INQUIRY INTO PREVALENCE, CAUSES AND IMPACTS OF LONELINESS IN NEW SOUTH WALES

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Submission to Parliamentary Inquiry into the prevalence, causes and impacts of loneliness in New South Wales.

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I congratulate the initiative by Hon Rose Jackson MLC, Minister for Water, Housing, Mental Health, Youth, Homelessness and Minister for the North Coast referring the Terms of Reference to establish this Inquiry. Loneliness is a critical social and health issue for all people in New South Wales and more generally.

I have had a wide range of work experience over 40 years mostly in community work covering a range of community development, management, research and policy positions as well as Board positions at a local, regional, state and national levels including some international roles.

I first became aware of what I would later understand as loneliness as a broader concept via the Tony Richardson 1962 film, "The Loneliness of the Long Distance Runner" as a young high school student. I didn't really understand the film at the time, but the concept of solitude both fascinated and concerned me. It did not endear me to long distance running.

I encountered some troubling expressions of loneliness by young teenagers in my first job as a youthworker in North Queensland in the late 1970's. These expressions came from teenage boys who were experiencing unemployment and homelessness often much removed from family either due to trauma and/or distance. These boys were struggling, vulnerable, sleeping rough and had few social contacts of any real depth or longevity. They were alone in a distant location, wary of adult contact and directionless.

Our youth service's first engagement of any real substance arose from a few group discussions around how they might seek to change the general community's perception of them that they felt was judgemental and derogatory. They individually and collectively felt excluded and unable to change their situation.

Working with an initially small group of these young people I facilitated a process where they established a so called "job club" whereby they telephoned potential employers seeking work

and documented their efforts. They were motivated by what they saw as unfounded, judgemental and seemingly constant attacks on them as unemployed "scum", bludgers and hopeless by the local newspaper, the Townsville Daily Bulletin.

After around two to three months of this group forming and regularly canvassing potential employers, they had documented their efforts and had managed to secure employment for some of them, and the group had grown. They approached the local editor of the newspaper with their evidence and stories and managed to gain and article outlining their initiatives. The article was entitled, "not dole bludgers anymore" or such like. The group went on to organise youth discos in the city and to find some ongoing stability in their lives. Whilst we did not talk directly about loneliness, it was clear that many of these young people were feeling isolated and anxious.

The youth service, Open Youth Project, developed the city's first youth refuge, which was initially staffed voluntarily overnight to support homeless, isolated and vulnerable young people. My experience working in this environment exposed me to the loneliness expressed by young people who had been abused and/or abandoned by their parents or carers. They often said that they felt that they had no friends and could rely on no-one other than themselves.

During my time as a youthworker, I helped to facilitate two particularly notable participatory arts events. One of these was a street theatre production about unemployment and the other was a series of rock music workshops with experienced musicians working with young people to provide opportunities to perform with other people in groups. These were attempts to address the perceived isolation of many young people. These initiatives formed part of my resume to gain employment as a Community Arts Officer,

Community Arts, as promoted by the Board of that name at the then Australia Council (1977-1997) promoted participatory arts activities as a way of engaging and providing opportunities for isolated people to make new contacts and develop arts events or artworks in an inclusive and supportive environment. These activities represented a creative and inclusive way to address loneliness for marginalised groups and individuals.

Some years later in the early to mid-1990s, as a Regional Home and Community Care, HACC, Development Officer for the NSW Mid North Coast region, I had another significant professional encounter with loneliness when working with aged and disability services responding to client needs as the HACC program was being developed.

These concerns were identified from a growing perception of an unmet need of social isolation of older people and younger people with disabilities living in the community and requiring support to continue to do so. The HACC program aim was to avoid premature or inappropriate entry into institutional care. This unmet need was emerging from the increasing understanding of the negative physical and mental health problems due to social isolation and resultant loneliness that was leading to institutional care.

I helped to organise a regional forum in Port Macquarie focussing on social isolation which was addressed by several health and community care professionals who had explored and described this growing concern. It is interesting to note here that part of the discussion at that time centred around the growing understanding of the phenomena and impacts social isolation arising from work undertaken with Vietnam veterans. There were also significant concerns for the moderate to severe mental health issues being experienced by the cohort of people in the

community impacted by the deinstitutionalisation of mental health services and the lack of community based services to support them.

As a result of this work, and by many others around New South Wales, the State and Federal Governments, that jointly funded and administered the HACC program, introduced a new service type called Neighbour Aid. This remains part of the Commonwealth Home Support Program as Social Support and has become part of an emerging discussion during the NDIS reform process and included in the broader context of foundational supports.

My experience as a member of the Mid North Coast Area Health Service Board over 8 years further informed my views about social isolation and loneliness. Community Health services were mostly underfunded given the ever-increasing financial demands of hospital care. A particular focus was the large number of aged people that were experiencing regular periods of hospitalisation due to limited care and follow-up in their home. The response in the Coffs harbour Clinical Network area was to establish a program called the Aged Care Transition Intervention Program. This was funded by health and included regular contact with a dedicated team of nurses and allied health staff to support the aged person post discharge. One of the underlying risk factors for these people was isolation and the need for more regular contact.

Parallel to all this has been the ongoing community development and local engagement role of Neighbourhood Centres. I will refer more specifically to this essential social infrastructure later.

Loneliness is a complex emotional response that can arise from various factors. Clearly loneliness and social isolation are different but are closely related. Its causes can be complex and multifaceted. Broadly, the literature identifies some common factors that contribute to feelings of loneliness, including:

- Social isolation - a lack of social connections, whether due to geographical distance, relocation, or a shrinking social circle.

- Life changes - major life events, such as changing schools or jobs, being unemployed, moving to a new area, experiencing a breakup, or losing a loved one.

- Mental health issues - conditions like depression, anxiety, or low self-esteem can contribute to loneliness, making it difficult for individuals to reach out and connect with others.
- Age - older adults may experience loneliness due to retirement, loss of peers, or decreased mobility, while younger individuals might feel lonely despite being surrounded by peers.
- Technology and social media - while technology can connect people, it can also lead to superficial interactions, making individuals feel more isolated despite being "connected" online.
- Cultural and societal factors – some societal norms and expectations can affect how people form connections. Also, language or cultural barriers or being away from your culture of origin. Some cultures may prioritise individualism over community.
- Personal factors - introversion, shyness, feeling worried or stressed, being bullied, or feeling unsure about your sexuality or difficulty in social situations can make it challenging for some individuals to forge and maintain relationships.

Clearly, loneliness and isolation can affect one's health. Some years ago, a health economist presenting a report of a regional health needs survey of the North Coat of NSW on behalf of the Primary Health Network stated that one was more likely to die from loneliness than from smoking. I recall that one study equated loneliness impact on physical health as much as smoking 15 cigarettes a day.

Feeling connected to others is important for our mental and physical wellbeing and can protect against anxiety and depression. If one feels alone or socially isolated for a long time, one might experience physical or mental problems or undertake behaviours that are unhealthy or lead to poor outcomes.

Manifestations of loneliness that I have observed or that have been reported to me in my role as a community worker include physical manifestations including headaches, feeling ill, having pains, feeling tired or having sleep problems and lacking motivation. More serious consequences also include feelings of worthlessness or hopelessness and/or suicidal ideation.

Other concerns that may arise include substance abuse, drinking a lot of alcohol, misusing medicines or taking drugs. Poor body mage and consequent poor diet have also been noticed.

Regarding the prevalence of loneliness, globally the literature indicates that loneliness is a widespread issue across various demographics and regions. Whist prevalence can vary it seems that anywhere from 20-40% of people experience significant levels of loneliness at some point in their lives. The United States Surgeon General, Murthy, has issued a lengthy advisory declaring it an epidemic for example.

My experience suggests that younger people < 25, and older people, post working age >65 are more likely to disclose higher levels of loneliness. There seems to be different reasons for this.

Quoting from a Lifeline resource regarding loneliness that reinforces my experience:

"In Australia:

- Around 1 in 4 Australians feel lonely, (likely to be higher since the pandemic)

- 1 in 3 Australians say they don't feel part of a group of friends

- Almost 55% of the population feel they lack companionship at least sometimes

- Young people, especially young men, are at greater risk of feeling alone."

The Covid pandemic exacerbated feelings of loneliness for many, with lockdowns and social distancing measures leading to increased isolation. I have shared many stories about loneliness levels, particularly among younger individuals and those living alone during and following the epidemic. A particular youth service in Nambucca Heads (Uniting – Becoming You), that I was supporting described the strong sense of isolation and anxiety amongst high school students denied the opportunities to socialise at school during this time. Their response was to facilitate social media groups as well as access to technology for those that did not have adequate access to it to enable these young to socialise.

Another group experiencing loneliness that was somewhat surprising to me, are parents, mostly mothers, of younger pre-school aged children. This became clear when we engaged with these parents via a school readiness program, Ready Set Go, in the Nambucca Valley. Establishment of supported play groups where parents could socialise and support each other via this contact proved to be very valuable as an opportunity for social contact and establishing friendships that

provided the dual benefits of increased social contact as well as sharing parenting support and experiences.

Further reference, where loneliness is identified as a vital aspect of overall health, that I have always found reliably authoritative can be found in the recent AIHW web article [Determinants of health](): Social isolation and loneliness - Mental health - AIHW ; *Australia's health 2024: in brief : Australia's health 2024: data insights*. (Release Date: 02 Jul 2024)

I recommend to the Committee the publication [Ending-Loneliness-Together-in-Australia_Nov20.pdf]() and the excellent work of Dr Michelle H Lim, Chair and Scientific Chair Ending Loneliness Together.

My more recent involvement with Neighbourhood Centres locally, at a NSW, national level and internationally has broadened my information and understanding of the incidence of both social isolation and loneliness that is ubiquitous and the impact serious.

As Manager of the Nambucca Valley Neighbourhood Centre and Community Development Coordinator for Lifetime Connect much of my work was focussed on facilitating activities that reduced social isolation for vulnerable people by promoting volunteering and participation in social activities. These groups included unemployed people, women, people with mental health challenges and families in crisis. The other important part of this work was to provide non-judgemental support to individuals who often just needed a friendly set of ears to engage with.

Since retiring from paid work, I have maintained my connection as an executive Board member of Volunteering Coffs Harbour that operates the Coffs Harbour Neighbourhood Centre. Remarkably, this Centre, along with many others around the world, continued to operate during Covid, maintaining food security for many residents who were isolated and unable to afford or access to food. The Centre also maintained an open door for those who had no other means of contact within the strict guidelines around physical and social contact during that time.

The Coffs Harbour Neighbourhood Centre operates from within the Coffs Harbour Community Village and as such has contact with a wide range of vulnerable groups including homeless people rough sleeping nearby, people who are disadvantaged, refugees, single parents, people with mental health issues and isolated older people.

The range of supports provided often act as an initial point of contact for isolated and lonely people who can initially have a chat and meet others with whom they can form relationships. This is unique with in the local area and represents an essential part of social processes that help maintain people from succumbing to crisis.

An important recent initiative is the local partnership between the Neighbourhood Centre and Open Minds, who have established an outlet for the local Medicare Mental Health Centre at the Coffs Harbour Community Village. This allows for referral to and from each other's operations and ensures that there are a range of social (non-clinical) alternatives for ongoing support.

Despite the enormous impact Neighbourhood Centres have in reducing social isolation, they only receive limited funding from the NSW Government. Whilst other funding for service delivery may be secured, it is not core funding for the essential social infrastructure necessary to effectively address loneliness. Funding to operate Centres being mostly from the Dept of Communities and Justice under the Targeted Early Intervention program is also limited in scope and does not directly address loneliness as a focus albeit that this is often a presenting issue.

As loneliness and social isolation are increasingly understood, Neighbourhood Centres and their associated facilities are the most ideal social infrastructure to be leveraged to reduce social isolation in NSW communities. Neighbourhood Centres welcome everyone, regardless of race, gender, sexuality, religion, age or social status and by their very nature build connections between individuals and organisations, particularly those who are isolated, vulnerable and disenfranchised.

Notably, Neighbourhood Centres have played a role in the emerging practice of Social Prescribing being trialled and explored by Primary Health Networks in NSW and Australia more generally. The Department of Health and Aged care has an ongoing national working party exploring the evidence of efficacy in this area,

In considering strategies for reducing loneliness and social isolation, the NSW Government needs to adequately resource Neighbourhood Centres as the key pieces of social infrastructure they are, and can be, to reduce loneliness and social isolation. Such support represents legitimate place-based solutions. The current lack of focus in addressing loneliness and social isolation via uncoordinated and isolated initiatives often unconnected is not effective.   Local communities need to be empowered, through local Neighbourhood Centres, to unite and solve these types of social issues at a local level via an engagement strategy based on a community development approach. Neighbourhood Centres, properly resourced, can authentically engage local communities, coordinate and maintain local solutions to the loneliness challenge.

Neighbourhood Centres have consistently attempted to address loneliness at a local level at a state, national and global level for decades. This vital and essential work is only sustainable with adequate and appropriate government funding support for their vital work. In Australia, there are examples of this support notably in Tasmania, Victoria and more latterly in Queensland.

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