

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

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Inquiry into prevalence, causes and impacts of
loneliness in New South Wales

Submission from the Australian Institute of Family Studies

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Introduction

The Australian Institute of Family Studies (AIFS) is a statutory agency, established in 1980 under the *Family Law Act 1975*. AIFS' mission is to conduct high quality, impartial research into the wellbeing of Australian families, to inform government policy and promote evidence-based practice in the family service sector.

This submission presents findings from AIFS research that is relevant to the Committee's Terms of Reference for this Inquiry into the prevalence, causes and impacts of loneliness in New South Wales (NSW). It reflects on AIFS research findings comprising:

- *Factors, dynamics and effects of isolation for older people: An exploratory study* that includes people aged 65+ in NSW (a key cohort identified in Term of Reference 3) (Stevens, Carson & Wall, 2024a)
- *Understanding and defining loneliness and social Isolation* (Strawa, 2022) a literature review,
- data from the *AIFS National Elder Abuse Prevalence Study* (NEAPS) and
- data from *Growing Up in Australia: The Longitudinal Study of Australian Children* on the experiences of young people during COVID-19.

Definitions

AIFS makes the important distinction between social isolation and loneliness. Although **social isolation** is a measurable and objective lack of connection with social networks, **loneliness** refers to subjective feelings related to the quality of these connections (Strawa, 2022). This means that individuals who are socially isolated may not consider themselves to be lonely, and that individuals who are well connected can experience loneliness.

AIFS research has also highlighted the interconnectedness of social and geographical isolation (also referred to as physical isolation). **Geographical or physical isolation** is characterised by practical and logistical barriers to connection and participation in the community (which can in turn compound social isolation) (Stevens, Carson & Wall, 2024b).

Overview of this submission

- a) Research findings regarding the extent of loneliness and social isolation, with a focus on the experiences of young adults across Australia and older people in NSW, including how this is measured and recorded, and opportunities for additional and/or improved data capture (relevant to Term of Reference A).
- b) Research findings relating to the identification of populations most at risk of loneliness and social isolation, particularly in relation to older people (relevant to Term of Reference B).
- c) Evidence of the psychological and physiological effects of loneliness on people, particularly older people (65 years and older) (relevant to Term of Reference C).
- d) Evidence linking social connection to physical health, particularly in older populations (relevant to Term of Reference D).
- e) Brief discussion of steps the Government, community, organisations and individuals can take to reduce the prevalence or impact of loneliness on individuals and the

community, particularly in relation to older people (relevant to Terms of Reference I and J).

(a) The extent of loneliness and social isolation in NSW and how this is measured and recorded, including opportunities for additional and/or improved data capture

Research evidence suggests that young adults aged 18–25 years and older people (adults over 65 years) are more at risk of experiencing loneliness or social isolation and the associated negative health outcomes (Strawa, 2022). Other groups that are more likely to report problematic experiences of loneliness or social isolation compared to general populations include: people with disability, carers, people from a migrant or non-English speaking background, lower income households, and people living alone (Strawa, 2022).

Recent data from *Growing Up in Australia: The Longitudinal Study of Australian Children* on the experiences of young people during COVID-19, show that young females were more likely than males to report experiencing loneliness and social isolation both during and after the COVID-19 restriction period (March – May 2020) (Evans-Whipp & Prattley, 2023). The data in this snapshot was Australia-wide and is not reported by state or territory.

For older people in Australia, insights from Victoria (based on a survey of 4,726 older people) show that 41 per cent of older people surveyed reported feeling lonely 'often or some of the time' (Commissioner for Senior Victorians, 2020, p. 17). However, there is very limited data on the extent of rates of social isolation for older people in NSW.

It is important for future research to establish the prevalence of social isolation for these population groups who report higher rates of social isolation and loneliness nationally. This is particularly important for older people in NSW given that the National Elder Abuse Prevalence Study (NEAPS) conducted by AIFS, identified social isolation as a risk factor for older people experiencing abuse and mistreatment (Qu, et al., 2021).

Specifically, the NEAPS indicated that "overall, 13.7% of participants who had face-to-face contact with their family and friends a few times a week or more frequently reported any type of abuse, compared with 17.8% who saw their friends and family less often than once a week" (Qu et al., 2021, p. 63).

In relation to other data available on this issue in NSW, AIFS recently conducted an exploratory, qualitative study on the factors, dynamics and effects of isolation for older people in NSW (referred to in this submission as the AIFS Isolation Study). The AIFS Isolation Study was based on a desktop review of Australian and international literature focused on social and geographical isolation of older people, and on semi-structured individual and group interviews with a sample of professionals who worked with/provided services to older people in NSW (Stevens, Carson & Wall).

This research indicated that social (and geographical) isolation were significant features of older peoples' lives in NSW, with participants reflecting on how isolation is experienced and the factors that give rise to isolation for older people, which included:

- family conflict
- illness, reduced mobility, cognitive or other impairments
- lack of access to technology
- challenges related to COVID-19

- socio-economic disadvantage and housing and financial stress
- living with a disability
- caring responsibilities
- cultural and linguistic factors (for example, language barriers)
- low self-esteem
- stigma associated with the ageing process and
- lack of access to services and community infrastructure.

This data is presented and summarised in three research snapshots, and a research report, available here: [Factors, dynamics and effects of isolation for older people | Australian Institute of Family Studies \(aifs.gov.au\)](#).

The AIFS Isolation Study provided important and in-depth insights into older peoples' experiences of social and geographical isolation from the perspective of service providers. It is therefore important for future research to include the voices of isolated older people themselves, including older First Nations peoples, older culturally and linguistically diverse people, as well as older men who were identified in the AIFS Isolation Study as a group at particular risk of loneliness and social isolation (see further detail below under Term of Reference B).

(b) The identification of populations most at risk of loneliness and social isolation

Identifying socially isolated older people is particularly challenging for service providers given that not all are dissatisfied with their level of social connection and therefore may not consider themselves to be lonely. This is highlighted in the following quotation from a service provider who participated in the AIFS Isolation Study:

I did a project with the local council here... there was a whole heap of local providers who were on that project, and we tried to reach out to people who are lonely and hook them up with volunteers to form a relationship... [the project] wasn't that successful. And we tried to figure out why that wasn't successful and one of them was that a lot of people didn't like to identify themselves as lonely.

Socially isolated older people are also less visible in the community, making this group harder to identify.

In relation to those groups of older people who may be at risk of social isolation, the AIFS Isolation Study identified some key cohorts of older people, including:

- **older carers** who are commonly caring for their partner or other family members who may need intensive care, making it harder for them to engage in social activities they may have once enjoyed. For example, one service provider in the AIFS Isolation Study observed:

People engaged in care [are] extremely likely to be socially isolated ... what we found with all the carers is very often they're caring for a partner who's older themselves ... the problem arises when either that relationship doesn't provide that connectedness anymore because of conditions or because of deteriorating circumstances, or when that relationship ends (Community sector, metropolitan).

- **older men** who were identified as a key group at risk of social isolation, particularly around the retirement period. Some participants suggested that there was limited reach of programs targeting older men (including men's sheds, which may only suit a certain cohort of older men), with one participant reflecting:

There's things like the Men's Sheds. They're probably great for people who've hammered and tinkered with tools. But when you think overall, the participation rates [are] that low, that's not good enough as a sector (Public sector, metropolitan).

- **older people living in regional, rural and remote locations** where opportunities to connect in the community are limited and services may be lacking. For example, one participant observed that:

...in the last year and a half, there's been a number of closures of very small facilities around NSW and I'm sure it's across the whole country and it impacts the regional people more than any others because in a built-up urban area, there's probably another nursing home in the next suburb. In a small town, the next closest bed available could be an hour and a half away ... the older person becomes isolated from their families because they own farms or businesses in the small town (Community sector, regional).

- **older people who have experienced key life transitions, or significant life events**, including the loss of a partner, moving houses, and retirement. For example, one participant reflected from the point of view of an older person:

Being super aged ... all of my friends are dead, I don't know anybody in my community anymore. And I've got no need to leave the home. I'm afraid to leave the home because I'm incontinent or I'm falling. And family moved away during COVID. The death of the significant other. Even death of pets (Public sector, rural).

This research indicated that health professionals play a particularly important role in identifying socially isolated older people, as well as those older people who may be at risk of social isolation, with one participant observing:

...A lot of times [older people] use doctor's appointments to get out ... and it's an outing for them, I suppose (Community sector, metropolitan).

Participants in the AIFS Isolation Study indicated that engagement in the My Aged Care portal was an important way in which socially isolated individuals were identified and referred on the relevant services and supports. As part of their care planning, some service providers described the social support assessments they complete to help the services understand the social supports needed by the older person and any barriers they may be experiencing to accessing these supports. For example, one participant explained:

So a lot of times we'll hold a meeting and the community ... and the community comes to us and basically talks to us about what their needs are and we're able to identify [isolated older people] (Community sector, regional).

Other service providers highlighted the importance of having a presence in the wider community (for example, in libraries, shopping centres, and other areas that older people might frequent), and holding meetings in the community to talk to older people (and their families, for example, adult children) about their experiences and how their service might be able to support them.

(c) Evidence of the psychological and physiological impacts of loneliness on people, including young people, the elderly, those living with a disability, those living in regional areas and the bereaved

Broadly, research evidence highlights that groups who are more likely to experience social isolation and loneliness are also more likely to experience psychological and physical health issues. Young people experiencing isolation and loneliness are more likely to experience future mental health issues, and older people experiencing social isolation are more at risk of elder abuse (Strawa, 2022).

Data from *Growing Up in Australia: The Longitudinal Study of Australian Children* on the experiences of young people during COVID-19, show that young adults who returned to live with parents during the restriction period (March – May 2020) experienced increased rates of social isolation, and reported feeling that they needed more support from parents and family members, particularly advice and emotional support (Evans-Whipp & Prattley, 2023).

The AIFS Isolation Study on the factors, dynamics and effects of isolation for older people in NSW indicated that social isolation can have multiple negative effects on the psychological and physiological health and general wellbeing of older people, including but not limited to:

- decreased quality of life
- functional decline
- decline in cognitive health and function
- poor mental health
- poor physical health
- increased risk of mortality
- low capacity for physical activity and challenges with maintaining self-care.

The impact of isolation on mental health was highlighted by many participants, who noted the effect that poor mental health had on other aspects of older peoples' lives (including physiological impacts) and their ability to engage in self-care strategies to maintain good health.

One participant also noted:

It [isolation] affects the [older person's] mental health, and, in some, it impacts their physical health as well, but mental health mainly ... sometimes they get very withdrawn and sometimes they get a bit irritated (Non-government sector, metropolitan).

Consistent with the findings from the NEAPS, participants in the AIFS Isolation Study also cautioned that isolation leaves older people more vulnerable to experiencing abuse:

...they're vulnerable to being taken advantage of by others in the community like neighbours or some people, you know, who identify that they are socially isolated

and think they might benefit from that ... it leaves them very vulnerable to abuse
(Not-for-profit community sector, metropolitan).

(d) Evidence linking social connection to physical health

Research evidence shows that experiences of social isolation and/or loneliness are associated with negative physical health outcomes (Strawa, 2022).

The AIFS NEAPS indicated that low levels of social support and social contact were associated with a higher likelihood of experiencing abuse and mistreatment for older people. Notably, those who experience abuse are “more than three times more likely to fall into a score range on the Kessler 6 psychological distress scale indicating probable serious mental illness (Qu et al., 2021, p. 3). It also showed that “elder abuse experiences were correlated with poorer health and wellbeing outcomes” (Qu et al., p. 3), and that those with “poor health were more likely than those with better health to report experiencing elder abuse” (Qu et al., p. 3).

Participants in the AIFS Isolation Study on the factors, dynamics and effects of isolation for older people in NSW drew attention to how lack of social connection leads to decline in physical health for older people (also while highlighting the impact that poor mental health then has on physical health). For example, one service provider explained:

I think [isolation] leads to a lot of depression in our clients ... maybe even changes in eating habits, like just getting more health issues (Community sector, metropolitan).

Changes in eating habits due to isolation were noted as a common experience for isolated older people, which then impacted significantly on physical health. In the following example, the participant reflected on how a lack of social connection can lead to challenges in maintaining self-care and eating well, which then leads to poor health and mobility:

So, what I have seen, people who are socially isolated, they don't eat well. And they may not be well-groomed because what is the point in getting dressed. I can be in my pyjamas all the time. 'I don't have to leave the house', and decreased mobility because they are not using their weight-bearing muscles and bones to walk any distance. Decrease in mood and memory because of not having social interaction that will keep them sparked. Apathy, loss of interest in the usual hobbies and interests (Public sector, rural).

(e) Steps the Government, community, organisations and individuals can take to reduce impact of loneliness on individuals and the community

Research suggests that understanding the differences and interactions between different types of isolation and loneliness (e.g., physical isolation, social isolation, loneliness), and adopting consistent definitions can help to accurately measure the prevalence, select appropriate interventions and assess their effectiveness (Strawa, 2022).

The AIFS NEAPS also identified the importance of proactive screening for isolation in healthcare settings, given its association with a higher likelihood of experiencing elder abuse (Qu et al., 2021). Furthermore, the NEAPS highlighted the need for further research to examine the causal relationship between elder abuse, psychological distress, social isolation and disability, and also in LGBTIQ+ contexts (Qu, et al., 2021).

Participants in the AIFS Isolation Study suggested the need for governments to reframe the ageing process as a more positive experience, which would support older people to engage in supports when they need them and be less fearful of reaching out for support. Reflecting on this proactive approach to engaging older people in services to combat isolation, one participant explained the importance of reframing the function of aged care services:

I think also a reframing of the purpose of aged care services...It's not because you can't do it...[Aged care services are] actually there to support you to be independent... to help you stay at home for longer and reframing kind of, you know, you want to get back to doing all the things you like... if we look at some of the health promotion activities, you turn 50, you get a bowel cancer kit for example. What are the initiatives around, you know you turn 65. Okay, here's a conversation starter about aged care. Yes, you might not need it right now, but here's all these different things that you might want to think about and have a look at and we'll link you or someone to have a chat about what ageing might look like (Community sector, metropolitan).

Findings from LSAC on the experiences of young people during COVID-19 highlight that governments should monitor the ongoing health, social and economic wellbeing, including experiences of isolation and loneliness, of the current generation of young adults who were severely disrupted at the start of the pandemic. This would help to identify groups in need of additional support. Existing evidence indicates that special attention should be paid to young adult females as they were more likely than males to report difficulties in the restriction period (Evans-Whipp & Prattley, 2023).

Research evidence on the different types of social isolation and loneliness suggests that supporting individuals to foster meaningful engagement has been shown to be effective at reducing feelings of loneliness both in group settings (such as befriending or facilitated socialising) or individually focused supports (such as psychosocial therapy or relationship education) (Strawa, 2022). However, there is less evidence on whether this is effective for people experiencing social isolation or a combination of both. Additionally, an individual's needs and the causes of their experience will affect whether an intervention is successful (Strawa, 2022).

Some participants in the AIFS Isolation Study also suggested that a holistic and cooperative approach that involved governments, councils and local businesses would go some way in supporting isolated older people in the community, as explained in the following quotation:

Shopping centres and places like that ... that benefit financially from the community visiting them could be more proactive with transferring that information ... I have a very good relationship with the local council here and I know a lot of the staff there and they've been really, really proactive in organising different groups and things like that and the first one they did when I started with [Service] was in a shopping centre and they just had a gathering of people they put on a morning tea ... and Council was talking to them about the things that they're doing, and then they just invited me to stand up, sort of fairly impromptu, and talk about [Service] ... So, I think, I think it's a whole community approach to this. It's the government approach. It's a corporation approach ... the more we talk, the more we alert people to what's available to them, the less likely this loneliness and isolation is likely to take hold (Not-for-profit community sector, metropolitan).

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