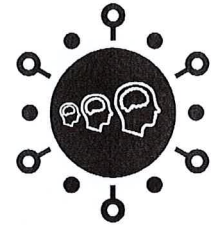


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## STATEMENT

Building strong social connections in which people feel valued and supported are important for our social, emotional, cognitive and physical health across the lifespan. Investing in strategies to build these strong social connections at a community level is likely to prevent and reduce social isolation and loneliness across all age groups. But simply encouraging people to engage more in social activities is not enough. Social activities need to be high quality and facilitate connections between participants that make them feel valued, supported and connected. Practical and psychological barriers to building strong connections are common in all age groups and populations. These barriers therefore need to be identified and addressed at the local level to ensure high-quality social activities are available to all people.

Whilst building a community framework to build and support social connection is important, there is clear evidence that simply providing opportunities for social participation is not enough to treat loneliness. Instead, to overcome loneliness people need both access to a variety of social activities as well as access to evidence-based interventions that target the psychological factors that cause and maintain loneliness. This includes the need for practical strategies to overcome unhelpful thoughts about the unavailability of support, reducing avoidance of social activities by reducing anxiety, building self-confidence and problem-solving an individual's barriers to participation. In order to make a meaningful impact on community level social isolation and loneliness we need to invest in more research to develop more potent scalable interventions.

### Building on our submission the following strategies would start to address social isolation and loneliness across all age groups:

#### **1. Establishing a framework for integration of approaches across all areas of government and community.**

- Work with State and Federal government, local councils, NGOs, agencies that work with vulnerable populations e.g. Carers NSW, Disability Council.
- Work with schools and workplaces to develop activities to build connections within their communities

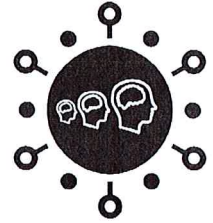
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## **2. Investing in a public health messaging campaign to inform people about the importance of frequent social participation with a variety of people and groups.**

- Develop a month-long public campaign to coincide with Loneliness Awareness Week. Key campaign messages prompt self-identification of social isolation and loneliness and practical steps that people can take.
- Work with a particular group in the community (young people, older people, first time mothers etc) to co-design a campaign with targeted messaging - this could include promotion as relevant at schools, sporting clubs, libraries, in-home care/support services, St Vincent de Paul, local pharmacies.
- Suggest providing translated versions of public health messaging in languages other than English, e.g., Chinese, Arabic, Vietnamese, Punjabi.

## **3. Designing cohesive neighbourhoods that facilitate both incidental and deliberate social interactions.**

- Implement housing and built environment policies that facilitate social connection. This includes creating common areas in social housing, apartments and housing complexes. Developing shopping precincts and open spaces that offer places for people to meet, sit, chat and interact that are close to public transport. Utilise existing community infrastructure for social groups e.g. RSL and sporting clubs, schools, PCYC clubs.

## **4. Increasing local access to social activities and social groups that provide regular contact with the same people so connections can be developed over time.**

- Support local councils, community groups, health services and primary health networks to run a wide variety of regular free community groups in easy to access locations (tie funding to accessibility, evaluation, facilitator training) in all age groups. This might be through small grant programs that use evidence-based interventions that are evaluated over time.
- Increasing knowledge about these opportunities by collating lists of social opportunities available in the local community and advertising them through a wide variety of means to ensure social isolated people know about them e.g., via letterbox drops, pharmacies, primary care, live website, local papers and radio.
- Offer free training to program facilitators in how to build and facilitate social connections between individuals. So they can add to any group they run, skills to

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build and strengthening social connections (meet and greet before, tea/coffee, introducing people to each other, being sense of group identity – group facilitators role).

**5. Identifying and targeting barriers and facilitators to high quality social connections and participation particularly in vulnerable groups.**

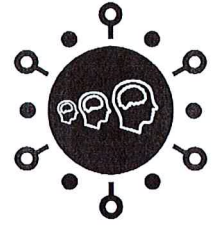
- Hold facilitated community discussions on local barriers and opportunities to enable high quality social interactions. This could be attended by researchers to provide expert content to guide discussion at the forum, and increase public knowledge about how to identify social isolation and loneliness.
- Increase availability of free or subsidised community transport for eligible individuals, including but not limited to, individuals with chronic conditions and older adults.
- Service NSW to offer vouchers for people (that meet certain criteria) to participate in an activity free for 6 months (or what length/ type of intervention research says is most efficacious)
- Ensure activities are available in all local communities and are accessible via public transport, and so are available outside of business hours.

**6. Making evidence-based interventions to treat social isolation and loneliness inclusive and accessible to all.**

- Encourage routine screening to identify social isolation and loneliness in health, workplace and education settings.
- Engage with researchers to provide access to established evidence-based interventions to the community such as by developing training that can be disseminated to community leaders, community group co-ordinators, and health professionals
- Small grants to assist primary health networks and local health services to deliver evidence-based interventions to treat social isolation and loneliness, and to provide training to health practitioners to deliver these interventions.

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- Small grants to encourage partnerships between researchers, community groups (e.g., PCYC), health groups (e.g., Endometriosis Australia, Breast Cancer Network Australia, MS Australia etc) and mental health service providers (e.g., WayAhead, Relationships Australia, Reach Out) to run group programs targeting psychological factors underlying social isolation and loneliness. These need to be based on the research evidence which indicates that need to teach structured skills to identify and manage maladaptive cognitions, reduce fear-related avoidance of social situations and enhance problem-solving to overcome barriers to social participation. The programs could be either targeted at lonely individuals or training local champions.
- 7. Investing in research to improve knowledge of the causes of social isolation and loneliness, and how to best treat these conditions.**
- Invest in research to identify the factors that cause and maintain social isolation and loneliness
  - Invest in research to develop potent scalable interventions to treat these conditions
  - Invest in research to develop age-appropriate digital interventions to treat social isolation and loneliness

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