

---

**From:** Anna Brooks  
**Sent:** Tuesday, 18 February 2025 1:52 PM  
**To:** Committee Social Issues; Chris Siorokos  
**Cc:** Catherine Lim  
**Subject:** RE: [EXTERNAL]Inquiry into the prevalence, causes and impacts of loneliness in New South Wales – Post-hearing responses – 6 February 2025  
**Attachments:** Transcript - HIGHLIGHTED FOR QON - Social Issues - Loneliness - 6 February 2025\_ABv2.pdf

Sensitive

Dear Teneale,

Thankyou. Please see attached a pdf of the transcript with two corrections and one response incorporated.

Please don't hesitate to let us know if anything further is required.

Best wishes,

Anna

---

**UNCORRECTED**

---

**Dr AMANDA COHN:** You mentioned in your written submission the Lifeline Connect centres that are already operational in Far West New South Wales. Can you tell us how those operate?

**CHRIS SIOROKOS:** Sure. Do you want to kick off on that one, because they're a slightly different model? Or I can start—whatever. The centre in Far West New South Wales is a physical centre. It's staffed by Lifeline paid employees and volunteers. It's there and anyone from the community can just wander in. They kind of serve a similar purpose to the centres we have, that Lifeline Harbour to Hawkesbury has on the North Shore. People just go in if they have an issue or if they just want someone to talk to. I know that there is one person who goes in on a regular basis. One of the staff members makes them a cup of tea and they talk, and that person leaves very happy. They cover a wide range of topics. Someone might walk in and want to raise a financial distress issue, they just might want to have a chat or they might want to talk about domestic violence. The centre also has very good referral pathways as well. I don't know, could you call it like a triage centre maybe?

**ANNA BROOKS:** Yes. It essentially operates as wide-open front door and it's a connection hub. If people are looking for human connection, they can go there without an appointment; you wander in. But then also there's the capability from that centre, as Chris mentioned, to provide referrals to ongoing support. It can just be a cup of tea. It can be that the Lifeline person is then connecting that person into financial counselling services. I think the key element to it, like our crisis support service—the one people know us best for: 13 11 14—is that it's that wide-open front door concept. Even if people aren't sure if they qualify for support, they can go into the Connect centre and have a chat, and if the need is there then there will be those practical, ongoing supports provided. But if not, it will just be that opportunity to connect with the Lifeline staff.

**The Hon. ANTHONY D'ADAM:** Is it specifically funded, that centre? How is it funded?

**CHRIS SIOROKOS:** I will double-check, but I think the local Lifeline centre funds it. I'll double-check and we can take that one on notice and come back to you.

**The Hon. ANTHONY D'ADAM:** So it's not a beneficiary of specific government program funding?

**CHRIS SIOROKOS:** I don't think that one is. Some Lifeline centres do get specific government funding for specific services, like GambleAware. I think that one is funded locally, but I can confirm that or not.

**The Hon. ANTHONY D'ADAM:** What led to it being established?

**CHRIS SIOROKOS:** I think the local Lifeline organisation saw a need. It was responding to community need.

**The Hon. ANTHONY D'ADAM:** In your submission you talk about the importance of place-based services. I think that's probably a good example of having those very locally based, responsive to the specific needs of communities.

**ANNA BROOKS:** Yes.

**CHRIS SIOROKOS:** That's kind of how those Connect centres and libraries were established as well. The local Lifeline member up there saw that there was a need for that kind of thing and they just started talking to the local councils, who agreed it was a good idea. I guess pharmacies is also another one. We're going to start talking to pharmacy associations, because they are a place where people go. Oftentimes they tend to be older people, and that is a key cohort in this space as well—to see if there's anything we can do with them.

**The Hon. ANTHONY D'ADAM:** The previous witnesses raised the idea of those services that facilitate connection. From your experience in the program on the North Shore, are those kinds of connective services available for the people who are coming through, having those consultations and needing to be referred on? Is there an adequate provision of those types of connective services, from your experience?

**ANNA BROOKS:** I would say that we can always do better. The thing that's often a factor is that people aren't sure whether they qualify for getting support. I think one of the key advantages of things like the Connect centres but also digitally our crisis support service—and, again, referring to that wide-open front door approach—is that we're trying to reduce the barriers to people actually engaging with someone. Having a local centre where you might know the people who provide the cups of tea—anything we can do to make people feel like this is a regular sort of behaviour and it's not something that's way outside of what you do in your normal everyday life is advantageous for us to really try and support more people earlier. The more we can do to reduce the barriers, the better. In terms of whether there are enough connection services available, I would probably argue it's more about making sure that what we do, we do really well. That includes thinking about how we meet people in the ways that they're going to be most likely to engage. We have various different models to try and really keep the barriers to engaging with an organisation like Lifeline very low.