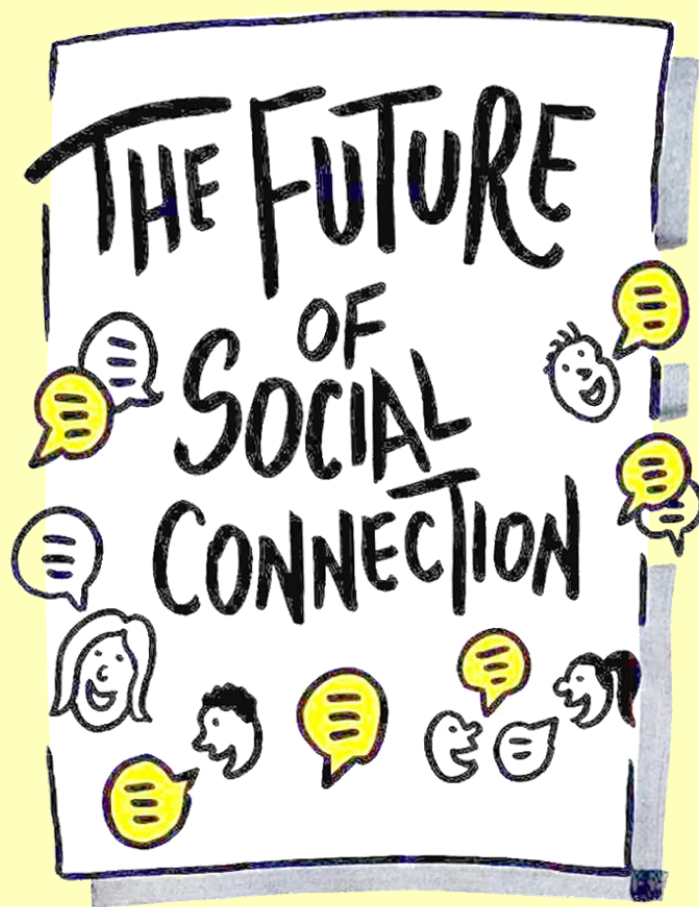


Placing Social Connection at the Heart of Public Policy in the United Kingdom and Australia



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About the Mentally Healthy Futures Project

The discussion was conducted as part of the Matilda Centre's Mentally Healthy Futures Project. Mentally Healthy Futures aims to shift the way Australia approaches mental health and is funded by the BHP Foundation.

About the UCL Policy Lab

The UCL policy lab brings together world-leading data-driven expertise from economics and political science with the lived experience and practical wisdom of governments, businesses and communities. Their collaborations aim to shape new debates and find new answers.

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- Ending Loneliness Together
- Neighbourly Lab
- Joseph Roundtree Foundation
- Good Faith
- Citizens UK
- People's Health Trust
- Civic Power Fund

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Purpose of this report

This publication summarises the discussions and outcomes of a roundtable on the Future of Social Connection held at University College London, which brought together recognised UK expert stakeholders on social connection, including psychiatrists and psychologists, social scientists, community organisers, campaigners, advocates, and policymakers. Together they reflected on the best available academic and community evidence, and collaboratively charted innovative, impactful and sustainable strategies to combat loneliness strengthen social connection into the future.

This report investigates the causes of social isolation and loneliness, including both structural- and individual-level causes. It then provides an overview of different interventions, taking a holistic lens that examines environment, community, and individual approaches.

During the roundtable, a graphic illustrator created a visual summary of the key points raised in the conversation, which is included on the next page.

We intend for this report to help open up a broader discussion on the importance of social connection, providing policy decision-makers across both the UK and Australia an accessible summary of key evidence on the factors that influence social connection and just some of the innovative approaches we can take to address growing social disconnection.

More than anything, it is an invitation for us to begin to build the networks and ideas needed to tackle the challenge of loneliness in our society and work together to forge social connection. As we know, there are complex and differing drivers of isolation, and how we tackle them will require a diverse and existing set of new tools. We know from the energy and passion of those we gathered at University College London we can help build those new tools together.

We hope you enjoy this publication and please do get in touch if you have your own thoughts on the report and this work.



Executive Summary

Loneliness poses a significant and growing public health concern across many countries, including Australia and the United Kingdom.¹⁹ The effects of loneliness and social isolation are felt across the lifespan, adversely impacting all facets of health, quality of life, development and longevity.²⁰ The impacts of loneliness on mortality are comparable to, or exceeds that of, other well-established risk factors, including smoking and physical inactivity.²¹ While efforts to address this wicked problem are gaining traction globally, there is an urgent need for coordinated action between countries, as cross-national learnings can offer important ideas and opportunities for addressing the rising tide of loneliness worldwide.

Recognising this, a UCL Policy Lab Collaborative Conversation policy workshop on the Future of Social Connection was held at the University College London in partnership with the University of Sydney. The one-day Roundtable convened twenty-three experts to discuss the key drivers of loneliness and social isolation and explore effective strategies to address loneliness and promote social connection. The discussion primarily showcased research, policy and practice initiatives related to loneliness and social connection in the UK, with rich discussions about the transferability of these approaches, both into an Australian context and internationally.

A discussion of the causes of loneliness and social isolation revealed:

- Structural-level determinants including growing economic inequality, social exclusion and marginalisation, inequities in the built environment, and declines in community cohesion. These social problems, long-standing but further exacerbated by the COVID-19 pandemic, necessitate comprehensive, multisectoral responses.
- Interrelated individual-level determinants, such as age, gender and sexuality, marital status, income, disability, trauma, and physical and mental health challenges, represent critical barriers to social connection.

Based on insights gleaned from the discussion of these causes, the following strategies and recommendations were proposed:

- Build and invest in the physical, social and cultural infrastructure necessary to foster social connection in communities. Inclusive and accessible spaces in the built and natural environment can facilitate social opportunities, community belonging and neighbourhood connectedness.
- Improve the evidence-based for understanding loneliness and social isolation. High-quality, rigorous data is necessary to develop, scale-up and evaluate effective treatments and interventions to improve social connection.
- The local neighbourhood is the most impactful level at which to intervene on entrenched issues, such as community disconnection, and to galvanise meaningful change
- Tackling loneliness requires thinking outside of the box. Innovative solutions, such as ‘nudging’ small behavioural changes, can promote more accessible opportunities for connection.

- Significant investment from governments and non-government sectors in programmes that facilitate social cohesion, and connection has the potential for far-reaching health, social and economic benefits.
- Target loneliness *and* social connection through individual and collective solutions. This will likely lead to more effective, sustainable and wider public health benefits.

More than any single policy solution, the discussion highlighted the need to recognise loneliness and social connection as a serious political and health priority in both our countries national discourse. Ensuring policy and politics recognise its importance, we believe, will help generate the momentum required to address these problems, particularly in the face of increasingly frequent and interrelated global crises.

Throughout this report, we seek to establish an evidence-based understanding of loneliness, social isolation and social connection, and how we can respond to it in innovative and effective ways through future research, policy and practice initiatives.

20 SEP. 2023
UCL POLICY LAB
 ROUNDTABLE



THE FUTURE OF SOCIAL CONNECTION



WHAT DO WE KNOW ABOUT THE CAUSES OF SOCIAL ISOLATION & LONELINESS IN CONTEMPORARY SOCIETIES?

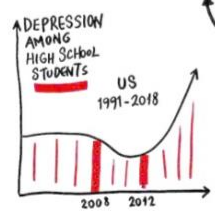
UNEMPLOYMENT
 LACK OF CONFIDENCE

COMMUNITY LIFE

YOUNG PEOPLE IN LONDON
 LIFE TRANSITION
 BEING SINGLE

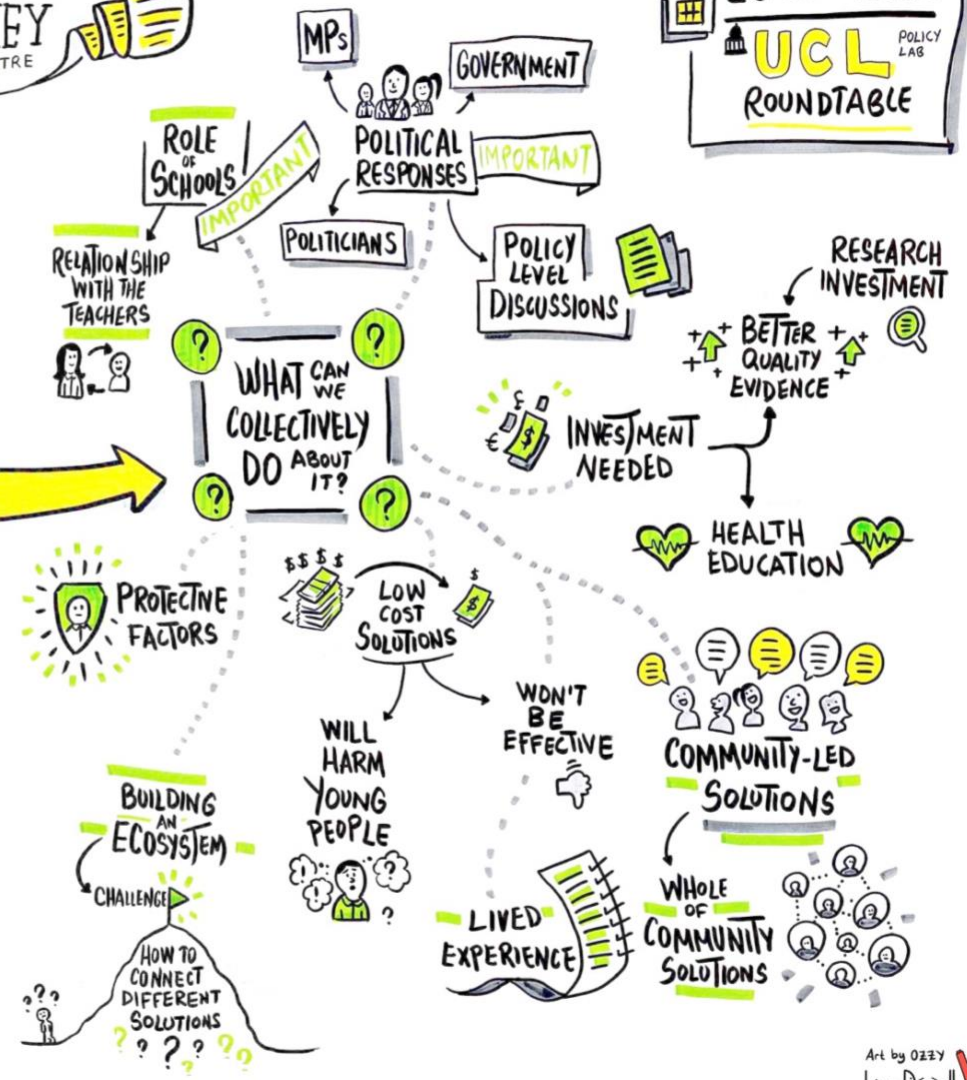
DIFFICULTIES OF DISABLED PEOPLE
 DEEP POVERTY

ECONOMICAL ISSUES



CULTURAL ISSUES

LONELINESS
 SOCIAL ISOLATION
 NEGATIVE IMPACT ON MENTAL HEALTH



Art by OZZY
 LiveDoodles.co.uk

Introduction

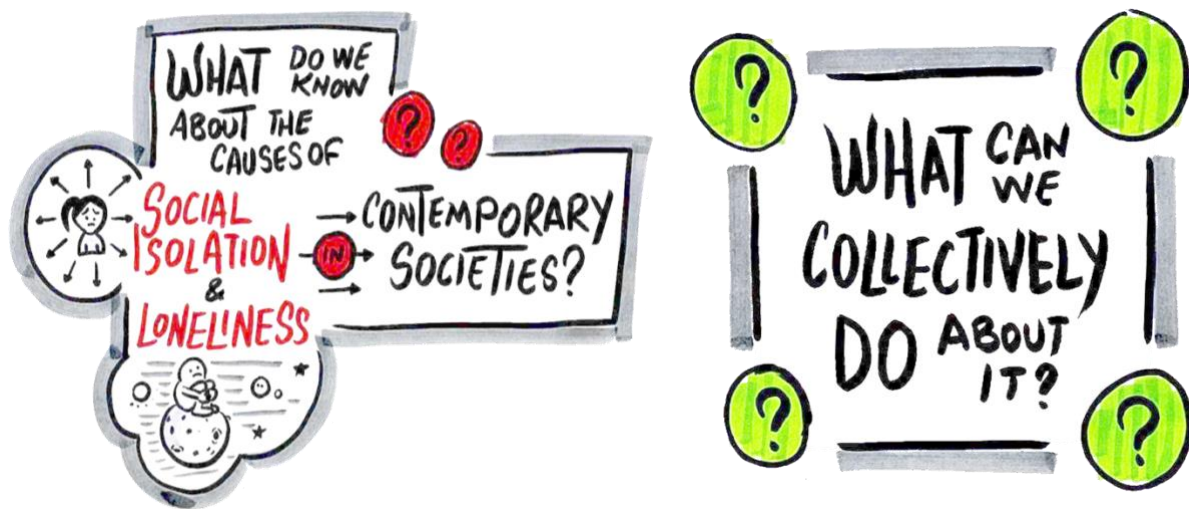
The World Health Organisation has officially declared loneliness and a lack of social connection a global public health concern, highlighting the need for greater investment in evidence-based solutions to address loneliness and build social connections at scale.¹⁹

The previous United Kingdom (UK) government had set out to tackle social disconnection through the establishment of a policy agenda on social connection, social isolation, and loneliness. The UK Loneliness Strategy, first released in 2018, explored society-wide changes that can be made to infrastructure, organisations, and culture in the UK to support people in forming the social connections necessary to reduce loneliness.²² Building on the strengths of the UK public, private, and voluntary sectors, as well as community infrastructure, the strategy aimed to create an environment where loneliness can be recognised and acted on without undue shame or stigma.²² While the ongoing plans or outcomes of the strategy is unclear, there are several longstanding non-profit organisations which advocate and provide evidence for the importance of tackling isolation and loneliness within UK society. Established in 2011, the Campaign to End Loneliness is a non-profit organisation working to ensure that those who are at risk of loneliness are reached and supported via wide-ranging and effective services and initiatives.²³ From May 2024, the Campaign is hosted by Sheffield Hallam University at the Centre for Loneliness Studies and co-directors Antonia Ypsilanti and Andrea Wigfield work closely with national and international partners and stakeholders to ensure loneliness remains a key priority in the political agenda. Their aim is to synthesise robust evidence and translate them into policy and practice recommendations.²⁴

On the 20th of September 2023, the UCL Policy Lab (University College London) and The Mentally Healthy Futures Project (The Matilda Centre, University of Sydney), in collaboration with Australia's Mental Health Think Tank, convened an expert roundtable to explore the Future of Social Connection in public policy. The roundtable brought together recognised UK expert stakeholders on social connection, including psychiatrists and psychologists, social scientists, community organisers, campaigners, advocates, and policymakers. Together they reflected on the best available academic and community evidence and collaboratively charted innovative, impactful and sustainable strategies to strengthen social connection into the future.

The roundtable was facilitated by Professor Marc Stears, a globally recognised scholar, public policymaker, and the inaugural director of the UCL Policy Lab. The roundtable was opened with a presentation from Professor Maree Teesson AC FASSA FAHMS, Director of the Matilda Centre and one of Australia's pre-eminent mental health experts and Dr Marlee Bower, a Researcher at the Matilda Centre, whose work centres on loneliness and mental health, particularly in vulnerable populations. Their presentation outlined current Australian trends in rising rates of loneliness and social disconnection, as well as reduced social cohesion, particularly amongst younger age groups. The purpose of roundtable was to garner expert knowledge, key learnings and potential avenues for improving social connection in Australia based on recent UK experience.

To guide discussion, roundtable participants were asked to consider two key questions:



The ensuing discussion between roundtable participants focused on establishing loneliness and social connection as key public health priorities and exploring broader social and contextual factors in both countries. The discussion further explored scalable and effective evidence-based solutions to address loneliness, promote social connection and to benefit both individuals and communities at large. The following report provides a thematic overview of the discussion from the roundtable event. It was recognised among attendees that collaboration between academic and professional experts happens increasingly, but nonetheless far too rarely, given that the integration of high-quality evidence and practical knowledge often leads to more transformative insights.

Building on the latest evidence in the social connection and loneliness literature, this report ties together key roundtable learnings in order to facilitate the translation and application of knowledge to service delivery and policymaking. It offers wide-ranging strategies for combatting loneliness and supporting the development of more connected communities both within Australia, the United Kingdom and globally.

What is social connection?

Social connection is a multidimensional concept that encompasses the presence of meaningful and positive interactions and relationships between individuals within a community or society. It involves the emotional, psychological, and social bonds formed with others, as well as a sense of belonging experienced within one's social environment. Social connection is manifested and supported by various forms of social interaction, communication, emotional and practical support, shared experience, as well as inclusion and acceptance within larger social networks and communities.

Individuals who are socially isolated, meaning they lack meaningful social connection, are more prone to experiencing loneliness; however, this is not an inevitable outcome. People who are lonely are at higher risk of many physical and mental health outcomes, including cardiac disease, high blood pressure, immune deficiency, drug and alcohol problems, anxiety, depression, and suicide.²⁰ A recent paper shows that many of the health impacts of loneliness and social isolation are among the leading causes of death for adults aged 25-64, with higher age-adjusted mortality rates between the years 2000 and 2022.²⁵ As a consequence of this, combined with growing prevalence rates worldwide, social isolation and loneliness are now widely recognised as a global public health priority.^{21,26}

Both strong and weak social ties play uniquely important roles in promoting mental health and wellbeing. Stronger and more intimate social ties (e.g., bonds with family and close friends), offer emotional support, security, and a sense of belonging, which can buffer against loneliness and stress.²⁷ These connections provide safe spaces for vulnerability and are critical in times of crisis. On the other hand, weaker social ties—casual acquaintances, colleagues, or even other members of one's broader community—contribute to a sense of social integration, expand social networks and expose individuals to diverse experiences, new perspectives and access to opportunities.²⁸

Social connection is a basic human biological and psychological need, and hence loneliness and social isolation have a profound influence on health and wellbeing across the lifespan.²⁹ However, while critical at every age, specific social needs, predictors of loneliness and health impacts vary by stage of life.³⁰ These differences are important to consider when developing effective policy responses and age-appropriate interventions.^{29,30} Importantly, social connection and relational experiences in early life have a critical influence on health and wellbeing in older age, reinforcing the importance of preventative efforts.^{29,31}

In social connection research, policy and practice, related but distinct concepts are commonly used such as *social isolation*, *loneliness*, *belonging*, *social support*, and *social capital*. Each concept describes the functions, benefits, and risks that social relationships can offer. These related concepts are defined and their associations with social connection, and with each other, are described

1. **Social isolation** refers to the *objective* absence or lack of social contacts and interactions, and is sometimes understood as the opposite of social connection.

- ³² Social isolation is often, but not always, associated with feelings of loneliness depending on the unique social needs and perceptions of each individual. ^{33,34}
2. **Loneliness** is the aversive, *subjective* feeling of social disconnection, arising from a dissatisfaction with the state of one's relationships and connections. ³² A person may feel lonely despite being in frequent contact with others, particularly if they perceive their relationships as lacking in depth and meaning. It is useful to distinguish between two types of loneliness commonly identified in the literature: emotional loneliness and social loneliness. ³³ While emotional loneliness originates from the loss or perceived lack of emotionally intimate relationships and close bonds, social loneliness occurs due to a perceived deficit in social connections more broadly and in the absence of an engaging social network or group of contacts. ³⁵
 3. **Belonging** refers to the *subjective* sense of 'fitting in', or of feeling included, accepted and valued as a meaningful part of a social group or community. ^{34,36} The need to belong, or the drive for social inclusion and positive regard from others, has long been recognised as a fundamental human motivation. ³⁷⁻³⁹ The unmet need for belonging strongly associated with feelings of loneliness. ³⁴
 4. **Social support** refers to the actual provision or perceived availability of emotional, instrumental or informational resources and assistance by those in a social network ^{40,41}. The reciprocal exchange of support is a key function of social connection and is vital to the development and maintenance of meaningful relationships. ⁴⁰
 5. **Social capital** refers to the quantity and quality of resources available within social relationships and networks to meet one's goals. ^{42,43} Social resources may be tangible (e.g. physical services, material goods, money) or intangible (e.g. emotional support, guidance, advice), and include various types of social support. ⁴³

What do we know about the causes of social isolation and loneliness in contemporary societies?

Roundtable participants agreed that the causes of social isolation and loneliness in contemporary societies are multifaceted and complex. They described both structural-level causes and individual-level causes.



Structural-level causes

1 Economic inequality and status

ECONOMICAL
ISSUES

Economic disadvantage and inequality are key drivers of society-wide social isolation and loneliness. This is likely because those experiencing financial hardship often experience higher levels of stress and shame which may impact social interactions and relationships, as well as having less free time or disposable income to spend on social activities.^{44,45} This relationship is demonstrated across the United Kingdom and in neighbouring countries. In the UK, for example, older people in socioeconomically ‘deprived’ neighbourhoods have higher levels of loneliness than their counterparts in less deprived neighbourhoods. This relationship is observed even when controlling for individual level factors such as objective social connection, socio-demographic status or health.⁴⁶ Similarly, analyses of over 24 years of data from Danish adolescents found that having parents with a lower occupational social class was associated with increased loneliness, compared to those with parents from higher social classes.⁴⁷ Finally, cross-sectional population survey data from the US and 15 European countries showed that people who resided in countries with higher income inequality (measured by the Gini coefficient) tended to show higher levels of loneliness.⁴⁵ This relationship persisted even after controlling for individual-level factors and gross domestic product.⁴⁵ Over the past 5 years, economic and wealth inequality have increased in the UK, resulting in some of the highest levels in the European Union, which effectively puts more vulnerable people at risk.^{48,49} In Australia, low household income, low education and residing in disadvantaged areas are strongly correlated with an increased risk of social isolation and poorer social support.⁵⁰

2 Decline in community life, social cohesion and trust

Roundtable participants described broader social trends towards less frequent social connections and a reduction in ‘community life’. In 2021, Tanner & O’Shaughnessy raised concern about a decline in social trust and civic participation amongst those in the UK, as well as increased loneliness among young people, likely exacerbated by the COVID-19 pandemic.⁵¹ Data from the UK Office for National Statistics reveal that since 2014-2015 the percentage of those who agree that people in their neighbourhood can be trusted and are willing to help their neighbours has decreased (by 8% and 7%, respectively).⁵²

The 2021 UK Census provided more context about who has been most affected by this decline in social connection, albeit in the specific context of the COVID-19 pandemic. Females, older people, and those in rural areas tended to engage more in their local social and support networks compared to males, younger people, and those living in urban areas. The older people were, the more social support they tended to have available.⁵² Approximately two-thirds of people aged 65 to 74 years reported checking in on neighbours, compared to 41% of those aged 16 to 24.⁵² Other national UK data found that although UK levels of community trust are at an all-time high of 75%, but this is unevenly spread across age groups. Respondents from the Pre-War generation (34%) and Baby Boomers (28%) were more likely to be trusting of the government compared to Millennials (17%) and Gen Z (18%).^{53,54} Interestingly, political trust was particularly low, as almost half (49%) of those sampled reported that they did not trust the national government.⁵⁴

The decline in social trust and cohesion is often linked to the long-term erosion of key ingredients of ‘community life’ – sometimes referred to as social infrastructure.⁵⁵ A recent rapid evidence review by the [DCMS](#) reported a UK-wide decline in the volume and condition of our social infrastructure over the past decade.⁵⁶ But whilst trends are national, data shows that the challenge is concentrated in a group of highly deprived neighbourhoods with weak community and social fabric.⁵⁷ Residents in these places are unlikely to engage in volunteering or community activity and report that they feel they are missing out on places to meet and facilities which are crucial to developing cohesive, trusting neighbourhoods.⁵⁸

Similar findings have been reported in Australia.⁵³ Community confidence in the Australian parliament decreased from 55% in 1981 to 28% in 2018.⁵³ In 2022, the Federal Government signaled a ‘civic crisis’ and a collapse in community life through a decline in volunteering in emergency services and charities, particularly in regional centres.⁵⁹ This has spurred on a Federal Government Inquiry into civics education, engagement, and participation in Australia on how to rebuild the charity and voluntary sectors.

3 Housing and built environment inequities

The role of built environments in either facilitating or impeding social connection was highlighted by roundtable participants. A recent global systematic review assessing the impact of the built environment on loneliness found that there was no deterministic, one-to-one relationship between any element of the built environment and loneliness. Rather, the relationship was contextual, complex, and multidirectional. While access to good-quality public infrastructure, green spaces, and affordable, spacious, and well-maintained housing were all linked with increased ability to connect socially and consequently, reduced loneliness, these were much less accessible in low-SES areas, demonstrating that the benefits were unequally distributed.⁶⁰

Similarly, UK-based research has found that a reduction in the availability of ‘third spaces’ has also impeded local communities from gathering, sharing cultural identity and values, and a concomitant increase in political extremism.⁶¹ Third spaces are places and spaces where individuals spend time outside of their home (first space) and workplace (second space),⁶² including ‘bumping spaces’ (facilitating unintentional social encounters) and ‘gathering spaces’ (for intentional spaces to meet). They enable people to meet new members of their community, exchange ideas and build relationships and are therefore important to the social infrastructure of a place.⁵⁵ Examples of third spaces include churches, parks, community hubs, gyms and cafés.⁶² Most ‘third places’ were temporarily closed during the pandemic, with some failing to recover once restrictions were over, possibly explaining the reduction in social infrastructure that has been identified. Additionally, some third spaces include community spaces run by charities which have suffered from austerity cuts from 2010 onwards in the UK.

Recent work has explored the increasing closures of working men’s community pubs in the UK, which have traditionally been places where working class British people have gone to socialise.⁶¹ The project linked district-level data with UK panel data (2013–2016), showing that people who live in districts that had a community pub closure were 4.3% more likely to endorse right-wing viewpoints (measured as support for UKIP), and this effect was amplified in conditions of material deprivation.⁶¹ Similarly, the mass closure of youth centres across the UK has reportedly led to over 75% of 16–19-year-olds reporting very few or zero access to youth networks and formal supports.⁶³



4 Social exclusion

There is substantial evidence that interpersonal exclusion can contribute to feelings of isolation and loneliness.⁶⁴ A recent epidemiological twin cohort study reported that young adults experiencing high levels of loneliness were more likely to have experienced bullying and social isolation as children.⁶⁵ In particular, people who deviate from social norms and expectations may be at greater risk of loneliness because they may be more likely to experience social rejection, alienation and

relationship difficulties.⁶⁶ Marginalised groups, representing sexual, gender, racial and ethnic minorities, and those with intersecting inequalities, experience higher rates of social stigmatisation and this in turn can increase loneliness.⁶⁴ Importantly, social exclusion can also indirectly increase loneliness by negatively impacting mental wellbeing which can reduce opportunities for social interaction and connection.⁶⁴



5 COVID-19 pandemic

The novel coronavirus (COVID-19), officially declared a global pandemic in March 2020 by the World Health Organisation, saw widespread disruption across the globe.⁶⁷ While infection-control measures, such as social distancing, quarantining, lockdowns and workplace closures, were critical to prevent the spread of COVID-19 infection, they resulted in major changes to social connectedness and enhanced feelings of isolation and loneliness.⁶⁸ These measures had profound implications for human interaction, as many people were confined to their place of residence, relying on technology to work and connect with others online. Compared to other countries, the UK and Australia enforced highly stringent measures to constrain the virus, with strict international border closures and some of the longest lockdowns in the world.⁶⁹

The unintended social, health and economic consequences of these public health interventions not only became apparent during the height of the pandemic, but they are still being felt almost five years on. It is therefore crucial to recognise the short- and long-term impact of the pandemic on peoples' experiences of social isolation and loneliness, and its implications for the current and future state of social connection.^{70,71} A large body of research indicates that while loneliness sharply rose during the pandemic, this was not felt equally by everyone. Population groups at highest risk of loneliness and social isolation included women; people with pre-existing mental health concerns; those with lower education, poorer housing quality and affordability; and those living alone and unemployed.⁷²⁻⁷⁴ Beyond individual-level vulnerability, higher levels of loneliness were also associated with reduced engagement with social groups, as well as lower levels of neighbourhood belonging and community resilience.⁷⁵ Indeed, the pandemic amplified existing inequalities in the social determinants of health and loneliness, including socioeconomic hardship, access to services, social disconnection, and housing inequality.^{74,76}

While the COVID-19 pandemic impacted the lives of many, it drastically impacted all facets of young peoples' lives. According to the PANEX-Youth, a large-scale research project conducted between 2022 to 2024, the pandemic reduced young peoples' (10-24 years) access to education, food, leisure and play.⁷⁷ Following in-depth mapping exercises and a series of interviews with policymakers, key stakeholders and young people across the UK, Brazil and South Africa, the PANEX-Youth Report revealed the complex ways in which the pandemic had devastating impacts on learning and life trajectories during this critical period of development. For example, major disruptions to education and movement in the UK, brought about by lockdowns, hampered critical

opportunities for socialisation and leisure. As a result, young people reported increased feelings of isolation and poorer mental wellbeing. The PANEX-Youth Report also found that young people experiencing multiple forms of disadvantage were unsurprisingly hardest hit by these challenges. These findings highlighted the urgent need to engage young peoples' voices in preparing and responding to current and future public health challenges to ensure their social and emotional needs are met.

“What children have said is that they missed their friends because they weren't at school anymore, and because they weren't allowed to meet up outside with them. So, children were only seen as COVID-19 vectors of disease. UK government in their response ignored children's needs”

“When I came back, I didn't know anybody. Students did not know each other either because they started university during COVID-19 or just joined. I was in my foundation year when the pandemic started and when I came back this year, I struggled in making friendships and revive previous friendships. That was a main struggling issue for me”

Individual-level causes

Roundtable participants outlined several individual-level barriers to social connection, which are described in the following section. While the individual-level indicators are described separately below, we acknowledge that many people experience multiple inequalities simultaneously, putting them at an even greater risk of experiencing a lack of social connection, or loneliness.

Being single



Surkalim et al. (2022) found the risk of episodic loneliness was 71% higher for those who were single, divorced, separated, or widowed compared to those married or partnered.⁷⁸ Other studies have found that the risk of sustained loneliness was 150% higher among those who are single and that individuals in partnered relationships report greater levels of social interaction and social support compared to those who are single.^{79,80}

Living alone



Rates of living alone have sharply increased over the last 50 years throughout the world, with lone-person households currently making up over 25% of Australian households⁸¹, and 30% in the UK.⁸² Cross-sectional population studies show that those who live alone are more likely to experience both episodic and sustained loneliness compared to those who cohabit, however longitudinal analysis of the relationship between living alone and loneliness paints a more nuanced picture.^{78,83-85} Among Australians, there appear to be significant gender differences in this relationship over time, whereby living alone leads to a sustained increase in loneliness among younger and older men, compared to a smaller short-lived increase in loneliness for older women only.⁸⁵

Further, those who live alone report getting together socially with non-household friends and family more often than those living with others, and women who live alone are more likely to be actively involved in community-based social activities than those living with others (though trend is not apparent for men).

Homelessness



Higher rates of loneliness have been found amongst individuals experiencing homelessness, particularly women (48%).⁸⁶ Those experiencing homelessness can report facing stigma, withdrawal from social networks and limited social support, although research has found that loneliness associated with homelessness can be reduced by forming meaningful connections with valued others.^{86,87}

Age



Traditionally, loneliness has been considered an issue that only impacts older people (aged 65+), due largely to age-related health problems and decreased mobility, the loss of loved ones, and reduced social engagement^{29,30} More recently, those under the age of 25 have also been recognised as being at a heightened risk of loneliness, likely due to challenges involved with developing a sense of identity, and navigating typical life transitions such as moving out of home and starting employment.³⁰ Key predictors of loneliness and sources of belonging change according to stage of life³⁰, For example, while loneliness in adolescence appears to be influenced primarily by peer group acceptance, the quality and intimacy of romantic and platonic relationships becomes the primary focus of adulthood and older age³⁰. Further, longitudinal research suggests that individuals may be able to reduce the likelihood of loneliness in older age by increasing social engagement at younger ages⁸⁸. Social engagement patterns established earlier in life may influence the social life, connections and supports that are retained as an individual ages.⁸⁸

Mental health



Most mental health conditions are associated with higher rates of loneliness.⁸⁹ Loneliness and depression have been shown to have a circular relationship, with each increasing risk of the other.^{83,90-92} Causal relationships are less clear for other conditions, but potential reasons for loneliness among people with mental health problems include stigma and social exclusion, limited social and financial resources and the direct impacts of mental health symptoms.^{83,91} There is not yet much robust scientific evidence on how to reduce loneliness among people with mental health conditions,⁹³ but a range of psychological, social and community-focused strategies are options,⁹⁴ including the Community Navigators programme being tested in a current UCL trial.¹



Gender and sexuality

Much research suggests that women are more likely to experience loneliness compared to men.^{83,88,92,95,96} However, a growing body of evidence suggests men in early to mid-adulthood may be particularly vulnerable to loneliness.^{83,95} Ejiri et al. (2021) found that older men were more likely to be socially isolated than older women, likely resulting from small social networks post-retirement and fewer social ties.⁹⁷ For both men and women, social support from family, friends and significant others is a protective factor for reduced levels of loneliness.⁹⁵

Individuals that identify as LGBTQIA+ report a higher prevalence of social isolation and loneliness than those who do not, an effect which is seen across a wide range of ages.^{98,99} In particular, LGBTQIA+ adolescents experience higher rates of loneliness, social isolation, familial rejection and bullying victimisation than their heterosexual/cisgender peers during a critical period of psychosocial development, with adverse effects on their mental health.^{100,101} A greater sense of identity-based belonging, social support and connectedness across a range of contexts (e.g. school, family, peer network) have been identified as protective factors against loneliness and adverse mental health outcomes in LGBTQIA+ youth.^{101,102}



Education, Income, and Employment

Individuals with lower education levels tend to be lonelier than their more educated peers. Low-income levels have also been associated with increased loneliness relative to those with greater income.^{78,83} The prevalence of loneliness is consistently lower in employed individuals compared to those who are unemployed with the unemployed at 48% higher risk of experiencing episodic loneliness and a 96% higher risk of sustained loneliness compared to employed individuals.⁷⁸



People with a disability

Lippke et al. (2020) found that those with disabilities experienced higher levels of loneliness. Factors contributing to loneliness included increased emotional stress, stigma and feelings of inadequacy, self-alienation and perceived lack of control. Emerson found those with a disability can experience low social support and social isolation at markedly higher rates compared to those without disability.¹⁰³ Social support can alleviate the negative effect of stressors related to disability and is also a protective factor against loneliness in general.¹⁰⁴

Social media/technology use

YOUNG PEOPLE

Research has found that social media, internet and technology use can have a positive or negative impact on social isolation and loneliness, depending on how it is used and the motivation of the user¹⁰⁵.

Technology provides us with the ability to transcend physical communication barriers and social isolation. Zhou et al. (2022) found that frequent online social interactions lead to increased social capital and higher levels of generalised social trust.¹⁰⁶ However, not everyone in the UK can access the internet or the technology required to access social media. Around 4% (or 2.1 million people in the UK) are offline, and 85% of these people are over age 50.¹⁰⁷ Around 4.7 million people cannot connect to WiFi and 10% of the offline did not have access to a device.¹⁰⁷ In 2023, The House of Lords Communications and Digital Committee finding that the cost-of-living crisis had made existing issues with digital inclusion worse for those who could not afford internet access, a mobile phone plan, or those who lacked digital skills to use the internet, which was more often the case amongst the elderly.¹⁰⁸ In Australia, almost 10% of people experience high levels of digital exclusion – with older people and people who have low income, low education and living in non-urban areas and those with a disability being particularly susceptible to exclusion.¹⁰⁹

In contrast, there has also been studies, particularly among adolescents, demonstrating that there can be both benefits and harms of screen time and social media use, and that those experiencing loneliness may be pre-disposed to problematic social media use.¹¹⁰⁻¹¹²

Researchers at The Matilda Centre, University of Sydney asked our Youth Advisory Board for their perspective, and they acknowledged that social media may push unrealistic lifestyle and beauty standards, increase exposure to distressing news and highly polarised social and political perspectives, diminish boredom tolerance, or replace other forms of active leisure. However, they also highlighted that social media can foster connections with likeminded young people, and also offer a platform for engaging with youth-tailored mental health education.¹¹³ Although under-studied, emerging empirical research is investigating social media and online support platforms as crucial tools for connection and support among marginalised groups, and in particular those attached to significant social stigma.¹¹⁴



Experiences of childhood maltreatment

Research suggests that all forms of child abuse and neglect (i.e. physical, sexual, emotional), particularly that inflicted by caregivers, have lasting neurocognitive impacts associated with long-term impairments to interpersonal and social functioning.¹¹⁵⁻¹¹⁷ Childhood maltreatment is associated with peer victimisation, bullying and lower relationship quality in adolescence,¹¹⁸⁻¹²⁰ decreased social support, intimate partner violence and revictimisation in adulthood,¹²¹⁻¹²³ and higher levels of loneliness across the lifespan.¹²⁴ McCrory, Foulkes and Viding¹¹⁵ suggest that neurodevelopmental adaptations to childhood maltreatment impair a person's ability to form and maintain healthy, strong social relationships. These social difficulties, in turn, increase the risk of lifetime psychiatric and mental health issues.¹²⁵⁻¹²⁷ However, research also suggests that maltreated children can recover from abuse and learn new ways of relating to others through subsequent experiences of stable and nurturing caregiving relationships^{128,129}. As well, family support, peer support and school support are among the most robust predictors of resilience following childhood adversity¹³⁰.

What can we collectively do about it?

Roundtable participants discussed what can be done to strengthen social connection at both the social and individual levels. Interventions may target structural-level and/or individual-level causes,¹³¹ with participants agreeing there is a need to intervene at both levels simultaneously to achieve lasting, sustainable impact. Mega trends contributing to social disconnection at the structural level, such as rising income inequality or the degradation of community spaces, will not be remedied through individual-level interventions alone. Likewise, focusing solely on individuals in the absence of meaningful structural change would likely mean many people at high-risk will fall through the cracks.



1 We must build the physical, social, and cultural ecosystem that allows social connection to flourish.



Maintaining a variety of social connections, including both close relationships and more casual acquaintances, is essential for well-being.¹³² However, for these connections to develop and thrive long-term, neighborhoods and communities need to provide the necessary places, spaces, and activities that facilitate new and diverse means of connection. Roundtable participants emphasised the importance of improving access to high-quality and inclusive social infrastructure in every neighbourhood.

This includes improving and developing aspects of the built environment that accommodate the meeting and gathering of diverse communities, physical spaces such as community halls, sports and leisure centres, pubs, clubs, parks and community gardens. These ‘third spaces’ allow people to form connections and build trust with members of their neighbourhood and broader community.⁵⁵ One roundtable participant described these places as comprising the “social plumbing” of neighbourhood— highlighting their critical role in supporting the functioning of healthy, well-connected communities.

Beyond the physical spaces which facilitate social activities, there are two other aspects of social infrastructure that are critical to neighbourhood connectedness: an active and engaged community, and means of connectivity.^{57,133} The former involves active local-led organisations and social clubs which make use of neighbourhood spaces by hosting activities, events and services for community members.^{57,133} The latter involves physical and digital forums providing connectivity and access to

opportunities, including public transport networks, newsletters, notice boards, websites and online groups.¹³³

Research from the UK Local Trust and the Oxford Consultations for Social Inclusion (2020) revealed that in those socioeconomically deprived communities which have existing foundations of the three domains of social infrastructure – physical spaces, active community groups and organisations, and physical and digital connectivity - community members have better employment, health, and educational outcomes across all age groups. This is compared to deprived neighbourhoods which do not have an existing base of social infrastructure. These communities, therefore, suffer doubly from the disadvantage of both high socioeconomic deprivation and a lack of social infrastructure.⁵⁵

It is important to ensure that social infrastructure is accessible and inclusive to all members of a community. Many public spaces may be inaccessible to, for example, those with a disability, chronic health condition, young children, or the elderly. Obstacles may include narrow doorways, stairs, poor signage, heavy doors, excessive visual and/or audio stimuli and a lack of tactile and audible signage.^{134,135} One way to ensure accessibility is to enable community members to lead or play a role in the process of designing these spaces. Andres (2013) explored the relationship between social power hierarchies and collaborative processes such as place-shaping and place-making. This is at odds with the distribution of power among stakeholders in typical policymaking processes¹³⁶ Andres suggests that temporary use development, for activities and projects such as pop-up shops and shopping centre cafes, represent prime opportunities for collaboration, empowerment and social connection.¹³⁶

Asset-based community development (ABCD) approaches can be used to identify a neighbourhood's available social infrastructure. In ABCD approaches, members of the community collaborate to identify, map and mobilise existing community assets and use these to build economic opportunity.¹³⁷ Community assets include human assets (e.g., human knowledge and skill), physical assets (e.g., built infrastructure), and natural assets (e.g., resources from the natural environment). ABCD focuses on working with the existing assets and strengths of a community and how these can be used to inspire positive change, rather than focusing on community needs and deprivation.^{137,138} They also take advantage of the vectors of social capital that are pre-existing within communities through peer influence. ABCD approaches deliver co-benefits for participating communities – harnessing community strengths and cohesion, while also addressing loneliness and promoting social connection. Previous successful ABCD projects across the UK and Australia are discussed as case studies below.

Asset-based Community Developments (ABCDs) – UK case studies

Case Study 1: Come Eat Together

The Come Eat Together (CET) project is a case study exploring the development and implementation of an ABCD project in Northeast England. The project was launched in 2017. Based in a large rural county with significant socioeconomic disadvantage, the project aimed to prevent social isolation among older people through food-related activities¹⁰. Activities were targeted at those aged 55 years and over who were identified by Age UK County Durham through demographic data as being at risk of social isolation and/or having limited access to healthy food. CET activities included lunch clubs, men's breakfast clubs, dining circles, a healthy eating course, help with grocery shopping, training in online shopping, and advice sessions on growing fruit and vegetables at home. Over three years, 3,485 people accessed CET activities. Service users, project partners and workers, senior staff, and volunteers were interviewed pre and post project implementation¹⁰. The project was successful in reaching potentially marginalised groups, such as older people and communities in socioeconomically disadvantaged areas.

Wildman et al. (2019) highlighted that 97% of service users reported meeting new people and friends through the project's activities, and both service users and volunteers reported developing a wider social network through the project¹⁰. Both service users and volunteers reported a wider social network due to this intervention. Participants attributed the success of the project to it being well tailored to the targeted communities. Additionally, assets from local businesses were identified and harnessed, forming new social networks and increasing community resilience. Participants noted that community activities were genuinely co-designed to cater to what local people wanted and were interested in¹⁰.

Case Study 2: Warm Welcome Campaign

The Warm Welcome Campaign is a network of almost 4000 community spaces across the UK offering places of warmth, connection and belonging which are welcoming, safe and free to enter. The Campaign started in 2022 as a response to the cost-of-living crisis and rising energy bills, in an effort to provide warm community spaces to those struggling to heat their homes throughout winter. What emerged was that Warm Welcome Spaces were not just places of physical warmth and comfort, but also of social connection and community, and so the campaign evolved to resource, connect and champion Warm Spaces all year round.

Research conducted by UCL in Spring 2024 found that that in the last year, 84% of guests reported that attending a Warm Welcome Space increased their sense of belonging to community, and 87% reported that attending had improved their mental health.¹¹ Currently, 62% of the UK population live within a 30-minute walk of a registered Warm Space, and the Campaign now has a 5-year strategy to increase this to 100%, offering a warm welcome to all.

Case Study 3: 'Big Local' asset-based community development

Local Trust was established in 2012 to deliver 'Big Local', a National Lottery Community Fund programme which provided more than £1m of grant funding to each of 150 communities and neighbourhoods across England. The areas selected to benefit from Big Local tended to be located on the edges of towns and cities and faced problems associated with long-term economic decline. Many of these areas also faced degraded social infrastructure.

Big Local funding was provided on a no-strings basis; community members could spend funds on any projects or resources for up to 15 years, provided they work together and collaborated on a plan, and organised themselves to oversee its delivery. Local Trust has over the last decade provided those engaged community members with mentoring, coaching, expert assistance, and advice where they needed it, to help them make the most of the opportunity given to them. Big Local aimed to help kickstart the renewal of local civic activity and institutions in places that had lost them, and to build the confidence of local people so that they could negotiate and lead change on their own behalf.

A recent evaluation of the Big Local programme showed that it could provide substantial benefits for community members, including bolstering community cohesion. Cost-benefit analyses showed the net benefits of running Big Local for community members exceeded the costs of the programme by at least £60 million. However, the researchers also found the gains were unequally distributed across residents: people with more social power (e.g., those with higher education and men) tended to benefit more than those without this power¹⁶. Community members who were worse off were less able to take advantage of the benefits that Big Local provided, and sometimes felt a greater burden of responsibility from leadership roles within the Big Local partnerships. This led the researchers to conclude "*Residents should be in the lead in defining and prioritising issues and designing solutions; they should be partners in, but not necessarily leaders of, action.*"¹⁶ (p xxvi). This implies that future initiatives like Big Local should furnish the involved communities with the necessary personal, administrative, professional, and legal assistance. This support is essential to ensure that all residents can engage in the programme without facing undue burdens and fully capitalise on the programme's advantages.

Case Study 4: Australian ABCD project

Social relationships and networks are important assets to be considered in ABCD. Ennis & West (2013) utilised an ABCD approach for a community project in Darwin, Australia, targeting social separation issues between local Aboriginal and Torres Strait Islander peoples and non-Indigenous residents. Darwin is located in Far North Australia, located far from any other Australian capital city, and which represents the highest proportion of Aboriginal peoples in any Australian capital city (9.7%)⁹.

The project focused on increasing social support networks and a sense of community in the area. Assets identified in the community included people and resources. Ten community meetings were held, and a range of community activities were organised and undertaken¹⁴.

Social network diagrams were utilised to show changes in community relationships that occurred through the ABCD process. The pre-project analysis showed the community's social network lacked cohesion and was divided into three marked networks¹⁴. Post project, cultural diversity, social connections, social network size and cohesiveness had increased. Unfortunately, we were not able to find available evaluation or qualitative papers that could explain the social connectivity facilitated by this initiative.

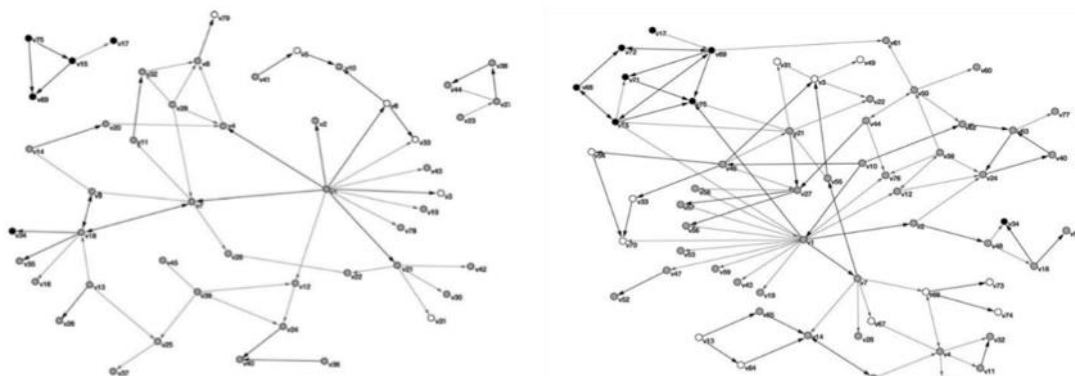


Figure 3 Structure diagram of the respondent research participants. Cultural assets: Mark



2 The importance of focusing on the local

The experience of previous regeneration programmes has highlighted the importance of a focus on the hyper-local. The neighbourhood is the most impactful level at which to intervene to build community-wide capacity for action on entrenched issues like social disconnection. Research shows that people local to a neighbourhood are best placed to know what their area needs and what will work best, given their unique expertise on the social, cultural and economic context of their area, to achieve better outcomes.¹³⁹

A review of the impact of British regeneration initiatives over the past 40 years has outlined the evidence for a community-based neighbourhood lens in social policy. Researchers found that neighbourhood-level intervention was key to affecting sustained change, particularly in the most disadvantaged areas, with the best performing initiatives covering areas of around 10,000 people.¹⁴⁰ A neighbourhood focus was found to provide the balance between being rooted in a distinct community whilst enabling strategic partnerships with service providers and key external agencies.

Other subsequent research on previous regeneration programmes shows that neighbourhood programmes are also important for rebuilding community trust and cohesion. Crisp et al's (2023) review of the New Labour government's National Strategy for Neighbourhood Renewal (NSNR) and its two flagship programmes - the New Deal for Communities and Neighbourhood Management - found that neighbourhood-based approaches were "particularly valuable in establishing civic participation".¹⁴¹ When residents have a stake in decision making on the issues that impact them and their areas, it can help to repair relationships with political leaders and recharge democratic participation

Future approaches on social connection could draw from the body of evidence on what works to rebuild community, agency and trust from the grassroots. They would benefit from recognition that the neighbourhood is the site where local people are able to build commonality, connection and the impetus for collective action: and therefore, should be the focus of intervention to reweave our social fabric.¹³⁹

3 We need better measurement of social connection, higher-quality data, and research.



There was agreement amongst participants that high-quality research and data are integral to developing the interventions required to improve social connection. 'Gold standard' research evidence refers to studies or experiments conducted using rigorous methodologies and high standards of validity and reliability, making them more trustworthy. This includes undertaking randomised controlled trials (RCTs), controlled or 'double-blind' designs, all of which minimise bias, as well as rigorous cost-benefit analyses to enable governments and the private sector to support, invest in, and scale up successful interventions.

Unfortunately, high quality research on social connection interventions is lacking. A systematic review by Webber & Fendt-Newlin (2017) assessed whether social participation interventions may improve participants' social networks finding that very little existing research in the area was of high quality.¹⁴² Nineteen interventions from 14 countries were reviewed, including peer support interventions, supported community engagement, group-based community activities, individual social skills training, employment interventions, and group skills training. The authors concluded that considering the quality of available data, existing findings suggested community engagement interventions yielded the strongest social network gains compared to other types of interventions.

Solutions should cater to the unique circumstances involved in a person's experience of loneliness, including the specific causes and longevity of their loneliness. Population-wide public health approaches may benefit the greatest number of people, but more intensive and targeted psychosocial approaches, may be justified where loneliness is severe and/or chronic or is intertwined with a long-term mental health condition. Whilst shown to be generally effective, group-based programmes are not suitable for everyone. For example, people who belong to stigmatised population groups, such as those with severe mental illness, may experience heightened stigma and discrimination, which may exacerbate rather than reduce loneliness.⁸³

The following case studies showcase past and current examples of programmes which bolster social connection and the ways these programmes have gathered high-quality rigorous evidence and evaluation data.

Case Study 1: Sympathy Groups and Participatory Learning and Action

In his book [The Social Edge](#), Professor Anthony Costello suggests 'the sympathy group', defined as those who share a common interest and solve challenges through facilitated conversation, may be the key to success in delivering positive social change and reform in the areas of medicine, government, business and economics⁸.

Costello draws on examples from community participation studies with women's sympathy groups in Nepal, Malawi, Bangladesh, and India⁸. In a study reviewing seven large population trials the effects of participatory learning and action (PLA) support groups in low-resource settings, it was found that engagement with women's PLA groups led to a 37% decrease in maternal mortality and 23% decrease in neonatal mortality¹⁷. By identifying and working with central and influential actors within community social networks and empowering these individuals to provide public health promotion and education on social connection, great, strategic impact across communities can prevail. Another large trial working with men's and women's PLA groups in Bangladesh, showed a 64% reduction in the odds of a combined prevalence of type 2 diabetes and pre-diabetes in the 32 PLA group villages compared with 32 control group villages at the end of the study¹⁸.

Case Study 2: Groups4Health Intervention

Haslam et al. (2016) evaluated Groups4Health (G4H), a group-based, manualised in-person psychological intervention treating psychological distress resulting from social isolation by developing and maintaining social group relationships. The intervention comprised of five modules delivered to young adults experiencing affective disturbance and social isolation. Primary outcome measures were mental health, well-being, and social connectedness. At programme completion and six months post intervention, G4H had significantly improved participants' social connectedness, mental health, and wellbeing. Additionally, improvements in anxiety, depression, life satisfaction, and loneliness were observed¹². G4H is currently being piloted for people with psychosis in the UK.

Case study 3: Intervening in childhood social disconnection amongst the most at risk for loneliness

Community-based mentoring programmes, which aim to build healthy relationships and a network of social support around at-risk children, have yielded promising results²⁻⁶. The Fostering Healthy Futures (FHF) mentoring initiative for maltreated children in foster care emphasises building supportive relationships between at-risk youths and caring adults, grounded in a strengths-based approach where children are supported to develop their positive "assets"³. The programme has been associated with reduced criminality across adolescence and 7 times the odds of attaining permanency (i.e. a permanent home) at long-term follow up^{3,5}. Similar programmes have also been associated with positive psychosocial outcomes among children involved in bullying and those with chronic illnesses^{2,4}

There is also a UK-based study that is currently underway in building up social connections and reducing loneliness for people with mental health conditions:

Case Study 4:

The Community Navigator Trial conducted by University College London is currently underway after a successful feasibility study¹. In this programme, people with treatment-resistant depression receive 10 sessions of one-on-one support from a 'community navigator' and attend four group meetings over an eight-month period¹³. Community navigators help participants to map out their social world and set and act on goals to improve their relationships and reduce loneliness. Programme participants may also access two-monthly meetups with other participants and are offered modest financial support to enable participation in social activities. It is hoped that by reducing loneliness amongst participants, depression will also be reduced¹³.

Case study 5: Connecting People Study

Connecting People' is an evidence-informed person-centred programme which provides individuals with support from health and social care practitioners to connect with others, engage in community activities and build social capital.⁷ The Connecting People toolkit was co-designed with service users, experts, researchers, and practitioners. The programme pilot, conducted amongst 14 health and/or social care teams in England with 155 adults with a mental health condition or learning disability, found that participants reported greater levels of social capital, perceived social inclusion, and well-being nine months post-intervention^{7,15}. The Connecting People study is currently undergoing an implementation evaluation of mental health and cost-effectiveness outcomes and has since been piloted in Sierra Leone.⁷

4 Exploring new innovative solutions for social isolation



Some roundtable participants highlighted the possibility of 'micro-interventions', which rely on making small changes to existing social infrastructure to 'nudge' people into social connection, making social connection more available and easier to access. One example of this was setting up cafes at school gates to encourage parents to connect with other parents in the school community. In another example, Gribble and Huber¹⁴³ examined the application of nudge theory in two university business schools. The study aimed to encourage students to build connections and reconnect with others post-pandemic in subtle ways. Nudge interventions included displaying the words 'disconnected, reconnecting' on students' computer screens during online study periods. Additionally, a 'class song' was used to commence university classes each day as a connection point to nudge students to greet and converse with their peers. Students were also nudged to connect with their peers on social media and join informal social groups. Kahoot quizzes, 'check in' surveys and 'small talk' were employed to encourage connection in classes. The authors report that nudging was effective in helping students to feel part of a community in which they belonged. Participants reported to be responsive to the intervention and provided positive feedback about their experience¹⁴³.

5 Government future investment in constituents' social wellbeing must match the agreed level of need.



Some participants reported that current government spending was insufficient to address or encourage social cohesion and connection in the population. There was a shared understanding that there is a crucial requirement for adequate funding of community services and crisis support among community members. This recognition is essential to appreciate the longer-term, preventative role these services play. Presently, these services operate on short-term contracts to deliver commissioned programmes and are continually compelled to reapply for funds. This hinders their ability to carry out their longer-term core work and maximise their impact.

There is no national government budget for adult social care in the UK. Instead, local government revenue is the main source of funding for social care. Local authority expenditure on social care was £19 billion in 2021/22. Notably, the UK Health and Social Care Committee recently recommended an additional £7 billion per year (\$13.5 billion per year in Australian Dollars) as a starting point for funding social care in the UK. The Health Foundation has stressed the need for £14.4 billion per year (\$27.7 billion per year in Australian Dollars) by 2030/2031 to enhance access to care, meet future demand, and fund additional care.¹⁴⁴

Numerous rigorous economic analyses have identified that investment in programs that reduce or prevent social disconnection, isolation, or loneliness have cost-saving benefits. For instance, Nolan assessed the cost-effectiveness of friendship programs targeting loneliness among older people in England.¹⁴⁵ They found that the intervention was both cost-effective and cost-saving. Additionally, these programs may contribute to improved self-esteem, life satisfaction, reduced loneliness and depression, delayed onset of dementia, and increased physical activity.¹⁴⁵ A systematic review by Mihalopoulos et al. (2020) found excess healthcare costs linked to loneliness, with greater costs observed for social isolation.¹⁴⁶ Interventions targeting loneliness or social isolation were deemed cost-effective and potentially cost-saving.¹⁴⁶ Others have argued that while interventions targeting loneliness and social isolation may be cost-effective, the value of healthcare costs avoided is unlikely to offset the overall costs of these interventions,¹⁴⁷ however this study had issues – looking purely at over 65 year olds in community care, when interventions aimed at younger groups could have much larger long-term impact. Secondly, they projected costs for government based on a single small-scale pilot NGO intervention, which would likely be more expensive than an intervention at scale.

Overall, whilst the evidence is mixed, these findings show some support for the need for governments, the non-government sector and corporates to invest in programmes and actions that facilitate social cohesion and connection, recognising that beyond having net benefits on citizen wellbeing, such programmes are also likely to be cost-effective or even cost-saving.

6 We need a broad focus on social connection, as well as loneliness.



In the past, United Kingdom policymakers have emphasised addressing "loneliness" as a target for attention, funding, and intervention through the 2018 UK Loneliness Strategy. However, roundtable participants reached a consensus that, although loneliness is a significant concern, the prevailing approach tends to frame social disconnection as an individual psychological issue with individual-level solutions (such as seeking psychological treatment or participating in befriending schemes).

The discussion highlighted that a focus on loneliness in policy primarily does not address the systemic root causes of loneliness, only some symptoms. The participants advocated for a shift towards a broader emphasis on fostering 'social connection' throughout society, as this approach is more likely to be effective and have a wider

impact. Such a broad focus encourages community-based and collective, rather than individualistic, solutions. Furthermore, experts have suggested that a comprehensive focus on social connection offers a more inclusive way of considering the various benefits that social interaction can bring. This approach contrasts with narrower definitions, such as ‘social capital’, allowing for a more holistic understanding of the positive impacts of social engagement.¹⁴⁸

Perceiving ‘social connection’ as a social policy objective opens opportunities for governments to facilitate good quality social connection amongst community-members across all areas of policy, from public transport, to infrastructure, to health. This approach can and should still be combined with a focus on the individual when loneliness is chronic or severe or entwined with exacerbating factors and comorbidities.

7 We must launch public-level campaigns that demonstrate social connection is a vital and valuable societal pursuit.



During the roundtable discussions, participants emphasised the need for national recognition of social well-being as a substantial policy objective. One participant aptly referred to the necessity of dispelling the ‘frilly fallacy’ surrounding social connection—the idea that social connection is something frivolous, and not sufficiently serious to act on. Consensus was reached on the importance of reshaping the national discourse to elevate social connection, as well as loneliness, as serious political and health priorities. Emphasising social connection is both strength-based and solution-oriented.

This is increasingly important in the context of unprecedented international crises, such as the COVID-19 pandemic, the climate emergency, ongoing global conflict, and the sharp rise in cost-of-living.¹⁴⁹ Frequent and compounding crises can impair social interactions, which can worsen experiences of loneliness and psychological stress in a negative feedback loop.¹⁵⁰ In an era marked by increasing uncertainty, there is an urgent need to centre loneliness and social isolation in the public discourse.¹⁵⁰ The polycrisis presents an important opportunity to embolden researchers, policymakers and practitioners to develop large-scale prevention and early-intervention measures to protect those most vulnerable from social isolation and bolster collective resilience to major shocks. There is also a need for high-quality data and research evidence that can sufficiently account for the complex interactions between global threats and its influence on loneliness, social isolation and connection.¹⁵¹ The pandemic taught us important lessons about the unequal impacts of infection-control measures on social connection and mental health.⁷² For example, young people experienced unique COVID-19-related disruptions to their access to education, exercise, leisure and opportunities for social interaction, with serious ramifications for their mental wellbeing, particularly among those most disadvantaged.⁷⁷ These findings are now similarly echoed in emerging research examining the effects of multiple crises on youth.¹⁵² These learnings suggest that the polycrisis requires targeted, equity-centered, cross-disciplinary approaches to mitigate the burden associated with increasing and interconnected global threats.¹⁵³

Looking towards the future of social connection: Policy, Practice and Research

To address social isolation and loneliness, we must look to adopt a dual approach that encompasses both prevention and intervention. This strategy can help support those already struggling with loneliness and mental health challenges, while also preventing others from reaching this state. We must also intervene at a societal- and individual level to prevent and reduce social isolation and loneliness.

Researching for Connection

There is a critical need for more interdisciplinary and transdisciplinary research that explores social connections across the social sciences and examines how people, places, and activities intersect to support social connection. This research should focus on leveraging physical and virtual spaces, ensuring that spaces are designed for multiple uses to promote social inclusion. For example, community spaces could serve diverse populations, fostering connections across social groups, while online support groups could supplement physical interventions. Interventions can be both temporary—tailored to specific needs or events—or permanent, providing ongoing support for social connection.

Equally important is the need for more participatory research, where community members with lived experiences collaborate with researchers, public/private organisations, and policymakers. Working with marginalised communities is key to understanding what will work for different local populations.

We need to move beyond small-scale pilot programmes and invest in large-scale population-wide interventions to assess their real-world impact on social connection and cost-benefit analysis. For example, randomised trial designs, like a stepped-wedge design where interventions are rolled out gradually across different communities, could provide valuable insights while being ethically responsible. Interventions would ideally begin in childhood, targeting children, their families, and communities, especially those at higher risk for loneliness, such as those with neurodevelopmental conditions or those in the foster care system. Evidence suggests that preventative approaches, while more costly upfront, are likely to be cost-effective over time from a societal perspective, producing net cost-savings when accounting for lifetime benefits to health.¹⁵⁴

Policymaking for Connection

Policies and interventions should be co-designed with local communities to ensure that they are both relevant and effective. Governments must recognise that social connection policies cannot be one-size-fits-all. Social connection is deeply localised, and governments must engage with communities to understand their unique needs. This is particularly true for socially isolated individuals, who may be difficult to reach and require targeted efforts. Co-designed initiatives—tailored to specific groups—are a meaningful way to foster reconnection and build stronger communities. Given the UK's

aging population and increasing disabled population, it is imperative that the voluntary sector and civil society are supported to provide opportunities for connecting and linking members of the community through various social initiatives.

Future policy must shift from focusing solely on loneliness to promoting social connection and post-pandemic social reconnection. A strengths-based approach to social connection aligns with broader policy priorities such as health, local economic development, and employment. By taking social connection seriously, governments can build healthier, more cohesive communities.

Rebuilding Social Infrastructure

Building back our social infrastructure is mission critical to achieving healthier, more connected communities. The decline of such infrastructure over the past decade, particularly in areas where the social fabric is weakest, requires long-term investment. Just one piece of this is the Community Wealth Fund – funded from dormant assets – which could provide essential long-term investment to develop community capacity for local initiatives, from knit and natter groups, to gardening clubs and community hubs and parks, to restore neighbourliness and reweave the social networks and connection between people who share a neighbourhood. This, along with other initiatives at a local level such as a focus on social infrastructure in public service design, and begin to help us reimagine new ways to build the in Infrastructure of connection.



References

1. Lloyd-Evans B, Bone JK, Pinfold V, et al. The Community Navigator Study: a feasibility randomised controlled trial of an intervention to increase community connections and reduce loneliness for people with complex anxiety or depression. *Trials*. Oct 23 2017;18(1):493. doi:10.1186/s13063-017-2226-7
2. King C, Gipson P, Arango A, et al. LET's CONNECT community mentorship program for youths with peer social problems: Preliminary findings from a randomized effectiveness trial. *Journal of Community Psychology*. 2018;46(7):885-902.
3. Taussig H, Bender K, Bennet R, Combs K, Fireman O. Mentoring for Teens with Child Welfare Involvement: Permanency Outcomes from a Randomized Controlled Trial of the Fostering Healthy Futures for Teens Program. *Child Welfare*. 2020;97(5):1-24.
4. Merianos A, King K, Vidourek R, Nabors L. Mentoring and Peer-led Interventions to Improve Quality of Life Outcomes among Adolescents with Chronic Illnesses. *Applied Research in Quality of Life*. 2016;11:1009-1023.
5. Taussig H, Dmitrieva J, Garrido E, Cooley J, Crites E. Fostering Healthy Futures Preventive Intervention for Children in Foster Care: Long-term Delinquency Outcomes from a Randomized Controlled Trial. *Prevention Science*. 2021;22:1120-1133.
6. Taussig H, Fulginiti A, Racz S, Evans R, Katz C. Long-term impact of the Fostering Healthy Futures for Preteens program on suicide-related thoughts and behaviors for youth in out-of-home care: A randomized controlled trial. *American Journal of Community Psychology*. 2024;74(1-2):74-85.
7. Webber M. Other Studies. Connecting People. Nov 21, 2023. Accessed Nov 21, 2023. <https://connectingpeople.net/research/other-studies/>
8. Costello A. *The Social Edge: The Power of Sympathy Groups for our Health, Wealth and Sustainable Future*. 1st ed. Thornwick; 2018.
9. Australian Bureau of Statistics. Darwin. 2021. Accessed 2024 Jan 23. <https://abs.gov.au/census/find-census-data/quickstats/2021/701>
10. Wildman JM VN, Moffatt S, Hanratty B. 'What works here doesn't work there': The significance of local context for a sustainable and replicable asset-based community intervention aimed at promoting social interaction in later life. *Health Soc Care Community*. 2019;27:1102-1110. doi:10.1111/hsc.12735
11. Warm Welcome UK. *Warm Welcome Campaign - Impact Report 2023-2024*. 2024. [https://cdn.prod.website-files.com/64c7e4e722f6208cc7591f8e/66699ff28d2b7624d821a945_LAF_040%20WWS%20Impact%20Report%20\(compressed\).pdf](https://cdn.prod.website-files.com/64c7e4e722f6208cc7591f8e/66699ff28d2b7624d821a945_LAF_040%20WWS%20Impact%20Report%20(compressed).pdf)
12. Haslam C, Cruwys T, Haslam SA, Dingle G, Chang MX. Groups 4 Health: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health. *J Affect Disord*. Apr 2016;194:188-95. doi:10.1016/j.jad.2016.01.010
13. Stefanidou T, Ambler G, Bartl G, et al. Randomised controlled trial of the Community Navigator programme to reduce loneliness and depression for adults with treatment-resistant depression in secondary community mental health services: trial protocol. *Trials*. 2023/10/06 2023;24(1):652. doi:10.1186/s13063-023-07684-4
14. Ennis G WD. Using social network analysis in community development practice and research: a case study. *Community Development Journal*. 2013;48(1):40-57.
15. World Population Review. Darwin Population 2024. World Population Review. Jan 23, 2024. Accessed Jan 23, 2024. <https://worldpopulationreview.com/world-cities/darwin-population>

16. Popay J, Halliday E, Mead R, et al. Investigating health and social outcomes of the Big Local community empowerment initiative in England: a mixed method evaluation. 2023;11:09. doi:10.3310/GRMA6711
17. Prost A CT, Seward N, Azad K, Coomarasamy A, Copas A, Houweling TAJ, Fottrell E, Kuddus A, Lewycka S, MacArthur C, Manandhar D, Morrison J, Mwansambo C, Nair N, Nambiar B, Osrin D, Pagel C, Phiri T, Pulkki-Brannstrom AM, Rosato M, Skordis-Worrall J, Saville N, More NS, Shrestha B, Tripathy P, Wilson A, Costello A. . Women’s groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. *Lancet*. 2013;381(9879):1736-1746. doi:10.1016/S0140-6736(13)60685-6
18. Fottrell E, Ahmed N, Morrison J, et al. Community groups or mobile phone messaging to prevent and control type 2 diabetes and intermediate hyperglycaemia in Bangladesh (DMagic): a cluster-randomised controlled trial. *Lancet Diabetes Endocrinol*. Mar 2019;7(3):200-212. doi:10.1016/s2213-8587(19)30001-4
19. World Health Organisation (WHO). WHO launches commission to foster social connection. WHO,. Jan 24, 2024. Accessed Jan 24, 2024. <https://www.who.int/news/item/15-11-2023-who-launches-commission-to-foster-social-connection>
20. Hawkey LC. Loneliness and health. *Nature Reviews Disease Primers*. 2022/04/14 2022;8(1):22. doi:10.1038/s41572-022-00355-9
21. World Health Organisation (WHO). Social Isolation and Loneliness. Nov 16, 2023. Updated 2023 Oct 4. Accessed Nov 16, 2023. <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-isolation-and-loneliness>
22. Department for Digital C, Media and Sport. *A connected society - A strategy for tackling loneliness - laying the foundations for change*. 2018. https://assets.publishing.service.gov.uk/media/5fb66cf98fa8f54aafb3c333/6.4882_DCMS_Loneliness_Strategy_web_Update_V2.pdf
23. Campaign to End Loneliness. About Us. Dec 19, 2023. Accessed Dec 19, 2023. <https://www.campaigntoendloneliness.org/about-the-campaign/>
24. What Works Centre for Wellbeing. About Us. Dec 19, 2023. Accessed Dec 19, 2023. <https://whatworkswellbeing.org/about-us/>
25. Woolf SH. Increasing Mortality Rates in the US, but Not From COVID-19. *JAMA*. 2024;332(12):959-960. doi:10.1001/jama.2024.13626
26. Centers for Disease Control and Prevention (CDC). Loneliness and Social Isolation Linked to Serious Health Conditions. Nov 16, 2023. Accessed Nov 16, 2023. <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>
27. Kawachi I, Berkman LF. Social ties and mental health. journal article. *Journal of Urban Health*. September 01 2001;78(3):458-467. doi:10.1093/jurban/78.3.458
28. Granovetter M. The Strength of Weak Ties: A Network Theory Revisited. *Sociological Theory*. 1983;1:201-233. doi:10.2307/202051
29. Holt-Lunstad J. The Potential Public Health Relevance of Social Isolation and Loneliness: Prevalence, Epidemiology, and Risk Factors. *Public Policy & Aging Report*. 2017;27(4):127-130. doi:10.1093/ppar/prx030
30. Qualter P, Vanhalst J, Harris R, et al. Loneliness across the life span. *Perspectives on Psychological Science*. 2015;10(2)doi:10.1177/1745691615568999

31. World Health Organization. *Global Health and Aging*. 2011. https://www.nia.nih.gov/sites/default/files/2017-06/global_health_aging.pdf
32. Strawa C. *Understanding and defining loneliness and social isolation*. Australian Institute of Family Studies; 2022. Accessed 11 Oct 2024. <https://aifs.gov.au/resources/resource-sheets/understanding-and-defining-loneliness-and-social-isolation>
33. de Jong-Gierveld J, Van Tilburg T, Dykstra P. New ways of theorizing and conducting research in the field of loneliness and social isolation. *The Cambridge handbook of personal relationships*. Cambridge University Press; 2018:391-404:chap 29.
34. Mellor D, Stokes M, Firth L, Hayashi Y, Cummins R. Need for belonging, relationship satisfaction, loneliness, and life satisfaction. *Personality and individual differences*. 2008;45(3):213-218. doi:<https://doi.org/10.1016/j.paid.2008.03.020>
35. Weiss R. *Loneliness: The experience of emotional and social isolation*. MIT Press; 1975.
36. Mellinger C, Fritzson A, Park B, Dimidjian S. Developing the Sense of Belonging Scale and Understanding Its Relationship to Loneliness, Need to Belong, and General Well-Being Outcomes. *Journal of Personality Assessment*. 2024;106(3):347-360. doi:<https://doi.org/10.1080/00223891.2023.2279564>
37. Maslow A. A Theory of Human Motivation. *Psychological Review*. 1943;50:370-396.
38. Rogers C. *Client-centered therapy*. Houghton Mifflin; 1951.
39. Baumeister R, Leary M. The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation. *Psychological Bulletin*. 1995;117(3):497-529.
40. Wills T. Social Support and Interpersonal Relationships. In: Clark M, ed. *Prosocial Behavior*. Sage; 1991:265-289.
41. Gottlieb B, Bergen A. Social support concepts and measures. *Journal of Psychosomatic Research*. 2010;69:511-520. doi:<https://doi.org/10.1016/j.jpsychores.2009.10.001>
42. Lin N. *Social Capital: A Theory of Social Structure and Action*. vol 19. Cambridge University Press; 2001.
43. Rostila M. The Facets of Social Capital. *Journal for the Theory of Social Behaviour*. 2010;41:308-326. doi:<https://doi.org/10.1111/j.1468-5914.2010.00454.x>
44. Batsleer J, Duggan J, Batsleer J, Duggan J. 39Loneliness and poverty. *Young and Lonely: The Social Conditions of Loneliness*. Policy Press; 2020:0.
45. Tapia-Muñoz T, Staudinger UM, Allel K, et al. Income inequality and its relationship with loneliness prevalence: A cross-sectional study among older adults in the US and 16 European countries. *PLOS ONE*. 2022;17(12):e0274518. doi:10.1371/journal.pone.0274518
46. Victor CR, Pikhartova J. Lonely places or lonely people? Investigating the relationship between loneliness and place of residence. *BMC Public Health*. 2020/05/27 2020;20(1):778. doi:10.1186/s12889-020-08703-8
47. Madsen KR, Holstein BE, Damsgaard MT, Rayce SB, Jespersen LN, Due P. Trends in social inequality in loneliness among adolescents 1991–2014. *Journal of Public Health*. 2018;41(2):e133-e140. doi:10.1093/pubmed/fdy133
48. Kerr S, Vaughan M. *Changing the narrative on wealth inequality*. 2024. <https://www.jrf.org.uk/narrative-change/changing-the-narrative-on-wealth-inequality#how-to-cite-this-report>

49. Francis-Devine B. Income inequality in the UK. House of Commons Library. Accessed October 3 2024, <https://researchbriefings.files.parliament.uk/documents/CBP-7484/CBP-7484.pdf>
50. Kung CSJ KJ, Shields MA. . Economic Aspects of Loneliness in Australia. *Aust Econ Rev.* 2021;54(1):147-163. doi:10.1111/1467-8462.12414
51. Tanner W OSJ. An age of alienation: why we must end the dangerous decline in community life. *The New Statesman.* Nov 22, 2023. Accessed Nov 22, 2023. <https://www.newstatesman.com/politics/2021/07/age-alienation-why-we-must-end-dangerous-decline-community-life>
52. Office for National Statistics. *Social capital in the UK: April 2020 to March 2021.* 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/socialcapitalintheuk/april2020tomarch2021>
53. The Policy Institute. *Trust in trouble? UK and international confidence in institutions.* 2023:1-47. <https://www.kcl.ac.uk/policy-institute/assets/confidence-in-institutions.pdf>
54. Organisation for Economic Co-operation and Development (OECD). Trust in government, UK 2022. 2022, July 13. Accessed 2023, Nov 16. <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/trustingovernmentuk/2022>
55. Local Trust. Policy Spotlight 1: How social infrastructure improves outcomes. 2023. Accessed 2023 Nov 22. <https://localtrust.org.uk/wp-content/uploads/2023/01/Local-Trust-policy-spotlight-social-infrastructure-2023.pdf>
56. Rapid evidence review of community initiatives Department for Culture, Media and Sport. Accessed Oct 3 2024, <https://www.gov.uk/government/publications/rapid-evidence-review-of-community-initiatives/rapid-evidence-review-of-community-initiatives#executive-summary>
57. Local Trust. Left behind? Understanding communities on the edge. Accessed Oct 3 2024. https://localtrust.org.uk/wp-content/uploads/2019/08/local_trust_ocsi_left_behind_research_august_2019.pdf
58. Local Trust. *Survation. Left Behind Survey.* 2021. https://localtrust.org.uk/wp-content/uploads/2021/08/Left-Behind-2021-summary-document_Suration030821.pdf
59. Parke E. Federal government inquiry into 'civic crisis' amid fall in volunteering indicates 'collapse in community life'. *ABC News.* <https://www.abc.net.au/news/2022-08-16/civic-crisis-community-life-collapse-sparks-volunteering-inquiry/101334760>
60. Bower M, Kent J, Patulny R, et al. The impact of the built environment on loneliness: A systematic review and narrative synthesis. *Health Place.* Jan 2023;79:102962. doi:10.1016/j.healthplace.2022.102962
61. Bolet D. Drinking Alone: Local Socio-Cultural Degradation and Radical Right Support—The Case of British Pub Closures. *Comparative Political Studies.* 2021;54(9):1653-1692. doi:10.1177/0010414021997158
62. Butler SM DC. “Third places” as community builders. The Brookings Institution. Jan 23, 2024. Accessed Jan 23, 2024. <https://www.brookings.edu/articles/third-places-as-community-builders/>
63. Booth R. Teenagers 'crying out' for return of youth clubs in England, study finds. *The Guardian* 2024.

64. Barreto M, Qualter P, Doyle D. *Loneliness inequalities evidence review*. 2023. <https://wcpp.org.uk/wp-content/uploads/2023/08/WCPP-REPORT-Loneliness-Inequalities-Evidence-Review.pdf>
65. Matthews T, Caspi A, Danese A, Fisher HL, Moffitt TE, Arseneault L. A longitudinal twin study of victimization and loneliness from childhood to young adulthood. *Dev Psychopathol*. Feb 2022;34(1):367-377. doi:10.1017/s0954579420001005
66. Heu LC. The Loneliness of the Odd One Out: How Deviations From Social Norms Can Help Explain Loneliness Across Cultures. *Perspectives on Psychological Science*. 0(0):17456916231192485. doi:10.1177/17456916231192485
67. Listings of WHO's response to COVID-19 (WHO) (2021).
68. Ernst M, Niederer D, Werner AM, et al. Loneliness before and during the COVID-19 pandemic: A systematic review with meta-analysis. *American Psychologist*. 2022;77(5):660-677. doi:10.1037/amp0001005
69. Macreadie I. Reflections from Melbourne, the world's most locked-down city, through the COVID-19 pandemic and beyond. *Microbiology Australia*. 2022;43(1):3-4.
70. Sugaya N, Yamamoto T, Suzuki N, Uchiumi C. Loneliness and Social Isolation Factors Under the Prolonged COVID-19 Pandemic in Japan: 2-Year Longitudinal Study. Original Paper. *JMIR Public Health Surveill*. 2024;10:e51653. doi:10.2196/51653
71. Buecker S, Horstmann KT. Loneliness and social isolation during the COVID-19 pandemic: A systematic review enriched with empirical evidence from a large-scale diary study. *European Psychologist*. 2021;26(4):272-284. doi:10.1027/1016-9040/a000453
72. Kirkland SA, Griffith LE, Oz UE, et al. Increased prevalence of loneliness and associated risk factors during the COVID-19 pandemic: findings from the Canadian Longitudinal Study on Aging (CLSA). *BMC Public Health*. 2023/05/12 2023;23(1):872. doi:10.1186/s12889-023-15807-4
73. Allen J, Darlington O, Hughes K, Bellis MA. The public health impact of loneliness during the COVID-19 pandemic. *BMC Public Health*. 2022/08/31 2022;22(1):1654. doi:10.1186/s12889-022-14055-2
74. Bower M, Buckle C, Rugel E, et al. 'Trapped', 'anxious' and 'traumatised': COVID-19 intensified the impact of housing inequality on Australians' mental health. *International Journal of Housing Policy*. 2023/04/03 2023;23(2):260-291. doi:10.1080/19491247.2021.1940686
75. Bower M, Lauria E, Green O, et al. The Social Determinants of Loneliness During COVID-19: Personal, Community, and Societal Predictors and Implications for Treatment. *Behaviour Change*. 2023;40(1):1-10. doi:10.1017/bec.2023.3
76. Etienne CF. COVID-19 has revealed a pandemic of inequality. *Nature Medicine*. 2022/01/01 2022;28(1):17-17. doi:10.1038/s41591-021-01596-z
77. Andres L, Moawed P, Kraftl P, et al. *The Impact of COVID-19 on Education, Food & Play-Leisure and Related Adaptations for Children and Young People: International Overview*. 2023.
78. Surkalim DL CP, Eres R, Gebel K, Bauman A, Ding D. Have Middle-Aged and Older Americans Become Lonelier? 20-Year Trends From the Health and Retirement Study. *J Gerontol B Psychol Sci Soc Sci*. 2023;78(7):1215-1223.
79. Adamczyk K, Segrin C. Perceived Social Support and Mental Health Among Single vs. Partnered Polish Young Adults. *Curr Psychol*. 2015;34(1):82-96. doi:10.1007/s12144-014-9242-5

80. Barrett AE. Social Support and Life Satisfaction among the Never Married: Examining the Effects of Age. *Research on Aging*. 1999;21(1):46-72. doi:10.1177/0164027599211003
81. Qu L, Baxter J, Gorniak M. *Population, households and families*. 2023. <https://aifs.gov.au/research/facts-and-figures/population-households-and-families>
82. Office for National Statistics (ONS). *Families and households in the UK: 2023*. 2024. *Statistical Bulletin*. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2023#:~:text=4.-,Living%20alone,in%20the%20decade%20since%202012.>
83. Lim MH, Eres R, Vasan S. Understanding loneliness in the twenty-first century: an update on correlates, risk factors, and potential solutions. *Social Psychiatry and Psychiatric Epidemiology*. 2020/07/01 2020;55(7):793-810. doi:10.1007/s00127-020-01889-7
84. Perissinotto C, Covinsky K. Living Alone, Socially Isolated or Lonely—What are We Measuring? *Journal of General Internal Medicine*. 2014;29(11):1429-1431. doi:10.1007/s11606-014-2977-8
85. de Vaus D, Qu L. *Living alone and personal wellbeing*. 2015. <https://aifs.gov.au/research/research-reports/living-alone-and-personal-wellbeing>
86. Dost K HF, Graf W, Brennecke A, Kowalski V, Leider A, Kraus A, van Ruth V, Ondruschka B, Puschel K, König HH, Bertram F, Hajek A. Predictors of Loneliness among Homeless Individuals in Germany during the COVID-19 Pandemic. *International Journal of Environmental Research and Public Health*. 2022;19:1-11.
87. Bower M, Conroy E, Perz J. Homeless persons' experiences of social connectedness, isolation and loneliness. *Health and Social Care in Society*. 2018;26(2):e241-e248. doi:10.1111/hsc.12505
88. Dalhberg L AL, Lennartsson C. Long-term predictors of loneliness in old age: results of a 20-year national study. *Aging and Mental Health*. 2016;22(2):190-196.
89. Pearce E, Birken M, Pais S, et al. Associations between constructs related to social relationships and mental health conditions and symptoms: an umbrella review. *BMC Psychiatry*. 2023/09/04 2023;23(1):652. doi:10.1186/s12888-023-05069-0
90. Mann F, Wang J, Pearce E, et al. Loneliness and the onset of new mental health problems in the general population. *Social Psychiatry and Psychiatric Epidemiology*. 2022/11/01 2022;57(11):2161-2178. doi:10.1007/s00127-022-02261-7
91. Omari OA ASS, Al Rawajfah O, Sharour LA, Al-Hashmi I, Al Qadire M, Khalaf A. Prevalence and Predictors of Loneliness Among Youth During the Time of COVID-19: A Multinational Study. *Journal of the American Psychiatric Nurses Association*. 2023;29(3):204-214.
92. Tzouvara V KP. Examining Differences, Relationships, and Predictors for Loneliness in an Adult Population: The Roles of Personal Characteristics, Place of Residence, Leisure Activities, Mental Health, and Social Outcomes. *Soc Sci*. 2022;11(9):425.
93. Ma R, Mann F, Wang J, et al. The effectiveness of interventions for reducing subjective and objective social isolation among people with mental health problems: a systematic review. *Soc Psychiatry Psychiatr Epidemiol*. Jul 2020;55(7):839-876. doi:10.1007/s00127-019-01800-z
94. Mann F, Bone JK, Lloyd-Evans B, et al. A life less lonely: the state of the art in interventions to reduce loneliness in people with mental health problems. *Social Psychiatry and Psychiatric Epidemiology*. 2017/06/01 2017;52(6):627-638. doi:10.1007/s00127-017-1392-y

95. Mansour KA GC, Biden EJ, Francis LM, Olsson CA, Macdonald JA. Pre-pandemic Predictors of Loneliness in Adult Men During COVID-19. *Front Psychiatry* 2021;12:1-11.
96. Choi H BM, Duggirala L, Lee J. Loneliness and depression among adults living on MS Gulf Coast: Individual, interpersonal and community predictors. *International Journal of Social Psychiatry*. 2022;68(1):108-117.
97. Ejiri M KH, Ishii K, Oka K, Obuchi S. Predictors of older adults' objectively measured social isolation: A systematic review of observational studies. *Archives of Gerontology and Geriatrics* 2021;94:104357.
98. Gorczynski P, Fasoli F. Loneliness in sexual minority and heterosexual individuals: A comparative meta-analysis. *Journal of Gay & Lesbian Mental Health*. 2021;26(2):112-129.
99. Eres R, Postolovski N, Thielking M, Lim M. Loneliness, mental health, and social health indicators in LGBTQIA+ Australians. *American Journal of Orthopsychiatry*. 2021;91(3):358-366.
100. Charmaraman L, Zhang A, Wang K, Chen B. Sexual Minorities and Loneliness: Exploring Sexuality through Social Media and Gender–Sexuality Alliance (GSA) Supports. *International Journal of Environmental Research and Public Health*. 2024;21:300.
101. Day J, Perez-Brumer A, Russell S. Safe schools? Transgender youth's school experiences and perceptions of school climate. *Journal of Youth and Adolescence*. 2018;47:1731-1742.
102. Garcia J, Vargas N, Clark J, Álvarez M, Nelons D, Parker R. Social isolation and connectedness as determinants of well-being: Global evidence mapping focused on LGBTQ youth. *Global Public Health*. 2019;15(4):497-519.
103. Emerson E FN, Llewellyn G, Stancliffe R. Loneliness, social support, social isolation and wellbeing among working age adults with and without disability: Cross-sectional study. *Disability Health Journal* 2021;14(1):100965.
104. Lippke S. Predictors for Loneliness Perceived by the Interviewer or the Individual: Findings from Limited Disability Pensioners and Medical Rehabilitation Patients. *Acta de Investigación Psicológica*. 2020;
105. Wallinheimo AS ES. Patterns of Internet Use, and Associations with Loneliness, amongst Middle-Aged and Older Adults during the COVID-19 Pandemic. *Healthcare (Basel)*. 2022;10(7):1179.
106. Zhou D LY, Tirasawasdichai T,. Do online social interactions cultivate social capital? Evidence from a longitudinal study. *Front Psychol*. 2022;13doi:<https://doi.org/10.3389/fpsyg.2022.989137>
107. *UK Consumer Digital Index*. 2023. https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-happening/231122-lloyds-consumer-digital-index-2023-report.pdf
108. Tudor S. Digital exclusion in the UK: Communications and Digital Committee report. House of Lords Library. <https://lordslibrary.parliament.uk/digital-exclusion-in-the-uk-communications-and-digital-committee-report/#fn-22>
109. Thomas J, McCosker A, Parkinson S, et al. *Measuring Australia's Digital Divide: Australian Digital Inclusion Index 2023*. 2023. https://www.digitalinclusionindex.org.au/wp-content/uploads/2023/07/ADII-2023-Summary_FINAL-Remediated.pdf
110. Abu-Taieh EM AI, Kaabneh K, Alkhaldeh RS, Khowaldeh S, Masa'deh R, Alrowwad A,. Predictors of Smartphone Addiction and Social Isolation among Jordanian Children and Adolescents Using SEM and ML. *Big Data Cogn Comput*. 2022;6(92):1-35.

111. O'Day E, Heimberg R. Social media use, social anxiety, and loneliness: A systematic review. *Computers in Human Behaviour Reports*. 2021;3doi:<https://doi.org/10.1016/j.chbr.2021.100070>
112. Keum B, Wang Y, Callaway J, Abebe I, Cruz T, O'Connor S. Benefits and harms of social media use: A latent profile analysis of emerging adults. *Current Psychology*. 2023;42:23506-23518. doi:<https://doi.org/10.1007/s12144-022-03473-5>
113. Halladay J, Sunderland M, Chapman C, Teesson M, Slade T. The InterSECT framework: A proposed model for explaining population-level trends in substance use and emotional concerns. *American Journal of Epidemiology*. 2024;193(8):1066-1074. doi:<https://doi.org/10.1093/aje/kwae013>
114. Charmaraman L, Hernandez J, Hodes R. Marginalized and Understudied Populations Using Digital Media. In: Nesi J, Tezler E, Prinstein M, eds. *Handbook of Adolescent Digital Media Use and Mental Health*. Cambridge University Press; 2022:188-214.
115. McCrory E, Foulkes L, Viding E. Social thinning and stress generation after childhood maltreatment: a neurocognitive social transactional model of psychiatric vulnerability. *The Lancet Psychiatry*. 2022;9(10)
116. Alink L, Cicchetti D, Kim J, Rogosch F. Longitudinal associations among child maltreatment, social functioning, and cortisol regulation. *Developmental Psychology*. 2012;48(1):224.
117. Haslma Z, Taylor E. The relationship between child neglect and adolescent interpersonal functioning: A systematic review. *Child Abuse & Neglect*. 2022;125:105510.
118. Chen X, Shao J, Pu X, Wang Z. Childhood maltreatment and adolescents' peer victimization: The effect of security, school connectedness and gender. *Children and Youth Services Review*. 2023;148
119. Benedini K, Fagan A, Gibson C. The cycle of victimization: The relationship between childhood maltreatment and adolescent peer victimization. *Child Abuse & Neglect*. 2016;59
120. Flynn M, Cicchetti D, Rogosch F. The Prospective Contribution of Childhood Maltreatment to Low Self Worth, Low Relationship Quality, and Symptomatology Across Adolescence: A Developmental-Organizational Perspective. *Developmental Psychology*. 2014;50(9):2165-2175.
121. Widom C, Czaja S, Dutton M. Child abuse and neglect and intimate partner violence victimization and perpetration: a prospective investigation. *Child Abuse & Neglect*. 2014;38(4):650-663.
122. Fereidooni F, Daniels J, Lommen M. Childhood Maltreatment and Revictimization: A Systematic Literature Review. *Trauma, Violence & Abuse* 2024;25(1):291-305.
123. Berzenski S. Distinct emotion regulation skills explain psychopathology and problems in social relationships following childhood emotional abuse and neglect. *Development and Psychopathology*. 2019;31(2)
124. Heer C, Bi S, Finkenauer C, Alink L, Maes M. The Association Between Child Maltreatment and Loneliness Across the Lifespan: A Systematic Review and Multilevel Meta-Analysis. *Child Maltreatment*. 2022;29(2)
125. Appleyard K, Yang C, Runyan D. Delineating the maladaptive pathways of child maltreatment: A mediated moderation analysis of the roles of self-perception and social support. *Development and Psychopathology*. 2010;22(2):337-352.
126. Reinhard M, Rek S, Nenov-Matt T, et al. Association of Loneliness and social network size in adulthood with childhood maltreatment: Analyses of a population-based and a clinical sample. *European Psychiatry*. 2022;65(1)

127. Wielaard I, Hoyer M, Rhebergen D, Stek M, Comijs H. Childhood abuse and late-life depression: Mediating effects of psychosocial factors for early- and late-onset depression. *International Journal of Geriatric Psychiatry*. 2018;33
128. Dozier M, Stovall K, Albus K, Bates B. Attachment for infants in foster care: the role of caregiver state of mind. *Child Development*. 2001;72(5):1467-1477. doi:10.1111/1467-8624.00360
129. Riggs D, Augoustinos M, Delfabro P. Role of foster family belonging in recovery from child maltreatment. *Australian Psychologist* 2009;44(3)doi:10.1080/00050060903147075
130. Yule K, Houston J, Grych J. Resilience in Children Exposed to Violence: A Meta-analysis of Protective Factors Across Ecological Contexts. *Clinical Child and Family Psychology Review*. 2019;22:406-431. doi:https://doi.org/10.1007/s10567-019-00293-1
131. Wind TR, Villalonga-Olives E. Social capital interventions in public health: moving towards why social capital matters for health. BMJ Publishing Group Ltd; 2019. p. 793-795.
132. Collins HK, Hagerty SF, Quoidbach J, Norton MI, Brooks AW. Relational diversity in social portfolios predicts well-being. *Proceedings of the National Academy of Sciences*. 2022;119(43):e2120668119. doi:doi:10.1073/pnas.2120668119
133. A new neighbourhoods policy. Accessed Oct 8 2024. <https://localtrust.org.uk/wp-content/uploads/2024/06/Neighbourhoods-Manifesto.pdf>
134. Australian Human Rights Commission. D.D.A. guide: The ins and outs of access. Australian Human Rights Commission. Jan 23, 2024. Accessed Jan 23, 2024. <https://humanrights.gov.au/our-work/disability-rights/dda-guide-ins-and-outs-access>
135. Salman S. What would a truly disabled-accessible city look like? *The Guardian*; 2018. <https://www.theguardian.com/cities/2018/feb/14/what-disability-accessible-city-look-like>
136. Andres L. Differential Spaces, Power Hierarchy and Collaborative Planning: A Critique of the Role of Temporary Uses in Shaping and Making Places. *Urban Studies*. 2013;50(4):759-775. doi:10.1177/0042098012455719
137. Mathie A CG. From clients to citizens: Asset-based Community Development as a strategy for community-driven development. *Development in Practice*. 2003;13(5):1-13.
138. Ennis G WD. Exploring the Potential of Social Network Analysis in Asset-based Community Development Practice and Research. *Australian Social Work*. 2010;63(4):404-417.
139. Wilson M, McCabe A, Macmillan R. *Building Big Local Futures: Towards legacies for people and places (Paper 2)*. 2022. [https://www.ourbiggerstory.com/Reports/OBS-Towards-Legacies\(R3\).pdf](https://www.ourbiggerstory.com/Reports/OBS-Towards-Legacies(R3).pdf)
140. Tyler P, Burgess G, Muir K, Karampour K. *Achieving local economic change: what works?*. 2019. https://localtrust.org.uk/wp-content/uploads/2019/10/Achieving-local-economic-change_Oct_2019.pdf
141. Crisp R, Leather D, McMullan J, Pearson S, Wilson I. *A return to neighbourhood regeneration? Reassessing the benefits of a national strategy for neighbourhood renewal*. 2023.
142. Webber M F-NM. A review of social participation interventions for people with mental health problems. *Soc Psychiatry Psychiatr Epidemiol*. 2017;52:369-380. doi:10.1007/s00127-017-1372-2
143. Gribble L, Huber E. In the business of connecting: Nudging students. *Australasian Society for Computers in Learning in Tertiary Education*; 2022:e22222.

144. Foster D. Funding for adult social care in England. House of Commons Library. <https://researchbriefings.files.parliament.uk/documents/CBP-7903/CBP-7903.pdf>
145. Owen L, Nolan K, Tierney R, Pritchard C, Leng G. Cost-effectiveness of a befriending intervention to improve the wellbeing and reduce loneliness of older women. *The Lancet*. 2016;388:S84. doi:10.1016/S0140-6736(16)32320-0
146. Mihalopoulos C K-DLL, Chatterton ML, Bucholz J, Holt-Lunstad J, Lim MH, Engel L. The economic costs of loneliness: a review of cost-of-illness and economic evaluation studies. *Social Psychiatry and Psychiatric Epidemiology*. 2020;55:823-836.
147. McDaid D PA. Modelling the Economic Impact of Reducing Loneliness in Community Dwelling Older People in England. *International Journal of Environmental Research and Public Health*. 2021;18:1426.
148. Holt-Lunstad J. Social Connection as a Public Health Issue: The Evidence and a Systemic Framework for Prioritizing the “Social” in Social Determinants of Health. *Annual Review of Public Health*. 2022/04/05 2022;43(1):193-213. doi:10.1146/annurev-publhealth-052020-110732
149. Lawrence M, Homer-Dixon T, Janzwood S, Rockstöm J, Renn O, Donges JF. Global polycrisis: the causal mechanisms of crisis entanglement. *Global Sustainability*. 2024;7:e6. doi:10.1017/sus.2024.1
150. Spanknebel S, Barton S, Hurlemann R. Einsamkeit in Zeiten globaler Polykrisen. *Der Nervenarzt*. 2024/09/13 2024;doi:10.1007/s00115-024-01739-w
151. Kwamie A, Causevic S, Tomson G, et al. Prepared for the polycrisis? The need for complexity science and systems thinking to address global and national evidence gaps. *BMJ Global Health*. 2024;9(9):e014887. doi:10.1136/bmjgh-2023-014887
152. Kałwak W, Weziak-Bialowolska D, Wendołowska A, et al. Young adults from disadvantaged groups experience more stress and deterioration in mental health associated with polycrisis. *Scientific Reports*. 2024/04/16 2024;14(1):8757. doi:10.1038/s41598-024-59325-8
153. Kanter R, Fort MP. Rethinking health policy: life expectancy and mortality in an era of polycrisis. *The Lancet*. 2024;403(10440):1956-1958. doi:10.1016/S0140-6736(24)00754-2
154. Quy Le D, Khanh-Dao Le L, Hong Le P, Bee Hui Yap M. Cost effectiveness of interventions to prevent the occurrence and the associated economic impacts of child maltreatment: A systematic review. *Child Abuse & Neglect*. 2024;