in which individuals are guided and encouraged by an aide to attend social events or take part in services to alleviate loneliness[31].

This broad group of interventions involve fostering participant confidence with a supportive partner to facilitate their engagement in social activities[32]. Participants are generally supported for a limited time to attend appropriate activities and groups, with specific socialisation goals. The supporters may include peers, professionals and family members who assist individuals looking to increase their socialisation. They provide motivation and encouragement, while working with them to set their own targets and review their needs. Interventions of this type aim to reduce loneliness by helping to cultivate social connections that can be maintained after the guidance period ends, resulting in stronger social networks that can be drawn upon independently[33].

A telephone peer support pilot study by Lowthian and colleagues[34] for elderly people recently released from two hospital emergency departments is one such supported socialisation approach. Conducted in Melbourne, the program targeted a small sample of patients over 70 who were experiencing symptoms of social isolation, depression and loneliness. Called Hospitals and Patients Working in Unity or *HOW R U?* the intervention paired patients with hospital volunteers for weekly telephone calls offering support for a three-month period. Inspired by requests for additional follow up calls from an elderly patient group following hospital attendance, the researchers suggested that peer support would promote patient wellbeing. Peers, who have similar characteristics to the patients with whom they are matched, enable conversations about feelings of loneliness and isolation without fear of judgement.

The pilot was deemed a success, as judged by measures of social isolation, loneliness, depressive symptoms and health-related quality of life. Additionally, patient participants provided qualitative feedback, reflecting they felt able to discuss their situation anonymously, found conducting the conversation over the telephone convenient and looked forward to the calls. Although this report was a feasibility pilot study with a small sample, the study was found to be promising and could be expanded[35]. However, it is unclear from this study whether a program such as this would be sustainable on a large scale. This is an important consideration given the vulnerable client group.

[31] *Mann et al. 2017*

[32] *Davidson et al., 2004; Sheridan et al., 2015*

[33] *Mann et al., 2017; Sheridan et al., 2015.*

[34] *Lowthian et al., 2018*

[35] *Lowthian et al., 2018.*

A quote from a participant of the program:

"it is empowering to have someone to talk to when you are down and know that you are not alone"

In Queensland, three supported socialisation pilot programs led by the Office for Seniors were assessed for their success in alleviating loneliness in older people over a six-month period[36]. The researchers note that community program success has traditionally been hard to determine, as often interventions are not formally assessed with psychological measures. This work attempted to include such evaluation. The Seniors Connecting Program was held in a rural setting, targeting people over 55 years, particularly socially isolated farmers. It hosted a variety of activities involving exercise, health and arts. It aimed to encourage community self-sufficiency to continue the activities, providing training to enable the seniors to manage their own events and seek ongoing funding.

The second program, Connecting Points - Connecting People, was conducted in a regional area. This program targeted isolated older people and used a buddy system to support the participants to socialise, be self-reliant and gain independence. Finally, the Culturally Appropriate Volunteer Services Program was conducted in an urban area, with a focus on both recruiting and training multicultural volunteers to engage with socially isolated seniors and older migrants, to share social activities, as well as information and resources.

To evaluate the impact of each intervention, pre and post program questionnaires assessing loneliness and social support were completed by participants. However, due to participant attrition, non-systematic data collection and sampling error, the pilot studies did not return results that enabled a clear picture of the success of the programs. Nonetheless, the researchers concluded that the positive qualitative feedback from participants and service providers, as well as the important methodological lessons learnt, indicated these projects showed promise and could be improved and replicated[37].

[36] *Bartlett et al., 2013*

[37] *Bartlett et al., 2013*

A small qualitative pilot study from South Australia used one-on-one support to teach older people to use the internet and social networking websites to alleviate loneliness[38]. Providing a computer and internet access to be used at home, the project team members visited the participants and provided hour long weekly tutorials on computer and internet usage for social networking over a three-month period.

The study collected qualitative data before and after the intervention, finding that participants who reported loneliness before the intervention enjoyed the flexibility and convenience of social networking when they felt lonely, especially those who experienced more loneliness at night time. As participants gained confidence and connected with others online, the supporters reduced their contact time, ensuring that the findings were the result of the intervention, not their company. Although a small pilot, this program was deemed to show promise and could be expanded[39].

> *Some quotes from participants of the program:*
>
> "definitely does [make you feel less lonely]… there is someone there I can talk to."
>
> "I like it all the time but night time is a time when you do feel particularly lonely and when you get on that you don't feel lonely. It takes you mind off everything and that's where it's good."

While the above research studies yielded primarily qualitative results, one study from a retirement village in Queensland ran a trial of an eight-session music program called Live Wires, which through singing and socialising during sessions, aimed to alleviate loneliness and cognitive decline[40]. Participants were randomly allocated to either participate in the trial, or to a waitlist group for comparison. The program arose from studies demonstrating the therapeutic benefits of music. Participants were administered tests to determine to what degree they felt a member of the retirement village community and the Live Wires group, cognitive performance, mental health and wellbeing both pre and post intervention, as well as given semi-structured interviews to collect qualitative data.

[38] *Ballantyne et al., 2010*

[39] *Ballantyne et al., 2010*

[40] *Dingle et al., 2020*

The researchers found that, compared to the waitlist group (those that didn't take part in the program), participants indeed demonstrated improved cognitive performance and increased group social connectedness. However, there was no evidence to support improved wellbeing – which may have been due to the retirement communities' already comfortable circumstances.

Interviews confirmed participants felt a cognitive benefit from the intervention and, although they were not directly questioned about loneliness, participants confirmed that they enjoyed the opportunity to socialise with members of the retirement community with whom they did not usually mingle, as well as the facilitators. Although a longer term follow up would be required to draw conclusions about the lasting effects of the program, the results were encouraging and suggest options for further expansion[41].

> *Some quotes from participants of the program:*
>
> "[Socialising] was one of the most important things, obviously, for everyone… Especially in this village, the chance to interact with people you see and have time to talk to them. The social aspect was very important…"

Considered together, these studies demonstrate the potential that supported socialisation can offer individuals who are experiencing loneliness and need assistance to gain the confidence or opportunity to socialise independently. Qualitative feedback from participants across these studies suggest having a peer, buddy, or teacher spend designated amounts of time over an agreed period assists individuals to learn and be confident to expand their socialising to alleviate loneliness. The challenge for future supported socialisation studies appears to be the formal assessment of loneliness that demonstrates a particular intervention is having a measurable effect. To this end, larger studies, randomised control conditions and post-intervention follow up could help determine the best program options for supported socialisation.

[41] *Dingle et al., 2020*

Wider Community Approaches

Research suggests that, while interventions that focus on the individual can be effective, wider community approaches are also needed to reduce experiences of loneliness.

Internationally, there are a number of community-level approaches that have been effective at reducing the stigma of loneliness and increasing awareness about loneliness as a serious health concern. There is more work to be done in Australia, however, there are some examples of approaches that aim to create change within communities.

While supported socialisation programs aim to increase opportunities for new social contact with a peer or buddy in attendance, a new complementary type of intervention, called 'social prescribing,' enlists a supportive guide to connect participants with a wide range of activities and groups in their community[42]. Proposing that best social engagement results from considering an individual's needs when making activity referrals, these interventions offer tailored recommendations aimed to boost participant confidence as a member of their community. Social prescribing is loosely defined, but primarily includes an expert who recommends non-medical community-based activities and services to individuals to increase their health and wellbeing[43].

Although the mechanisms behind the reported success of this approach are subject to ongoing research, one study found that social group membership can enhance health and wellbeing, particularly if an individual participates in multiple groups simultaneously. Participating in multiple groups enables individuals to draw upon social support from several varied sources, which increases their sense of community connectedness, encouraging them to identify more strongly with their local community as a whole, which may reduce loneliness[44].

Following the success of social prescribing overseas, Plus Social was instigated in Sydney for a small group of individuals suffering from mental illness who were living in the community, under GP guidance[45]. Having received their diagnosis, participants were assessed by a social worker, who discussed appropriate service options and provided referrals to health and social organisations or groups. The program aimed to improve participants' quality of life, health and wellbeing, and social and economic participation, administering measures to assess these factors pre and post intervention six months later.

[42] *Mann et al., 2017*

[43] *Bickerdike, 2017; Islam, 2020*

[44] *Wakefield et al., 2020*

[45] *Aggar et al., 2020*

Most relevant to the current review, this study included an assessment of loneliness, which although not reaching statistical significance, showed a downward trend, indicating that participants experienced less loneliness during the program. Importantly, this finding demonstrates the potential that social prescribing has as an intervention dedicated to alleviating loneliness. Although the program had significant attrition the researchers were unable to pinpoint whether this was due to the program, or the health status of the participants in this small group. Concluding that the program was promising, especially on a larger scale with longer term follow up, the researchers noted that, as community groups and services are often already available for referrals, social prescribing could successfully target specific people such as those from minority groups or who are disadvantaged.

Indeed, one such specific group, comprised of individuals with work-related injuries and psychosocial difficulties, participated in a twelve-week social prescribing intervention in Sydney[46]. Targeting individuals whose work life had been affected by injury, the intervention aimed to address issues such as pain, distress, and social isolation. To be eligible, participants were assessed by a GP as being likely to benefit from increased social participation. A link worker provided needs assessments, enrolment in appropriate social activities, such as yoga and relaxation, and referrals to organisations for services such as relationship or financial counselling and mental health support.

Questionnaires assessing psychosocial measures, for example, quality of life, psychological distress and importantly, loneliness, were administered by link workers at the start of the program and upon completion. Qualitative information collected revealed a recurring theme of how loss of work had led to social isolation, which had contributed to the effects of injury, including pain and anxiety. Participants reflected that the social focus of the intervention had enabled them to re-engage, build friendships and peer support networks, which had powerfully contributed to their recovery. Indeed, all wellbeing measures, including loneliness, showed significant improvement from baseline to follow up. Based on qualitative feedback, the key factor in the success of this intervention was having an empathetic and knowledgeable link worker who, with a good knowledge of their personal circumstances, could reach out to organisations on their behalf and empower them to join in, reconnect and reduce their loneliness.

[46] *Aggar et al., 2021*

In order to draw definitive conclusions regarding the efficacy of this program, a waitlist comparison group (that is, a comparison group of people who did not take part) and longitudinal follow up (measuring outcomes overtime) would be required. However, this study provides strong evidence that social prescribing could be an important intervention dedicated to targeting loneliness.

Some quotes from participants of the program:

"Social skills are a muscle that needs to be exercised. Experience with groups. . . it all helps build that muscle. I really needed a gentle introduction to this exercise and my link-worker was great at pulling me into the journey out of isolation."

"[The program] helped me understand that the more my isolation and depression increased, my pain and hopelessness also increased..."

"One of the biggest issues for me was that I felt completely and utterly alone. Having the program and support gave me reassurance that there is an organisation and a group of people who are solely focussed on reconnecting people..."

Although social prescribing is a relatively new approach to tackling social wellbeing and health issues in the community, we are aware that there are various programs currently taking place in Australia. There is increasing evidence that an intervention that aims to connect people with appropriate social activities and services can improve loneliness in Australia[47], as it has overseas[48].

Given that in a representative sample of Australians, researchers found that many people in Australia are open to the idea of social prescribing and see its potential to alleviate loneliness[49], it is well worth exploring further. The key factor contributing to the success of the above programs appears to be having link workers, whether they be social workers or other professionals, who understand and have strong empathy for the participants and their needs, alongside a thorough knowledge of appropriate and diverse local organisations for referrals (a finding which is consistent with overseas research[50]). Adding control conditions, long term follow up after study completion and compiling a list of referral groups working to alleviate loneliness would provide important evidence of the utility of social prescribing into the future[51].

[47] *Aggar et al., 2021; 2020*

[48] *Foster et al., 2020*

[49] *Lauria, 2021*

[50] *Foster et al., 2020; Moffatt et al., 2017*

[51] *Bickerdike, 2017; Islam, 2020*

Conclusion

In this brief review we have presented a range of innovative and original interventions that have been implemented across Australia to assist those experiencing loneliness.

Evidence suggests that experiences of loneliness are multi-faceted and can have many and complex causes. As such, there is no one-size-fits-all solution for this, rather we need many and varied options to achieve the greatest impact. As is evident from this review, most interventions do not fit neatly into one category, they often utilise many aspects of evidence-based support which serves to strengthen their effectiveness.

In this review, we have included studies where formal evaluation has taken place and, where possible, validated outcome measures that have been used. This is not an exhaustive list of services and supports for people experiencing loneliness. We are aware of many community-based programs taking place across Australia that are having a positive impact and have done so for many years.

We need to continue to develop new initiatives and interventions, as well as further expanding those that have been implemented. More resources will be required to continue this important work, including evaluation in a systematic way to assess success or new learnings. Sadly, the COVID-19 pandemic has begun to shine a light on the social isolation and loneliness that is so prevalent in our communities. The full extent of this is yet unknown. However, this review has showcased some of the incredible work taking place in Australia to combat the loneliness felt by many. Friends for Good looks forward to seeing more resources and focus on loneliness as a significant health concern and sharing more innovative and inspiring projects in the coming years.

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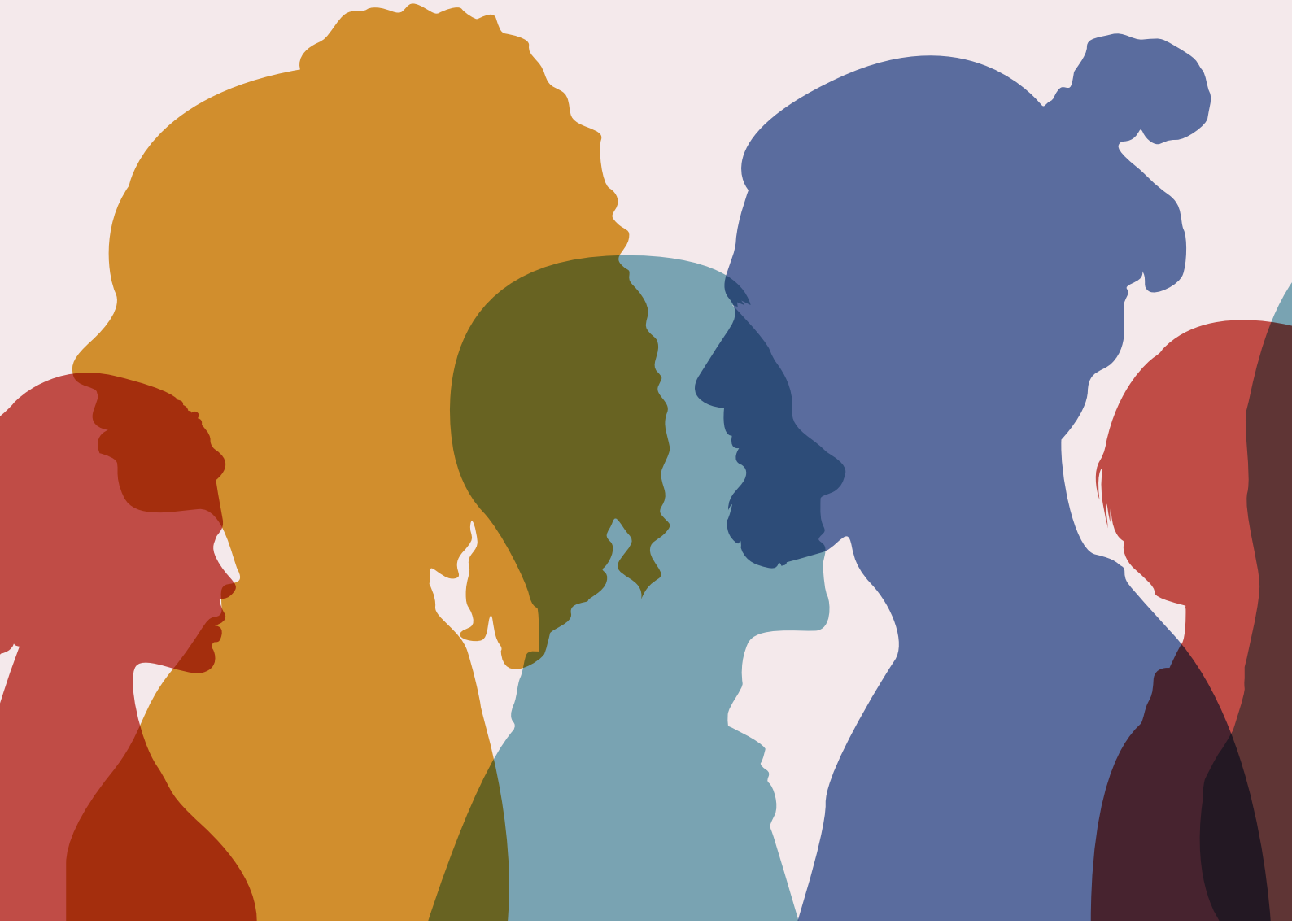

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