

**Submission
No 117**

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

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Submission to the Inquiry into the Prevalence, Causes, and Impacts of Loneliness in New South Wales

ENDORISING ORGANISATIONS

Noah's Inclusion Services

Parenting Research Centre

Orana Early Childhood Intervention

SDN Children's Services

Plumtree Children's Services

The Infant's Home Child and Family Services

Orange and District Early Education Program

Shaping Outcomes

Bridges for Learning

Bathurst Early Childhood Intervention Service

Raising Children Network

PlayAbility

Early Connections

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Overview

Loneliness has been linked with a range of poor outcomes in adulthood, many of which are also associated with reduced wellbeing in children and is associated with reduced quality of sleep, poor executive control, more symptoms of depression and higher awareness of pain. Furthermore, poor psychosocial health in parents is well understood to predict impaired parenting, poorer child functioning, higher levels of family conflict, and more child behaviour problems.

Loneliness is an increasing issue across the world. The parents and families supported by those endorsing this submission represent some of the most vulnerable groups in our community and are at increased risk of loneliness.

1. Definitions of loneliness and social isolation

Loneliness and social isolation, while often used interchangeably, are distinct concepts. Loneliness is a subjective emotional state — a feeling of being alone even when surrounded by people. Social isolation, on the other hand, refers to the objective lack of social contacts and interactions. Both have serious consequences for individuals and communities, especially for parents of children with disabilities or developmental differences who may face unique challenges in maintaining social connections due to the demanding nature of caregiving.

2. Prevalence and causes of loneliness among parents of children with disabilities

Research conducted by the Australian Institute of Family Studies (AIFS) indicates that parents of children with disabilities or developmental differences experience significantly higher rates of loneliness and social isolation compared to other parents. This is primarily due to the time-intensive demands of caregiving, which can limit opportunities for parents to engage socially or seek emotional support. Mothers, in particular, are more likely to report moderate to high levels of psychological stress, poor physical health, and reduced access to social networks.

Compounding these issues are systemic barriers, such as limited access to respite care, difficulties navigating disability services, and societal stigma. These factors further isolate families from

mainstream support networks, increasing the likelihood of transient loneliness developing into chronic loneliness.

3. Impacts of loneliness and social isolation

a. Mental health

The mental health impacts of loneliness are well-documented. For parents of children with disabilities, the stress of caregiving combined with feelings of isolation can lead to heightened levels of anxiety, depression, and burnout. Peer support programs can be instrumental in mitigating these effects by providing parents with a sense of community and shared experience.

b. Physical health

The physiological effects of loneliness, including an increased risk of cardiovascular disease and weakened immune function, are exacerbated for those engaged in constant caregiving. Physical exhaustion and a lack of self-care time further compound these risks.

c. Social and economic

Social isolation often limits parents' ability to participate in the workforce, exacerbating financial strain. Without adequate social supports, many parents, especially those from lower socio-economic backgrounds, find themselves isolated not just from social networks but also from economic opportunities. Multicultural families face additional financial challenges due to migration and resettlement costs.

d. Regional, rural and remote areas

Families in regional, rural and remote areas face additional barriers to social interaction, lack of transport and service access, increasing the risk of chronic loneliness. The limited availability of specialised services in these regions only worsens the isolation for both the child and their parents.

e. NDIS

Parents who engage with the National Disability Insurance Scheme (NDIS) for their children often face additional isolation due to the administrative burden of managing NDIS plans and the increased reliance on specialist services. This can exacerbate feelings of being overwhelmed by

the already demanding nature of caregiving. On the other hand, parents who are not engaged with the NDIS may find themselves navigating a fragmented and inconsistent support system, which can also contribute to feelings of isolation.

f. Culturally and linguistically diverse (CALD) families

Culturally and linguistically diverse families may experience isolation related to cultural and linguistic differences when seeking support services. In some cultures there is a stigma attached to mental health and disabilities which can impact negatively on accessing peer support and other services, leading to social isolation from within their own community as well as the wider community. These issues may be compounded by potential distrust of government institutions due to experiences of armed conflict, forced migration and immigration detention. Many CALD parents report feelings of exclusion from both mainstream and specialised support networks.

g. Aboriginal and Torres Strait Islander families

The social isolation that First nations people feel when moved away from 'their country' is well known as a significant issue for Aboriginal and Torres Strait Islander people. Addressing the barriers faced by First Nation families by providing culturally competent services and expanding language support within peer programs and other services and ensuring investment aligned to Closing the Gap targets should be a key focus in this inquiry.

4. Potential interventions and solutions

a. Community-based solutions

Community hubs and supported playgroups in community organisations have been effective in reducing isolation for families, providing informal settings where parents can connect with others who share similar experiences. For example, programs like "First Steps Count" in Taree offer welcoming environments where parents and children can engage without the pressure of formal participation in structured programs.

b. Peer support

Peer support has been shown to significantly decrease loneliness and isolation. Peer-led organisations and programs, which empower parents through shared experiences, are highly effective in addressing these challenges. By enabling parents to connect with others facing

similar circumstances, these programs help create supportive networks and reduce isolation. For example, the *Now and Next* program has demonstrated measurable reductions in loneliness, with participants reporting statistically significant decreases, alongside improvements in hope, empowerment, and well-being. Such findings underscore the vital role of peer support in fostering connections and building emotional resilience among parents. Furthermore individualised child focussed NDIS plans means that the shift we have seen over the past ten years is the focus on the child's plan and there are not easy pathways for families to have support or connect with others.

c. Technology interventions

Platforms like the Raising Children Network (RCN) have the potential to reach isolated families by providing resources on the benefits of peer support and social connection. By promoting stories of parent-led support networks, these platforms can help parents recognise the value of connection with others in similar situations. www.raisingchildren.net.au

d. Telehealth and virtual support groups

The rise of telehealth and virtual support groups, such as Virtual MyTime, has offered opportunities for parents in remote areas to engage in peer support from the comfort of their homes. These platforms provide a lifeline for parents who may otherwise struggle to connect with others due to geographic or logistical barriers.

e. Policy and structural changes

Policymakers can recognise the importance of addressing social isolation as part of broader health and disability support frameworks. Structural changes, such as increased funding for the development of family-centred intervention models, are critical to reducing isolation and improving the well-being of parents and caregivers.

f. Cultural responsiveness and accessibility

Ensuring that programs are accessible and responsive to families from all cultural backgrounds is essential. Services must be designed with cultural sensitivity and offered in multiple languages to ensure that all families can benefit from peer support and social connection.

5. Recommendations and conclusions

To address the prevalence and impacts of loneliness and social isolation in New South Wales, we recommend the following actions:

1. Fund further research to explore loneliness in parents and the effects on children and families, particularly in vulnerable or at-risk communities.
2. Expand funding for community-based hubs and supported playgroups, particularly those designed for parents of children with disabilities or developmental differences.
3. Promote the development of peer-led support programs to reduce isolation and empower parents and consider supports for family under children's plans.
4. Support agencies who work in areas such as foundational supports with resources to develop programs to address strategies for decreasing parental loneliness.
5. Provide additional resources to platforms like the Raising Children Network to promote the benefits of peer support and social connection.
6. Ensure that telehealth and virtual support options are widely available, particularly for families in regional and remote areas.
7. Address barriers faced by CALD, Aboriginal and Torres Strait Islander families by providing culturally competent services and expanding language support within peer programs.
8. Host a forum for key providers with expertise in this area to explore policy and program development to target loneliness and build on existing evidence-based interventions both in Australia and Internationally.
9. Identify outcomes that can be tracked longitudinally to measure impact and target funding.
10. Provide strategies and programs that invest in 2 Generation approaches.