

## Social Connectedness A Framework

### Vision

People within Western Parkland City are better connected to the people, processes and systems they need to live healthy, productive and meaningful lives.

### Purpose

The Western Sydney Health Alliance (The Health Alliance) recognises the critical importance of social connectedness and its impact on the health and wellbeing of communities within the Western Parkland City. The Health Alliance's collective and coordinated efforts will encourage and support a better-connected community that is able to navigate and access health services in the Western Parkland City, by supporting planning strategies and tools that address social isolation and the social determinants of health.

### Scope

The Framework applies to all partners in the Western Sydney Health Alliance who are planning services, structures, activities, and approaches that can improve social connectedness.

### Social Connectedness – Definition

Social connectedness can be defined as whether an individual believes they have enough relationships and diversity within those relationships. These relationships provide emotional and material support and contribute to a sense of belonging and purpose (Thompson, Green, Duncan, Fildes, Morris & Quinsey, 2019).

### Policy Statement:

The Western Sydney Health Alliance is a one in a generation opportunity for a commitment and partnership across the three tiers of government to work collaboratively, with health partners and other stakeholders, to create healthier communities across the Western Sydney Parkland City.

Under the Western Sydney City Deal, established under commitment L5 to drive collaborative approaches, programs and initiatives between the three levels of government, the Local Councils of Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury, Liverpool, Penrith and Wollondilly have joined with Nepean Blue Mountains Local Health District, South Western Sydney Local Health District, Nepean Blue Mountain Primary Health Network, South Western Sydney Primary Health Network, and Sector Connect to form the Western Sydney Health Alliance.

The Western Sydney Health Alliance recognise that there are significant community benefits to be gained through a collaborative approach to the coordination of effective planning of initiatives and services in the region to:

- Support the development of **healthy social connections** throughout life to prevent disease, disability, injury and premature death and assure a high quality of life.
- Achieve **equitable opportunities** to form and maintain healthy individual, family, and community-level social connections.
- Provide opportunities for **safe, healthy and productive social interactions** in neighbourhoods and communities
- Promote **strong, healthy social connections across all life stages** to support healthy development and healthy behaviours.

The Western Sydney Health Alliance supports the application of this framework as an underpinning guidance tool with planning and prioritising services, structures, activities and approaches, influenced by social connectedness that impact health outcomes for people of the Western Sydney Parkland City.

## Guiding Principles

The Western Sydney Health Alliance has a role in promoting a collaborative approach to the coordination and effectiveness of health initiatives and services in the region. This will be supported best through the planning and design of healthier, liveable neighbourhoods throughout the Western Parkland City. The framework provides guidance with planning strategies that enable people to be better connected and thereby reducing social isolation.

Underpinning guiding principles acknowledge that:

### ***Loneliness and social connectedness influence health and quality of life***

Recognising that strong social supports and sense of belonging enable improved wellbeing, sense of purpose and enhanced physical and psychological health outcomes.

### ***Social interaction supports increased social support networks***

Establishing social support networks as a community intervention can facilitate improved physical and mental wellbeing outcomes.

### ***Need will guide prioritisation***

Accepting that needs are variable across the different communities and that needs will guide the prioritisation and delivery of services, structures, activities, and approaches that address social connectedness and social isolation.

### ***Community development enhances overall wellbeing***

Communities that share information, knowledge, skills, and life experiences can promote feelings of social connectedness, self-worth, and improved quality of life.

## Overview

Social connection between people is important for physical and mental health and contributes to an improved quality of life. Strong ties with family, friends and the community provide people with security, support, happiness, and a sense of purpose (Hume Region, 2016). This Framework aims to increase understanding of social connectedness and recommends points of entry for action that will help reduce social isolation. The Framework outlines key considerations to support the assessment and determination of the best interventions required.

### The need

The impact of social isolation on health outcomes can be profound, this is especially true when it is combined with loneliness. The impact is felt most harshly on vulnerable members of the community such as the elderly, disabled, recent migrants and the LGBTIQ+ communities. Other factors such as being single (especially single parents), living in high density housing and being unemployed or underemployed also can increase feelings of isolation and loneliness.

Studies from the Centre of disease control in the USA have shown that:

- Social isolation increases the risk of premature death from all causes significantly, the risk may even rival that of smoking, obesity and physical inactivity.
- Social isolation is associated with a 50% increased risk of dementia, 29% increased risk of heart disease and 32% increased risk of stroke.
- Loneliness increased the risk of depression, anxiety and suicide and among heart failure patients increased the risk of death by up to 4 times as well a 68% increased risk of hospitalisation and a 57% increased risk of emergency department visits.

It is important to note that the risk groups listed above are prevalent across Greater Western Sydney. Greater Western Sydney has:

- 125,797 (16.7%) single person dwellings.
- 1,824,193 people who are either single, divorced, separated, widowed or never married.
- 12% of dwellings with no access to the internet.
- 148,000 people who reported not speaking English well.
- 285,000 people aged 65 and over, 19,734 (5.5% of the population) were aged 75 years or older.
- reported half (49.6%) of all older Australians having disability
- reduced social connections and feelings of isolation as a common experience among members of diverse LGBTIQ+ communities.
- Older people without adequate social connectedness are at an increased risk of experiencing poorer mental health and wellbeing, negatively impacting on older people's physical health and use of health services.

These factors significantly increase the risk when people fall into multiple categories. Some categories such as the percentages of people in the LGBTIQ+ community or those who experience some form of mental health condition are difficult to quantify due to underreporting.

## Key objectives

Through the following objectives, the Health Alliance partners, in supporting the development of social connectedness can:

- Specifically identify how healthy social connectedness can enhance their local and regional health improvement priorities.
- Work together to increase awareness and understanding of social connectedness as a significant and pervasive determinant of health and wellbeing and identify opportunities to harness social connectedness to improve health.
- Support the identification and prioritisation of initiatives and interventions to address social connectedness by recognising that physical and social environments, policies, and programs must be assessed for the ways in which they strengthen, promote, neglect or even disrupt social connections.
- Enable organisations to develop scalable initiatives that address social connectedness through facilitating multiple sectors to be engaged in the identification and development of strategies, based on the best available knowledge and evidence, that strengthen and protect social connectedness in places, people, programs and policies.
- Continue to explore the potential of multiple measurement strategies for assessing the social connectedness of individuals, families and communities.
- Embed the Social Connectedness Framework into organisational planning processes and policy development.

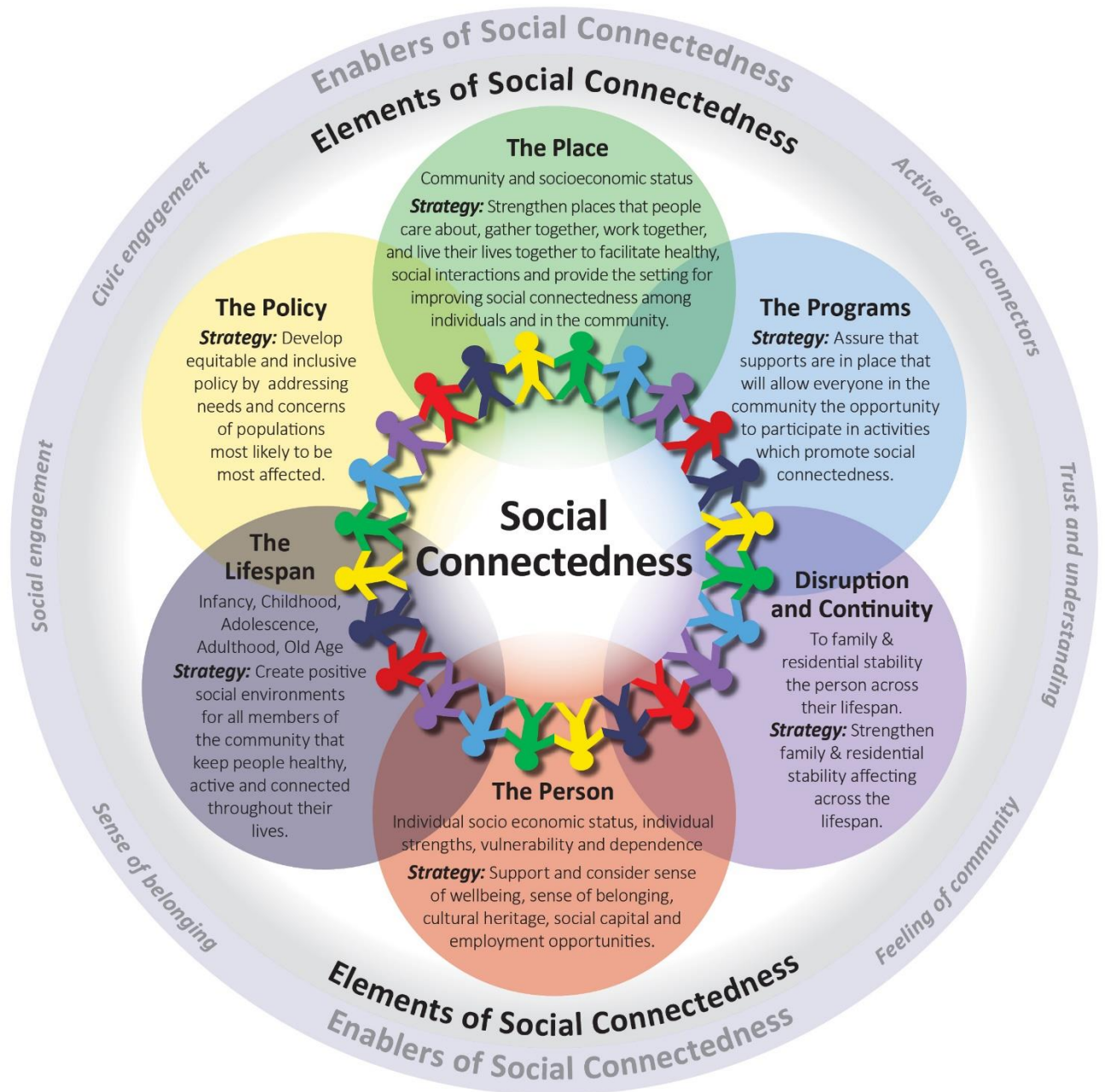
## Key outcomes

Across the Western Sydney Parkland City:

- Social connection, as a significant and pervasive determinant of health and wellbeing with opportunities to harness better social connectedness, is evident in regional and local planning processes, social environments, policies and programs.
- Scalable initiatives that address, strengthen and protect social connectedness in places, people, programs and policies across multiple sectors are evident in regional and local planning.
- Multiple measurements to assess the social connectedness of individuals, families and communities support regional and local planning and evaluation processes provide evidence based outcomes.

## Social Connectedness Framework – Elements and Enablers

This Framework provides an overview of influencing factors and strategies that impact the development and strengthening of social connectedness.



## The Toolkit

The following processes support the assessment of social connectedness to assist with developing planning strategies.



### Assess The Place

- Assess the community or neighbourhood for opportunities for people of all walks of life and at every age to form and maintain positive social connections. This includes opportunities and barriers:
  - *Strategy:* Strengthen places that people care about, gather, work together, and live their lives together to facilitate healthy, social interactions and provide the setting for improving social connectedness among individuals and in the community.
  - *Opportunities:* aspects of the environment which motivate people to be outside within the community and establish positive relationships. Such opportunities within the community include safe streets/adequate street lighting, green space, adequate housing options, secure parking options, suitable sidewalks, availability of shops (including grocery and retail stores), community centres and places of worship.
  - *Barriers:* aspects of the environment which deter people from being outside within the community and establishing positive relationships. Barriers within the community can include high crime rates and inadequate transport options (Minnesota Department of Health, 2020).



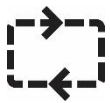
### Assess The Person

- Identify the strengths and vulnerabilities of the individual in relation to social connectedness:
  - *Strategy:* Support and consider sense of wellbeing, sense of belonging, cultural heritage, social capital and employment opportunities.
  - *Vulnerabilities:* At risk groups of social isolation can include people who are physically isolated (live in rural/remote areas, live alone, live in residential aged care), non-English speakers, single parent families, persons with disabilities, persons with mental illness, Aboriginal and Torres Strait Islander backgrounds, older people, people experiencing homelessness and obesity (Hammond, 2010, Hume Region, 2016 and Hanson Peterson, Cull, Mallett & James, 2015).
  - *Strengths:* There are known factors which protect against social isolation. Identify the factors for your group and strengthen them. These factors may



include feeling in control, being happy, security at home, being valued by others, being involved, and feeling life has a purpose (Hume Region, 2016).

- *Opportunities:* Populations at risk of social isolation require programs and services to support them in engaging with the community. Programs which provide this support can include meal delivery services, mental health services, subsidised childcare, and specialised education services (Minnesota Department of Health, 2020).



## Assess Disruption and Continuity

- Life transitions provide potential vulnerability for social isolation and paradoxically opportunities for social connectedness. Identify the populations at risk of social isolation due to disruption to family and residential stabilities.
  - *Strategy:* Strengthen family residential stability affecting across people the lifespan.
  - *People experiencing life-transitions:* Life transitions may include retirement, marriage, divorce, death of a partner, loss of driver's license, career changes, moving house, illness diagnosis or disability, becoming a caregiver or reduced income (Minnesota Department of Health, 2020).
  - *Opportunities:* Community systems should be designed to provide support for people experiencing life-transitions as social connectedness can assure continued health.



## Assess The Lifespan

- Infancy, childhood, adolescence, adulthood and old age all have unique considerations when assessing needs and impact for social connectedness.
  - *Strategy:* Create positive social environments for all members of the community that keep people healthy, active and connected throughout their lives.
  - *Opportunities:* The following opportunities create positive social environments for older persons but also will benefit youth, young family with children and all members of the community:
    - Volunteering and community service
    - Socializing, recreation, and wellness activities (both physical and mental stimulation)
    - Affordable, accessible housing options
    - Access to long-term care in a variety of settings
    - Community-wide mobility and access to public transportation

- Services that allow the elderly to remain in their home and which promote independent living
- Access to nutrition (and social eating)
- Caregiver support for family and volunteers
- Adult protection services (Minnesota Department of Health, 2020).



## Assess The Programs

- Identify programs within the community which provide opportunities for social connectedness. Such programs need to be accessible and available for a variety of ages and incomes.
  - *Strategy:* Assure that supports are in place that will allow everyone in the community the opportunity to participate in activities which promote social connectedness.
  - *Program enablers and barriers:* Program design will impact the accessibility by different groups. For example, daytime programs which do not provide childcare may limit participation to only those with no children or school-aged children (Minnesota Department of Health, 2020). To enhance participation in programs, the following characteristics should be considered for increased accessibility:
    - The location is convenient with affordable and flexible transportation options. Consider using technology or outreach approaches for hard to reach-groups
    - Participants can invite a friend or caregiver
    - Times are convenient for the target population group
    - No admission requirements such as purchasing a ticket or having a membership
    - A wide variety of activities available to appeal to diverse populations
    - Facilities are accessible and equipped to enable participation by people with disabilities or by those who require care
    - Promotion of the activity is well-communicated including information on accessibility and transport options
    - Personal invitations are sent to encourage participation (for known isolated individuals) (Hume Region, 2016)
    - Attendance at programs do not require specific skills such as literacy (World Health Organisation, 2007)
  - *Collaboration:* Engaging individuals who receive services in program design and implementation will increase the acceptability and suitability of the program and improve participation and retention. In addition, active engagement in program design will improve social connectedness for those individuals (Minnesota Department of Health, 2020). Individuals are experts in their own experiences and will be able to provide the most meaningful insight (Hume Region, 2016).



- *Capacity building approach:* Work within the existing community to develop the skills, knowledge and resources of workers, volunteers and community members. By building on existing opportunities with the community this will increase ownership as well as ensure sustainability (Hume Region, 2016).
- *Place based approach:* This approach requires programs to collaborate with a variety of stakeholders within the community and understand the local context first. Successful interventions engage stakeholders in the decision making. To understand the local context, it is important to consult and identify the local services, their capacity, the gaps and needs of the community (Hume Region, 2016).
- *Variety in programs:* To cater for a variety of individual needs within communities, there should be a variability in the programs available. Examples include:
  - Skill development in community awareness strategies particularly for groups which may have reduced social and emotional development (e.g., disengaged young people)
  - Combining multiple activities, for example nutrition and physical activity (Hume Region, 2016)
  - Building communication skills through workshops on cooperation, conflict resolution, empathy, understanding social norms (Hanson Peterson, Cull, Mallett & James, 2015)
  - Arts or related activities; attending cultural events and venues (Hume Region, 2016)
  - Physical activity; sports and other forms of physical activity (Vic Health, 2020).
  - Schools; Engaging children and young people and connecting them to school communities or school programs, such as drama, sport, choir, work experience etc. (Hanson Peterson, Cull, Mallett & James, 2015)
  - Information and communication technology; social connection through internet and mobile technologies (Vic Health, 2020).
- *Cultural competence:* Programs which are culturally appropriate and sensitive will contribute to the individual's sense of belonging in their community and environment (Minnesota Department of Health, 2020).



## Assess The Policies

- Public policies and programs have health consequences even if they do not have explicit health objectives. Include social connectedness in Health Impact Statements (HIA) for new policy development.
  - *Strategy:* Develop equitable and inclusive policy by addressing needs and concerns of populations most likely to be most affected.

- *Analyse current policies:* The impact of current public policies on social connectedness should be assessed. For example, concentrating supported housing in racially segregated or low socioeconomic neighbourhoods will increase segregation compared to equitable distribution across geographic areas.
- *Collaboration:* Design and review public policies in collaboration with individuals who are most impacted (Minnesota Department of Health, 2020).

## **The Enablers of the Social Connectedness Framework**

**Active Social Connection and Social Networks** – The number of social contacts we have is important to our health as well as the social roles these contacts fulfil, such as providing social support (Vic Health, 2020). Another term used to describe social networks is social capital. The three aspects to social capital are bonding, bridging, and linking (Launch Housing, 2015). Providing opportunities to develop these will enable people to improve social participation.

**Asset Based Community Development** – An approach defined by identifying and building on individual and community strengths rather than focusing on deficits. Such approaches are likely to deliver what people want, involve the target population group and be more sustainable (Age UK, 2015).

**Civic Engagement** – People may participate in civic engagement by being involved within their community through various groups and associations (Minnesota Department of Health, 2020).

**Feeling of Community** – A sense of community can be encouraged by supporting gatherings and opportunities to bring people of all ages together (Minnesota Department of Health, 2020).

**Neighbourhood Approaches** – interventions that address isolation are most effectively driven from the neighbourhood level. There are practical benefits to approaching social connectedness by neighbourhood as it is more manageable, allows for more targeted initiatives and enables outreach (Age UK, 2015). Neighbourhood approaches will in turn strengthen ‘feeling of community’.

**Sense of Belonging** – Most people have a need to feel like they belong to, are accepted by or affiliate with other people or groups (Crisp, 2010). Social connectedness can lead to a sense of belonging through relationships with individuals who share similar interests or similar objectives (Minnesota Department of Health, 2020).

**Social Engagement** – Social engagement or participation may have benefits for social cohesion and empowerment. Social engagement can include involvement in sports clubs, religious organisations, professional associations, service clubs or volunteering organisations (Vic Health, 2020).

**Social Support** - There is strong evidence of the association between social networks or social support and health, including mental health. Family and friends are identified sources of help and support (Vic Health, 2020).

**Trust and Understanding** – Trust is apparent at both community and individual levels. People trust or distrust systems and other people. A lack of trust at a community level will lead to civic

disengagement. A lack of trust at the individual level will reduce the likelihood of initiating and maintaining positive social relationships (Minnesota Department of Health, 2020).

**Volunteering** – Utilising volunteers as both an enabler and effective means of intervention which directly alleviates loneliness. Volunteers reduce the cost of delivering interventions and provide a solution for loneliness (Age UK, 2015).

## Key Enablers of the Western Sydney City Deals Health Alliance

**The Greater Sydney Region Plan** sets out a vision for Greater Sydney as a metropolis of three cities. This vision includes the emerging Western Parkland City, a place that will thrive off unprecedented investment in infrastructure, the development of new or renewed communities and economic hubs, and the evolution of the Western Sydney Aerotropolis.

**The Western Sydney City Deal** is a partnership between the Australian Government, NSW Government and the Western Parkland councils. Together with the Australian and NSW governments, the councils are signatories to a set of commitments that bring all levels of government together to plan for the new jobs, transport links, communities, green areas and services that will make our region an even better place to live.

**The Western Parkland Councils** signatories are the local councils of Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury, Liverpool, Penrith and Wollondilly.

**The Western Sydney Health Alliance** has a collective role and function as an advocator and influencer of healthy communities' development. The Health Alliance leads effective change through a combined effort that brings partners across the system together to demonstrate the long-term benefits for each stakeholder in supporting health initiatives.

The signatory partners of the Health Alliance include the local councils of the Western Parkland City, Nepean Blue Mountains Local Health District, Wentworth Healthcare provider of the Nepean Blue Mountains Primary Health Network, South Western Sydney Local Health District and South Western Sydney Primary Health Network. Non-government Organisations including Sector Connect, and local universities are also part of the Health Alliance.

**Regional partners** – contribution of 8 councils / 2 Local Health District's/ 2 Primary Health Networks – each with individual positions of influence with different parts of the community.

**Processes and accompanying Tools to use the framework** – Processes and tools to be developed by the Western Sydney Health Alliance to support the implementation of the Framework.

## Glossary

**Loneliness** is a subjective feeling that expectations of interpersonal relationships are not aligning with current interpersonal relationships (Heinrich & Gullone, 2006). As such, loneliness is not necessarily about being alone, but rather a perception of disconnection from peers, friends or family (Relationships Australia, 2018)

**Mental health** is a state of wellbeing in which every individual realises their own potential, can cope with normal life stressors, can work productively, and can make a contribution to their community (WHO, 2018)

**Social capital** is an umbrella term used to describe the characteristics of social relationships such as networks, support, trust and resources (VicHealth, 2010)

**Social connectedness** is a feeling of belonging to a group or community and a general feeling of closeness to other people (Relationships Australia, 2018)

**Social isolation** is having minimal contact with others, or finding contact with peers, friends or family to be inaccessible (Australian Institute of Health & Wellbeing, 2019). People who are socially isolated are considered at risk of becoming lonely, however an individual may have a small social network and experience no loneliness (Relationships Australia, 2018)

**Social network** is a group of individuals or communities who are joined by relationships, and who enable support, share values, and share resources and information (VicHealth, 2010)

**Social/community cohesion** are the positive social relationships and the bond that brings people or communities together; a socially cohesive community works towards the welfare of all members, and fosters a sense of belonging and trust (Australian Human Rights Commission, 2015)

**Wellbeing** or quality of life incorporates physical and emotional needs, connectedness to others, the ability to exert influence over one's environment and safety from harm (Productivity Commission, 2011).

## References

Age UK. (2015). Promising approaches to reducing loneliness and isolation later in life.

<https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

Australian Human Rights Commission. (2015). *Building social cohesion in our communities: A summary of the online resource for local government*. [www.humanrights.gov.au/publications-home/all](http://www.humanrights.gov.au/publications-home/all)

Australian Institute of Health & Wellbeing. (2019). *Social isolation and loneliness*.

<https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness>

Beth, C.R. (2010). Belonging, connectedness and social exclusion. *Journal of Social Inclusion*, 1(2), 123-132

Hanson Peterson, J., Cull, E., Mallett, S. & James, S. 2015, Education First Youth Foyer Social Connections Offer Conceptual Framework, Launch Housing and Brotherhood of St Laurence, Melbourne.

[https://www.efyfoyers.org.au/fileadmin/user\\_upload/Documents/Service\\_Offers/BSL\\_SocialConnectionsOffer\\_f inal.pdf](https://www.efyfoyers.org.au/fileadmin/user_upload/Documents/Service_Offers/BSL_SocialConnectionsOffer_f inal.pdf)

Heinrich, L. M. & Gullone, E. (2006). The clinical significance of loneliness: A literature review. *Clinical Psychology Review*, 26, 695-718. Doi: 10.1016/j.cpr.2006.04.002

Hammond, R. A. (2010). Social Influence and Obesity. *Current Opinion in Endocrinology, Diabetes and Obesity*, 17(5), 467-471

Hume Region. (2016). Guidelines and Toolkit for Social Connection Initiatives.

<https://www.gvpcp.org.au/wp-content/uploads/2017/01/2016-Social-Connections-Toolkit.pdf>

Minnesota Department of Health (2010) Social Connectedness: Evaluating the Healthy People 2020 Framework: The Minnesota Project

[https://www.health.state.mn.us/communities/practice/resources/publications/docs/1007socialconnectedness\\_report.pdf](https://www.health.state.mn.us/communities/practice/resources/publications/docs/1007socialconnectedness_report.pdf)

Relationships Australia. (2018). *Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey*. <https://www.relationships.org.au/what-we-do/research/is-australia-experiencing-an-epidemic-of-loneliness>

Thompson C, Green J, Duncan C, Fildes D, Morris D and Quinsey K (2019) Improving Social Connectedness of Older Australians – Evaluation Plan, Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

VicHealth. (2010). *Opportunities for social connection* (P-007-SC).

[https://www.vichealth.vic.gov.au/~/\\_media/ResourceCentre/PublicationsandResources/Social%20connection/opportunities\\_for\\_Social\\_Connection\\_Summary\\_Nov10.ashx](https://www.vichealth.vic.gov.au/~/_media/ResourceCentre/PublicationsandResources/Social%20connection/opportunities_for_Social_Connection_Summary_Nov10.ashx)

World Health Organisation. (2007). *Mental health: Strengthening our response*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

World Health Organisation. (2018). Global age-friendly cities : a guide.

[https://www.who.int/ageing/publications/Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf](https://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf)