

**REPORT ON PROCEEDINGS BEFORE**

**STANDING COMMITTEE ON SOCIAL ISSUES**

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

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**At Jubilee Room, Parliament House, Sydney on Thursday 12 December 2024**

**The Committee met at 9:20.**

**PRESENT**

The Hon. Dr Sarah Kaine (Chair)

The Hon. Scott Barrett

Dr Amanda Cohn

The Hon. Anthony D'Adam

The Hon. Bob Nanva

The Hon. Emily Suvaal

**PRESENT VIA VIDEOCONFERENCE**

The Hon. Natasha Maclaren-Jones

\* Please note:

[inaudible] is used when audio words cannot be deciphered.

[audio malfunction] is used when words are lost due to a technical malfunction.

[disorder] is used when members or witnesses speak over one another.





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**The CHAIR:** Welcome to the second hearing of the Committee's inquiry into the prevalence, causes and impacts of loneliness in New South Wales. I acknowledge the Gadigal people of the Eora nation, the traditional custodians of the lands on which we meet today. I pay my respect to Elders, past and present, and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of New South Wales. I also acknowledge and pay my respect to any Aboriginal and Torres Strait Islander people joining us today.

My name is Dr Sarah Kaine, and I am the Chair of the Committee. I ask everyone to turn their phones to silent. Parliamentary privilege applies to witnesses in relation to the evidence they give today. However, it does not apply to what witnesses say outside of the hearing. I urge witnesses to be careful about making comments to the media or to others after completing their evidence. In addition, the Legislative Council has adopted rules to provide procedural fairness for inquiry participants. I encourage Committee members and witnesses to be mindful of these procedures.

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**Dr MURRAY WRIGHT, PSM**, Chief Psychiatrist, NSW Health, sworn and examined

**Mr ANTHONY SHANNON**, Director, Early Intervention and Inclusion, NSW Department of Communities and Justice, affirmed and examined

**The CHAIR:** I welcome our first witnesses. Thank you for making the time to give evidence. Would either of you like to start by making a short opening statement?

**MURRAY WRIGHT:** Thanks for the opportunity to be here today and to address this inquiry into the prevalence, causes and impacts of loneliness in New South Wales. In addressing this matter, our first task is to understand the definition, and what I've got to say here is drawn from the New South Wales Government's submission, and I'm just drawing out what I think are some of the key points. The definition that we've adopted is that loneliness is a subjective, unwelcome feeling of a lack or loss of companionship, and it occurs when we have a mismatch between the quantity and quality of social relationships and those that we want.

The concerns about the prevalence of loneliness and social isolation have been increasing since before the pandemic, but they've become much more apparent since the pandemic. We comment on both the UK documents, which date back to 2018, and the US Surgeon General in 2023 as useful references from international governments. From a health and a public health perspective, I just want to touch on a few words about our understanding. Loneliness is not inherently problematic, but rather it's a part of the human experience. We're all likely to experience loneliness at some stage. Like many feelings—for instance, hunger—it can bring attention to a need and motivate us to address it. It's only when people lack the capacity to successfully address this that problems arise, particularly when it causes that person distress or when it becomes entrenched over time.

I have a couple of comments about what loneliness is not. I'm sure the Committee has trawled through this and I'm sorry for repeating things, but it's not synonymous with social isolation, which is an objective state of infrequent social contact and few social connections. It's not about the number of people that a person knows or interacts with, because we all have different requirements and capacities, and these can fluctuate significantly over time. It's not a mental illness and it's not a diagnosis.

Thinking about the definition is really important, because an agreed definition should form the basis of the tools we use to measure loneliness if we hope to make accurate reflections on the prevalence and trends over time and to measure the impact of interventions to address loneliness in our communities. Trying to understand better the extent of loneliness in our communities and its relationship to other factors relies on robust definitions and data. The existing data, which we've touched on in the submission, gives us important clues about loneliness. But there are inconsistencies in the accepted definitions and tools used to measure it, which give rise to concerns about their validity and, therefore, any causal conclusions should be tentative and preliminary. Agreement about measurable definitions and measurement tools will lead to a better understanding.

There are challenges with operationalising a definition of loneliness. It's not a binary concept. It can be experienced in varying intensities. It can also be a transient feeling that comes and goes. Also, in most of the studies, it relies on self-reporting. Surveys that rely on subjective self-reporting of loneliness give us an idea, but they're not conclusive. There's no doubt that loneliness can impact on physical and mental health, but it's important to see this as a whole-of-community issue. The solutions lie in enhancing social connections across all agencies and organisations, not through a script pad.

The subjective feeling of loneliness is likely to be felt by all of us at some point in our lives. It may be transient and, while experienced as uncomfortable, it can serve as a constructive motivation for a person to act and improve their situation. It may coexist with mental illness, but the causal relationship between loneliness and mental illness varies enormously from one person to the next. It's best seen from a sociological perspective, within the realm of the social determinants of health—those non-medical factors that influence health outcomes.

The relationship between health and loneliness is bidirectional, in that poor physical and mental health may lead to increased experiences of loneliness while loneliness and social isolation may also increase the likelihood of poor health outcomes. The evidence suggests that strong social connections are associated with lower risks of cardiovascular disease and increased longevity, and social support is linked to better immune function. Addressing the issue of loneliness requires coordinated approaches from individuals, communities, organisations and government. We've got a responsibility to ensure that our agency processes do not inadvertently increase people's sense of isolation and thereby reduce the likelihood of them accessing our services.

The New South Wales Government has specific strategies in place for those who've been identified as vulnerable to loss of social connection, and there's a long list that is in the document, which I won't read. We also believe that urban planning, community interventions and education programs focusing on social networks and skills are all key factors in mitigating loneliness. These community-level interventions require collaboration across

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various levels of government and sectors including planning, environment, health, mental health and aged care. Finally, to improve how we address loneliness in the community, we need to build more robust data based on a shared definition of loneliness. We need to improve the validity of our measuring tools, and we need to look at how we evaluate the benefits of our interventions.

**The CHAIR:** Mr Shannon, do you have a separate statement?

**ANTHONY SHANNON:** No.

**The CHAIR:** I might begin questions. Thank you very much for that, Dr Wright. I appreciate it. There are some questions that are raised just by that opening statement. You talk about loneliness often being self-reported, and that means it's reported in particular ways. During the inquiry so far, we've had a lot of data, some of which is consistent and some of which, frankly, seems quite contradictory. Do you have views on how else we might be able to measure if it's not via self-reporting? Are there other measures that we might look at?

**MURRAY WRIGHT:** That's a really important question at the heart of this. Our take on it is that we are restricted in the kinds of conclusions we can draw at present because of the—it's not just the style of measurement; it's the tools. Loneliness is a very elusive and subjective concept, and each of us will have a slightly different definition. When it comes to study across a whole population, that's something that needs to be addressed. It has been addressed in other areas of psychology and wellbeing. When you think about it, we do have valid and reliable tools for measuring things like depression. Depression is a similarly subjective experience for lots of people, but it takes quite a lot of basic research to tease out what are the factors that contribute to these things.

Loneliness is likely to be something which is made up of a series of related factors. I'm not an academic psychologist, but those who are can talk about how they try to tease out those related factors and then try to develop objective measurement tools. What you end up with is a questionnaire. It's not just, "Have you felt lonely?" or, "Do you have someone who you can rely on in the event of having problems?"—which I think is the basis of some of the existing surveys. It's basic science and research. That's why we talk about the importance of that research. Those tools are not simple to construct, but they're really important if we're going to get a sufficient understanding to then have targeted interventions which we can then measure.

**The CHAIR:** You talk about whole-of-community approaches. Thinking about the government sector as a particular community, you talked about trying to protect vulnerable people within that community. Could you explain a bit about how those people are identified and how, indeed, the issue is identified in order to know where to target particular interventions within the public sector?

**MURRAY WRIGHT:** I might make a couple of comments and then pass to Mr Shannon. In my sector, which is the mental health sector, there's an awareness of particular vulnerable communities, but the list in the submission is actually quite long. I'll start with older people. Older people are a particular risk group because they experience a loss of social connectedness over time. That might be through bereavement. It might be through chronic or serious illness on their part. It might be through loss of engagement in paid employment or other reasons. We know that they are vulnerable.

There are many community-based and, in some cases, government-supported initiatives which help to counter that experience of isolation. For young people, just being a young person is a time of enormous change and there are high levels of mobility. It's actually relatively easy for people in those circumstances to find themselves feeling isolated and lonely. The drive for connection and belonging in young people is enormous. Any harms to that can be felt really strongly. It was particularly the young people who experienced loneliness, isolation and some increases in mental illness during the pandemic. I might hand to Mr Shannon for a more detailed response.

**ANTHONY SHANNON:** Government has a range of whole-of-population strategies and initiatives that look to support a range of vulnerable cohorts across the community. For example—and a number of these are detailed in the submission—there's the NSW Carers Strategy, the NSW Volunteering Strategy and the work that the New South Wales Government does to support seniors and social cohesion. There's a range of initiatives that look to engage vulnerable groups in the community and enable access to services and a range of supports. Through those whole-of-population initiatives, yes, some people are currently experiencing loneliness as part of their condition of engaging with that work. Those strategies really are whole of population and more broadly speak to community wellbeing. Dr Wright has talked about the condition of loneliness within that broader context.

**The CHAIR:** I'm not sure which of you wants to give an answer, but you've given responses about vulnerable populations in the general community. I'm also interested in the public sector as a workforce. I wondered if there have been any initiatives or if anything has been done with regards to loneliness or social isolation in public sector workplaces that you know about.

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**MURRAY WRIGHT:** Off the top of my head, I don't think I can answer that. I know there are initiatives in relation to workplace health. They apply across the public sector and the private sector. But it may be appropriate to take that question on notice.

**The CHAIR:** I've got more questions, but I'll throw to my colleagues to see if anyone wants to jump in.

**The Hon. ANTHONY D'ADAM:** In your opening statement, Dr Wright, you talked about the distinction between social isolation and loneliness, which is subjective. We've heard this evidence earlier in this inquiry. Is it fair to say that perhaps this inquiry is misdirected and that we should be looking at social isolation? That's actually the phenomenon that's objectively more connected to actual social harm than this more subjective notion of loneliness. As you say, loneliness is part of the human condition. Is that a fair observation?

**MURRAY WRIGHT:** It's a very fair question. I think my response to that would be that a person can be objectively isolated and not feel at all lonely and not experience any of the consequences that some of the rest of us might think they should in that state. And a person can be objectively not isolated and feel desperately lonely. I've treated people over the years who describe loneliness as part of their condition and who seem to be superficially engaged in family, in work and in community, but they feel lonely. I don't think it's a misdirected issue, but the difficulty—and I'm repeating myself—is pinning down precisely what it is in a way that we can then reliably measure and then reliably intervene to address. I think we're at the beginning stages of it. I don't think it's a misdirected inquiry. The condition of loneliness is probably more related to poor outcomes physically, socially and mentally than if we were to focus on isolation.

**The Hon. ANTHONY D'ADAM:** Mr Shannon, your role is director of early intervention. Could you talk about the programs that are run through the Targeted Earlier Intervention program and what role that plays in terms of addressing social isolation and loneliness?

**ANTHONY SHANNON:** Targeted Earlier Intervention is primarily a child protection early intervention program funded through the Department of Communities and Justice. It does provide a wide range of support to the community, from a community-strengthening perspective all the way through to what we call a wellbeing and safety lens. There's a varying level of early intervention with some preventative activities as well as part of the program. On the community-strengthening end of the program, the program funds neighbourhood centres, community centres and Aboriginal community controlled organisations to provide a range of community-strengthening activities that are really about looking to engage people back into community and social connectedness outcomes around ensuring that, where issues with vulnerable families, children and young people across communities are identified, those non-government organisations provide a range of activities and support that seeks to address those issues early.

Particularly the neighbourhood and community centres, who are funded through the program, do provide an important social infrastructure all across the community whereby they do have a soft entry point for community to access services through that social participation approach, community development lens, that a lot of neighbourhood and community centres bring to the program. They do provide a range of activities whereby, in some aspects, people who are experiencing loneliness do have opportunities to access and engage in activities, and with the overall aim of improving community wellbeing and addressing some of those issues around vulnerability early.

**The Hon. ANTHONY D'ADAM:** Is it fair to say that those activities are incidental and not really the specific focus of the TEI program? We fund a range of services and they incidentally have these other social benefits or other activities that help address the question of social isolation and loneliness, but there's not a specific funding objective to address those issues?

**ANTHONY SHANNON:** What I would say is there's no specific outcomes the program is looking to deliver through the activities around loneliness, for example, or supporting loneliness. But there are specific outcomes and activities that are directly around social connectedness, social participation and engaging people back into community. The approach that's taken through the program is really trying to look at the community development approach that's around recognising and providing a range of flexible activities, listening to the voice of people and community around what kind of issues they're experiencing, and then allowing neighbourhood centres, in particular, to provide tailored responses to their local communities. That enables the program to be flexible and look to deliver activities that look different across different parts of the State. As such, there's no specific outcome we're looking to address around loneliness but, certainly, wellbeing, community wellbeing, social connectedness, social participation and empowerment are really outcomes that we are looking for through the program.

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**The Hon. SCOTT BARRETT:** Continuing to prosecute down that social connectedness line, how concerning is it to both of you to see the declining number of clubs and organisations in our communities? Is there anything from your perspective that can be done to halt that dwindling of numbers?

**ANTHONY SHANNON:** I'm not really sure whether I'm able to answer that question today. It might be a question we do need to take on notice.

**The Hon. SCOTT BARRETT:** Is it concerning, though, to see there's a lot less clubs and organisations? People are less involved in those clubs and organisations, from church groups and unions down to their footy club or CWA. Is that concerning when we are looking at social connectedness?

**MURRAY WRIGHT:** Can I make an indirect response to that? Looking at some of the international literature, particularly in the UK, I think one of the benefits of the UK developing a strategy and an action plan around loneliness is to reinvigorate the idea of participation and, in many cases, volunteerism as an important part of human experience. I would broadly talk about community participation, and I recognise that clubs of all sorts are an important vehicle for participation for many people. For me, it's more about people understanding that it's in their interests, and their community's interests, to take those opportunities to be an active member of that community and to look beyond their own immediate situation. I recognise in some places that that is some of the benefits of clubs, whether they be sporting clubs or recreational clubs.

**The Hon. NATASHA MACLAREN-JONES:** In your submission you refer to a couple of issues. One is that the New South Wales Government is supporting the Loneliness Program, which includes the One Door Mental Health's Circle of Support Model and also the Mentoring Men program and the *It's a Mind Field!* podcast series. I'm wondering when they began and how they are being measured.

**MURRAY WRIGHT:** Ms Maclaren-Jones, I would have to take that on notice. I'm aware of those programs, but I haven't got the detail beyond what's in the submission to hand.

**The Hon. NATASHA MACLAREN-JONES:** That's fine. Also, if you could take on notice if any funding was attached to these specific programs, and the length of time the program is due to run. The other one is just in reference to the UK programs. One was the Let's Talk Loneliness program, and also the Better Health: Every Mind Matters campaign and the Tackling Loneliness Network. Do you have any additional information on how successful these programs were and whether there were any recommendations if they did an evaluation?

**MURRAY WRIGHT:** I don't have access to anything beyond the published material that we've referenced in the submission. I think the problems that I highlighted in my opening statement around the elusiveness of loneliness, in terms of definition and measurement, would make challenging looking at anything beyond activity measures as in an evaluation. Yes, we'd be interested in which of those many, many initiatives which are in the action plan was more successful in engaging people, but does that address the prevalence of loneliness in the community? I think that's still an open question.

I also feel that the issues around loneliness and addressing them—like many other socially based interventions—the time it takes from the point at which you start an intervention and when you can see the benefits or lack of benefits, you need to give it a fairly significant amount of time. Simply having activities which people can engage in might have an impact on their sense of loneliness, but it's not an immediate benefit. That sense of social connection and cohesion is something which can take some time to build. I'm not aware if there's been any kind of an evaluation of that because we certainly haven't got that in the literature that we've got.

**The Hon. NATASHA MACLAREN-JONES:** Is it possible that, maybe, Mr Shannon could take it on notice? It could be a follow-up with the UK in relation to any findings they may have had over the last couple of years since that was introduced.

**ANTHONY SHANNON:** We can certainly take that on notice, yes.

**The Hon. NATASHA MACLAREN-JONES:** Just another one in relation to the men's mental health forum. In the report, I think it was last month, it refers to a number of potential recommendations around reducing loneliness and social isolation amongst men, at page 20. I was wondering if you'd elaborate on what those recommendations are.

**MURRAY WRIGHT:** Again, we would have to take that on notice.

**The Hon. NATASHA MACLAREN-JONES:** Fine. Just a final one, which may also need to be on notice. On page 19, it says NSW Health works with or links to community organisations. I'm interested to know about current funding models that are supporting the community social groups. Also, for the homeless organisations, there's a number suggested there. I just want to know if there are any specific programs that are being funded to address loneliness or social isolation.



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**MURRAY WRIGHT:** Again, the final word on that might need to be taken on notice. But I think the difficulty in responding to that will be that, for instance, if we're targeting homelessness then that's the target, and how that impacts on loneliness would be a corollary of the intervention rather than a target. It's not the primary target, and I'm not aware of many of those sorts of interventions where loneliness is the primary target of the community-based or volunteer-based organisation. So it's tricky. I think it will be tricky to answer with specifics, because we know that if people have insecure housing then they're more likely to feel isolated and lonely. So if you address that, the sense of loneliness, I would expect, would improve. Is that the target? No, it's not. And is it measured? At this point, I don't think so, for some of the reasons that I've already outlined. So it's a relevant question, but it just might be tricky to give a really substantive answer.

**Dr AMANDA COHN:** My first question is for Dr Wright in your capacity as Chief Psychiatrist. I'm interested to know if you have a view on social prescribing and its effectiveness or otherwise.

**MURRAY WRIGHT:** It's an interesting term. I'm ambivalent about it, to be honest. I will explain that. Part of our submission and my statement is to say that there are risks in medicalising this condition, because that then puts it potentially into a sort of narrow view. Dealing with loneliness is a responsibility for the entire community. If you inadvertently over-medicalise it, you see it as something that can only be diagnosed and addressed through some kind of clinical encounter, and I think that would be a mistake. Every one of us can identify people who we think might be lonely and we can provide some assistance. Every one of us can address our own risk of loneliness through many different activities, whether it's being part of a community group, whether it's being part of your workplace, or other things.

The other side of the ambivalence is that I think it's really important in any kind of service environment, whether you're providing clinical services or any other kind of services, to be alert to the fact that for some of the individuals that you deal with, the issue that they're coming to you for might be more effectively dealt with if you identify those people who might be experiencing loneliness and give them some advice, if you like, on the side, that they ought to think about, whether that's part of their difficulty and whether there are ways that can be helped. I think that calling it prescribing elevates it to a point which worries me a little bit.

**Dr AMANDA COHN:** I have a second question, if I may. I appreciate that this might be much harder to answer because you're representing a whole-of-government submission and there are challenges when it's not directly related to your own expertise. The submission identified LGBTQIA+ people as a particular at-risk group. I'm interested to understand what work the Government has done to understand or address the issue of local community events—whether they're organised by community groups or local councils—that have been targeted in quite organised campaigns over the past year or so and subsequently cancelled. I know there's data from Victoria, for example, that distress calls to mental health helplines have gone up when these events have been cancelled. I'd be interested to know if the Government understands that issue or is seeking to address that issue.

**MURRAY WRIGHT:** Do we understand the issue? Yes. I think that the very broad issue of vulnerable communities, and the relevance of being a member of a vulnerable community and at risk of loneliness, is valid because, by definition, these are individuals who have experienced certain barriers, and LGBTQI+ individuals experience barriers. People from a non-English speaking background experience a language barrier. I recognise that those individuals get enormous value from events which enhance their connectedness with their community. And sometimes the value that they experience from those things is disproportionate to what we would expect, because it's such an important part of that connection. So if they're unable to participate or the events don't go ahead, I can appreciate that that causes enormous distress. Whether there are specific examples or issues or initiatives to address that, I can't respond to that.

**Dr AMANDA COHN:** Would you be able to take it on notice on behalf of the Government?

**MURRAY WRIGHT:** Could you restate the question so I can be sure?

**Dr AMANDA COHN:** Yes, absolutely. The first part of my question was whether the Government understood the problem, and you've answered that part of the question. But the second part of the question was: Is the Government doing any work to actually address the issue of these events being targeted and subsequently cancelled? How are you actually supporting community groups and local government to make sure those kinds of events can go ahead safely?

**MURRAY WRIGHT:** Are there examples of events? That would be helpful.

**Dr AMANDA COHN:** Absolutely. I would be happy to provide a list. There are examples in nearly every local government area across the State.

**The CHAIR:** Perhaps that could be a supplementary question.

**Dr AMANDA COHN:** Yes.

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**ANTHONY SHANNON:** If I could add to that answer, there is a range of events and activities that government provides across the whole of community, particularly in the youth space—for example, Youth Week and Youth Opportunities grants. In particular, Youth Week is delivered by local government all across New South Wales in partnership with government. There are often hundreds of events during Youth Week. There are seniors events that occur throughout the year and also Carers Week. There are a number of events and activities that do include LGTQI+ people, and there's a range of strategies to continue to support those events. But, certainly, if there are any specific examples, that would be good to hear and we can take that on notice.

**Dr AMANDA COHN:** I appreciate the value of those broader events, but I'm asking specifically about events that are targeted for inclusion of LGBTQIA+ people.

**The Hon. EMILY SUVAAL:** A final quick couple of questions from me. I note your reticence around the term "social prescribing", but I will continue to use it because it's referenced in your submission, just for the ease of everyone. The submission talks about allied health clinicians being able to conduct social prescribing. I'm interested to know what that looks like in practice.

**MURRAY WRIGHT:** Again, perhaps I should take that on notice because the concept is one which I have already expressed my discomfort with. I would consider that the issue is more about alerting not just allied health and not just health clinicians but, as I said, all people involved in the service industry of any kind to be tuned into the possibility. It's more a case of alerting the individual clinicians to the relevance of exploring a person's state of loneliness or otherwise and having an awareness of what the tools are that you could suggest. If that's what social prescribing means for an allied health clinician, then I'm very supportive of that.

**The Hon. ANTHONY D'ADAM:** Could I just clarify. Is that position your personal view or is that an expression of the broader position of the Ministry of Health?

**MURRAY WRIGHT:** It's not a consensus view, but nor is social prescribing a kind of enshrined concept. It's an idea to, I guess, draw the clinicians away from just a strong focus on the presenting issue to looking at, as we mentioned before, some of the social determinants that we know have, in some cases, a direct and sometimes an indirect impact on health and wellbeing.

**The Hon. EMILY SUVAAL:** Is there any data on who is doing social prescribing or how this is currently being used by allied health clinicians and then how successful it might be on combating loneliness?

**MURRAY WRIGHT:** No.

**The Hon. EMILY SUVAAL:** Is there any data that would suggest who is undertaking this work in health, or indeed across the Government, in terms of social prescribing, and is there then follow-up to see whether an individual has taken on board these prescriptions, if you like?

**MURRAY WRIGHT:** Not that I'm aware of, no.

**The Hon. EMILY SUVAAL:** You talk about the importance of considering the social determinants of health in the submission and you obviously spoke about that in your opening statement. Can you tell us more about what the Government is doing to address the social determinants of health, in terms of strategies and initiatives, and whether there is a whole-of-government approach or whether that needs to occur?

**MURRAY WRIGHT:** It's difficult to answer something like that easily. I wouldn't necessarily say that there's an approach to the social determinants in its totality. I think it's about recognition of the individual aspects of some of the social determinants—things like access to education, access to stable accommodation, relationships with community, social justice, issues around poverty, trauma and domestic violence et cetera. In the area that I can speak confidently about, which is in health, in any individual policy initiative or service delivery, you will encounter individuals who are impacted by one or more of the social determinants. The best example I can think of is in the mental health area. We know that people with serious mental illness also experience problems with housing instability. There are initiatives which have been going on for many years now to try and bring together, at a government level, housing and health to work collaboratively to address that. We know the outcomes are much better improved for the mental health condition if we can also address the housing. It's more about recognising how it might impact on the community that you are serving or the individuals that need your services.

**The Hon. EMILY SUVAAL:** How much of a role do dieticians play, currently, within this range of the social determinants, particularly as it pertains to loneliness? Is there a need to enhance that role?

**MURRAY WRIGHT:** Dieticians play an enormously important role in the health system.

**The Hon. EMILY SUVAAL:** They do, but also in the mental health system.

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**MURRAY WRIGHT:** Totally. I would actually say that in the last 10 or 15 years there has been a renaissance of the role of dieticians, particularly, again, for people who experience severe mental illness. As you probably know, the treatments that we use in those conditions actually have an impact on people's weight and metabolic health and so many of our services have, in the last few years, created better access to both dietician advice and also endocrinology advice to try and prevent those sorts of things. We note that, again, for these individuals, it is not just about the side effects of the medication that are impacting them that we need the dietary advice; it's more isolation, whether it's loneliness—certainly, isolation can lead to poor dietary habits and so they need that. We could always do with more dieticians. But I think it's quite a recognised part of a good, balanced multidisciplinary team these days.

**The CHAIR:** Our time is up. We very much appreciate you coming today to give evidence and answer questions. I note that you took some questions on notice because we were asking you to cover off everything that's happening everywhere. We appreciate you doing that. There are also likely to be some supplementary questions, and the secretariat will get in touch with you about those and the timing of that. Thank you very much.

**(The witnesses withdrew.)**

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**Ms DEBORAH HOWE**, Acting Director System Reform, Mental Health Commission of New South Wales, affirmed and examined

**Ms JENNIFER BLACK**, Commissioner, Mental Health Commission of New South Wales, affirmed and examined

**The CHAIR:** Good morning. Thank you both for coming and taking the time to give evidence today, and also for the submission as well. Would you like to start by making a short opening statement?

**JENNIFER BLACK:** Sure. Thank you for the opportunity to appear today. As the New South Wales Mental Health Commissioner, I have a special interest in the protective factors for mental distress, and social connection and belonging is one of these. One of the key functions of the commission is to monitor, review and improve the mental health and wellbeing of the people of New South Wales. Today I would like to focus on the impact of loneliness and social isolation on people's mental health and wellbeing. In particular, I will focus on what we have learned from our work and what protective measures could be put in place. Firstly, I would just say that this is not a New South Wales problem, nor an Australian problem; the World Health Organization has indicated that this is an epidemic in the world. We need to look internationally about what works and what doesn't work.

We've got some of our own data. In 2020 we embarked on a community wellbeing survey where we started to ask about the frequency of loneliness among the general population of New South Wales. We also collect a range of wellbeing indicators, which is part of our monitoring function. What we found is that, in 2020, 24 per cent of people reported feeling lonely more often. In 2021 that figure rose to 31 per cent and in 2022 almost half of the respondents were reporting feelings of loneliness. That's over 2,000 people that we survey every year. In 2022 we also included the UCLA 3 scale, which is the California loneliness assessment scale. On that scale, about 40 per cent of people were indicating loneliness in New South Wales. The issue is becoming greater for us to consider.

We've also been able to use our own data to connect loneliness and a number of other factors: for example, stability of housing—people living without a contract are 30 per cent more likely to feel lonely than those who own their own property; the household situation people find themselves in—single parents with children at home are 20 per cent more likely than couples with children to feel lonely; and people's age is a factor as well—people aged between 18 and 29 are 8 per cent more lonely than the average and 16 per cent more often than those in the older age group 60 to 69. We also know that people with a lived experience of mental health issues are 25 per cent more likely to feel lonely. It's quite a widespread issue but impacting some groups significantly more than others.

It's a kind of complicated problem to solve, so it's likely to need a coordinated, early-intervention type of approach. I'd echo some of Dr Wright's comments in that it's not necessarily a Health problem to solve. Health would have a role to play in this, but not solely, I would say. In our written submission, we ask the New South Wales Government to consider its role in systemic population approaches to loneliness. What we mean by that—by whole of government—is thinking about areas such as housing, education, employment, urban planning and the welfare sectors.

I can elaborate a bit on some of those. Not only offer safe and stable housing, but think about the context, the infrastructure and the urban planning around that, which really create natural connections for people close to schools and community where they can naturally engage in physical activity that looks after their physical and mental health. Also, offer meaning and purpose in life through education and employment, so people having the financial resources to connect in their community. Those opportunities provide natural opportunities for people to connect and belong. We should be creating local schools that are psychologically and socially welcoming, and safe for children and young people to develop social connections, where schools act as places that foster social inclusion.

I've talked a bit about urban and social planning, but there's research around this about how you develop communities where people can naturally connect with other people in an intergenerational kind of way, where there are green spaces where people can engage in their communities. From a Health perspective, I'd also like to put on the table social prescribing as something that could be considered. I'm happy to talk a bit more about that in terms of what I know is happening in Australia around this as we get to it. In a population approach, we kind of need to put the community back in community and have some community-led interventions. We need to move away from one size fits all because what might work in an urban area might be very different from a rural and regional community.

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**CORRECTED**

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What would be most helpful for us going forward is to collect trends and understand who's most impacted by these experiences and what problems need to be solved in terms of addressing this. We should work with people in those population groups or in those cohorts, rather than assuming we understand their issues, but actually involve them in the solutions. For example, understanding the experience of single parents, who we've identified as being of particular risk of loneliness—30 per cent more. They're also at increased risk of psychological distress—so 17 per cent more. It's working with those communities to find out what might work for them and what might improve their experience. We're really pleased that this inquiry is happening and positive that people are coming together to talk about this issue across so many different areas. Happy to take any questions.

**The CHAIR:** If I could begin, one part of the terms of reference is about data. One of the things that has come out over the course of the submissions and the hearings is different results depending on who we ask, to be honest, and the types of tools used. Even though there seems to be a coalescence around the UCLA scale, we seem to have quite a divergence on who comes out on top, for want of a better term, in terms of vulnerability to social isolation and loneliness. I note that you suggest that we need better data and enhanced data collection. There are a couple of questions embedded in this, I promise. One is who you think is best placed to do that data collection.

One of the results from your survey was that people in major cities report the highest levels of loneliness, and yet we have other submissions which talk about rural and regional people being more susceptible. Where and how should we be collecting better data, and who should be doing it? How would you explain the differences? I'm trying to remember if you talked about your sampling method and that kind of thing, and I know that plays a role. They're the two aspects of my data question.

**JENNIFER BLACK:** We certainly have a function in monitoring some of this, whether we're the right place for that. I think what it really points to is that it's a really big problem. It might be relative, if you've got different kinds of scales and different kinds of measurement. I'm less worried about the self-report because I think, if people are self-reporting loneliness, it's probably a problem to them. People react to things in different ways. It can still have an impact on their mental distress. I can't explain those anomalies, but it's probably to do with sampling. What it tells me is that it's a really common problem that we need some kind of systemic approach to. Maybe there are regional and local differences around that. Maybe there's something in that in terms of how we might collect data differently. Did you have anything you want to add?

**DEBORAH HOWE:** In terms of who's best placed, given that it is a whole-of-government concern, I was thinking that obviously we have a role with the community wellbeing survey in highlighting what the issues are, but maybe somewhere centrally within government could also play a role. The obvious place for those, I guess, is the Premier's Department or Cabinet Office—somewhere like that—to work in partnership with us, because we're really interested in this.

**The CHAIR:** I wanted to ask a few things about the survey. One is that your survey talks about income levels and experience of loneliness. We have had consideration, not just today but previously, about social determinants but haven't necessarily broken that down into being as pointy as income or socio-economic status. I wonder if you could talk a bit more about those results.

**JENNIFER BLACK:** I think our interpretation may be that people on a lower income perhaps can afford fewer opportunities. You were talking about sporting clubs before. Often engagement in those involves a cost, so the whole idea of urban planning and having naturally occurring things that people can engage with is one of the factors that might impact that. I think people with lower rates of earning have less opportunity, perhaps, to engage in some of those things that impact their connectedness.

**The CHAIR:** You talk about whole-of-government initiatives quite a lot. We heard that in this space it's quite difficult because many initiatives aren't identified as being about particularly targeting or trying to address loneliness. You mentioned different aspects and space-based options and those kinds of things, but what does a whole-of-government approach look like? Are there particular government agencies that you think are doing particularly good work? You've talked about urban planning being one, but are there other places where there might be opportunities, let's call them, to do better?

**JENNIFER BLACK:** We're about to embark on a 10-year strategy for New South Wales for mental health and wellbeing. Our approach is a whole-of-government approach around that. We have invited senior people from all different departments to come together and work with us around what some of those solutions might look like to impact people's wellbeing. For example, we've talked about housing. It's not just about increasing housing stock; it's thinking about how people interact in that space and what are the green spaces around it—that sort of thing. Education and employment have a big role to play in this in terms of giving people the resources to live their best lives in community, so supporting people in places of employment around their wellbeing as well. There's a whole range of things that impact on that.

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**CORRECTED**

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We know that Treasury is working on some wellbeing indicators as part of their work. I think it's about bringing all different departments together and working together on what some of those protective factors might be that could be built into the work that they're doing on a daily basis. That's part of what we will do through our mental health and wellbeing strategy, because social isolation and loneliness is one of those factors, and we can already see how that could be influenced across government. So, at the moment, we're bringing those departments together with us on this journey.

**The CHAIR:** That brings me to one of my other questions. You're talking about the 10-year strategy for across the State and what the whole of government can do to foster that. But, particularly, the New South Wales Government is an extremely large employer itself, and you mentioned workplace-based initiatives. Are there particular things that the New South Wales Government as an employer should be thinking about in this space—all of those protective measures that you're talking about? What springs to mind for me is the Whitehall studies about what it takes to flourish and what role work plays in that. Is there anything in particular you think the Government should be thinking about as an employer?

**DEBORAH HOWE:** The current focus on wellbeing within the workplace is massive. We know there have been changes to the Work Health and Safety Act around psychological or psychosocial safety, so I think our Government's attention is really strongly focused on providing environments within the workplace that are safe.

**The CHAIR:** Isn't this the dilemma, though? We say that there are these general things that we're doing to try to address social isolation and loneliness, but we end up talking about quite large, macro concepts like wellbeing. Being really practical, is there anything quite particular that's useful or any research that we could consider on that?

**JENNIFER BLACK:** In terms of workplaces?

**The CHAIR:** Yes, in terms of workplaces. That's one of the levers that government has: It's a big employer.

**JENNIFER BLACK:** Yes.

**DEBORAH HOWE:** We might take that on notice.

**The CHAIR:** That would be great.

**The Hon. ANTHONY D'ADAM:** I listened to Dr Wright's evidence earlier, and I suppose I found it a bit confusing and a bit unsettling. He seemed to suggest that loneliness is not a mental health condition. That was supplemented by his position around social prescribing. I wanted to know whether you agree with that contention because, stepping back, if loneliness is not a mental health condition and it's a subjective state of being, that goes to a more profound philosophical question about whether this is something that government should be focusing on at all. Does the Government have an obligation to make sure that its citizens are happy or that they're not feeling uncomfortable? If loneliness is not a mental health condition, if it's a subjective psychological state, is there really an obligation on government to try to alleviate that in its citizenry? I pose those two questions to you.

**JENNIFER BLACK:** My view would be that while loneliness might not be a diagnosable mental illness, it is a precursor to distress. If left unattended, it may end up in the mental health system. It may end up with people going to GPs and actually articulating that distress. If dealt with early, my view would be that it could prevent that pathologising of that, or it may stop that getting worse and leading to something that's perhaps more clinical, if we can deal with that early. My view would be we do have a responsibility to look after the people of New South Wales. We know that the levels of distress are increasing, and this could be one of the factors that we could think about to reduce that.

**The Hon. ANTHONY D'ADAM:** It is quite an amorphous concept because of its subjectivity. There is some suggestion that there are causal relationships there, but Dr Wright's suggestion was that in some circumstances you can be lonely and it has no adverse effect. Should we not just focus on the objective harms and adverse phenomena, rather than try to grapple with something so amorphous that we can't really pin it down in terms of being an absolute cause? It might look like it's a precursor, and in some circumstances it may well be. But given the uncertainty, shouldn't we just focus on the objective, observable phenomena that we want to address?

**JENNIFER BLACK:** I think it's challenging, isn't it, because if we wait until people are really distressed before we respond then that's problematic in terms of what that costs society and our system. So my view would be that this is an early intervention strategy into people's distress.

**The Hon. SCOTT BARRETT:** In your preamble you talked about creating schools that foster social inclusion. Is that suggesting that our schools are not built to foster social inclusion?

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**CORRECTED**

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**JENNIFER BLACK:** No, but I think it's thinking about that really intentionally. I think that's slightly different. I wouldn't cast that aspersion on our schools.

**The Hon. SCOTT BARRETT:** In your submission you also talked about regional areas not having as big an issue as metro areas. That contradicts most of the submissions that I've read, which say that it's a bigger issue in regional areas.

**DEBORAH HOWE:** It has come out of our wellbeing survey.

**The Hon. SCOTT BARRETT:** Why does your evidence differ?

**DEBORAH HOWE:** It could be to do with the sample—where the people come from in terms of who responded, the respondents to the survey.

**JENNIFER BLACK:** Yes, it's a sample size of 2,000.

**The Hon. SCOTT BARRETT:** Then to a broader question: Some of your recommendations are about reducing and finding solutions to loneliness, while others are about prevention, which I think is where the bulk of our efforts should be headed. You talk about things like community participation, community-based initiatives and opportunities for social connectedness. I'd like to give you the opportunity to talk more about that. In particular, what does that mean in the environment we're facing that you heard me talk about before, where clubs, organisations and organised participation are all dwindling? Would you like to spend some more time on that and talk about how important those things are?

**JENNIFER BLACK:** Yes. Can I talk about social prescribing in this context, because there is actually an Australian organisation that does education and research. They are called ASPIRE, and they are the Australian Social Prescribing Institute of Research and Education. I'm very happy to give you their contact details. The model of social prescribing that I am aware of is where you have link workers. They're not necessarily allied health people. They don't need to be clinicians. Someone might be identified as slipping into loneliness, through loss of a partner or something like that, and heading down a road that might lead to a clinical intervention, so the GP could refer that person to a link worker.

That link worker is embedded in the community and so they know what's out there, but they're actually working with that person around their interests and skills, or whatever, to connect them up with naturally occurring local resources, so things like art classes, sporting clubs, all of those things that happen in community—connecting them into that. The levels of intervention might need to be a little bit different depending on the skills of the person that's out there. Let's face it: If we could go and enter a group, we might do that, but if we've been isolated for a long time, the barrier to going out there and putting yourself out there might be greater. Someone might need some coaching in that context to actually get to that point. For me, social prescribing is actually having these link workers that can help people connect to those naturally occurring community resources that exist.

**The Hon. SCOTT BARRETT:** But it has to be important that that kite-flying association or whatever exists for them to—

**JENNIFER BLACK:** Totally. Our local councils and whatnot probably have a role to play in this as well, thinking about where those link workers sit, too, that that can actually be connected to what's out there in the community.

**The Hon. NATASHA MACLAREN-JONES:** I only have a couple of questions. The first one is around the loneliness program that the commission ran. I'm interested to know what the time frame is for that program. I note in your report that there's a bit of an evaluation, but where are they up to now?

**DEBORAH HOWE:** I'll take that one. Basically, it ran over 2022 to 2024. We've just been finalising that. I think you would have noted those programs that you raised with Dr Wright—the Mentoring Men, the *It's a Mind Field!* podcast, and the third one was the One Door program. They were all run and funded by the Mental Health Commission as part of those projects. Those project reports are now all on the website. It was a very concentrated piece of work that came in direct result to the findings from the 2022 community wellbeing survey and results that showed an increase in the amounts of loneliness, particularly in those populations that Jennifer talked about.

**JENNIFER BLACK:** We're not a funding body, though, to fund services. These were kind of like pilot programs.

**DEBORAH HOWE:** They were pilot programs.

**JENNIFER BLACK:** There's information on their effectiveness that could then be taken forward to create similar sorts of programs.

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**CORRECTED**

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**The Hon. NATASHA MACLAREN-JONES:** Do these programs still exist or they don't? I noticed there's one that's in Manly.

**DEBORAH HOWE:** They still exist within their organisations. They were pilot programs. I think things such as the Mentoring Men, they have created more groups, particularly—that was focused on supporting adult men experiencing challenges, distress and loneliness by providing free, long-term individual life mentoring. That program has increased, and they showed lower levels of loneliness amongst the mentors at 12 per cent, and for mentees it was 78 per cent reduction in feelings of loneliness. The outcome main outcome of that was the establishment of the Manly Men's Group. That was the outcome of that pilot.

**The Hon. NATASHA MACLAREN-JONES:** Which organisations ran these programs?

**DEBORAH HOWE:** Mentoring Men is an organisation, so that ran that one. We can forward you the project reports, if you want.

**The CHAIR:** They're appearing later today.

**The Hon. NATASHA MACLAREN-JONES:** Yes, that would be great.

**DEBORAH HOWE:** They'll give you all those details. One Door ran one of the programs that was looking specifically at the circle of support, piloting that. That was really successful. That's ongoing as well. The *It's a Mind Field!* podcasts were run by, I think, that group, and there are 13 podcasts available for people to listen to, and they're doing more of those podcasts off their own as well. They've all pretty much been ongoing.

**The Hon. NATASHA MACLAREN-JONES:** That's good to know. Thank you. The other one is Compeer that you referred to, which is the connecting of mental health volunteers within the community. I'm interested to know who runs that and what work they do to identify the volunteers.

**DEBORAH HOWE:** I'm not sure that the Compeer one—was that written in our submission?

**The Hon. NATASHA MACLAREN-JONES:** Yes, on page 18.

**DEBORAH HOWE:** I'll just have a look which one it is. Which page?

**The CHAIR:** Page 18.

**DEBORAH HOWE:** Okay. What we did was we just highlighted a number of programs wherever we go when we go on community visits. Compeer is an organisation, and it runs its own—

**The Hon. NATASHA MACLAREN-JONES:** That's fine. Thank you.

**Dr AMANDA COHN:** Both in your submission and talking today, you've raised a number of specific local initiatives, which are of great interest to the Committee, so thank you for bringing them to our attention. By what process did those specific initiatives get the attention of the commission? Are they things that you were involved in funding and designing? How did you select these particular initiatives to bring to our attention?

**DEBORAH HOWE:** They were ones particularly that that we've been highlighting through our community visits. We went and did a community visit in the Blue Mountains and Lithgow last year—this year, sorry, in July. Out of those, there are a number of those programs. It was really ones that have come across the commission.

**Dr AMANDA COHN:** If I could take that back a step, how were those programs that you decided to visit in your community visits—

**DEBORAH HOWE:** They were picked. They were just chosen, really, for what was local where we went. We went to two places. We went up to Illawarra as well. They were the two since I've been there. There were a couple of—

**Dr AMANDA COHN:** So you selected a location and then looked for programs?

**DEBORAH HOWE:** It was the location, and then in that location we did a broad thing. When we went to the Blue Mountains and Lithgow, we went to the library. We went to the local youth centre. We went to the PHN. It was just a broad snapshot.

**JENNIFER BLACK:** Part of our role is to be aware of what's out there. We might visit other areas in the next year, just so that we can—

**Dr AMANDA COHN:** Yes, absolutely. I'm just trying to read these in the correct context. So they're initiatives that you visited because you were already in a particular area?

**JENNIFER BLACK:** Yes.



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**CORRECTED**

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**Dr AMANDA COHN:** I think what that says to the Committee is that there may well be many others worth our attention if we can identify them.

**DEBORAH HOWE:** Definitely. In each area, there'll be a number of others.

**The Hon. SCOTT BARRETT:** One of your recommendations is empowering communities to develop and implement their own solutions. What do you mean by that? Are you talking more around that industry of mental health support, or are we trying to get further back upstream to prevent the slide into loneliness?

**JENNIFER BLACK:** I think it's further upstream for me. You've already noted in the data that there are differences between urban areas and rural areas. Those rural areas might need to create their own solutions, and part of it might be—what you're talking about is, "What's the infrastructure that's there? Are there clubs and groups and natural opportunities for people to connect? Can even your local councils develop some of those opportunities to get people involved?" That's what I'm thinking about. If we know there are certain populations, we should be working with those populations around what's going to work for them rather than rolling out a model that's standard across all parts of New South Wales.

**The Hon. SCOTT BARRETT:** Do you think that the fall in our clubs and organisations that do exist—you look at the number of clubs that are around now versus 20 or 30 years ago. That coincides with an increase in loneliness. Surely that's not a coincidence.

**JENNIFER BLACK:** I don't know if I could talk confidently about the link. In my previous role, I did work in the community sector in an advocacy role, and we linked sporting clubs up with mental health services to try to increase that participation. It was a mutual learning sort of thing. There were financial barriers for people in that, which made that really difficult, but I'm not sure I could speak confidently about the link between clubs and loneliness.

**The Hon. SCOTT BARRETT:** Would a goal of some of those mental health organisations essentially be to make themselves redundant so that we don't need them anymore, because there are other things in place further upstream to prevent that slide?

**JENNIFER BLACK:** I think we've got a long way to go. We know there's a gap in that part of the service system. There are people at the moment missing out on that sort of care. I think that'd be a fair way down the track. I've got a feeling that the rise in mental health issues at the moment is something we need to tackle first. Yes, of course you would want that, but I think we're a long way off that.

**The CHAIR:** Something that has come up in some of the submissions—and I know it's in one of your recommendations—is to invest in technology-based initiatives. What I've noticed in quite a few of the submissions is a reference to technology-based or online initiatives. What are the types of things that we know actually have some kind of efficacy in this space?

**DEBORAH HOWE:** We've identified, I think, in the submission a number of programs. I think Compeer was one of those ones that was identified in terms of community, technology, social media et cetera about the roles they can play in reducing the impact of loneliness on individuals and communities. We'd have to come back to you. There's a number of ones that are identified in here—using it in social and urban planning and using social media and other things to connect people together. There are a lot of things that it could be used for.

**JENNIFER BLACK:** And there are a lot of advancements in care options that can happen digitally, and people are really taking those up. I think that even Lifeline does a text support, which is really starting to explore those sorts of technologies that can help people feel connected.

**The CHAIR:** I noticed that one of the recommendations is to invest in technology-based solutions. Is there a body of tested evidence about which ones work or are we more to invest in a pilot of different things? I'm happy for you to take it on notice. I'd be interested to know what's out there about what is actually working.

**JENNIFER BLACK:** We'll take that on notice and see what we can find.

**The CHAIR:** Another thing that came up in your submission, but also across a number of submissions, is the issue of stigma. There seems to be a consensus that in terms of general mental health issues, we have made progress, but on particular issues, such as something as personal as loneliness, there's some work to do. I wondered if you could talk a bit more about that. That's a cultural one, so that seems hard to move. What would be your suggestions?

**JENNIFER BLACK:** Just to clarify, in terms of stigma in relation to loneliness?

**The CHAIR:** Yes.

**JENNIFER BLACK:** Stigma of mental illness in relation to—

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**CORRECTED**

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**The CHAIR:** The stigma of people coming out and saying, "I'm lonely. What can I do about it?" That has been quite a theme across the submissions, so I wondered if you had any thoughts on that.

**JENNIFER BLACK:** What we know in a mental health context is that stigma stops people from reaching out and seeking help. My thoughts around that are really around normalising that and having the right messaging—that it's okay and that everyone experiences loneliness at some point. What we know about stigma in mental illness is that it actually stops people getting help early because they have some shame involved in asking for that help. Obviously, you want to normalise it so that it becomes just something that we do, like how we might look after our health in other ways. It's just a normal conversation.

**The CHAIR:** So you'd classify it in the same way as other mental health generally and the type of stigma attached?

**JENNIFER BLACK:** I'm not sure we've made a lot of progress in that. Yes, I think it's the same sorts of approaches.

**The CHAIR:** That's interesting. You hear people say that there has been a lot of progress in mental health. We're all talking about mental health. But to hear you say perhaps not is interesting.

**JENNIFER BLACK:** Yes, we are, but I think people at the complex end of the system might still feel that level of stigma and discrimination. Would you agree, Deb?

**DEBORAH HOWE:** I think these three areas of stigma, discrimination and inequity are the three areas that stop people from reaching out when they are lonely. When you look at the figures around how many more lonely people there are with a moderate to severe mental health problem in the general population, it's quite stark.

**The CHAIR:** Thank you very much for your submission and for appearing today. You have taken some things on notice. We will be in touch with you about those and any other supplementary questions. We have a short morning tea break now before the next set of witnesses.

**(The witnesses withdrew.)**

**(Short adjournment)**

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**Ms MARYANNE MAHER**, National Manager, VIEW Clubs of Australia, The Smith Family, affirmed and examined

**Ms ELIZABETH BIRCH**, National President, VIEW Clubs of Australia, The Smith Family, before the Committee via videoconference, sworn and examined

**Ms DANICA LEYS**, Chief Executive Officer, Country Women's Association of New South Wales, sworn and examined

**Mr ANDREW CONNOLLY**, Policy Manager, Country Women's Association of New South Wales, sworn and examined

**Ms REBEL BLACK**, Chairperson, THE Rural Woman Cooperative, affirmed and examined

**The CHAIR:** Welcome. Thank you for making the time to give evidence today. I keep forgetting to mention that one of our Committee members is online today, so you may get questions from there. Thank you for coming along today and for your submissions. I particularly thank Ms Black, who had a mega travel saga to get here. It was three hours to airports and a long way, so we particularly appreciate that. We appreciate it when people make that effort. Each organisation might want to make an opening statement. We will start with Ms Black.

**REBEL BLACK:** Thank you for the opportunity to be here. I want to acknowledge the traditional custodians, the Gadigal of the Eora nation, for their custodianship. I also recognise my Gamilaraay and Yuwaalaraay teachers and guides on my home countries. I live and work in a little town called Lightning Ridge, almost 800 kilometres from the eastern seaboard or any major cities. There is a population of a question mark when you drive into town. THE Rural Woman Cooperative is a member-owned organisation whose mission is the advancement of rural women and girls in Australia.

Despite having loving family and friends, a successful business and community responsibilities, most days I spend a lot of time on my own—much like many in our community—whether it's driving for hours across vast stretches of road, eating meals alone in quiet cafes between meetings or working in my solo office on the opal fields. At first glance, you might assume that this isolation leaves me feeling lonely, but the truth is that I'm not lonely—not anymore.

Over time, I have learnt to cultivate a deep connection with myself, my environment and the people and communities around me. This practice, this intentionality, has been my antidote to loneliness. But I know that for so many of my friends, peers and colleagues, these skills and opportunities are not accessible or even imaginable, which is why I'm here today on behalf of THE Rural Woman Cooperative, our extensive community across New South Wales and Australia and the 30 per cent of our recent survey respondents who told us that they feel lonely often or very often.

These numbers represent not just statistics but the lived experience of rural women who bear the weight of loneliness, compounded by geographic isolation, societal expectations and systemic inequality. Loneliness by its definition, or its etymology—from where it came from originally—is the condition of being solitary or the feeling of being dejected from want of companionship. From our work and research over the past decade, we've found that the antidote to loneliness is, in fact, connection—connection to self through cultivating self-awareness, authenticity and confidence; connection to place through connection with infrastructure and safe spaces for belonging; connection to relationships and community through creating opportunities for genuine in-person and online interactions; and connection to something larger, whether it's purpose, faith, shared values or community contribution through service. But these connections are being eroded and our skill to connect is too.

The rising cost of living means fewer opportunities to attend social events or engage in community projects and an expectation of economic contribution. Social media is leading to an illusion of connection, creating inadequacy rather than providing true friendships. Health care and support services are disappearing from rural towns, leaving many to navigate isolation alone. Loneliness is not just a feeling. It is a systemic issue with profound mental, physical and economic impacts. It's what people do with their loneliness that matters.

For rural women, the challenges are greater. The solution is not easy, but they start with acknowledging the power of connection, the responsibility that each of us have for our own sense of self-worth and connection, and by investing in creative and co-designed strategies to connect to self in human "being-ness", not just human "doing-ness". Today, I ask the Committee to consider how we might rebuild the foundational skills of connection to reimagine communities where no-one feels left behind, where loneliness does not have to define us and addressing it will unite us.

**DANICA LEYS:** Good morning. I am pleased to appear before this inquiry on behalf of the Country Women's Association of New South Wales. It is an organisation with a proud and enduring history of advocacy

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for the wellbeing of women, children and families across regional, rural and remote New South Wales. With a current membership exceeding 8,000 individuals in nearly 400 branches across New South Wales, our association represents the voices of communities that are often experiencing the profound impacts of loneliness and isolation that this inquiry is looking into.

Loneliness is especially pervasive in regional, rural and remote areas where geographic and social barriers amplify feelings of isolation. We recently completed a survey of both members and non-members. There were about 1,700 responses across a range of topics, which we'll be talking about later in the year and early next year in terms of what is important to rural, regional and remote women. There were questions in that survey in relation to loneliness. Over 10 per cent of respondents identified social isolation as one of the social issues impacting women. Our members have reported that loneliness significantly impacts their mental health, family cohesion and community engagement. That highlights the urgent need for tailored and actionable solutions.

While data gaps exist, we know from our own and others' research that 35 per cent of people in non-metro areas experience loneliness compared to 30 per cent in cities. This disparity is often magnified by limited infrastructure, inadequate digital connectivity, and heightened at times of natural disasters. Younger adults, particularly those 15 to 24, and men in regional areas, face acute challenges, as do older adults and bereaved individuals. Such insights underline the complexity of loneliness as both a personal and systemic challenge.

Community organisations, including the CWA of New South Wales, form a really important part of the puzzle in addressing these issues. By fostering social connections, supporting local projects and providing platforms for meaningful interaction, we help mitigate loneliness. However, the scale of the challenge demands a coordinated and government-supported effort. We do have a range of recommendations in our submission, and in the interests of time I won't go through all of those because I'm sure you might have some questions on those.

One in particular, though, that I would highlight is our recommendation around enhancing regional infrastructure. We've talked in our submission about the importance of investment in transport and digital connectivity being critical for bridging physical and social gaps in regional communities. Just to that I would add the importance of investment in what might be seen as small but critically important infrastructure in regional villages and towns—infrastructure that maintains the local hall, infrastructure that provides upgrades to the local kitchen at the football club, infrastructure that provides opportunities for groups to come together. It is clear that leadership and innovative approaches are required to bring about change. For New South Wales, tackling loneliness as a public health priority offers not only the promise of healthier individuals but also stronger, more cohesive communities. We really do thank you all for this opportunity to share our perspective, and we look forward to supporting this Committee's work.

**ELIZABETH BIRCH:** As VIEW national president, I am delighted to speak to the standing committee today about loneliness and its effects on residents of New South Wales on behalf of VIEW Clubs of Australia. VIEW stands for Voice, Interests and Education of Women and was founded by the Smith Family in New South Wales in 1960 as a service to women in the community who wanted to share ideas, develop new skills, form friendships and give back to their communities by supporting the good work of the Smith Family.

For nearly 65 years, VIEW has positively impacted the lives of women by providing opportunities for them to actively engage throughout Australia, with over 13,000 members in over 260 communities. In New South Wales, there are over 6,000 members in 150 communities across metropolitan, regional and rural areas. Our footprint is from the Queensland border, to far south down the coast to the Victorian border and west to Cobar. We have communities in the Northern Rivers, the upper Mid North Coast and Clarence Valley region, where I am speaking from today, the Mid North Coast and inland, New England and north-central New South Wales, the Central Tablelands, the Central and Western Slopes, the Western Plains, the Hunter and Central Coast regions, the Macarthur, Southern Highlands the Illawarra regions, the South Coast, Berry to Eden, the Riverina, the Snowy Mountain foothills, south to the Victorian border, and the Greater Sydney region. The focus on reducing loneliness and social isolation is especially important given the growing recognition of these issues, with negative effects on mental and physical wellbeing.

**The CHAIR:** Ms Birch, we're having trouble because you're breaking up and that means that Hansard can't capture what you're saying. It would appear that you have a written statement there. Perhaps you might be able to send the written statement to us so we are able to capture that.

**MARYANNE MAHER:** Madam Chair, if it assists the panel, I actually have the speech and I can take over.

**The CHAIR:** That would be excellent.

**MARYANNE MAHER:** The focus on reducing loneliness and social isolation is especially important given the growing recognition of these issues, with negative effects on mental and physical wellbeing. This is a

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big problem, and we help in solving this problem. VIEW Clubs, with its extensive regional network, and our active volunteerism and advocacy, provide a supportive environment where women can not only improve their own lives but also enhance their communities through connection and service.

Our organisation's longstanding commitment to fostering social ties and encouraging participation in community life has, undoubtedly, contributed to the wellbeing of countless women in New South Wales, and across Australia, for many years. In addition to its social and emotional benefits, VIEW's work helps build stronger, more resilient communities by serving as a model for social organisations to foster positive change by giving meaning, connection, fun and a real sense of purpose, while collectively helping those in need.

**The CHAIR:** I have quite a few questions for each organisation, but I wonder if I can start with a general one. Not in an attempt to be provocative, but a sort of stereotype for those of us who aren't rural and regional is actually that there's something that we miss in urban settings about the local communities that you foster. You know people, and you know everyone in the town, and that kind of intuitively perhaps suggests that perhaps there's less incidence of loneliness, because you have a closer community network. I guess that's a bit of a stereotype, but all of the things that you're saying counter that, so I wonder if you have a response to that.

**DANICA LEYS:** I suppose it's useful to say the CWA is 102 years old now. When we look back on some of our earliest history and the reasons why CWA formed 102 years ago, one of the biggest reasons was to combat the social isolation. Obviously, there is a really important advocacy piece, particularly around delivery of health services, as to why a group of women came together at that time to form the CWA. A huge part of it was in relation to combating that social isolation. And that continues today. When we survey our members about what's important to them and the issues that they see in their communities, that social isolation piece comes up time and time again. We raised it in our submission, the distinction between—isolation doesn't necessarily equal loneliness but, in some cases, it makes it a lot harder. There are extra challenges for regional, rural and remote people in relation to the fact that they are already isolated, so they are potentially at more risk of feeling lonely in certain circumstances.

The flipside of that, I suppose, is that, generally speaking—and you've touched on this—rural, regional and remote people understand the importance of community. They really, truly understand that. It's important to them to be a part of their community, whether that's within the CWA, the P&C, local sports clubs—whatever that might be. A lot of those organisations are increasingly finding it difficult to maintain their activities going forward. It requires a lot from the volunteers that are involved in those organisations, and whatever we can do to support those organisations to continue is going to help in the context of this loneliness question that the Committee is addressing. Could I check if our policy manager has anything extra to add to that?

**ANDREW CONNOLLY:** One of the things I would add to that is to say—a definition of loneliness. Being with people is not necessarily circumventing loneliness. One of the things that comes out from our survey is that you will have rural populations which are ageing and dislocating in the sense that their connection to each other may be lost. At the same time, you've got younger people who don't have a body of population to engage with, to connect with, that have the same interests that can go beyond being in front of somebody and talking to them. Because circumventing loneliness means connecting, deep engagement and actually feeling something—so those kinds of things, when you look at a smaller population, when you look at a population which is ageing and which is losing some of those connective threads. Organisations like the CWA will have members who are experiencing bereavement and loss of members, but they will still have some connection, and that's the important part of the organisations that exist.

**The CHAIR:** Ms Black, do you have a response?

**REBEL BLACK:** Yes. I was listening to a video this morning from Dr Alok Kanojia. I've probably said his name incredibly wrong—Dr K. He talked about—he's a psychologist—the incidence of people being more lonely despite being more connected. What's happening in rural communities, with a changing social norm and the way that people are relating, is we're seeing the fabric of what we understand as community changing in rural areas. People aren't really sure what to do with that. That is then compounded by natural disasters and economic uncertainty and all of those sorts of things.

People are fatigued. The recent survey that we did showed that people are extremely fatigued with social engagement, even though they want it and need it as a counter to the loneliness. They are exhausted, particularly those that are holding their community together: the volunteers and the people that are involved in those organisations and associations. There was a reference to a sense of cliquishness that occurs. No-one wants to talk about that in rural communities, but it is a real thing—that unless you're a certain kind of person or you've lived there for a certain amount of time or you do the right things in the right way, it can be very tricky to infiltrate into rural communities. So there is that sense of people moving into new places and not being able to become part of those communities and then struggling.

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The New South Wales Government is investing in infrastructure to support their own staff in that through the Welcome Experience, because they've recognised that staff moving to new rural communities are struggling to integrate into local communities and that they need people to help them do that. Those connectors—or linkers, I think, were also referred to—are not necessarily there locally anymore. Alcohol showed quite prevalently in the survey that we did recently. There is certainly a sense that there are very few social occasions or opportunities for connection outside of places with alcohol or where alcohol features quite highly. That can create an extra isolation for people, if they're uncomfortable there or they're making different choices for their own wellbeing and life. So there's a whole range of different factors that play into it.

**The CHAIR:** Ms Maher, did you have a quick response to that one as well?

**MARYANNE MAHER:** Yes. I agree with my peer groups here, but I will add that in metropolitan areas there tend to be more options to connect, obviously, than in rural and regional areas, which has been touched on in relation to lack of transport. As people tend to get older, they don't like to drive, so therefore they don't tend to go places to connect if there are no services. Also the digital connectivity, which, as we can see today, isn't always great.

**The CHAIR:** Sometimes good and sometimes not. Because there are a lot of you—I know my colleagues will have questions as well—I want to ask another very general one and then we can get other questions. You've all done really well in your submissions and in these answers so far to outline the particular issues faced in rural and regional areas. All of you in your submissions as well have suggestions about what to do to make things better. Ms Leys, you spoke about innovative approaches. I wonder if you could each pick out one example that would be helpful for us to understand the types of things that we could encourage to make things better.

**DANICA LEYS:** I have to pick one—that's fine. I'll try to keep it to—

**The CHAIR:** I am sure others will ask you about others, but we'll start with one.

**DANICA LEYS:** One of the things that we highlighted also, apart from enhancing regional infrastructure, is we talked about underneath that the ability to simplify bureaucratic processes so that, when it comes down to it in its simplest form, certain organisations can pitch for and get small grants to help them in their community with a range of different things. If I had to bring it back to one example, it's looking at how we can simplify the bureaucracy around the issuing of grants.

I've said it a few times: the emphasis on small grants. I know small grants can be seen as costly to administer, and there's a preference to see larger chunks of money get out the door in a more efficient way. But when we're talking about rural and regional communities, a small \$5,000 grant, for instance, to help upgrade the lighting at the local tennis court or something could have a really massive impact on that community. It means that a community will come together on a Friday night and play tennis in an area that they may not have done for 10-plus years. In that example that local group of people might have an unincorporated organisation that, in the current scheme of things, is mostly ineligible for applying for small grants of that nature. If there are ways that we can simplify bureaucracy around access to small grants for small communities to be able to get those small things done, I think that would be a really important thing for this Committee to look at.

**REBEL BLACK:** THE Rural Woman a few years ago ran a really fantastic integrated program called THE Seed Scheme, which was focused on women-led small businesses in rural communities. We developed that as both a place-based approach, but leveraging the amazingness of the internet. We were able to connect local people with a facilitator online. We were able to gather groups of women in their local community with online facilitation. Then those groups were able to connect online with the other groups of women from other places. So there was this powerful connection at a local level, where, through this program, women that lived in the same little town of maybe 3,000 or 4,000 people who didn't know each other came together for the purposes of education and learning and being able to grow their business with great facilitation and support. Those groups were then able, through the power of the internet, to meet with other groups of women that were in similar situations in other geographies.

We find that a lot of people generally won't seek help in small country towns because of the perceived stigma that if they're seen to be walking into the clinician's office, people will know that they've got a problem. The value of a well-facilitated, online-based program and activity eliminates that because you may then be placed in a group of people from totally different geographies but with the same mindset, the same background and the same desires in life, but without that stigma and without that fear of everybody knowing your business. So there's much more ability for people to be candid, to share more freely and openly and therefore build greater connection. To have an integrated approach with both place based and online, where it's very well facilitated and quite strategic, yields some incredible outcomes that actually carry on long after the program.

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**ELIZABETH BIRCH:** I think that with VIEW, it's purpose driven. We support the Smith Family and the Learning for Life children—the program that they have for the education of children experiencing disadvantage in society. That usually comes across when the new members come and they say, "Oh, yes, what influenced you?" We ask them just casually about joining VIEW, and that often is the reason that they're there. We have social interactions and things like that as well. They enjoy coming for the connectivity, making friends et cetera. Our current theme is "Make connections while making a difference". But it's mainly purpose driven—that they're doing something for a good cause. That attracts them to our organisation. I don't know if Maryanne wants to add to that.

**The CHAIR:** I might pop over to some of our other Committee members.

**The Hon. SCOTT BARRETT:** I have lots, and you've touched on a few of them already. Ms Leys, the CWA—representative, for me, of other organisations—plays that dual role in that if I become a member of the CWA, I can help address my own loneliness but then also contribute to the CWA, increasing community participation in that town and in that area. Can you just talk about that dual benefit and the role of CWA and other organisations, like the kite-flying association or whatever it might be?

**DANICA LEYS:** I think you have illustrated it quite well. A lot of the reason why people might join the CWA in the first instance is wholly and solely that they're feeling isolated and they want to be a part of their community, and so they go along and join the CWA. In doing so, what happens is exactly what you've just described. They form part of a group of women in a local community that have a much broader impact beyond just helping themselves, so it is actually a dual role.

I would say to that as well that in many cases it often empowers that person to then go on and be involved in other community groups as well. It's very common for members of the CWA, particularly more senior elected people within villages and towns, to then also be involved in other parts, whether it's the campdraft committee or the P&C or the sports club. They will have multiple roles across a community, which is great, but it also then speaks to some of the issues that were raised around volunteer fatigue as well. There is definitely a dual role, and we need to always keep in mind how we can support people to continue to become involved.

**The Hon. SCOTT BARRETT:** Ms Black, you touched on the fact quite well that just because you have people around doesn't mean you're not lonely, and vice versa. I feel that, particularly in remote areas, there are fewer opportunities for that social connection—fewer events and fewer activities. What's the impact on those communities when those events get cancelled or closed or don't proceed anymore, be it the show or the campdraft or the opal festival or whatever that might be?

**REBEL BLACK:** I think that we're very resistant to change and we don't like death of things, generally, as a human species. I think that when things change or when organisations close or activities aren't there anymore, the community feels a natural sense of loss and individuals feel a natural sense of loss for that. Those that are resilient are able to move forward and build something new in the space. We were talking about that before. As long as the infrastructure is there and well maintained and looked after, places and spaces can be reactivated as communities evolve.

I think it's really important that, because we are seeing a diminishing volunteer base, we are seeing a change in the way that people generally are interacting in communities. Less volunteers mean less people running organisations, which means there's social capital that's not being built. Certainly, I'm seeing a massive risk in rural and regional areas in the next decade of committee members just not being there. Organisations and activities that we took for granted just won't be there. What we do about that is skill-develop young people, but we also have to evolve those organisations or the way that we gather in such a way that it is meaningful for young people to want to get involved and new people to want to get involved. The way that we've always done it perhaps isn't going to be the way that we need to do it in the future. I think we have to really wrangle with that.

**The Hon. SCOTT BARRETT:** Ms Leys, you touched on the tennis lights example. I am being a bit cheeky with my question, but I hope you get the intent of my question. What if people in these communities can't play tennis?

**DANICA LEYS:** Then they just stay home.

**The Hon. SCOTT BARRETT:** So it's not about the tennis, is it?

**DANICA LEYS:** It's not about the tennis. The tennis is a good example. I think Breeza is a little village that has recently had some upgrades to their tennis court. For those that know Breeza, it is a tiny little village that you would drive through on your way to Gunnedah and the Liverpool Plains. That has transformed that community in terms of a way for people to come together, not just to play tennis—although physical activity is great as well—

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but as an occasion where people of all ages can come together, play tennis, have a chat, enjoy some food together and just have that.

That infrastructure that we were talking about that's there, that provides that central point for people to gather around. So, yes, there's the tennis example. In the case of the CWA, often we have upgrades to the kitchen so that the kitchen can then be used to provide community meals and catering for events and things like that. Again, it's not about the catering; it's about the ability for people to come together with a purpose and join around an idea or concept and see that benefit in their community.

**Dr AMANDA COHN:** Following on from that, I have a question arising from the CWA submission, but anyone can feel welcome to answer it. I am interested specifically in some recommendations you made around transport infrastructure and digital infrastructure. These are obviously things where the Government has a really significant role to play. Could you provide more detail around what you're recommending?

**DANICA LEYS:** Sure. I may defer to our policy manager to answer some more specific questions on that.

**ANDREW CONNOLLY:** In a survey we've just done, one of the things that emerges is that connectivity and travel. We take for granted that we can hop on a train and we can go from one suburb to another. In rural environments, you can't. That connectivity is lost in many cases when somebody gives in their licence, if they get older or those kinds of things. The importance of local infrastructure being available for participation in community events is extremely important. The connectivity is another example. It's great to have connectivity, but if you've not got the skills to be able to engage with that technology then you're at a loss. Many of our women respond, "We'd love to be a part of this, but we actually haven't got the skills to be a part of it or the technology to be a part of it."

Very simply, keeping roads so that they can be traversed rather than actually not be traversed—in Wellington, for example, there's one that I became aware of which you're not supposed to travel on but people travel on it because it's the only means of transport that you've actually got. So that's one thing—a road. We've had massive floods. We've got a whole range of other things that have occurred which have impacted our infrastructure in terms of travel. There is technology. The 3G closure has brought forward a number of issues for our constituents around navigating loss of those fortuitous connections that occurred through 3G. Again, government closed down 3G. We now have to build the network there. There is lots of stuff I could go on with, but they are more general examples.

**Dr AMANDA COHN:** Specifically on transport, you have given a really good example of people who aren't able to drive or are no longer able to drive for a number of reasons. You're talking about things like public transport or community transport as things we should be looking at?

**ANDREW CONNOLLY:** Yes. There is one example that came forward recently where, under government rules, you couldn't access the community transport facility because one of the little criteria didn't actually match. And so we had, for example, a 90-year-old resident who couldn't attend the funeral of a loved one because they couldn't get access to that community transport.

**Dr AMANDA COHN:** Is that something you might be able to provide more detail on notice—specifically what the policies are that you're talking about?

**ANDREW CONNOLLY:** Yes.

**DANICA LEYS:** Of course, absolutely.

**Dr AMANDA COHN:** I'd welcome others to comment.

**MARYANNE MAHER:** Can I just add to that that the New South Wales Government obviously invests in tangible infrastructure, as we know—roads, tunnels, bridges. This is about social infrastructure, what we're talking about investing in—groups like CWA, VIEW and the groups that are there, but also in community centres and libraries. Places where women or groups come together are really lacking. We find that VIEW clubs often have their meetings in places like RSLs and bowling clubs, but then they charge. If there was a community centre that had the available resources to make your own food or have a cup of coffee, that would be great. It's those sorts of things that are helpful.

**REBEL BLACK:** I'm a big advocate for technology, but it has to go along with skills development. I think it's one thing to invest in the infrastructure and make sure that it's reliable, consistent, easy to access and affordable. Affordability has come down significantly. I was clearing out my tax records recently. I used to pay \$600 a month for internet and phone and now I pay about \$150. The quality and affordability of our access has definitely improved over the years. I think it is continuing to do that, but it has to come alongside of accessible



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skills development. To say to someone, "We need to teach you how to use the internet online" is already a barrier because they can't get online to learn the internet. There's got to be a place-based approach. One of our members said to me recently that this move for everything being online is great, if you are native to the internet and you're native to that technology.

I think my generation was the earliest adopters. Anyone older than I am is not native to technology, so it's more of a struggle for people who are much older, and it's really come to them in their seventies and eighties, where they're having to use QR codes or they're not even allowed to go into their bank anymore because the bank people can't help them and they're referred online. Those sorts of things compound a sense of isolation and create that sense. It wasn't going into the bank to get help; it was actually going into the bank to get interaction with somebody other family or at the pub. We've got to look at the way that people in small places are gathering where there are opportunities for connection, what their connectivity is, and was, in unique and different ways, not just the obvious ones. Some of the policies and strategies of business and government as well are creating massive issues for people—not meaning to, but as an unintended consequence.

They saw this in Africa where they built wells closer to the villages. They thought access to water was so important because the women were walking for kilometres every day just to gather fresh water. They brought the wells closer to them, thinking that was a good thing. It was a good thing, except that now the women didn't walk for kilometres every day together and talk, share and communicate. Now they had no purpose and now they were at home, more likely to experience violence being around men. The children were less socialised. This very good thing became an unintended consequence. I think we're doing that in our rural communities with a whole range of things, particularly with digital access.

**Dr AMANDA COHN:** The CWA submission mentioned the benefits of companion animals, which is something that hasn't come up yet during this inquiry. I'm someone who has a number of animals at home. Could you speak to that in more detail, particularly from your survey responses about things that government should be doing to support people to have that benefit?

**DANICA LEYS:** Sure. Again, I might ask Andrew to speak to that particular point.

**ANDREW CONNOLLY:** Yes, it came up. When I was researching our submission, it came up as being significant. I mean, some of these things are contestable in terms of research and evidence base for having an impact. But one of those that did seem to have an impact across multiple research was, in fact, a companion animal. It made sense in terms of some of the underpinnings of why that was the case—you know, caring for somebody, engaging and so on. Coming back to our evidence in terms of our survey, it's an important issue.

Our members are talking about, for example, things like being able to hop onto public transport and have your companion animal with you, or whatever. That can be contestable as well. There will be some of our members saying, "No, you shouldn't be able to do that", but there are these kinds of issues that seem to be emerging from people, that animals, having something to care for—something that makes you get up in the morning and connect—going out and people talking to your animal connect you again through that kind of conversation. That seems to be something which is significant.

**The CHAIR:** Ms Maclaren-Jones, do you have any questions?

**The Hon. NATASHA MACLAREN-JONES:** Sure, and it's probably to everyone as well. It's in relation to a recommendation from the CWA seeking to simplify bureaucratic processes to enable grassroots organisation to create and scale community-based initiatives. I would be interested to know your perspective and also all witnesses on what are the current challenges you're facing in relation to government, and what could simplify it to make it easier?

**DANICA LEYS:** Sure. I touched on this earlier in terms of—I suppose there's a couple of challenges. One is the increasing appetite to want to give out larger and larger grants, which can be very significant and impactful, even in rural and regional areas, and those are needed in many areas. But there is also a range of very small grassroots organisations, whether they are CWA branches or other small organisations within a community, that don't meet the eligibility criteria to be able to pitch for those larger grants, and also aren't looking for those larger grants. They're looking for something where they may be able to, for instance, add disabled access to a facility: put a ramp in so that more people can come into their facilities; upgrade the toilets so that there are facilities of a sufficient standard to have a range of different people come to that facility, and use that facility.

In terms of the bureaucratic processes that we touched on in that submission, sometimes it's really difficult to just get that \$10,000 grant to get that ramp in with the number of hoops that are needed to be jumped through. Absolutely, there does need to be a certain amount of rigour and responsibility around spending of taxpayers' money, but in many cases the bureaucracy that surrounds some of the administration of these smaller grants is just as much as it would be for, say, a \$1 million grant. That may not be appropriate in all the

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circumstances when we look at the benefits that that \$10,000 disabled access ramp, for example, might have for that community.

**The Hon. NATASHA MACLAREN-JONES:** Could we hear from any of the other witnesses?

**MARYANNE MAHER:** I totally agree with what Danica was saying. Often our groups are interested in things like a laptop. Having to go through a SmartyGrant, which is an online grant, is difficult if you don't have access. It would make it easier from that perspective, yes.

**REBEL BLACK:** Yes, I guess it's to my similar point from before around the move for everything being online, which I completely understand for government is an efficiency thing, but it leaves quite a considerable number of the laggard adopters and the late adopters of things behind. Then it becomes a compounding experience of overwhelm, and it just increases the sense of isolation for people personally, but also for organisations, especially those who might be in their early formation stages that don't necessarily have the legacy or experience of, say, a CWA organisation that's been around for a very long time. Those that are in the emergent state at the beginning probably find the bureaucracy more difficult to overcome. It's confusing. It's new. It's all online. They don't know how to navigate it and there's nobody they can talk to, or they feel there's nobody they can talk to and certainly isn't—very rarely there'll be someone locally that they could speak to as well.

**The Hon. ANTHONY D'ADAM:** I have been involved in voluntary organisations for a long time. Generally, there's a handful of people in each group who hold it together. Ms Black, I think you were talking about that social capital degrading over time. I wonder whether you'd offer thoughts about what you think government can do to support those key leadership people in voluntary organisations that do the lion's share of organising that enables those reaching out and interacting with the target populations that we want to deal with?

**REBEL BLACK:** My personal perspective on that, as one of those people, is that there are layers of responsibility that women have become more and more incumbent to take on—economic contribution to the family and to the community and for the government. They're also raising families, have interfamilial caring responsibilities—up and down, young and old—and then the level of responsibility around community. If you were to remove any one of those factors, it becomes easier for people to give into community. But there is usually a choice point where they say, "Well, I'm either going to mostly care for my family and do those other things in my spare time or I'm going to only do my job mostly and everything else comes second." I think these are the decisions that women face—well, everybody faces, actually. They're decisions everyone faces. Where are you going to put your time and energy, the precious resources that we have? How does the Government help? By not making it harder in any one of those areas or fields. It's that "do least harm" in all policy decisions, but also in thinking about what are the unintended consequences of decisions.

Our community is currently experiencing a huge level of fear and worry because of a review that's been done by the Government in the small-scale mineral titles. The unintended consequences of just that review alone I don't think have been considered: What pressures does that put on community? What pressures does delay put on community? Some of those things you can avoid and some you can't, but I think, before decisions are made, before policies are rolled out, before programs are enacted, really genuinely think about what are all the possibilities—good, bad and otherwise—of this decision and who is it going to impact and how, not just now but in the future.

I think if we thought more about those things, then we would probably get better outcomes in the long run. And I think taking a co-design approach rather than a community stakeholder engagement approach would actually also be very beneficial, where communities, individuals, are involved in the design of things first before they come in and then they're imposed upon them, because most community stakeholder engagement that I have been a part of in the past 25 years was really someone coming to tell us what had already been decided and trying to get us on board for it. For me, a co-design approach would be a better way and the way that government can help with the big issues that you're trying to support communities through.

**The CHAIR:** Unfortunately, our time has come to an end. We very much appreciate your submissions and willingness to be here today, but also the work that you do in the community. We recognise and thank you for that. You may have taken some questions on notice and there may also be more questions from us to be sent to you. The secretariat will be in touch about that and about the timing. But again, thank you so much for everything you do.

**(The witnesses withdrew.)**

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**Mr DANIEL ALLARS**, New South Wales State Manager, Top Blokes Foundation, affirmed and examined

**Dr CHRISTINA JARRON**, Research and Evaluation Manager, Top Blokes Foundation, affirmed and examined

**Mrs CASSANDRA GRAY**, Chief Operating Officer, Mentoring Men, affirmed and examined

**Mr MARK HENDERSON**, Research Consultant, Mentoring Men, affirmed and examined

**Ms EMMA BREDENHANN**, Manager, Communications, Partnerships and Engagement, Australian Men's Shed Association, affirmed and examined

**The CHAIR:** Thank you all very much for coming today to give evidence, and for your submissions. We appreciate that. If you have an opening statement, please be conscious that we have to get through a few. We will start with Top Blokes.

**DANIEL ALLARS:** Thank you very much. I am the New South Wales State Manager for the Top Blokes Foundation. Every day I work with teachers, parents and our team of mentors across New South Wales to deliver mental health and wellbeing programs directly to young males. I'm here today with my colleague, Dr Christina Jarron, Research and Evaluation Manager. We welcome the opportunity to appear before the Committee as part of the inquiry into the prevalence, causes and impacts of loneliness in New South Wales. Through the submissions to this inquiry and the hearing already held, the Committee is well aware of the prevalence of social isolation and loneliness in New South Wales. We are here to zero in on the experiences of young males. Top Blokes is a youth mental health charity. We support males aged 10 to 24 years old through a three- to six-month long mentoring program, sending qualified youth workers into schools and the community.

We provide a safe space for young men to come together and learn how to build healthy and deep connections, while also giving them the tools to navigate the transition periods from adolescence to adulthood, which is a particularly vulnerable time for young males. Since 2006, we have supported over 25,000 young males in New South Wales and Queensland. This year, in New South Wales alone, we've worked with 2,500 young males. When we spoke to young males about social isolation and loneliness to inform our submission, we were struck by the nuanced understanding of the links between social isolation and loneliness to masculinities, antisocial behaviour and health-risk behaviours. They tell us that young males feel most lonely when they lack hope or purpose, and we try to help them feel connected to each other and to themselves, understanding what they value in life and exploring their self-identity.

Young males also have a lot of ideas about how to address social isolation and loneliness, and they are asking for our help to make these ideas a reality. They know that meaningful connections are key but struggle to access opportunity for meaningful connection organically. They told us that being at school surrounded by people is not enough to prevent feelings of loneliness. They want opportunities to be themselves, to live authentically, to connect with other young males. Sharing struggles and hearing others share their struggles helps them feel connected.

Young males exist in community, cultural, social, policy and system contexts that are influenced by these contexts, including in their experience of social isolation and loneliness. There is much we can do at these levels that will help young males feel more connected and feel like they belong. While we are here today to represent the views of young males we work with, we urge the Committee to connect directly with young males, and Top Blokes can make this happen. Young males want to share their experiences with you and have no end of ideas for you to consider. We would welcome the opportunity to support the Committee or the broader Government to connect with young males for this inquiry, and any recommendations that come from it.

**CASSANDRA GRAY:** Good morning. Mentoring Men is an organisation dedicated to reducing loneliness for men through free, long-term, one-to-one life mentoring. Thank you for the opportunity to contribute to this vital inquiry into the prevalence, causes and impacts of loneliness in New South Wales. Loneliness, as you would have been hearing, is not just a personal struggle; it is a pressing public health issue with far-reaching psychological, physiological and economic implications, as outlined in the inquiry's terms of reference. Through our work, we witness firsthand the profound challenges loneliness creates. Our data shows that 68 per cent of our mentees report a reduction in loneliness, demonstrating that there is a transformative impact of targeted, cost-effective interventions like mentoring. We believe that through expanded support for mentoring programs, enhanced data collection and a unified strategy that integrates government and community efforts, New South Wales can address loneliness effectively. I look forward to sharing our insights further.

**The CHAIR:** Thank you so much. Ms Bredenhann?

**EMMA BREDENHANN:** When you close your eyes or perhaps if you visited your local men's shed, I am not what you would imagine when you think of that experience. But as a daughter, a wife and a mother of

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three young boys, I say that the state of men's health outcomes now and in the future could only be higher if I were a man. I'm hopeful most of you have actually witnessed firsthand the incredible impacts of the men's shed in your local communities, so I won't go on at length about those. What I will highlight is that in New South Wales there are 400 men's sheds, which is about 26,000 men impacted by their local shed every day.

The Australian Men's Shed Association was established in 2007 to support the men's shed movement. Since then, we've seen a growth of 50 sheds to 1,300 sheds nationally and about 2½ thousand sheds worldwide in 12 countries. The New South Wales Government is actually quite a large stakeholder in the men's shed movement in New South Wales, given that a lot of sheds operate on Crown land, and the men's shed community is a hugely underutilised resource and channel for improving health outcomes as a preventative as well as an early intervention. We have 12 staff that look after 1,300 sheds nationally and one person dedicated to those 400 sheds in New South Wales.

Prevention is far less expensive than reaction. Sheds reach priority population groups as well as the general population—primarily, older men—but that intersects with so many other community groups when you consider the amount of activities and the reach that men's sheds have, particularly in regional and rural communities. As identified, particularly in the last conversation that I was here and lucky to witness, the world is rapidly changing, and that's impacting people of all ages. For us, we focus on older men, and some of the highlights of the other conversations were around that connectivity being a huge gap. The shed provides a hugely important resource, and we're excited to be here and contribute to this inquiry.

**The CHAIR:** Thank you very much. We appreciate having you all here. I might start with Mentoring Men. Could you give me a bit more information? We have a lot of submissions from a lot of organisations, but yours seems to be quite specific about dealing with loneliness, which is a bit unusual. Others are social organisations, but yours seems to have that right at the heart of what you were set up to do. Could we talk a bit more about that? Also, I wasn't entirely clear on what you do. Mentorship is a big concept. I wasn't sure who your mentors and mentees are, where you get them from, what your governance structure is, who's behind it—that kind of thing. I wondered if you could help me understand a bit more about your organisation.

**CASSANDRA GRAY:** Yes, absolutely. As someone who came on this year to Mentoring Men, it took me a little while to get my head around too, so I appreciate the question. Mentoring Men started six years ago with the founder actually doing some mentoring for youth himself, and then, looking for some life mentorship, he looked around and couldn't find any. He could find business mentorship but couldn't find life mentorship for men, so he started up the organisation. Very early on, it started using the UCLA for data to collect data on loneliness, hence why we have that embedded into our program. It's for men 18 and over. Volunteers come on board that want to mentor other men. They get trained to be a mentor through our training, and then they can be either face to face or online. They go and we match them with someone who is seeking to have a mentor in their life, and that can be for a couple of months or it can go on for a number of years.

**The CHAIR:** Who are the people seeking mentors, and how do they know to come to you?

**CASSANDRA GRAY:** It can be anyone from 18 to—I think our eldest mentee is 74. It's people that are recognising there's something within their life that they need a little bit more support around. It can be a transition from work to retirement. It can be around relationship issues, addiction issues or mental health challenges. I was speaking to a 20-year-old boy the other day, who just wanted to find someone to talk to because he was self-proclaimed socially awkward himself and finding it hard to navigate the world after he stepped out of school. It can be anyone from any walk of life, and it's across cultures and across communities.

**The CHAIR:** Thank you for that. That's helpful. Could I now ask Top Blokes? You mentioned in your submission that young men and boys may not have access to organic opportunities for meaningful social connection. I'm pretty sure I remember in your submission some quotes from some of your youth ambassadors about school not necessarily filling that function either. Why is it that there aren't these opportunities, and what are you proposing could help?

**DANIEL ALLARS:** What we're hearing from young males is about that ability to create depth in their relationships. They're finding that a lot of their relationships can be quite superficial, particularly online or what have you. What they're looking for is ways to connect more meaningfully, and they're really looking for those opportunities. When we create a group at Top Blokes, we might have boys from different regions or different backgrounds and creating space for openness and vulnerability. We find those boys really thrive in those situations. They're looking for more spaces for them to have vulnerability and openness with their friends. But when they're at school, they're finding that they're mainly having to wear a mask or feel like they're playing a character sometimes so that they can't really show their authentic and true self.

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**The CHAIR:** It's not intended to be a provocative question, but it was going through my mind as I read your submission, particularly because I think you have some programs that are targeted to reduce the attraction of extremist ideologies. You spoke about masculinity and how it's perceived and that being a contributor to perhaps not wanting to share personal experience. The name "Top Blokes", to me, seems like a particularly Anglo and a particular version of masculinity. I wondered why that was chosen and how do you appeal to broader groups. It has been intriguing me since I read what you're trying to do.

**DANIEL ALLARS:** Yes, it's a great question. I think a lot of times when you look at that, when we talk to a young man and say, "What do you think a top bloke is?" we can break it down that actually they are someone that's there for someone. They support each other. They're there for their mates. That's the sort of values and ideals that we want to promote in our young people. By sometimes taking back maybe that traditional and stoic version of masculinity and something like calling someone a top bloke, we can claim it back and say, "We want our young men to act in a way where they are the role models of our community."

**The CHAIR:** Ms Jarron, did you have something to add there?

**CHRISTINA JARRON:** Just to add to that—and Dan might be able to give some more details—we work across so many different types of communities and lots of different types of young males as well. We've actually got quite a few neurodivergent young males that we work with, so we are managing to connect with a real diversity of young males, and it's interesting listening to them. We ran a focus group in putting together this submission and hearing what they say about—as Dan said, they're dealing with so much at school. If you look at the school suspension rates, young males are heavily overrepresented among groups that are getting suspended from school. There's a lot going on in school for them, and they're looking for those opportunities outside of school. But it's hard for them to access those, and it's not happening naturally, which is where Top Blokes opens up another world for them.

**The CHAIR:** Thank you. Ms Bredenhann, one of the things we've been hearing about throughout the inquiry and in the submissions is that community organisations do provide that social connection and that we should be encouraging them. I guess one of the dilemmas is how do you get people to engage. Men's sheds are a quite well-known type of group. How do men usually get involved? How do they grow? How are you extending the reach and getting people to be engaged? That's one of the things that we're trying to grapple with.

**EMMA BREDEHANN:** It's a growing challenge for sheds, particularly given the ageing membership. That's something that we've found is a growing issue for men's sheds in our latest member survey. The importance and the success of sheds is that they are started and owned by the community. The growth of the movement is really that someone, or a group of men and women—I will say that there is a very large number of women behind the men's shed movement—have come together, have created that group and have worked really hard, whether it's to build the shed or find that location. That sense of ownership is really important. One thing that we're working on with sheds is to find ways that will bring other groups into the shed and highlight what the sheds are all about.

My CEO tells a really great story about the fact that, particularly for men, when you get them together and put them in a room with nothing but themselves, everyone will sit down and they might have a few chats about the weather or something quite surface level. But if you put a broken mower in the middle of the room, someone will go and have a look and might have a tinker, and then someone else might come over and they'll begin working shoulder to shoulder. It moves from a surface level conversation and will really extend further. Yes, there is a known challenge of getting them in the door. What keeps them is that there is something, a purpose, bringing them together. We're working on a few programs that will, as I said, get them in the door and keep them there with the shed itself.

**The CHAIR:** That's interesting. We did just hear from VIEW, which is a women's organisation, which also said that having a purpose is a reason that got people together. I wouldn't want us to get too gendered on that. I might see if we have questions from others in the Committee.

**The Hon. SCOTT BARRETT:** I'll start with the Men's Shed Association, if that's all right. It's a question that I put to the CWA as well. There are dual benefits of an organisation such as a men's shed, where, if I join a men's shed, I'm working on my own loneliness, but then the men's shed as an organisation has other impacts throughout the community. Can you touch on how else that men's shed reduces loneliness?

**EMMA BREDEHANN:** Absolutely. The men's sheds, particularly in the last five years, have had a pivotal point of evolution. They're very well known. They're dealing with that transition-to-retirement piece and supporting men through that part of their lives where they're changing from a sphere of work—and that's where much of their purpose and friendship world was placed—and starting to work at the shed. Because of that well-known element, sheds are now becoming integrated into other community organisations. They do work for local primary schools. We have run some great programs where we connect the local school with the local shed,

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and on Planet Ark's tree day, they get together and plant saplings at the school or at another community asset. It's becoming more than what's within the shed. They're participating in activities that extend through many other community groups and organisations.

**The Hon. SCOTT BARRETT:** To the Top Blokes Foundation, I want to expand this outside of the traditional view of clubs, being footy clubs and that sort of thing. You talk specifically about exploring a sense of identity outside of dominant forms of masculinity. Can you touch on that briefly—what that includes and what that actually means?

**DANIEL ALLARS:** I think that can include anything. Sometimes you pigeonhole young men that they should join the footy club or they should play basketball or sports or what have you. Any opportunity we have for young men to get together, even arts or drama—there are all sorts of different activities where young men are encouraged to get together and do these activities. Similar to what the Men's Shed Association have already spoken about, if we add a group where there is a bit of purpose and we add purpose to young men's lives, that gives them more opportunities to get together and discuss. I think some people can feel quite isolated that the only advice they get is to go join the local footy club. That's good advice, but it's not for everyone.

**The Hon. SCOTT BARRETT:** Without rehashing the submission—and, perhaps, Mrs Gray, you could touch on this as well—you talk about things like a sense of belonging, identifying with groups, building rapport with others, mentors, role models and particularly that sustained engagement. Do those clubs often deliver those things? Mrs Gray, maybe you can touch on that before we come back.

**CASSANDRA GRAY:** Yes, they have the opportunity to. That's what we need to think about when we're talking about loneliness and any opportunity in the community. Everything has an opportunity to build these connections and sense of belonging. I might leave it to my colleague, but it's important to say that with loneliness, we're finding that just attending isn't the skill set that we need to have. Do you want to speak more to that?

**MARK HENDERSON:** With Mentoring Men, we take the view that Australian men are really capable. They're informed, educated and worldly. They have all these abilities and they're wanting to contribute. That has been our experience. They want to contribute. They want to get out there and do something. They just haven't quite recognised their skills. What we do is we put them through a brief training program. It has empathy skills in it, active listening, a bit of self-care and practising gratitude to an extent. Then these guys get over the line. They're connecting up. We put them in a relationship. We're not really an organisation, which you mentioned earlier. We're loose. We're real loose. These guys start getting these skills and connecting. We put them in a relationship, one to one. One guy is listening. It's the mentee's journey, not the mentor, which is really significant. It's different from organisational, business, military or political mentoring. There isn't that power of the mentor so much. The mentor is the listener.

We grounded this in straight-out Rogerian psychology, which is active listening and humanistic, and a bit of social work to lean into discomfort and to meet the person where they are. What we've found with our guys is that they're extending all the time. It's really encouraging, because the conversation over the back fence goes from, "How is the lemon tree coming along?" to, "That must be really tough with your boss." It's one story after another. Or it's the barbeque where the bloke comes out and goes, "My relationship has broken down"—which is a big body of where the mentees come from, I might add. People go through a distress, there's a life event and they reach out. We've got these guys who are regular guys. What's regular? I don't really know. That's where we're coming from. I look at the men's shed. It's fantastic; it's constructionist. You get the lawn mower there and then this other stuff happens. We kind of go past the lawn mower and try to give the guys these skills. The relationship is it. That's it. Some of these guys are going for it. They're setting up their own groups, they're self-organising and they're doing it in their communities. I'm not sure if I addressed the question, but it had to burst out.

**The Hon. SCOTT BARRETT:** I do now want to lead in to Mr Allars, if I can, because your recommendation in particular talks about investing in initiatives that promote sustained engagement, such as clubs, activities and sport. What does that look like? How do we help these clubs exist in an environment where they're dwindling? How do we help them play the role that we want them to play, not just in teaching kids how to make paper aeroplanes but also in that mentor and connectedness role?

**DANIEL ALLARS:** That comes back to educating people on how to facilitate groups and spaces and allow those conversations to happen—letting them understand that young men really want to have these spaces to open up. If we can empower our clubs and groups to be more than just teaching the skills of paper aeroplane building, as your example, then you've got a group of men encouraging conversations and we're giving them more space and education in that space.

**CHRISTINA JARRON:** Can I add to that? The focus group that we ran really highlighted year 7 to 9 as critical transition points for young males, as well as primary school to high school. Something that was flagged

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was that young males in that age group that might have been very intensively involved in community sporting groups sometimes transition out of those groups during that year 7 to 9 phase. They'll stop doing the community sports that they were once doing, and this can contribute to feelings of loneliness and social isolation that might be newer for them.

This is where this recommendation is coming from. It doesn't have to be sport, because as Dan said, not everybody is into that. There are other opportunities as well. I note that in the submissions from Orygen and Youth Action, they're advocating for spaces for young people. That's really important. That's come out of our focus group too and what we've heard from young males that we work with. I think this is what you're saying, what happens in those spaces is really important too. This is where the mentoring relationship that the Top Blokes youth workers have with young males can be a great example of how that prolonged relationship, as you outlined before, can really help young males feel like they can be themselves and that they can connect deeply not just with the mentor but with the young people around them as well, because we know that that peer group will be the ultimate influence, no matter what we do, right? It's all about the friends. So the model has a lot that it could offer in those areas or spaces outside of school.

**The Hon. SCOTT BARRETT:** But an important aspect of that is that those clubs and organisations are there so they can play that role.

**CHRISTINA JARRON:** And offer that space for young people, yes.

**The Hon. SCOTT BARRETT:** Can we somehow get in *Hansard* the unanimous nodding of witnesses?

**MARK HENDERSON:** If I may, we have similar evidence too. Young men—so men in their twenties—finish sport, and this is an isolating event.

**Dr AMANDA COHN:** I have a couple of more niche questions, which is why I didn't want to go first. My first question was to Mentoring Men. In your submission you talked about having an Arabic-speaking men's group, which is really excellent. There has been a lot of evidence around culturally and linguistically diverse communities being particularly at risk. I know we're going to have some stakeholders from those communities at some stage, but can you talk about the process of setting that up and how it was received?

**CASSANDRA GRAY:** Yes, absolutely. I absolutely won't speak for the community; I'll let them speak for themselves. What we found is that there can be many reasons that lead to loneliness, but that opportunity—as we talked about—to go to the local club but then no-one speaks my language or I don't really understand the cultural norms here can be a big setback. Also, as we were talking about, and as was mentioned before, I can have a conversation with you and still feel very lonely because I'm not getting to that connection engagement that I'm really seeking. It's another layer that we're talking about.

With these groups, we used our Mentoring Men foundations and we went and worked with the community and found a community facilitator for their groups, because alongside we have a group. That invited that cultural safety, which is incredibly important, along with other safeties that Top Blokes has talked about for youth. Having the facilitator being Arabic himself and being able to invite that in, and us being more on the side supporting how it happens, what we saw is that they all felt that they had a space in the room and they all had an opportunity to feel like they could practise the skills of mentoring that we had given them in a place where they fed off each other. The results were that they felt more connected and they felt like they had richer conversations with each other and broke down some barriers. What we see and what you can hear a lot about is that men don't seek help, and men don't talk up, and we're seeing the exact opposite. Just as Top Blokes are saying with the youth, you give them the right space and they walk into it. For that Arabic cultural mentoring, we saw that as well.

**Dr AMANDA COHN:** I want to ask Top Blokes about social media. It's been a hot political topic recently, but there is obviously an unmet need for support and guidance to navigate social media so that it can be a helpful tool rather than something that's harmful. What have you heard from the young men that you're working with? How might government be able to support people to use social media better?

**DANIEL ALLARS:** It is a complex issue. Obviously we're hearing from young men that they can have lots of connections but the depth of those connections can be quite shallow, and what they are looking for is deep connections. On the other hand, certain groups from marginalised communities are maybe looking for their sense of community and the way they find those communities is online. So what we need to do is help young men build deeper connections and be safer in the way they build those connections, particularly online.

**CHRISTINA JARRON:** That's come through around the issues of extremist content and also pornography. The online environment is one that is, like Dan said, complex critical for them. But they also see the downsides, and they've spoken to us about it. It's in the submission as well. We've got lots of reflections in the submission to the inquiry on the effects of harmful pornography too. Above all, I suppose "it's complicated" is the

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main takeaway. But the young males we've spoken to have lots of ideas as well. We would be really happy to work with the Committee to connect you to young people so you can hear those perspectives directly, because they can give you that direct insight into the problem as they see it, and then they've got a lot of ideas about things that could help.

**Dr AMANDA COHN:** Thank you. That's a really helpful suggestion.

**The Hon. ANTHONY D'ADAM:** I want to explore the extremism question. Could you explain your understanding of the nexus between the social isolation of young men and the preponderance to embrace extremism and how that interaction works from your experience?

**CHRISTINA JARRON:** Yes, sure. Social isolation and feelings of loneliness, we understand, can make young people more vulnerable to being exposed to and influenced by extremism. We know this is an issue that has been in the media a lot lately. I think this happens with young people because there are a lot of emotional and cognitive processes that happen during that adolescent period. A sense of belonging, a sense of connection and a strong sense of identity are protective factors, but they also might be weaker in people of that age group. In this respect, social isolation and loneliness can contribute to a person's radicalisation or exposure to extremist content, and obviously has massive impacts on individuals and communities. Dan, did you want to reflect on what we're seeing in the classrooms?

**DANIEL ALLARS:** Yes. We were lucky enough to get a grant to work in a particular region specifically targeting extremism. What we found more than anything was that the boys were just parroting a lot of what they were seeing. There was possibly a bit of an echo chamber of how they were hearing about topics, hearing about particular people and hearing about themselves. What we found is once we gave them even just a sounding board by having our mentor stand up and say, "What do you mean by that?" or "Have you actually thought about this in a different way?", building on their empathy and their critical thinking skills, that then started to make the boys consider what they were actually thinking where they weren't necessarily getting the opposite side of the view.

**The Hon. ANTHONY D'ADAM:** All three organisations are dealing with masculinity. Obviously there are various types of masculinities. Is there something that's happening in terms of masculinity and masculinities that is driving the phenomena of social isolation and loneliness? You've obviously got a target group around dealing with men, and loneliness is just one of those features that you've encountered that you want to address, or is there something inherent in what's happening to masculinity that might be exacerbating the phenomena of feeling socially isolated or lonely?

**CHRISTINA JARRON:** That is a good question.

**MARK HENDERSON:** There's traditional hegemonic masculinity, which we're all signing up to—nice white fellas—and it's fracturing. We're getting broader about it. We think that there's this sort of set masculinity, but it's not the same norm that it was. There are caring masculinities and there are inclusive masculinities. There's a broadening of it, if anything. We have feminism but don't have masculinism. We've just got patriarchy, which was sunk in. So men are somewhat limited, but they're now starting to see outside this, I think. We're being informed by more diverse thinking, particularly coming out of, say, feminism and things like that.

It's easier for people to fall into that trope and say, "We can't express ourselves", but, on the contrary, once you give men those skills and shore them up, they're going for it. I think that, when we talk about people being in an isolation chamber or an echo chamber and things like that, if people are lonely, they're not reaching out. Isn't that the point of loneliness—they're not quite doing that? We keep asking people to reach out, but shouldn't we give people the skills to reach in? In some ways, masculinity is broadening. We are having greater diversity, which is helpful, I would think. I would encourage the idea that we are broadening and people are communicating a great deal. When we talk about masculinity—and Australia is in some way a leader in this, especially in gender studies and things like that. We are broadening out, but we have to include all these different diversities around them to understand.

**CASSANDRA GRAY:** I think what we're seeing is that, when men are coming to us for support, they're seeing that, "I've done all the right things. I've got the job. I've got the family. I'm having some issues, but I don't know how to do that second skill set." What we're noticing is that when they're given that permission to go there and to talk, they actually do, and that breaks that kind of loneliness. I think the social media and the social rhetoric that we hear can sometimes be disparaging to men and they feel like, "Hang on, it's just me that's going through these problems." But when we allow and we create space—as everyone has talked about and the CWA talked about too—I think we're seeing a really big change, and that's the opportunity. I will let the others speak.

**DANIEL ALLARS:** If I could add as well that I think a lot of the young men feel that they're asked to play a particular role within their masculinity. When they turn up to school, they're expected to play a role. Sometimes teachers are expecting them to play a role. They feel like they're wearing a mask and not able to share



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their true authentic self. What we're trying to express to our young people is that it's not about not being masculine but, at the same time, it is about embracing all parts of yourself and having the tools that when you need to be caring you can be but when you also need to be assertive and those more masculine traits you can also do that, to allow our young people to show their authentic self when they need to.

It's about that safety of being able to share and being able to take the mask off when you need to take the mask off and share important things about yourself. We do an activity where we get them to share in a group where they write what it is they show when they turn up at school and the traits that they want everyone to feel but, then, on the inside is what they're not telling everyone. We share that in the space and, most of the time, they're feeling the same thing and they can then build that connection with each other because they know that they're all in the same boat.

**EMMA BREDEHANN:** Can I add that that's also not age specific. We see the same things across the whole spectrum of age groups as well. There are similar experiences. Men in sheds at the moment are typically 55 and over and have lived a very different life to the boys and teenagers that are coming through now. We are experiencing some of those identity issues as well.

**The CHAIR:** Ms Bredenhann, in your submission, one of the recommendations is to integrate Men's Shed programs with the local health services. I'm intrigued about what that might look like or how you would see this happening or if you have seen any of this occurring.

**EMMA BREDEHANN:** I guess, in an informal way. Sheds are certainly not—we wouldn't like to see them move into a clinical space because where they're really successful is that they're not. But by working alongside primary health networks and localising services, connecting those shed communities and those men with their local health services in a really informal and accessible way, we know that that will improve when they seek help in that cycle of issues. As you referred to earlier, men do seek help but what we know from the research is that it's typically a little bit later in the process. Where we step in is that prevention.

**The CHAIR:** Unfortunately, we are at the end of our time. Thank you very much for your submissions and for being here today, but also for the work that you're attempting to do in the community as well.

**The Hon. SCOTT BARRETT:** Sorry, Chair, Mr Henderson suggested research about people leaving sporting clubs and the impact that had. I wonder whether we could ask him to table that.

**The CHAIR:** Mr Henderson, would you be prepared to take on notice that research you said you had about boys and young men leaving organised sport?

**MARK HENDERSON:** Sure. That evidence comes from both Australia and overseas.

**The CHAIR:** I think there might have been some other things we asked to take on notice. There may also be some supplementary questions. The secretariat will be in touch about that and the timing of that. Again, thank you so much for being prepared to share with us today.

**(The witnesses withdrew.)**

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**Ms ZOË ROBINSON**, Advocate for Children and Young People, Office of the Advocate for Children and Young People, affirmed and examined

**Miss MADDISON ELWINE-WILSON**, Individual, Office of the Advocate for Children and Young People, before the Committee via videoconference, affirmed and examined

**The CHAIR:** Welcome, Ms Robinson and Miss Elwine-Wilson. Thank you for joining us and making the time to give evidence. Do either or both of you have a short statement that you would like to read?

**ZOË ROBINSON:** Maddison has an opening statement.

**MADDISON ELWINE-WILSON:** I want to start by thanking you for allowing me to speak here today and telling you a little bit more about me and my experience with loneliness. I am an 18-year-old uni student from the Central Coast region. When we typically think of a young person that is suffering due to loneliness, we often paint a specific picture in our mind of what that person may be like that is far from the truth. Loneliness and social isolation can affect anyone, something that is becoming ever more prevalent with the rise of loneliness. If you had told me five years ago that I would be sitting here today to discuss the impacts that loneliness had on me, I probably wouldn't have believed you. As a child I was always extremely outgoing, having no shortage of friends. Despite that, I find myself spending a large majority of my teen years without a single person I could call a friend, and my fifteenth, sixteenth and seventeenth birthdays not having a party due to the fact that I just didn't have anyone to invite.

What are some of the catalysts for this and how does that reflect on the experiences of other young people also suffering loneliness throughout New South Wales? One of the biggest events that I'm sure you will not be surprised about is the effect of COVID-19. The isolation caused by lockdowns led me and many young people across the country to withdraw from social situations and groups, something that many people are still feeling the effects of today. Another catalyst for me was my alternative schooling. I was not a person that thrived at school. I loved learning and absorbing new information, but I found school itself to be a little overwhelming. I made the decision to leave school and instead decided to study at TAFE. This is not a decision that I regret; however, this doesn't change the fact that during my time at TAFE I was simply not able to build close relationships with any of my fellow students. This is because TAFE is an adult learning environment, with my course in particular not having anyone under the age of 25, except me. This led to an isolating experience.

The effects of loneliness and social isolation affect many aspects of a person's health, including their physical and mental health, something that was also reflected in my experience. Loneliness, especially in young people, can have an effect on their social and communication skills. Missing out on the crucial social developments that happen throughout your early life and teen years can have a direct impact on how you communicate and engage with people for the rest of your life. I would also like to note the effects that the cost of living and the rental crisis have had on loneliness. I am a person who grew up in unstable housing and moved around a lot as a child. This no doubt had an impact on my social life and my ability to make deeper friendships, especially in my later years. In summing up, loneliness is not something that only affects a particular group of people. It is something that could happen to anyone at any time. It is also something that can be particularly devastating for younger people as they may not have the right knowledge or tools to help them out of the situation. Thank you.

**The CHAIR:** Thank you very much. We very much appreciate that. Ms Robinson, do you have any opening remarks?

**ZOË ROBINSON:** No.

**The CHAIR:** We might jump straight in with questions. Ms Elwine-Wilson, I might start with you. Again, thank you for giving us that overview and your experience. We do very much appreciate and value that. One of the things that we have seen across a lot of submissions and, of course, that there has been a lot of publicity around is social media. We're trying to figure out and understand what people think the benefits and pitfalls of social media are with regards to connectedness and loneliness. I wondered if you could maybe describe your experience relative to social media. I know that "social media" is a term that covers a lot, so please feel free to be a bit more specific. If I don't understand what you're talking about, I'll ask. Could you give us your experience of social media and its benefits or pitfalls when it comes to overcoming loneliness?

**MADDISON ELWINE-WILSON:** Yes. For me, personally, I found that social media was the only way that I was really able to stay connected to people my age when I wasn't physically engaging with them, if that makes sense. Even though I was not hanging out with people my age and didn't have friends my age, I was still able to have an idea of what was kind of going on, what the trends were, what people were talking about, so I wasn't able to feel too disconnected from people my age. If I didn't have that, if I wasn't able to stay connected to what was going on, now—having friends and having that connection—I would not understand 90 per cent of

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what people are talking about if I didn't have it available to me on social media. I do think social media can enable people, I guess, to maybe stay home and not seek social connection, but I also think it gives a lot of people that social connection as well.

**The CHAIR:** Thank you very much for that. As I said, we use the generic term "social media". Are there channels or mediums that are better or worse, do you think?

**MADDISON ELWINE-WILSON:** I guess it's such a broad term, but all social media sites are quite different, and they operate really differently. For me, personally, I would mainly stay on YouTube and TikTok. They were kind of my two. I think Instagram's more for talking to people. If you don't have people to talk to, it's not really one that you may use as much, but I do think TikTok is very prevalent—very big at moment with people, younger people.

**The CHAIR:** Ms Robinson, I wonder if you could give more of a macro view of what we know about social media benefits and downsides.

**ZOË ROBINSON:** Obviously, we've done a lot of work in this space with young people and hearing directly from them. They would recognise some of their own pitfalls and they see that. They overwhelmingly, however, can see that there is a benefit in terms of that connection and community, especially when you're talking about some priority cohorts, so when you're talking about those in regional areas and when you're talking about those in the LGBTQI+ area. On Monday, I had a conversation with someone who talked about their daughter with a disability and the fact that they created an online community to assist them in their own experiences in a regional area and sharing that.

Children and young people are the best to talk to about what's going on in social media. In saying that, they also recognise that there is good and bad. In the work that we've done there are particular platforms they would talk about. They'd talk about that they see that Snapchat and TikTok might be more on the not-great side of things, but they still recognise the issues on those platforms so they can identify it. The things that they're talking about that they want assistance with are more around that education piece, around misinformation and disinformation, and more about how they can work with their parents and communities to understand the good that can come from that. But in terms of when we're talking about social connection, certainly when you think about the COVID time for, particularly, young people who existed through COVID, if we didn't have access to that, there would have been limited connection.

I'm not just talking about in your immediate community. I'm talking about when we saw great programs where people in the city were writing to people in regional areas and were trying to engage that way as well, so there have been some good examples of how we can use it to build our community beyond our immediate community. But they've got to really balance to be on this. They recognise that there are things that happen that are not great on social media, but they want education and they want assistance in that, and they also want us to hold the big companies accountable for that and look at the algorithms, not just say, "You can't do it."

**The Hon. NATASHA MACLAREN-JONES:** Ms Robinson, in your report you talked about some of the barriers for young people accessing supports. I'm interested to hear a little bit more from your perspective, and potentially Maddi's as well, about what those barriers are. We've heard throughout this morning there are some amazing programs that are running in different organisations or within schools. I want to understand why there is this disconnect between whether it's getting [inaudible] these young people or the young people being able to reach out?

**ZOË ROBINSON:** I think there are layers to that, obviously, depending on where you are living and what you have access to. Obviously, in the cost-of-living work that we did, we heard about the expense, which includes the expense to travel to some of these places but also if there is a cost associated with receiving that. We're talking about everything from kind of a social activity to actually accessing things that might support your mental health and wellness. You also have, as you heard this morning and from the people immediately before me, that barrier in terms of stigma that might be attached to reaching out in terms of saying that. When we're talking about loneliness, children and young people are probably using words more like "belonging", "connectedness", "community", as opposed to identifying it necessarily as loneliness, although Maddi has very clearly articulated how that can feel for some young people.

But also then you have in some places the tyranny of distance, which is still a reality. I was in the Northern Rivers on Monday. There are a lot of things that might exist in the community, but if you can't get to it and there isn't transport that allows you to get to that, then you are not necessarily—and we're not even just talking about the ability to play for a sporting team or any of that stuff. It is the fact that you might not be able to get from A to B. When there are Santa photos happening in Lismore and they want the community to come in for that, but you can't get there, you can't participate in that as well. There are the layers to it in terms of you've got one end, which

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might be the stigma and the fear of wanting to acknowledge that this might be what you're going through, versus all of the other cost-of-living and travel parameters that can exist for some people.

**The Hon. NATASHA MACLAREN-JONES:** We heard earlier about the need, obviously, for greater digital connectivity, particularly in the regions. Can some of this be as simple as ensuring that is addressed, or is it much broader and saying, "You do need to address the transport issues. You need to address the funding and being able to participate in these programs"?

**ZOË ROBINSON:** I think it is all of those things. I think especially if we're going to be talking about children and young people and the things that they should be doing, if we don't believe that they should just be existing in an online community, then you have to create the space for them to go into different communities as well. So, absolutely, the ability for it to be a positive connection—and I don't mean that in terms of 4G and 5G networks, although that would be very useful in some of these areas to ensure that we've invested in infrastructure that allows that—but I think you have to have all of it. I think you have to have accessibility in terms of online, but if it is that we are trying to work with a balance between children and young people being online but also in a community, you have to provide that to them as well. It is sometimes the fact that transport is expensive, or there is no transport.

**The Hon. SCOTT BARRETT:** You touched on bullying in your submission as an isolating factor. As one of the solutions to that—I can't remember if it is in this one or another one, but the idea of finding our tribe or finding your people so you don't feel that isolation. Can we just touch on how important that might be?

**ZOË ROBINSON:** Maddi, you might have something to add to that in terms of your alternative school experience, but it is so important. Even when young people would tell us about what they want in terms of services, they're talking about peer-to-peer support. They really want that consistency of people like them, or people that they can relate to, being around them. The importance of having people who have had similar experiences to you, that is so important. That is part of everyone's experience in terms of a school community, a university community, a working community—all of that. Finding people who have experienced the same things about where you live and experienced the same things about your school community—all of that is so important in terms of foundational strength for children and young people as they move through the stages of life.

**The Hon. SCOTT BARRETT:** Did you want to add to that, Maddi?

**MADDISON ELWINE-WILSON:** Yes. I guess for a lot of people who are in that situation where they may feel very isolated and very alone, they really want that community. But when you're in that situation where you maybe haven't engaged with people for such a long time, the idea of joining people in a group of people can seem very daunting. I guess it's easier said than done.

**The Hon. SCOTT BARRETT:** Yes. But again, back to your submission, there is a want for younger people to join those groups, to find those organisations, to be involved in those activities?

**ZOË ROBINSON:** From the young person's perspective?

**The Hon. SCOTT BARRETT:** Yes.

**ZOË ROBINSON:** Yes. One of the things that we would hear in every single consultation I think we've ever done is "We would like these things to exist." And then sometimes we'll say, "They do exist" and they go, "Well, we don't necessarily know that they exist in our community. How do we access it? Where is that information? Where is it consistently placed?" So sometimes it is that things do exist that children and young people don't know exist because we haven't done a particularly good job of engaging them in the platforms where perhaps they would find out about these things, or that there are still potential barriers to engaging in that. It might not be the right age cohort. It might run from a certain time. There are still a number of programs that may not run after school hours, and so if you're at school and the program runs at a time where you can't even engage in it, then that's problematic in and of itself. They will always talk about wanting activities, things to do, ways that they can engage, but sometimes it is that we just haven't done a very good job of reaching them.

**The Hon. SCOTT BARRETT:** You talked earlier about transport being one of those prohibitive measures. How much is the cost of living another one of those prohibitive measures to stop people being involved in those activities?

**ZOË ROBINSON:** Cost of living—and again, I think Maddi touched on it in her opening statement—is a big thing. And I've said it before in other inquiries around, specifically, cost of living: One of the problems is also this rhetoric that they just have to do without, when actually that social connection and being able to engage and have dinner and go to concerts and be in places where your community, your tribe, are—that's fundamental to connection and the kind of growth that young people want to be on.

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The cost of living is stopping young people from being able to do those additional things. And even if it's things like you might be doing a creative arts course or a sports course, all of that becomes incredibly expensive. Again, I was in the Northern Rivers on Monday, talking about the costs of going to a children's holiday program. That's prohibitive for particular young children. So, yes, it's having a huge impact. As a result, we're seeing more young people make choices about whether they have dinner or they feed themselves or they pay their electricity, so that they can actually go and do some of the things that they might want to do.

**Dr AMANDA COHN:** Two questions, if I may. Ms Robinson, I understand that your office has recently done a significant body of work speaking with young people in alternative care arrangements and out-of-home care, who I think we can all appreciate are a particularly vulnerable cohort. Do you have particular recommendations for us in terms of connecting with that cohort? I wanted to pull out a really distressing quote in your written submission from a young person who said, "We weren't really allowed to socialise outside of school, so we weren't actually allowed to meet up with friends."

**ZOË ROBINSON:** There are layers in that. I remember one young person in that inquiry telling me that by being in care they had lost a number of friends, and they also weren't allowed to have access to a phone, so they couldn't connect with them in that way. I think that young person talked about losing between 30 and 40 friends, simply because they didn't have access to communication devices and they were in care. Maddi talked about it in terms of alternative education.

One of the things that often happens if you are in these placements is that you are moved out of your community and you are put in accommodation that is somewhere else. That immediately disrupts the young person, but it also immediately removes them from their community and their connections and their friendships. Things to consider are making sure that, in a care arrangement, that it is prioritised—what is your community and what does that mean to you?—and if we can, as much as possible, ensure that they remain connected into the education setting that they had been a part of. So that's one in particular.

Also, reconsidering things like children and young people, particularly young children, would talk about the fact that they wouldn't ask for a sleepover, or they wouldn't have friends over, because—and I understand why it exists—they had to have a Working with Children Check or the family they were going to stay with had to have that. They just stopped asking for it because it became, for some of them—they would talk about it—embarrassing to ask for that and having to own that. It was just the complexity of saying, "Can someone come stay this weekend?" or "Can I go stay somewhere this weekend?" and someone saying, "That might take two weeks for approval."

Also, they talked a lot about animals and having access and connection to animals, and how pets really mattered to them. I think all of us who are pet owners know the value they play in our lives. And so there are probably some things that we consider about how do we work within the framework that is appropriate to ensure that all children and young people are safe, and if they're not safe, if they have to not be at home and they're in a care setting, that we can relax some of those things to make sure that they can get the connections and the things that they want. A big one would be, though, that education piece—making sure that they can stay in the school that perhaps they had been in for a period of time, and making sure we work with Education around that.

**Dr AMANDA COHN:** There was a lot in the submission around local places for young people to gather and connect or have local events. To what extent does local government engage with and understand the needs of young people?

**ZOË ROBINSON:** Local government, certainly in the time that I've been in this role, has really come on a wonderful journey in terms of having young councils or youth councils that they work with, having young people sitting on their councils, having young people design it. There is Julia Reserve out in Camden, which is a really beautiful example of a co-located service, where services that serve young people can all come into that space. But the space was actually designed by young people.

Our office has done a piece of work with Lismore Library about redesigning that library, and young people have contributed to that. So we've seen them really come on this journey and engage, and the fact that they also want to know what the right spaces are and how to invest in them. Basketball courts are one thing, but we've also done some work with some of the young people in pod villages about training them in terms of river swimming and fishing, and so making sure that the council and the right people are on that journey as well, because that's what young people themselves are saying they want to be able to do and learn. So they have a big role to play, and I would say that there are a number of amazing councils out there who are acknowledging that and working with young people to design appropriate spaces.

**Dr AMANDA COHN:** Is there anything the New South Wales Government could or should do to facilitate that work to happen, or to replicate the good work that's happened in some councils?

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**ZOË ROBINSON:** Yes. I think lifting up that work and recognising that it's not difficult to engage young people in the design of that, it's really possible, and seeing some of it. I think, obviously, investment in local communities to be able to design that, so that it's not necessarily attached to sport or a particular thing in that region, but that it's given that freedom to say, "What is it that our young people actually want? What does a hub look like in our community? How do we make that work?" I think those investments and grants that exist are incredibly important, but making them not so specific—if you don't want to build a netball court, for example, because that's not the predominant sport in your area but creativity is, or, again, in the Northern Rivers, marine work is one of the big things up there—giving people freedom to design what it is that will benefit the young people in that community.

**The CHAIR:** Following on from Dr Cohn's question, would you be prepared, on notice, to perhaps provide us with a bit more detail and a few of the best examples?

**ZOË ROBINSON:** Yes. We have a showcase online, in fact. That wasn't me spruiking that, but it has come to my memory that actually we've done a piece of work about highlighting great work that's been done by other organisations and councils. So, on notice, I can provide more, yes.

**The CHAIR:** Excellent. That's great, because we are doing a lot of talking about "What can we do?" and "What are the examples?" so it's really helpful for us to be able to see them. Thank you very much for that.

**The Hon. SCOTT BARRETT:** We talk about space, and I think we've used "space" interchangeably throughout this inquiry as a physical space and also the safe space, like, the group of people to go through. You touched on the basketball courts or netball courts, or whatever. How critical is that to people, to have somewhere to go where they feel comfortable and that it is their area?

**ZOË ROBINSON:** I think it's really important for young people because, as we know, when you have a sense of agency or ownership over something, you take immense pride in it. I was in Nyngan earlier this year and they have an incredible indoor basketball court that is phenomenal. But it's not just for basketball, of course. It's for anything that the young people want to do, and off that is an amazing youth space for young people to go into as well. The nice thing about that is it's almost undefined. It's a beautiful building, it's air conditioned, it's all the things that will attract children and young people to that space. But then what's happening in that space is a matter for what children and young people can do.

What I would say is that demonstrates that both a physical space is important, but they feel comfortable going into that space. It's got their artwork in it. It's got their people in it. I think the most successful versions of hubs, or whatever you want to call them, are those that the young people themselves have had ownership in terms of the design of. Also, it provides that good space for them to do the activities that they're interested in, but they feel like it's theirs. They feel like if you scuff a wall, for example, it's not going to be a huge issue, but you can do something about it—the fact that they've got their handprints all over it or it's their murals that they've painted, and that they get to choose what happens in that space and what programs come in. All of that stuff really does matter to young people, because then they have the ownership over it. So, yes, I think both are really important.

**The Hon. SCOTT BARRETT:** What about the connectedness between generations? Are there opportunities for us to address loneliness amongst young people at the same time as addressing loneliness in older people?

**ZOË ROBINSON:** Platform Youth is a really good example out in Penrith, who've done a program around this—and they did it with the Property Industry Foundation as well—where they had young people going into the local over-55 living and young people who lived in that village as well, because there was room to do so. It was addressing a number of social issues, but it was a really beautiful piece of work. I'm sure a lot of people have seen the ABC show and how much impact that has.

I think what it also does, as we heard before, in terms of the men's shed and things, is that it is that beautiful generational knowledge sharing and that opportunity to learn and grow together. Children and young people—and, again, Maddi can probably talk to this—they're really innovative, thoughtful and kind about their community. I think anything that brings people together in a positive way is very useful, and we've seen it work. We saw it work with Platform Youth Services and solving some of the housing issues out there, as well as some of the social issues out there. It seems like a good opportunity to have a crack at doing something that I think would be positive.

**The CHAIR:** You've just said that Maddi might have some thoughts about that, and I also wanted to ask Maddi—I think it would probably be a good way for us to wind this up—about the experience that you spoke about so generously that you went through. What would have been helpful—what sort of interventions or what kind of activities—do you think, for you going through that?

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**MADDISON ELWINE-WILSON:** I guess, for me, it would probably be mainly activities that had a smaller age window. A lot of things that were available that were free would have such a large age window. It usually would be like 12 to 18 or 12 to 20. When you're 16 or 17 and a lot of the people there are 12 or 13, it's just not kind of the environment at that age that I wanted to be in. I was wanting to meet and make connections with people closer to my age. I think if they had at that time smaller age windows, like 15 to 17, when they ran events, I probably would have—I would definitely have attended more and used them.

**The CHAIR:** That is for face-to-face-type events. When you say "events", what kinds of things?

**MADDISON ELWINE-WILSON:** When the local council runs things, it's really hard to know that they're actually on. That is something that I also found. Even when they would hold days and local things on—and I can't think of any off the top of my head at the moment—it would just have such a large age window. If they didn't, I wouldn't hear about them until they had already happened. It's just like that disconnect of knowing what's available and then what is available, having the right age group that are attending.

**The CHAIR:** Maybe to wind up, is there anything else, Maddi, that you think that we should consider, from a young person's point of view, as we think about the impacts of loneliness and what we might do to alleviate it?

**MADDISON ELWINE-WILSON:** Am I able to take that one on notice?

**The CHAIR:** Of course. Yes, absolutely. Ms Robinson, are there any final reflections from you for us to take away?

**ZOË ROBINSON:** Just that I think that work that happens in schools around belonging is incredibly important, and making sure that we're understanding where that is going well and where there might be opportunities. Whether you are in school or whether it's not necessarily the best place for you, we do know that there's a lot of data and work out there, so I think it would be excellent to have that information available for us to understand how children are going and how they're feeling about their own communities.

**The CHAIR:** Excellent. You're suggesting that's not out there and that someone would need to collect it?

**ZOË ROBINSON:** They do collect the data. The Tell Them From Me survey has a question about belonging.

**The CHAIR:** Okay. Excellent. Thank you so much, Ms Robinson and Maddi, for your time today. We very much appreciate it. We did ask for things on notice, and there may be supplementary questions, which the secretariat will get in touch with you about regarding timing. Again, thank you so much for your willingness to take part in this today. We do appreciate it.

**(The witnesses withdrew.)**

**(Luncheon adjournment)**

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**Mr ANDREW JOHNSON**, Acting Chief Executive Officer, Youth Action, affirmed and examined

**Ms PENNY LAMARO**, Chair, Youth Action, affirmed and examined

**Dr KATE FILIA**, Senior Research Fellow, Orygen, before the Committee via videoconference, affirmed and examined

**The CHAIR:** Welcome to the afternoon session of the hearing. Thank you for coming. We appreciate you taking the time to give evidence and make submissions. Would you like to begin by making a short statement? We will start with Youth Action.

**PENNY LAMARO:** Youth Action is the peak body representing young people and the services that support them in New South Wales. We advocate for positive change on issues affecting these groups. Our vision is for a society where all of New South Wales' young people are supported, engaged and valued, and their rights are realised. Youth Action welcomes the opportunity to make a submission to the Standing Committee on Social Issues inquiry into the prevalence, causes and impacts of loneliness in New South Wales. We thank Minister Jackson and the Committee for this important work. This submission is grounded in the voices and lived experiences of young people and the youth sector across New South Wales, who we have heard from through our consultations.

**ANDREW JOHNSON:** Our recent poll, representing a sample of 1,000 young people across New South Wales aged 15 to 25, found that 87 per cent of young people agreed that loneliness was a major issue for them and their peers. When asked what the solutions to the problem of loneliness were, 85 per cent of young people wanted more investment in safe, inclusive spaces with activities and services for young people, aka hubs. The next most supported solution by young people was greater access to mental health supports and greater supports from government and community.

**PENNY LAMARO:** In a recent consultation that Youth Action held, the youth sector highlighted concerns that they had for young people who have struggled with socialisation as a result of the COVID pandemic, the fact that many young people maintain relationships online and the multitude of factors that can lead a young person to feel isolated and disconnected from the support they need. Representatives from the youth sector also told us about how young people have shared with them that they do not have access to youth-friendly spaces where they can safely spend time with each other.

Our key recommendations include the tripling of funding to early intervention programs in the youth space; a greater investment in youth hubs; for the Government to immediately invest in the establishment of five new youth hubs, with two new hubs in regional New South Wales; and to give further support to an additional 10 existing youth hubs, with four of those being in regional areas. Further, we recommend increased funding for specialist youth mental health support, from acute and crisis service through to ongoing clinical support for mental health conditions, so that services can meet the current demand. This should include a particular focus on access for socially excluded groups of young people.

**KATE FILIA:** Thanks very much for the opportunity to be here today. I'm here as a representative of Orygen, which is Australia's leading youth mental health organisation. We support the development and provision of evidence-based supports for young people at risk of or experiencing mental ill health. My particular program of research focuses on addressing social determinants of mental health, including the profound impact of loneliness and social exclusion on young people and their mental health and wellbeing. We know and we've heard quite a lot today about how young people report very high rates of loneliness.

At Orygen, we use different ways to understand and learn more about these experiences and the relationships between loneliness and mental ill health and the onset of mental health disorders. We do this through evidence reviews, youth consultation and novel data collection—for example, using data from Mission Australia's national annual youth survey of young people aged 15 to 19 years, which is around 17,000 to 18,000 young people each year, and the HILDA Survey, which is a household-based panel study that collects valuable information about economic and personal wellbeing, labour market dynamics and family life.

What we've seen in recent data is that one in five young people report feeling lonely all or most of the time and that 78 per cent report feeling lonely at least a little of the time over the last four weeks. As you've also heard today, there are particular groups that we see repeatedly who experience disproportionate loneliness—so young people identifying as gender diverse, Indigenous, culturally diverse, living in rural or remote locations, with disabilities or in low socio-economic areas. We know when young people experience social and economic disadvantage that the issues of severe loneliness increase twofold to threefold. We've also learnt that the mental health implications are significant and that they contribute long past the time that loneliness is experienced. It



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contributes to psychological distress, social anxiety, depression and suicidality. There are significant economic costs that continue into the long term as well.

We have also seen in our work that periods of transition—again, highlighted earlier today—and the impact of the digitisation of socialisation are big factors related to loneliness. Whilst digital spaces are really beneficial, they reduce opportunities for spontaneous interactions that lead to further connections. Our recommendations, our main takeaways, include the need to work with young people to co-design not only solutions but the evaluation of solutions, to ensure they're ongoing, engaging, practical and accessible by all communities and beneficial to them. We need concrete options that are implementable right now. It's very important to make speedy progress in the area—again, things like creating safe spaces in the community, but not necessarily new spaces. Maybe we build on existing spaces where young people can have those really important human connections, not just on their screens.

Supported and facilitated activities would help them to build social skills to have these interactions. Young people are telling us that they want to move off their screens and into real life but they don't quite know how to. As researchers, we recommend the inclusion of loneliness in population-based surveys so that we can understand exactly who is most affected, what factors are related to more chronic or pervasive loneliness and how we can support particular groups of people experiencing disproportionate loneliness in different locations and with different things that are available to them—for example, in rural and regional communities. Finally, we need to normalise discussions around loneliness. We need to be able to help young people to put their hands up and say, "I feel lonely." We need to start those conversations and be able to address the issues for them.

**The CHAIR:** My first question is for Youth Action. You have both spoken about spaces being important. Before we get to that, loneliness is often considered a health issue. It's related to health and affects health. Your first recommendation specifically talks about the role of the Department of Communities and Justice. Because that's a little different, I wanted to ask about why you see DCJ as key to tackling loneliness and social isolation, particularly for young people.

**ANDREW JOHNSON:** Certainly the earlier intervention program, or the TEI, is not the only program that DCJ funds. We know that not all of that money goes to the youth sector, but a significant proportion does. There just hasn't been the level of investment in the youth sector and youth hubs more specifically. The most natural part of DCJ to be funding some of that work—as it does already—would be to further increase and expand the TEI funding. We're asking to triple it, so going from \$200 million to \$600 million.

That's also because we're hearing from our members all the time that we know there is unmet demand. So we know there is unmet demand about setting up hubs. But for just the general services, our members are reporting to us all the time that, whether it's cost of living or victim-survivors of violence or young people not able to get access to homelessness services, we talk about the youth sector being at the top of the hill and the bottom of the hill. We're often helping early intervention but we're also there at the bottom dealing with those young people who self-place in out-of-home care and those young people who can't get services across the board. Given that's intrinsic to the work of DCJ, that's why we're suggesting them.

**The CHAIR:** Again, you mentioned in that answer—and after you've answered I'll go to Dr Filia—this idea of hubs. I wondered if you could explain that a bit. You say it comes out of your recent survey as well. Could you explain a bit more about it and why this is something that's useful?

**ANDREW JOHNSON:** First and foremost, it's what young people are asking for as a solution. I might hand over to my colleague in a minute, who's in the middle of setting up a hub. What's so important is that young people have disconnected and had bad experiences of government services. Youth Action, DCJ and Thrive International did a report about the key tenets of engaging with young people. Young people said that they find it very disorientating going about how to engage with government services. If you're a victim of violence, suffering trauma or experiencing homelessness, it's about getting that young person to trust anyone, let alone call the 19 numbers that you have to call to get that.

Intrinsic to youth work and hubs—which is a very specialised skill, which I think we always forget—is that relationship building. Young people are saying, "I just need a space to be." In the key tenets report, they said, "I want someone to walk alongside me to help me be a part of the solution." That notion of a hub is very much centralised on having specialised workers. Not up-front, but it's relationship building, and when that young person is ready, there's a qualified person who can broker with them the services that they need to get into.

**PENNY LAMARO:** I'm in a regional area. This plays out even more strongly in a regional area, where young people are making decisions about where they can safely spend their time. Sometimes those are good decisions and sometimes they're poor decisions based on the fact that they have nowhere else to be. We hear really clearly from our community constantly that they just want a safe place to be able to be. Our women's shelter, for

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example, in Armidale, is based around that exact same model. More than half of our case load are young people looking for somewhere to be during the day or somewhere to be during the night where they are safe and where they can access services when they're ready to do that, when they've got the trust and they've been able to identify what their needs are, if you like, beyond, "I need a full belly and I need somewhere to sit and be quiet."

**ANDREW JOHNSON:** Just quickly, Youth Action has been doing work. We had a round table with the Government and NGOs to discuss what does a hub look like. We've got a hubs working group so that we can very shortly say what the costing of that looks like. So hubs in a box, if you like. Of course, it's got to respond to local need but—at least for the Government and for people to understand—for a successful hub based on evidence, what are the five, seven key components? We're working with our members and experts on the ground, and we should have that for everyone quite shortly.

**The CHAIR:** Dr Filia, do you have a response to this? You often mention place as being important.

**KATE FILIA:** Yes, of course. For young people, they want those opportunities. I mentioned before that they want those opportunities to have those social connections but they don't necessarily know how to facilitate them themselves. We see spaces for young people as really key to being a place where people can go where they have that feeling of safety and not feeling like they're going into a place that is a dangerous or unwelcoming environment—somewhere that can have these interactions facilitated through activities and also help with services available to them, if needed. But often it's just that place for them to be.

We think it would be really important, from our interactions with young people in our youth consultation work too, that peer workers—so other young people—are engaged in drawing young people in, keeping them connected and keeping them engaged in things. Also, I'm just thinking too, when we talk about community services and spaces for young people, we so often speak about sporting clubs. That's not going to work for all young people. There's a huge number of young people who don't want to be participating in sporting activities and have different interests, and we need to cater to the needs of them. So I guess it's about going out to local communities and seeing what their needs are and then tailoring those services to them.

**Dr AMANDA COHN:** My first question was just—you mentioned that you were working on pulling together some of this specific advice on the hubs. Would it be possible for you to share that with the Committee on notice?

**ANDREW JOHNSON:** Of course.

**Dr AMANDA COHN:** One of the proposed partners in these hubs is local government. I asked the same question of our witnesses this morning—the relationship between local government and young people in terms of understanding and meeting their needs. Do you have examples of where that's working particularly well or ways the Government can support councils to do that better?

**ANDREW JOHNSON:** Sure. We would say there should be a mixed model, but, certainly, there are models around where's local government. For example, in the key tenets report, it talks about what's happening in Camden Council, which is a model of bringing many services together in a safe space doing activities but also having the support workers behind it. That is a very specific example with local councils, with Camden. We're saying 1,000 flowers bloom. We're excited that councils are involved in this, but there will be some areas where there will be more of an NGO lead. But to specifically answer you, it's Camden Council.

**Dr AMANDA COHN:** You've also got a really specific recommendation for us around tripling the funding for the Targeted Earlier Intervention program. Could you speak to that in a bit more detail? What is that funding currently doing that's so worthwhile?

**ANDREW JOHNSON:** I think it's a very broad range of funding for people. A lot of youth organisations are able to get funding for—it's often called casework. When we spoke to young people, they want it to be individualised support workers, which is that notion of brokering. There's funding across the board in early intervention with workers and with other programs, so it's quite diverse and it doesn't just include the youth sector. We think the outcomes of that are good, which is why we think it should be expanded. But particularly looking at where you would seek to increase funding, where hubs could come from, or specific funding of individualised support workers, we think that naturally fits within the current TEI funding envelope.

**Dr AMANDA COHN:** Moving to a completely different topic—we also discussed it this morning—social media can obviously have benefits and risks for young people, including either exacerbating or addressing loneliness. Do you have any advice for government about how to better support young people to navigate that?

**ANDREW JOHNSON:** It won't surprise you, coming from Youth Action, that we're going to be rights based and say that the real focus should be how we are empowering young people to make better decisions when they're online. Now that we've got the ban, what we would want to be seeing is that young people are involved in

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the monitoring and how that works. We know from young people themselves that they can see both the benefit of social interaction and connection on the internet, but they're also very strong about where they think the dangers are. As we move forward, the focus is are we engaging with young people, both face to face and in poll work, about what are the unintended consequences, particularly around loneliness as the ban takes more full effect?

**KATE FILIA:** Am I able to add to that? At Orygen, we don't support the ban that's in place now. The reason why we don't support the ban—that was what our recommendation was—is because there are communities of young people who need that connection and need those online spaces to be able to connect because they can't do that in their local communities or within their households. We know that with this ban in place now, there are going to be groups of young people who won't have places to connect when they're in need of help or in need of support from peers, which is often the very first place that young people go when they need the more formal types of support. We would hope that the focus now goes to how we can support those groups in other ways, so not just to forget them now, and in communities add very targeted ways to support young people. Again, it's those young people who are most at risk of loneliness that are the ones that are finding those connections online that they don't necessarily find in the real, face-to-face world.

**The Hon. NATASHA MACLAREN-JONES:** I just wanted to expand a little bit more on the youth hubs and, in particular, if you could outline what makes a youth hub so unique as opposed to other spaces that would be accessible to young people. Is it about the staff training? Is it the opening hours or the flexibility of it? What makes it so important, basically?

**ANDREW JOHNSON:** I might hand over to my colleague. It's very important, all of that. The answer is (d)—all of the above. You need people specialised in working directly with young people, which is about walking alongside them and not treating them as an entry to a service. What's incredibly important is involving young people in the design delivery of the hub, both at its inception but also too about checking in with young people that it's working. But, obviously, young people who are needing a space, and they keep on talking to us about—it was reaffirmed in the polling that they need to perceive it as a safe space. We've asked young people what that safe space looks like. I might hand over to my colleague who just did an enormous consultation from young people about what should be in the hub in Armidale.

**PENNY LAMARO:** The best illustration that I would have for what that looks like is, when a young person walks into an identified service, like a specialist homelessness service like our shelter, they walk into a room full of expertise and they walk into a room full of workers who are really good at what they do. When they walk into a youth hub, they walk into a room full of young people who are like them in more ways than not. What assistance they get from staff who are much fewer in number in a hub is determined and directed by themselves—by the young people. I think that's the main difference. We're not creating an environment, and a hub doesn't create an environment like the school that is led by adults and designed by adults and the atmosphere is created by adults. It's an environment which is created and led by their needs. That is the greatest difference between a hub and why it is so important.

What we heard really clearly in our regional area for New South Wales is that young people are not feeling like they have enough opportunities to be heard about what it is that they want, which turns out to be really simple, and the things that they think can help them. We have a very diverse population in our area. We're a settlement site for a migrant population. It has created some social difficulty between our young people. Their solution to that, very simply, is that we need more spaces that we can be together in the same spot. In a funding sense, that is the most simple thing that we can provide. I would say, it's funding like the DCJ TEI funding that allows for that place-based influence to take effect, so that my hub in Armidale is going to look very different to a hub that is created in Moree or in the Hunter Valley or in Sydney. I think that is really important, that the young people that are walking in there are the ones creating that environment.

**The Hon. NATASHA MACLAREN-JONES:** You said in your opening remarks about a need for more hubs. Do you have a list of areas where there is the unmet need at the moment?

**ANDREW JOHNSON:** There is enormous unmet need. In our work on the hubs both with our working group and with the round tables that we've had with government, I think it's not about what are the five priority areas. I think there is a long list. I think we would sit down with government and with our members and with young people to determine where you would start. We're having those conversations and we will come back to the Committee, but also to DCJ and ministerial offices, to say—but we want those conversations to be with the sector, with government agencies, with Ministers' offices and with the Parliament. There is lots of place-based knowledge in this building. I think it would be about targeting—and, being a bit fair about it, we're not going to do them all in the Far West to start off with. But I think there would be a process whereby we can agree together about where is the immediate need right now on an equitable basis across the region.

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**The Hon. ANTHONY D'ADAM:** I wanted to ask about TEI. One of the criticisms that has been levelled of TEI from the sector, as I understand, is that it has narrowed the opportunity for community development work being able to perhaps have the flexibility for services funded through TEI to be able to craft place-responsive solutions. Obviously, looking at the profile of loneliness and social isolation, it varies from place to place and from demographic to demographic and being able to be responsive is important. Can you perhaps offer some comment about that suggestion that TEI is too narrow and that the community development aspect of the funding is not sufficient?

**ANDREW JOHNSON:** Of course, we're going to say, "Yes, expand all of those things." Of course, we could have come to you and said, "We want a hub youth sector specific round of funding." Our proposal under TEI was a realistic practical proposal about what exists already. You may have had this morning, I think, Anthony Shannon from the department. There is a report coming out, as he mentioned, about the evaluation of TEI. We think of the existing funding envelopes. That's what makes the most sense. We would agree with you that you want to make it as flexible as possible. Obviously, relationships are key to this work, which is often hard to put in a contract. With some young people, you need to be with them for six or 12 months before they can trust you to be able to assist them and, for other young people, it's different. I think we need to value the funding of organisations to do that relationship work.

That's why we would say to be flexible or be more cognisant of the fact that money needs to be put into individuals but also organisations to create funding and for organisations to have the space and time to work individually with them. We would agree with you that expanded criteria of where the funding goes would be great. I think it's also important about long-term funding and about if we're going to fund a hub. There have been some great hubs that have got up and running, but it was on a two-year cycle. A young person's ARC, who is getting the help, may no longer be there.

**The Hon. ANTHONY D'ADAM:** Could I ask one more question to Dr Filia? I wanted to ask you about your submission. It talks about bullying. I wanted to ask about the intersection between bullying and loneliness and social isolation, and whether it's the case that the isolated get bullied or that the bullied become isolated. Adjunct to that is, particularly given the focus on bullying in schools, what role can schools play in terms of addressing both the dual phenomena of bullying and that loneliness and social isolation phenomena amongst young people?

**KATE FILIA:** It is really difficult to understand which direction that relationship goes, and often it's a bidirectional relationship between bullying and social isolation. Sometimes it's not clear where that begins. But we do know that socially isolated young people don't have the resources to draw on to be able to cope with the impacts of bullying and so they are particularly vulnerable when it occurs to them, and the impacts of the bullying are probably much larger and much more damaging.

Schools have got a really big role to play in this, fostering a more inclusive, empathetic culture amongst students. I think that we know this. I think there's work being done in this space. It's about really keeping on top of these things and developing the leadership skills of the school staff to ensure that these things are happening and programs within schools—not just getting a speaker in to do a morning session but actually developing programs within schools, co-designed by students and staff members, about how we can address issues of bullying.

We see a lot that a lot of schools are really great and they take on board all of the suggestions from the young people, and other schools don't always work in the same way and programs are developed for students and not with students and then they have limited uptake and limited engagement and limited benefits. So, yes, we would recommend co-designing programs that can upskill leaders who can then share that with other staff members. In doing that, I think we can keep building on this in the space that we already have started making progress in. Bullying is obviously a huge issue.

There's also the issue of cyberbullying, so it's increasing in its prevalence and in its omnipresence—I keep using words I shouldn't choose. But I think that as we keep going along this path, we're making really good progress, and we just need to keep doing it and not be happy with where we've got to now so that we can help to support people. Again—I bang on about this all the time—it's the young people who come from particularly marginalised and minority groups and who experience social and economic disadvantage that are most vulnerable to these things and then the impacts of them.

**The CHAIR:** Unfortunately, our time is over. I thank you all. Thank you Dr Filia, Mr Johnson and Ms Lamaro for your time in coming here today, but also for your submissions. I think we have asked for a few things on notice. For Youth Action, I don't think your survey was quite complete. If there is anything you would like to add to that, now that you've got those results, that would be extremely useful for us to have in evidence, if that's okay.

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**ANDREW JOHNSON:** Sure.

**The CHAIR:** If there any other questions or supplementary questions, the secretariat will be in touch with timings and those kinds of things again. Thank you so much for the work you do and for being here today.

**(The witnesses withdrew.)**

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**Ms EMMA MAIDEN**, General Manager, Advocacy and External Relations, Uniting NSW.ACT, affirmed and examined

**Ms CLARE LAWRENCE**, Principal Policy Officer, Uniting NSW.ACT, affirmed and examined

**Ms JOAN HUGHES**, Chair, NSW Ministerial Advisory Council on the Ageing, affirmed and examined

**Ms GOHAR YAZDABADI**, Chief Executive Officer, Council on the Ageing NSW, affirmed and examined

**The Hon. ANTHONY D'ADAM:** I place on record that I know Ms Emma Maiden. She is a longtime friend of mine.

**The CHAIR:** Thank you for placing that on record. I also place on the record that I know Ms Maiden. Thank you very much for your attendance here today and for making the time to give evidence, but also for making submissions as well. Would each organisation like to make a short opening statement?

**GOHAR YAZDABADI:** I'd like to start by acknowledging the traditional custodians of the land and pay my respect to Elders past and present. Madam Chair and Committee members, thank you for the important work that you're undertaking with regard to loneliness in New South Wales. These issues affect far too many people. Your inquiry is a crucial step forward to addressing it. When this inquiry was first announced, we at COTA knew that we had to ensure that the voices of older people were not left unheard. As a result, we launched a survey on loneliness among people aged 50 and over in New South Wales. We received over 2,200 responses—an overwhelming outpouring of personal stories and deeply felt emotions. We named the report *Voices of Solitude* and I can tell you that the voices we heard, and that are before you in our report, were clear and deeply moving. One respondent said:

It gets worse as I get older because I seem to be getting more invisible as time goes on.

Another shared:

The longer the time goes, the deeper the feelings of loneliness become, and finally this emotion becomes, uncontrollable.

Another stated:

As the years rush by, the loneliness (for me, that means intellectual and emotional connection and rapport) remains, with receding prospects of change on the horizon as the ravages of age take their toll.

These are just a few glimpses into the deep and raw feelings of loneliness that older people in New South Wales are experiencing. When we embarked on this report, we knew that we would find loneliness among older people. What we did not expect was the sheer outpouring of emotion. It was clear that, for so many, someone was finally listening, and they were ready to speak. I hope I can do justice to conveying their voices to you today. Perhaps the most troubling of all that we found was that many older people feel unvalued by society.

In fact, 60 per cent of lonely older New South Wales residents report feeling overlooked and underappreciated. This sense of being invisible only deepens their loneliness and erodes their sense of identity and belonging. When people feel that their contributions are not recognised, it can lead to despair, disengagement and a reluctance to seek help or connect with others. Before I close, I'd like to leave you with one more comment from our participant:

Loneliness has always existed, but the methods of coping with it have changed over time, from resistance to acceptance.

This sentiment is a poignant reminder that while loneliness is not new, we cannot allow "acceptance" to become the status quo for older people. One of the most painful aspects of loneliness that came through in our survey was the feeling of invisibility. Many older people described themselves as fading into the background of society with their voices and needs being overlooked. This sense of invisibility can be just as isolating as physical distance. We cannot allow this reality for older people. We must actively work to make them seen, heard, and valued. At COTA NSW, we are committed to driving change and working in partnership with government, service providers, and the broader community to create solutions that will help older people reconnect, find purpose and live fulfilling, connected lives. I look forward to your questions.

**The CHAIR:** Thank you very much. Ms Hughes?

**JOAN HUGHES:** Thanks very much to the Committee for a very important topic that has not been addressed for a long period of time. I, too, will put an ageing lens on the few words I want to say. I think all of us in this room would have older parents, older grandparents and older neighbours. We have older people we are interacting with every day and very regularly. I hope what we don't want to see are older people who become so lonely in the last stages of their lives that they end up with a life that's not dignified and sometimes it's not safe.

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We should be doing everything to make the last few years or the last decades of their lives happy and ones that they can share with their families, neighbours and friends.

Our submission to you looked at a whole lot of other different vulnerable groups regarding loneliness, but I will focus on older people as I am the Chair of the Ministerial Advisory Council on Ageing to Minister Harrison. Our role is very much to support her work and to advise her. I think sometimes you guys always like to look at the economic costs. I think the important thing to know—and I'm sure that you would have received other submissions—is that nationally it costs around \$2.7 billion in lost savings in a way. If you can convert that to New South Wales in particular, it would be just under about \$1 billion. Why? That is because older people are four times more likely to have chronic illnesses, depression, social anxiety, and therefore poorer wellbeing. As well, the mortality rates are also an important consideration.

What we need to think about is how we can use that money in ways to support older people before they become what I call persistently socially isolated. You know well enough those things of prevention that can work really well. We have to think about older people whose lives were full, and there are a whole range of different older people. They might have started retirement. Work gave them purpose, family gave them purpose, relationships gave them purpose and then, suddenly, those things have changed. When those things change and they are not supported through preventative support, then some older people's lives just become more narrow and more narrow. That shouldn't be what we want to see for our seniors and older people in New South Wales. Some of the data that I find particularly useful is the HILDA Survey, and I think if the Committee can keep a track of how they track loneliness across the different age groups, that's really important.

Some of the people that I would like to highlight are those older people aged 75 and older. Those older adults are at high risk of becoming very depressed, very sad and seeing that their life has actually changed so much that there is little purpose. Those things come about because of loss—the loss of family, if they're an older person that starts to lose friends. An older person loses, what I call, their purpose in life. Therefore, they will sometimes go to the GP more frequently, and that can increase. Once upon a time it could have been a few visits a year, depending on their health status, and then that will increase. That's what puts up the cost. I will share with you a couple of regional services. I live in Kiama, New South Wales. People say, "That's not regional; that's heaven." It is a bit of paradise down there. However, two hours from Sydney, it's still considered a regional spot. I have been retired from the paid workforce now for about five or six years, so when my husband and I moved there, we thought we needed to find a group and somehow become connected to that community.

I think some of the principles of social connection are probably the most important for this Committee to consider across all ranges, and that will vary according to where people are at in their lives and where they live, and other health circumstances. The group that I belong to is run by the Heart Foundation. It's five days a week. We go walking around different places, we talk to each other, then we go and have a coffee. I don't think it costs much at all, really. That connection, to all of those people within that group—some people say, "What happens if they can't walk anymore because of their age or because of their health status?" They keep joining the group. And as soon as one thing happens to anyone in that group, the rest of the people rally around. One of the older people, who turned 91 today, he can't walk anymore but he comes regularly with his wife and they share a coffee and share their stories and what's happening during that day. It's a pretty simple one. It's not the answer for all communities. But you can look at models of prevention, models of connection, based on the principle of what I would call social connection.

There are a few programs, you're well aware, that are funded through the Department of Communities and Justice, and many of those programs are really worthwhile. I think people need to stay connected within community and often some of the best places to do that are through local councils, through libraries, where people actually feel connected to their local community. There are some good models happening there. The last thing I will leave you with is that what older people probably don't want to hear is that there is something wrong with them mentally. Even though there are a whole lot of mental support services that are just terrific, be careful with your recommendations, around language. I would be using words like "social connection", thinking about the importance of relationships and how that makes people feel good about themselves, about their family and about the world.

**EMMA MAIDEN:** Good afternoon and thank you for the opportunity to appear today. Loneliness and social isolation among older Australians, we believe, is a silent epidemic with quite devastating consequences. These issues are not just about feeling alone, and they are not just issues about the inconvenience of ageing. They are, in a way, a public health crisis. Loneliness and social isolation harm mental health, drive depression, anxiety and suicide, and fuel chronic conditions like heart disease, dementia and premature death.

The statistics show that almost twice the average—that is, 26 per cent of Australians aged 65 to 74 and 13 per cent of those 75 and older— report feeling lonely. But the problem runs even deeper. Systemic barriers

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like poor transport, unaffordable services, a lack of culturally safe support, and stigma, make the situation even worse. Our aged-care and our health systems are failing to address this well. They're too focused on crisis management and clinical care, leaving prevention and early intervention to languish, despite the clear potential for these approaches to save lives and improve wellbeing.

We believe it's time for a radical shift in how we approach ageing. Uniting is calling for a real paradigm shift towards person-centred, reablement-focused care that promotes independence and real connection. We urge the Government to expand successful innovative programs. We've seen intergenerational initiatives, social connection networks like those that Ms Hughes just referred to, and targeted in-home supports like Uniting's C2bMe@home program, which is a Uniting program that provides mental health support to older Australians in both residential aged-care and home-care settings. We believe loneliness is not a fate we must accept, but it is a crisis that we can prevent. The cost of inaction is devastating for both individuals and for society as a whole. We have the power to build a future where older Australians are not just surviving but are thriving, where they are connected, where they're valued and where they're empowered. The time to act is now. We look forward to discussing how we can make this change today.

**The CHAIR:** Thank you all very much. We have been considering, from the different submissions and the different witnesses, different interpretations of different data, different surveys et cetera. I want to start with that. My question probably starts with you, Ms Yazdabadi. Some of the results of your survey are a bit different to some of the other results that we've had, so first of all I want to understand the sampling of your survey. One of the interesting things about it was that 65 per cent of respondents were women, but there were also some other results which are a bit different from other things we've seen. So I just want to understand a bit more about your sampling. Who was it that responded to your survey? How did you get to them?

**GOHAR YAZDABADI:** Sure. We sent the survey out in a number of ways. We sent it out to our supporters. We have a database of 10,000-strong supporters that we sent it out to. With the assistance of DCJ, we sent it out in the newsletter that is sent to people that hold the Seniors Card and other people who come on board from that. We also recruited the help of other not-for-profit organisations, for them to advertise the survey as well. So when I talk about the 2,200 respondents that we got, the other thing that I would say is that we had over-representation when we talk about people from rural and regional areas. We were at about, I think, 46 per cent, whereas the general population is 36 per cent. We had over-representation from the LGBTIQ community. We had over-representation from First Nations. We had very high—maybe on par but quite high—representation from carers as well. So we're really pleased that our sampling was able to hit those hard-to-reach areas, and that they were engaged to be giving us the feedback.

The other thing that I would say about our sampling is that all of the questions on our survey were compulsory and the 2,200 that we're talking about are full, complete sets of surveys. So it is an extremely rich piece of data and, with that level of respondents, I believe that it puts us at a plus or minus 2.5 per cent confidence interval at 95 per cent. So we're quite pleased with how well it was responded to, and the engagement we got from hard-to-reach areas as well.

**The CHAIR:** It's quite interesting because, while you sent it out widely, it is still a self-select to do and you did get those groups self-selecting to engage in something about loneliness, which is an interesting phenomenon in itself. Thank you very much for that. I have one more question about the particular results of that survey, before more general questions. Your survey found that men over the age of 80 showed the lowest levels of loneliness, but the submission of one of the other people sitting at the table talks about the prevalence of suicide amongst men over 85—actually, that's the highest rate. This is what I'm saying. It's a bit confounding to unpack that a bit. I wondered if you had a response.

**GOHAR YAZDABADI:** Sure. On that, some more details around how we went about doing this survey might also be helpful. There are two parts to the questions that we asked around loneliness and social isolation. The first one was direct questions: Are you lonely? Are you socially isolated? How often does that occur? The second part of the questions was through the De Jong Gierveld Loneliness Scale. I should also point out that we had the assistance of the Centre for Healthy Brain Ageing at the University of New South Wales to help put our questionnaire together. That's a six-part questionnaire, and that's what tells us what the most extreme levels of loneliness are. When I talk about extremely lonely people, I'm talking about people who are on that five to six scale on this. It's a very reputable tool. It has been peer reviewed and published, and we found it to be very exact as well. When I talk about those men who are aged over 80, that's on the De Jong Gierveld scale that we're using there, compared to other scales.

**The CHAIR:** I appreciate that. It's just trying then to unpick and make sense of the different bits of data is quite interesting. Ms Maiden, your submission talks about a number of things in aged care and aged care in terms of State-based interventions. There are some things we can do and then some things that are Federal. I was



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particularly interested in the program you spoke about, which you also mentioned in your opening statement, the Continuing to be Me @ home program. We are trying to get quite specific about things that might actually work, so I wondered if you could give a bit more detail. What does that look like? How is that funded? How many people? Are there more results that we can get?

**EMMA MAIDEN:** That program has been independently evaluated by the University of Western Sydney, and we can provide that evaluation to the Committee.

**The CHAIR:** That'd be great.

**EMMA MAIDEN:** It was an innovation program that Uniting undertook within our residential aged-care facilities in order to better address the mental health, social isolation and loneliness of people who enter aged care. The data on how people feel as they enter aged care is quite devastating in terms of the impact it can have on people's mental health and wellbeing. We funded this program, and the way it worked was that it started off with group sessions with residents and then with two clinicians, with follow-up one-on-one sessions, where people were identified as needing further support. Another really important part of the program was the upskilling of staff within the residential aged-care home in order to better identify the signs that somebody was experiencing social isolation and loneliness or mental health issues, in order to better support them and to identify them for referral to one-on-one support.

During COVID we were funded to roll this program out in home care as well in the Northern Rivers part of New South Wales, which we were particularly pleased about the location because that community of course had gone through the devastating floods. Unfortunately, the funding was discontinued to run that program after the more intense period of COVID finished. Right now, we only run that program in the Hunter New England part of New South Wales because of funding that we've received to do that. Our analysis of the cost base that—even though the results of the program were incredibly positive, we were not able to sustain the program within our residential aged-care operations with the aged-care funding model.

**The CHAIR:** That was within aged care. The home care one was during COVID, and then there's aged care within an aged-care setting and the aged-care funding?

**EMMA MAIDEN:** Within residential aged care. That's correct.

**The CHAIR:** Thank you. That's really useful. Any additional information would be great. I've got lots of questions, but I'm going to give others a chance.

**The Hon. SCOTT BARRETT:** I'd like to touch on transport, particularly in regional areas. I'm guessing it's a specific problem, because if someone has moved to the regions away from their family or vice versa, that could add to loneliness. Would anyone like to briefly touch on that before we go into some solutions for it?

**JOAN HUGHES:** One of the areas that the ministerial advisory committee on ageing is doing next year, which the Committee might be interested in, is we're looking at accessible and affordable transport. We're just now gathering data from areas where community transport—for example, on the Central Coast, there's a community transport provider that has gone into receivership. It has now been taken over—some of you might know about that—by another organisation. In the area that I live in, the main transport is trains. That's it. The taxi service has finished. Transport is a major issue to get people out of their homes to be engaged in community and to be engaged in a range of things but, importantly, to get to medical appointments and to get to a range of things.

Now, in the old days—and I'm hitting mid-seventies, nearly—we used to have a program called the Home and Community Care Program, and one of the services there around community transport was volunteers. Some of them were public servants, and they'd use their cars to go and pick people up to do a whole range of things that we've just been talking about. Transport is absolutely crucial to do something about loneliness because older people will start to not drive. Older people won't be able to access neighbours and family. If you are stuck in those four walls, then you can't get out, and transport is absolutely fundamental to what we're talking about here.

**GOHAR YAZDABADI:** We also found in our survey that there was an overwhelming need for transport, so we asked the question directly: Would I engage with people/activities in my community if I had reliable and affordable transport? That was, overwhelmingly, one of the top three. For regional areas, in particular, we found that over 50 per cent of people were screaming out for better transport and more affordable transport. It was actually really interesting because in our open-ended questions when we asked, "What are the barriers? What can we do to improve your accessibility?" people shared their stories around it—"Living in a country town, we need more services going to art galleries, shows et cetera. We have no access to good public transport. Better transport and more activities in regional towns." Someone else said, "Having the \$250 transport card reinstated would make a big difference to my independence and ability to socialise. There is very little public transport in

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my little New South Wales town." These are the open-ended questions where people were able to give their own input, and this is just a sample of what they've said.

**The Hon. SCOTT BARRETT:** That \$250, is that the regional seniors travel card?

**GOHAR YAZDABADI:** That's exactly right. It's really clear for us that when we talk about public transport and we talk about transport, we're not just talking about putting a lift in a train station. That's really important, and we have to have it for metropolitan areas—and even buses and services like that—but we also have to really recognise that in regional areas there aren't these sorts of services, and we need to have alternatives. Our feedback from our members has really been clear, and the feedback from this survey has been clear: These sorts of alternatives are important to be able to give people their independence and also for them to be feeling valued and that their needs and wants are met, and then that helps to break down social isolation. The uniqueness of that card was that it was able to be used for more than one—it's not like the \$2 Opal that you can get out and about on. It really allowed you to make your own choices about how you can get around places, and that independence of being able to make your own choices is almost just as important as the physical getting around as well.

**The Hon. SCOTT BARRETT:** Did you want to add to that, Ms Hughes?

**JOAN HUGHES:** I was just going to say the social and walking group that I spoke about in my home town of Kiama where people aren't driving anymore because they haven't got a licence—again, that group volunteers to pick people up so that people don't miss out on that daily opportunity. We have a bit of a roster. Two of the guys now can't drive anymore, so we just—that's what people do. If you have a community that's connected and you have a community around you, those things can happen quite easily. We have a couple of really good coordinators—they're all volunteers—in that group that actually make those things happen. As soon as something happens to a person in that group, people just rally around. It's that real sense of what I'd call social connectedness and community, and it can work particularly well. Some of these things don't cost, but you do have to have the infrastructure. As we go into more remote areas of New South Wales, if those communities are leaving those small towns, then that's another issue around access to things that make life better, like transport.

**The Hon. SCOTT BARRETT:** Does anyone else want to add to the transport thing, in particular that card?

**CLARE LAWRENCE:** I was just going to add that I think it has been really well summarised. Ageing can be a time of change. Ms Hughes mentioned retiring and potentially giving up your licence. That shouldn't mean a loss of independence. Older people should still be able to access their communities and access the services that they need. That's why those transport options are so critically important. As Ms Hughes said, you don't want to end up in a situation where the only option is for people to stay in their homes because services aren't meeting their needs. Growing older shouldn't mean that loss of independence and that loss of ability to get out and see people.

**Dr AMANDA COHN:** I have a few questions about some of the specific subgroups of older people. Of course, that's such a homogeneous and diverse population. One of the groups that came up in the survey from COTA—but I'd appreciate everyone's comments—was carers. We often think about older people having declining mobility or developing disability, but we don't often think about the older people who might be in a caring role. Could you provide some specific feedback about those experiences?

**GOHAR YAZDABADI:** Sure. The carers data that we found was really interesting. When you compare carers with non-carers—and I should say that we had a large sample size of carers of somewhere between 26 per cent to 30 per cent—and we look at the question of, "Are you lonely?", non-carers and carers are quite similar. It's 62 per cent and 59 per cent. It's similar. When we start looking at the scale of loneliness that we talk about—the zero to six—we see that 48 per cent of carers sit in that five to six category of extreme loneliness, compared to 38 per cent of non-carers. The other thing that's really interesting is that carers are very likely to be socially isolated. It's not surprising. Fifty-nine per cent of them reported feeling socially isolated, which is significantly higher than the 47 per cent of non-carers.

What this may mean is that carers are caring for somebody else, so they have someone around them a lot of the time. They might not feel that loneliness when they're specifically asked, "Do you feel lonely?" They might not say, "Yes, I do feel lonely," because there's somebody there with them. But when we're talking about social isolation, they might be missing out on opportunities, their careers and their ability to do things, which makes them more socially isolated. One of the quotes that we have from the carers from this survey is that "caring for a loved one has lost me my career and my life. I haven't had a holiday or break in more than 18 years. The more responsibility I have, the more isolated I become." That nicely sums up the sort of responsibilities we're looking at when we're talking about carers and their acute needs when it comes to social isolation and that extreme level of loneliness.

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**JOAN HUGHES:** Being the ex-CEO of Carers NSW and Carers Australia way back in another part of my life, I can say that things have improved somewhat for family carers, but what the Committee really needs to look at is the relationship between the family carer and the person they're caring for, and what that relationship has been like over the years. If it's long term and the family carer's had very little break, that will exacerbate not only issues to do with isolation but also a whole range of different health problems. For family carers where they've been caring for a person for a long period of time, since birth, that's where the results get even more in demand of a system—those older family carers, those older mums and dads, but mostly mums, who have been caring for sons and daughters with disabilities.

The medical world would've never thought that those people with disabilities would have survived as long as they have, so mum and dad are ageing. One of them may have died. They still have these sons and daughters who have really high support needs living with them. The NDIS has made a change to some of those families, but you have to look at the relationship between the family carer and the person they've been caring for, the length of time, what interventions they have been able to have to support them in their caring role and what should be, I think, their plan regarding the end of their life and regarding what's going to happen to that family member if they're still living at home. Those family carers would be the ones who are probably most disadvantaged. Then you've got the rural and remote issues as well.

**Dr AMANDA COHN:** What particular initiatives or solutions should we be looking at for that group?

**JOAN HUGHES:** There's Federal funding that you probably need to hook into. Over the years, there's carer counselling, there is Carer Gateway. There's a lot of information and fact sheets. For some family carers, it is their responsibility to care for that person. That's what family responsibility is about. That deep love can do amazing things, but it can also chip away at the health of the carer. There are programs funded by the New South Wales Government as well as the Federal Government to do with family carers. And there are lots of surveys around carers' health and wellbeing that I could send you if you're interested.

**Dr AMANDA COHN:** It does need to be submitted specifically to this Committee for us to be able to include it formally as evidence. Thank you.

**EMMA MAIDEN:** Can I also refer to a case study that we had of a woman who received our C2bMe@home program who had a lot of pain, anxiety and depression and managed to receive emotional and psychological support at home. Her husband was caring for her. The benefit of her receiving that psychosocial and emotional support within the home actually really helped, in this particular case study, the carer as well. It isn't just a psychologist coming and doing a one-off session; it's much more holistic. The longer term plan actually did connect them with other home care services and, therefore, linked them in with the other supports that were there. It isn't just a very narrowly defined program; it is much more holistic. This case study certainly reported that they both benefited from her having received that particular intervention because it addressed some of the holistic issues that they had—her as the person needing caring and him as the person who was the carer, in this particular instance.

**Dr AMANDA COHN:** The other subpopulation that I wanted to ask about was older LGBTQ people. I know COTA specifically asked about that in their survey, which I wanted to thank you for. I have certainly heard from older LGBTQI people that they're not asked often enough. It's a very invisible population group. What were the findings from your survey participants and how might we better support them?

**GOHAR YAZDABADI:** I'd like to thank ACON for providing the questions in terms of the demographic questions. They do an excellent job of making sure that we're asking the right questions to be able to get these sorts of outputs. We found that 71 per cent of LGBTQ adults reported loneliness. That's compared to 60 per cent of the general adult population. Sixty-three per cent of them were feeling isolated, compared to 50 per cent of the general older population. I also think it's really interesting when we look at that scale of loneliness that we talked about. In the top four scale—number four, five and six—the LGBT community are far more extremely lonely than the rest of the population. When we're talking about the most lonely, the general population is at about 24 per cent or 25 per cent. They're up at nearly 30 per cent. When we're talking about number five, the general population is at 15 per cent, where they're up at nearly 25 per cent. At number four, the general population is at about 12.5 per cent, whereas the LGBTQ population is at 15.

Really quite unfortunately, when we look at the lowest—and I think that's really important to look at as well. We're not just looking at people who are extremely lonely. Let's look at the people who aren't lonely and what the story tells us there. The LGBTQ+ community is less than 5 per cent at that zero, whereas their counterparts are at 12.5 per cent. If you're not from the LGBTQI community, you're more than twice as likely to not be feeling socially isolated, to have the best outcome when it comes to loneliness and social isolation. One of the cohorts that definitely needs further investigation is the LGBTQ+ community, to understand why these findings are the way they are.

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We've hypothesised why it might be. It might be because of trauma. It might be because of living alone. What we found is that you're significantly more likely to be lonely if you are living alone. It might be because of community and familial relationships as well. You're much less likely to be lonely if you have a good support system around you, especially if you live with family. The other thing that you have to realise is we're talking about people who are 70, 60 or 50 plus. A lot of these people are in their seventies, so we have to think about what it was like for them growing up, and what may be carrying forward for them as well. Definitely something to think further about.

**The Hon. ANTHONY D'ADAM:** We've heard in early evidence about the importance of social media to young people, and I want to pose the question around the importance of social media and other technologies in terms of mitigating isolation for older people.

**GOHAR YAZDABADI:** We asked how older people keep in touch with family, relatives, friends and, overwhelmingly, 80 per cent, I think, used some sort of social media less than once a month. They weren't connecting and keeping in contact in terms of loneliness through those methods. When we have live events, when we have people come in and speak to us, we talk to them very much about how they're ageing and what makes them feel valued and what makes them feel that they're connected into society, and the face to face is where it's most important for them.

Another example of that would be—we were just at our AGM the other day and we were talking about ageing well. The question was posed around services moving to the online and digital space—for example, your GP moving to online. That was something that was overwhelmingly rejected as being a movement forward. The other thing that I would say is that we are seeing technology coming into a space where we're talking about our most innate need, which is social connection. There is nothing more human than wanting to be socially connected. When we start talking about things like AI companions, or things like an app to cover off on all of your worries and issues, it doesn't fill that void of social connection. What's most important is that when we're talking about value, older people don't feel valued by simply being given a piece of technology. Where value comes in for them is face to face, touch, feel and connectedness in space.

**JOAN HUGHES:** MACA's just done a paper on digital exclusion for older people. One of the clear messages out of that was it is with us. It's the way government wants to do business and the way companies want to do business, but what you don't want is to leave older people behind. What you have to think about are those older people who are most disadvantaged—First Nations people, people living in remote areas, people who don't have the capacity to buy the devices or the connection that is required to make you digitally included. You have to be very, very careful that you're going to use that as a solution to help older people stay connected.

Saying that, there are a lot of older people that will use online systems. We've got some good examples of physical activity, doing them within your own home, especially during COVID. But don't use it as a solution for all older people. You don't want to leave older people behind who don't have the financial capacity, who don't want to do business and their life and world like that, and who don't actually trust those systems. And the most people that are scammed at the moment are older people.

**CLARE LAWRENCE:** If I could also just add that it comes back the real need to co-design these solutions with older people. There's a real risk that we think that IT or telehealth, all these services—that technology is the answer here. That might not be what older people want or need. Whatever solutions that we're coming up with need to be driven by and for and with older people. We can't just assume that something that works for other population groups, or something that works for services, not the actual people that are being delivered to them—telehealth is a really great example of where that might be something that's more convenient or cost effective, but that doesn't actually mean it's delivering the best outcomes for our older people. It just comes back to that co-design piece, and valuing what older people say that they want.

**The CHAIR:** We have reached the end of our session. Again, I thank you for being here, for your submissions, and for the work that you do in this space. We appreciate it. We have sent you away with homework. There were questions on notice, and there may be supplementary questions. The secretariat will be in touch about those and about timing.

**(The witnesses withdrew.)**

**(Short adjournment)**

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**Dr TADGH McMAHON**, Head of Research and Policy, Settlement Services International, affirmed and examined

**Professor LUCY TAKSA**, Director, Multicultural Communities Council NSW, and Professor of Management, Deakin Business School, and Deputy Director, Deakin Centre for Refugee Employment, Advocacy, Training and Education, affirmed and examined

**Dr MARIKA FRANKLIN**, Director, Multicultural Communities Council NSW, and Research Fellow and Lecturer, Faculty of Medicine and Health, University of Sydney, and Honorary Research Fellow, Deakin Business School, Deakin University, affirmed and examined

**Ms HARSHITHA PEDDIREDDY**, Administrative Officer, South Asian Research and Advocacy Hub, Australian National University, before the Committee via videoconference, affirmed and examined

**Mr ASHMITH SIVAYOGANATHAN**, Administrative Officer, South Asian Research and Advocacy Hub, Australian National University, before the Committee via videoconference, affirmed and examined

**The CHAIR:** Thank you very much for joining us this afternoon at the inquiry. We appreciate you being prepared to take the time to give evidence and also for your submissions. Before we begin, I will declare that I have known Professor Taksa for a long time in a professional capacity. Can I ask if you have any short opening statements?

**MARIKA FRANKLIN:** I'll be doing the opening statement on behalf of Professor Taksa and myself, but we welcome questions for both of us. Good afternoon. As mentioned, I'm Dr Marika Franklin. I am a board member of the Multicultural Communities Council of New South Wales, and also a research fellow at the University of Sydney and honorary research fellow at Deakin University. I am joined today by fellow board member Professor Lucy Taksa. We're pleased to represent MCC NSW at this hearing. Taking our submission as read, we wish to highlight critical issues in our introduction.

The first relates to the tendency in research, policy and practice to homogenise the experiences and needs of people from migrant backgrounds, whose variety of ethnicities, origins, needs and capacities will shape diverse experiences of loneliness. Our research on migrant ageing and wellbeing has shown that integration and social engagement differ across the life course, and diverse factors such as life stage, gender, class, cultural background and English language proficiency all shape experiences of loneliness.

We'd like to highlight that the social connection and engagement experiences of older Lebanese women that we have spoken to differ from those of older Vietnamese and Chinese women, and they're not the same as men from the same groups, nor among the women themselves. These differences need to be accounted for in policy and service delivery to improve older migrants' wellbeing and reduce their social isolation. Secondly, considering this diversity, attending to loneliness requires greater policy and funding for migrant support organisations to enable greater capacity to maintain social connection and cultural practices for migrants in later life to mitigate loneliness.

Thirdly, there is a need to jettison deficit assumptions regarding ageing and older people centred on cost minimisation and the current outcome focus of neoliberal policies. Our research promotes an asset-based approach that recognises the need to harness social, familial, cultural and linguistic capital to sustain wellbeing throughout the life course. Fourthly, we argue that current economic circumstances and planning and housing policies and regulations undermine the capacity of older people to harness such capitals. For example, our research has identified that older people now often live long distances from their families due to real estate costs.

Moreover, as the ABS and the Australian Housing and Urban Research Institute have shown, three-quarters of home owners aged 75 and older have spare rooms in their homes. The Government financially encourages downsizing, which can dislocate older people from their existing local communities where most have lived for decades, thereby exacerbating loneliness. This is at odds with policy aimed at supporting ageing in place. Local and State Government planning regulations prevent easy transition to adapting housing for multigenerational and multiethnic living. These barriers to potential solutions to social isolation and loneliness reduce the capacity to harness social and familial capital.

Policies underpinned by normative, individualistic assumptions that place responsibility for positive ageing on the shoulders of older individuals are problematic generally, and even more so for people from culturally and linguistically diverse backgrounds, given the factors outlined above and expanded on in our submission. In our view, we conclude that the Government needs to address the current policy and service fragmentation relating to older people by facilitating changes to planning, housing, tax policies and regulations to foster

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multigenerational and multiethnic engagement and to improve support for social connection that can help reduce loneliness. Thank you for the opportunity to speak today. Professor Taksa and myself welcome your questions.

**TADGH McMAHON:** Thank you for the opportunity to speak today. My name is Tadgh—it's pronounced like "tiger" without the R. I'm not usually referred to as Dr McMahon. I'll find it a bit daunting if I am, but I won't hold it against you if you do. I'm the head of research and policy at Settlement Services International, SSI, a national not-for-profit organisation dedicated to fostering an inclusive society where everyone can contribute to social, cultural, civic and economic life. Founded in 2000 here in New South Wales, SSI began as a response to newly arrived refugees. Over the years we've expanded our services significantly and we now support a range of communities across New South Wales, Victoria and Queensland, though we still have a strong focus on migrants and refugees.

SSI delivers services each year to more than 60,000 people across 60 programs. We are known as an organisation that can engage communities considered by many to be hard to reach. Research conducted by Ending Loneliness Together, which we cite in our submission, has found that people from CALD backgrounds are one of the cohorts at higher risk of loneliness and social isolation at the national and State level. This is significant for New South Wales, considering that in the last census almost one-third of our population spoke a language other than English in the home.

Successful settlement and integration reduces the risk of loneliness and social isolation amongst migrants and refugees. That is why, in the programs SSI delivers, we often focus on strengthening social connections and tailoring these initiatives to increase civic participation. Our research backs the value of this approach. SSI research, conducted in partnership with Western Sydney University, on social connections among newly arrived refugees in New South Wales has found that even with language barriers, they developed mixed friendship networks and a positive sense of belonging and trust in their community within four years of residency. The research found a strong positive correlation between social connections linked to support from other community groups and mixed friendship networks, and refugees' self-reported positive assessment of settling in Australia.

Based on SSI's experience of working with refugees and migrants, SSI sees an opportunity for New South Wales to lead best practice to combat loneliness and social isolation and enhance the social capital across all communities in New South Wales. In SSI's view, responses need to be appropriately targeted to specific cohorts—for example, refugees or people with disabilities—to ensure greater reach and equity in combatting loneliness and social isolation. To that end, SSI asks the inquiry to recommend to the New South Wales Government that we value and resource community engagement initiatives that are tailored to different cohorts of migrant and refugee communities and that we strengthen access to New South Wales' universal services by collaborating with multicultural organisations and community leaders and building the culturally responsive capabilities of government agencies and service providers.

Finally, we ask that the New South Wales Government ensures that the digital transformation of New South Wales government services is strongly anchored in policies that promote equitable access for newcomers. Apps and websites should be more intuitive, requiring minimal digital skills, and be simpler to minimise language barriers—for example, by being available in plain English and/or community languages. I look forward to your questions.

**The CHAIR:** Has the South Asian Research and Advocacy Hub got a statement?

**ASHMITH SIVAYOGANATHAN:** Yes, we do. Good afternoon, everyone. We are from the South Asian Research and Advocacy Hub at the ANU. We're colloquially called SARAH. We are incredibly honoured to have the opportunity to present evidence for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales. We hope that our contributions will be helpful to the Committee. Our organisation is primarily focused on the issues facing the South Asian diaspora nationwide, and it is through this lens that we approached our submission to the inquiry.

In particular, we identified South Asian migrants of a more senior nature to be especially vulnerable to loneliness and isolation, owing to a number of factors—namely, language barriers, differences in social lifestyle between migrants' home countries and Australia in a structural sense, and cultural differences. The isolating effect of these factors are even more pronounced in rural, regional and remote areas of New South Wales with respect to the smaller and more geographically distant nature of such communities. Both myself and Ms Peddireddy have spent a considerable amount of time in regional Australia and are privy to the difficulties South Asian migrants face in those regions; hence our submissions are focused on reducing the effects of loneliness for the senior South Asian migrant population in regional, rural and remote New South Wales.

Our research is primarily informed by the experiences and testimony of migrant families across Australia and, as such, our submissions act as a mouthpiece for the communities themselves. Firstly, we submitted that a

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cultural board be implemented and designed to organise, orchestrate and oversee cultural events throughout New South Wales. Critically, this board must have regional branches to maximise its efficacy. The board itself is not vital to our overall submission, but we see it as an effective way to organise and execute services and events that will benefit regional communities. Secondly, we submitted that running more local cultural events specifically tailored to the demographics of each region will aid in bringing individuals together and forging stronger communities. This ideally would be the purview of the aforementioned cultural board for efficiency.

Finally, we discussed the social benefits that the release of South Asian cinema has and expressed the need to streamline the release of these films throughout regional New South Wales. While these submissions are specifically tailored to the aged migrant population in regional, rural and remote New South Wales, there is significant potential for these submissions to have a wider application that could benefit other isolated communities. We greatly appreciate the opportunity that the Committee has given us, and we sincerely hope that the information we provide will aid the Committee in the future.

**The CHAIR:** We'll go to questions, and I might start with Dr Franklin and Professor Taksa. In your submission, you talk about addressing loneliness for CALD communities but that it can look quite different for newly arrived migrants to more established communities. I wonder if you can tell us a bit more about this, but also—and I think all of you might have referred to this—about differences that we need to be aware of in responses or potential interventions.

**MARIKA FRANKLIN:** I'll start. Thank you very much for the question. This is something that we have been looking at quite closely in our research, where we've been speaking with organisational representatives from multicultural organisations, ethno-specific organisations and other general community organisations. One example I can draw on is regarding older Chinese migrants who are migrating for family unification. We spoke with an organisation which is running grandparenting programs. Rather than mothers' groups, they're focused on support for grandparents who have migrated later in life and on running specific groups to support the grandparents. They commented on how it's difficult for the grandparents to access the general community events.

It also impacts on the development of the younger children because, if they're in the care of grandparents who have limited English proficiency and difficulties navigating Australian transport and Australian spaces, then they're able to support that. That enables the grandparents to get out into the community, which also facilitates the social engagement and social development of the younger children. Another example is the Indian community that we spoke to. They gave an example of their children pursuing careers and therefore living alone in later life. One way they're maintaining familial-type relationships is by hosting international students from India. Therefore, they're able to develop relationships with the younger generation, which will fulfil the absence of their own children connection. There are also circulations of care that are happening, as well, and that is addressing the issue of loneliness. They are just two examples. I'll hand over to Lucy to share an example as well.

**LUCY TAKSA:** I think the critical thing that we note is that it's essential to take a life course perspective that takes into account life stages, and this is for older people as well. Sixty-five to 79 is not the same as 80, and so on. That has implications for how people are integrated. Most of the work on integration, and therefore connectedness and so on, deals with the first 10 or 20 years of the period post-migration, without a recognition that the integration changes in later life and people often revert to their original language. They want to mix with people from their own backgrounds, and so on. That is really significant. This is where we come into this whole issue of where do people live and how do they live, and how is that supported to enable them to remain connected, if you like.

We have interviewed people that were very "integrated", in inverted commas, in southern suburbs in Sydney while they had kids and mixed across communities and so on—knew people of all ages and ethnicities, but post-55, they moved to over-55 villages. One person that we interviewed said—and I think Marika has got the quote and I'll let her read it out—that she was more isolated in that situation than previously. It's very important for older people to remain connected in their areas. I might let Marika read that out because I think it goes to the critical issues of how government policy—local, State and Federal—does not support ageing in place, which is very important for people to remain connected and overcome the isolation.

Interestingly, when we interviewed the people from Vietnam that we connected through the Asian Women at Work organisation, the older Vietnamese women, who all came as refugees, lived in very close proximity to family and did not have the sort of social isolation issues that we encountered, for example, with the Lebanese, whose kids have all moved to the outskirts of Sydney. They can't live with them in Bexley or wherever it is because it's too expensive. That group are very isolated compared to the others, which is why we've argued against a homogenous approach. This is exactly what Tadgh and the others were saying: It's got to be tailored. But anyway, Marika will read that quote; it's poignant.

**MARIKA FRANKLIN:** This is a quote from one of the older migrants that we spoke to. She said:

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[My husband and I moved into] an over-55 complex. Everybody [is] the same age group but unfortunately, not friendly at all. We thought by ... being in such a nice community, we could get together [and] have coffee every now and then and then go out together. [But] no, they kept to themselves. So, the first two years, I invited everybody for a Christmas party.

You only see them [the other residents] sometimes if you go to the letterbox ... [or] unless you go down in your garage ... and you see someone there. But they never come and say how are you or anything. I mean that's very sad, and the lady opposite is older than me [and] she lives on her own and if you go and knock at the door, she will open the screen door [but] never lets anyone in.

This really challenges the assumption that sometimes if we're putting older people together we need to account for—this random socialisation that we try to encourage doesn't always meet people's needs, particularly for people who might have language and want to maintain their own language and their own cultural practices in later life. That very much contrasts with people who've been able to stay in their community, one of whom said, "Community is important. If you didn't have these contacts, you'd be isolated, and that could lead to being quite lonely and withdrawn, so I think it's important to have at least some sort of outside contact, even for just having different points of view." Then they said, "We've got some great neighbours here. The people across the road, well, they're an English couple and I suppose they're about eight or nine years younger than us. But there's a lady that lives just on our corner in the single-storey house, and she's about 75, and further down the road there's a couple of families." Again, by enabling people to stay in their community, it facilitates many different types of social connections.

**The CHAIR:** I might go to the South Asian Research and Advocacy Hub. Your submission and your work are quite specific to a region of migrants or people who come to Australia. I wonder if you have anything in terms of response or particularly useful interventions that you wanted to talk about.

**ASHMITH SIVAYOGANATHAN:** For us, our submission was quite specifically tailored towards elderly South Asian migrants. That was the viewpoint that both Ms Peddireddy and I have grown up with, and that's the viewpoint we felt we could best communicate. When we were discussing this throughout—and I'm sure Ms Peddireddy could help elaborate this one—it was very much focused on the differences in society between what migrants call their comfort zone and what they've grown accustomed to in South Asia and what they've now been forced into, especially later in life, where it's much harder for them to adapt and assimilate as part of society in Australia. Harshitha, if you'd like to take over here?

**HARSHITHA PEDDIREDDY:** Of course. I'd love to jump in here. In terms of specific intervention methods, I think a critical difference between South Asian migrants and the type of elderly population that was previously being discussed is the way they've come to Australia in the first place. We referred specifically in our submission to the visa subclass 870, the sponsored parent visa. For a little bit of context, it's a very traditional familial concept for South Asian families to take on caring for their parents after their parents reach an age where they become slightly more dependent.

As a result, for families who have emigrated into Australia, having their parents so far away is a bit of a sore point for them. They would like to bring their parents over to be closer to them. As a result, you have aged migrants who have been brought over on that subclass being ripped out of a community, a society, that they have grown up in and felt comfortable in and developed their connections in, and then being transported here, where the structure of society is a lot different and the way in which they engage is different.

Often, that leads to isolation at home. They don't have the access to go out and make those connections with other communities on their own, and they're incredibly dependent on their families. In that sense, in terms of intervention methods, we would hope that there would be more cultural events run with access for aged populations so they aren't so dependent on their own family members. That could include translated bus services and more public transport that would be available for them to access, especially in regional areas where often public transport is more difficult to come by and towns are so dispersed in terms of city centres and social centres that it's almost a requirement to use personal transport to engage in community. So in terms of specific interventions, we would mainly submit that increasing accessibility and the prevalence of cultural events for South Asian, and even other CALD migrant communities, for the aged population specifically would benefit in bringing them out of their shells, so to speak.

**The CHAIR:** Dr McMahon, did you have a brief response to this?

**TADGH McMAHON:** Yes, a brief response. I would probably point to the example that we had in our submission around the Multicultural Peer Network, which was, admittedly, a funded initiative by the Department of Social Services, so it's not comparing apples with apples in relation to the other responses, but it was focusing on people with disability from multicultural backgrounds. I think the heart of it—going back to what your question was—is that by recruiting peers from different communities and cultural backgrounds you actually then have a vehicle with which to deliver some activity and some peer support that is useful.



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I happened to visit the Multicultural Peer Network that was happening in Bankstown. I visited that particular Multicultural Peer Network one day. There were probably 40 to 50 Vietnamese community members in that, and they had been meeting for approximately six months. All of them were impacted and had lived experience of disability, either living with disability themselves and/or a parent of somebody with disability. The entire event was conducted in Vietnamese. There was a translator present, that we had hired—an in-person translator—to assist in the task that we were doing there.

Rather than focusing too much on what are the differences, I think there are sometimes opportunities in terms of what are the commonalities, and I think the commonalities are that community engagement initiatives that are well thought through—I'm not suggesting that this was a simple initiative, to try to find peers in the community that were willing to co-facilitate these kinds of networks. It was a resourced initiative, so it did have funding and there was an opportunity, and that was independently evaluated as well. I'll leave it there. Thank you.

**The CHAIR:** When we hear "independent evaluation" it always prompts us to ask whether we might be able to get access to that evaluation on notice.

**TADGH McMAHON:** Certainly, I can provide that. It wasn't a published report, but I can provide it.

**The CHAIR:** That would be great, thanks.

**Dr AMANDA COHN:** In your submission, you specifically identified groups that are at a particularly high risk of social isolation. I'm interested in discussing a couple of those groups in particular. You talked about refugees and asylum seekers, and also people on temporary visas. There is obviously a very significant difference in terms of the trauma, background and experience of humanitarian migrants as opposed to people who have migrated for other reasons to Australia. Could you speak to some of those specific needs and how we can better support those groups?

**MARIKA FRANKLIN:** SSI is in this space more so than us. We're wanting to highlight the issue, so if you're willing to take that question, I would pass that on.

**Dr AMANDA COHN:** I'd welcome them to answer the question.

**TADGH McMAHON:** I probably won't respond in relation to people seeking asylum. I think it's a really difficult area and I think that the numerous changes in policy that have occurred at a federal level in particular in the past 20 years—I mean, it's really hard to actually keep track. I've been the head of research and policy at SSI for about 11 years and my head is spinning trying to figure out what has actually occurred with that cohort. I think no answer would be sufficient to cover the complexity of that cohort. So I might answer the question in relation to refugees and humanitarian entrants.

Rather than focusing on SSI, focusing on the settlement services ecosystem that Australia has, it's pretty much world-leading, I would say. I mean, there are deficits—the issues that Professor Taksa raised, that it's almost like there is intensive work at the very beginning and then we sort of think, "Oh, well, everything is done. Our work is done and they're fine." That may change as their life goes through. But I think that the services that are provided on arrival, and in the first five years, do set the foundation for successful settlement.

Since our submission was put in, a longitudinal study called Building A New Life in Australia, a 10-year lookback, has been published by the Australian Institute of Family Studies. I think, by any measure, for a cohort of people who have experienced significant issues—and basically it's forced migration that we're talking about here—the outcomes that that longitudinal study reveals, I would say, are very hopeful. There are gaps. There are things that we can do.

One of the things that we have done in our research is looked at that digital transformation that I mentioned in my opening statement. This is a serious issue. In our research that we've done with newly arrived refugees, what we've found is that they tend to have enough data. They tend to have mobile devices. What they don't tend to have is the right devices for different needs, so, for example, laptops and iPads for accessing education. You can't learn on a mobile—certainly not well.

The other issue is that it's highly age and gender impacted, so women and older people are more impacted by being locked out of that digital world. The digital world that I'm talking about is the digital world that we all rely on—the digital world of Medicare, the digital world of Service NSW, the digital world of these kinds of services that we all rely on to get from A to B to C to D, to do our knowledge test, all of those kinds of things. That's why we're calling for that digital transformation of New South Wales government services to be really cognisant of people with lower digital skills and people whose first language preference is a community language.

**LUCY TAKSA:** Chair, could I add something? Most of us in this space know about the Building a New Life in Australia—BNLA—survey that was done over a number of waves. It's a great source. But the issue

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that I found with that, as with many other things, is the focus on human capital. I support everything you said about digital knowledge and so on and so forth, but with these studies, with that cohort and with our more aged cohort, everything is focused on the economic side, the human capital, the technical skills and so on, not the social and emotional needs. We've found also in the centre that I'm involved with at Deakin—we run career clinics for refugees to get into university, to get into jobs and so on. Whilst they get these skills which help them "integrate", they're very isolated. Government is so siloed, not only by level but by portfolios, that there isn't a joined-up system that can deal with the totality of people's needs.

I know when I was involved with SSI and I had a PhD student investigating migrant resource centres, the workers, the employees, were all saying, "Under these systems, we cannot deal with the whole person, with all of their needs". It doesn't matter whether they're refugees or migrants that have been here since the 1950s or '60s; the same issue keeps coming up. If we were to say anything to this Committee on that, it's that, really, there needs to be a more holistic, integrative approach if we're going to deal with this social dimension and emotional, psychosocial elements that have huge hazards and costs to health and wellbeing.

**The Hon. BOB NANVA:** Thank you for your evidence today. Just by way of context, I'm a first-generation Australian. My parents came to Australia from Iran, so everything that you have said in your submissions with respect to language barriers and differences in norms, social lifestyles and culture all ring very true to me. What I am wondering, though, is what your thoughts are on whether overt prejudice or subconscious bias or racism also play a role in a broader sense with respect to social isolation in the sense of not belonging socially in Australia, particularly for more recent migrants. I'm particularly minded to refer to that research—I think it was from Monash University and the University of Melbourne—that showed that English-sounding names got far more call-backs for job applications than ethnic names, so a real form of subconscious bias. Does that play a role in social isolation in a broader sense? Is it still pronounced?

**The CHAIR:** I'll get some responses. I do know that Professor Taksa has quite a lot of thoughts on subconscious bias, so maybe we can start there.

**LUCY TAKSA:** Just to give background on this, I was born overseas. Just to also put my hands on the table, my father from the Ukraine is 92 and lives at home alone. My background of having sat on the Administrative Decisions Tribunal's equal opportunity division for 10 years and my research have led me to question critically the notion of unconscious bias, particularly after 40 years of anti-discrimination legislation, multicultural policies and so on and so forth. So I have a real problem with that notion of "subconscious". I don't think there's anything subconscious about it. I think there are systemic problems and inequalities that continue to be replicated in both overt and covert ways. I'm happy to send you a paper in the *Comparative Labor Law and Policy Journal* on this topic.

**The CHAIR:** It's on my desk.

**LUCY TAKSA:** I think there is a place for targeted cultural responses, as our friends online have been saying. There are different needs, different cultural practices and different norms. But, overall, the Anglo norms dominate all our systems, and we have some fundamental issues that need to be addressed. To my mind, the barriers are ideological and financial—in other words, there are limited funds for the sorts of activities that our colleagues have been talking about. Our interviews with migrant resource centre employees kept saying they didn't have the funding available to do translations—not just for the major groups but the minor, smaller groups, whether they're Koreans that are ageing or others—that would then enable them to provide the supports. I think there are systemic issues that are not just about racism and discrimination; they're far broader. I'm happy to answer any other questions.

**The CHAIR:** We might quickly get a response from the South Asian Research and Advocacy Hub, and then I have Mrs Maclaren-Jones online as well for some questions. To those researchers online, what's your response to Mr Nanva's question about perhaps not having a sense of belonging because of barriers around racism or discrimination?

**HARSHITHA PEDDIREDDY:** Thank you for the tag-in. I would definitely consider bias, prejudice and racism to be significant contributors to social isolation, or at least discomfort and a lack of safety in social spaces, particularly in more regional and remote communities in New South Wales. I myself grew up in regional Australia, so I'm privy to some of the nuances of life out in the country. Specifically for senior South Asian migrants, having social spaces where there may be comments made about them or there may be some animosity, even some more nuanced racist undertones, can make them feel particularly uncomfortable to engage in social spaces. That can range from community events even to just going to the shops or having a nice dinner out with their family and stuff. I'd be more hesitant—actually, no, I'm not going to say that. Never mind. I'll defer to my colleague if he would like to add anything.

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**ASHMITH SIVAYOGANATHAN:** It's a difficult one to combat because I feel as though this kind of subconscious bias, as it was put, has become so ingrained in life as we know it. Since moving to Australia, a lot of migrants that I've interviewed, and myself included, have learned to introduce our name in a completely different way—in a way more comfortable for white Australians to be able to pronounce our name. It's all of these smaller contributing factors that build up over time as small barriers, especially for elder migrants, who struggle to integrate themselves into society already, and then you add on these smaller things that make it just that little bit harder for them to effectively assimilate. It just becomes this daunting task for them to go into society and try to interact and become an effective member of society, when it's much easier for them to stay at home and be by themselves where no-one's going to mispronounce their name and no-one's going to make any kind of false assumption about them.

**The Hon. NATASHA MACLAREN-JONES:** I'm mindful of time. There are only a couple of questions I wanted to ask around being able to access services as well as events. Are you aware of any community buses or organisations that might run transport services to facilitate these events or being able to access local services?

**LUCY TAKSA:** I can answer that from personal experience. I have arranged for my father to be engaged, through JewishCare, with the Burger Centre. That is twice a week. It costs, of course. He gets picked up and dropped off. They have food, they have music and they have social engagement. There are numerous different cultures, although the same religious background—although the majority are not religious, but that's a different story. I believe that this sort of activity is quite widespread.

I know that when I was organising transition from hospital for him, under the—I have forgotten the acronym; it is below the healthcare packages—CHSP, you can get government-subsidised pick-up and drop-off to social activities. This is urban. I defer to my colleagues over there on regional. In urban areas, there are definitely systems in place, but you need to know about them, number one. Number two, you have to have somebody like me who can navigate the system. If you've got language issues or you're dislocated from family, you're isolated and you're distant regionally, then those sorts of services are very difficult to access.

**MARIKA FRANKLIN:** I'd like to add one point further to that, which some of our participants have mentioned. Our CALD participants, but also older people, have spoken about the number of health appointments they might have. Transport is prioritised to take them to medical appointments. They have limited budget. Therefore, that takes priority over paying for transport to social participation and to maintain that social connection. Similarly, like Lucy was talking about before, the focus is on economic participation and on productivity in the early years. In the later years, we see the focus shifts to clinical and medical outcomes over wellbeing and maintaining social connection.

**The CHAIR:** Dr McMahon, did you have anything to add to that one?

**TADGH McMAHON:** Just very briefly, and we reference it in our submission, there's the Welcome Project—which I think is New South Wales Government funded—that SSI operates for newly arrived refugees. Mrs Maclaren-Jones, transport would always be included in an initiative like that, because newly arrived refugees don't generally have driving licences, especially in that initial stage of settlement.

**The Hon. NATASHA MACLAREN-JONES:** I have one final question. Would it be worth—because we always look at recommendations—doing an audit of what transport and support services are available, particularly for regional areas, that would help people from a non-English-speaking background or seniors to be able to get to these events and get to these services?

**LUCY TAKSA:** I would add there that the issues that have been raised by our colleagues are very significant. There is very little information on what goes on in the regions. Colleagues at Deakin and Macquarie universities and I have just put in an expression of interest to do research on this topic. There's a huge gap. I point out that whilst we have an ageing population generally, the rate of ageing in the regions is far greater—double, in fact, to metropolitan regions. There really is a serious lack of knowledge and lack of funding for the research.

**ASHMITH SIVAYOGANATHAN:** Just very quickly, I'd like to respond to the last question. In our submission, we discussed a service run by Saraswathi Aunty, who is a local community leader based in Sydney. When she goes out to regional areas, she organises with different community leaders in the Indian community to transport senior citizens to her seniors events, where they socialise for the day in their cultural groups, which I think is very effective and got extremely positive feedback. As Professor Taksa mentioned, such a solution is only available by people who, like Saraswathi Aunty, have the resources and are able to contribute in such a way and navigate the system. I just thought that was important to point out.

**The CHAIR:** Thank you. It's good to hear that. I'm going to draw this session to an end. Thank you, all, very much for being here, for your evidence today and for your submissions, which were really interesting and

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did have examples, cases and poignant quotes. We appreciate all of that. We also appreciate the work that you do. The secretariat will be in touch with homework that we asked you to do—questions on notice and if we have any supplementary questions.

**(The witnesses withdrew.)**

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**Dr PRASHEELA KARAN**, Senior Policy Officer and Team Coordinator, Mental Health Carers NSW, sworn and examined

**Dr RICHARD BALDWIN**, Senior Policy Officer, Mental Health Carers NSW, sworn and examined

**Dr MELANIE BOURSHELL**, Chair, NSW Carers Advisory Council, before the Committee via videoconference, sworn and examined

**The CHAIR:** Thank you for joining us this afternoon. We appreciate you taking the time to give evidence and also the submissions you made. Would you like to begin by making an opening statement?

**RICHARD BALDWIN:** Thanks very much for inviting us. We have a special case to make for the category of carers that care for people with a mental illness. We believe that the dual responsibilities of being a carer, and caring for somebody with a mental illness, places these carers at a particular vulnerability to social isolation and loneliness. Mental Health Carers NSW is a small organisation. We're primarily funded by the Ministry of Health and we're recognised by the ministry as the peak body in New South Wales for mental health carers. It's an elaborate title, but it doesn't disguise the fact that there's only a handful of us in paid employment.

Mental health carers provide a very valuable contribution to the care of people with a mental illness. There's a paper, published in 2015<sup>1</sup>, which argued that the value, in that year, of the contribution of mental health carers across Australia was about \$13 billion. In the same year, the total value of all mental health services paid for by Commonwealth or State governments was only \$8 billion, the argument being that, if all mental health carers suddenly removed the level of care that they provide for people with a mental illness, the burden on State and Commonwealth governments would be substantial. I might hand over to Dr Karan to talk about the other points that we make in our submission.

**PRASHEELA KARAN:** As Richard mentioned, we are a small organisation. We do, however, work very closely with mental health carers. We have understood that mental health carers are indeed very resilient. However, they do face numerous challenges in their caring role for various reasons. In addition to being a carer, they do face the challenges that come along with the stigma of mental illness. This can definitely cause them to feel that perhaps they cannot share what is going on because they don't know how people are going to react. That could be their family, their usual social contacts and connections, so they may be holding a lot that they are not sure whether they should be sharing.

They can also potentially suffer burnout as a result of their caring role, and exhaustion, simply because it's not easy to navigate such complex mental health services. However, the loneliness and social isolation that they can feel as a result, it doesn't need to get to that stage. What we need is to provide direct funding for respite for carers—which is seriously lacking at this time—as well as psycho-social support services and other types of support services, as well as, of course, address stigma in the community and in other settings like in education, employment and in services. This could help to alleviate social isolation and loneliness.

**MELANIE BOURSHELL:** What I would want to say is I support everything that the mental health carers association says. The Carers Advisory Council, being the ministerial council, is a legislative provision, so we provide advice to our Minister Harrison, but also to other Ministers in government. What we represent as the Carers Advisory Council is all carers. These are across all different walks of life and different complex dynamics. What we wanted to highlight in our submission is that there's often a double stigma in terms of caring. Carers that then have stress, anxiety, depression and loneliness have the mental health issues of stigma combined with caring.

A lot of the feedback that we get from carers as well is caring can be unrecognised. It can be a stigma and some carers find it a really challenging issue. It's done in a very lonely place, and carers often, if they aren't isolated at the start of the journey, become isolated. So caring and mental health is part of a much broader systemic problem and issue, and that's what we want to highlight. As the mental health carers have already alluded to, caring can start very early. That behavioural pattern of social isolation starts in children. We know one in 10 children in the education system are carers, so the impact of being a young carer on their mental health and the ability of those children to thrive starts very early. That only increases and exacerbates across their life span.

We know women in that 50 to 65 age group as well are increasingly under pressure from mental health issues. They are often caring for older parents as well as still bringing children out of the household. The

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<sup>1</sup> In [correspondence](#) to the committee dated 9 January 2025, Dr Prasheela Karan, Senior Policy Officer & Team Coordinator, Mental Health Carers NSW, clarified the evidence given advising that the correct year of publication is 2017.

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experience of anxiety and depression often hasn't been addressed in a way because these carers have very limited time to actually look after themselves. I think that's really important. The other thing that we really want to highlight is the mental health and isolation of carers is exacerbated by other systems, and it must be seen from a systemic point of view. Often these are people that have issues with housing or appropriate housing, so the mental health of carers is often really impacted upon. In New South Wales, we don't even have the silver housing standards for carers, to make their life easier.

It's impacted on by the health systems. Carers often have to retell their story multiple times. What we hear them telling us is we're just exhausted from that. The more carers become exhausted, the more it depletes their mental health and wellbeing, and their capability to actually thrive and survive, let alone in that employment space. We know in terms of mental health, occupation is a positive contributor to mental health and illness, being able to positively contribute. Yet carers often are marginalised in terms of occupation and employment, with very few organisations actually supporting carers. We've also highlighted that in our submission in terms of workplaces and the opportunity that we have—they're all interwoven. What I really want to put to the inquiry is that it's a systemic thing. Mental health, social isolation and caring is a big bundle of complexity. However, I think if we work together and really generate some understanding about it, we can incrementally make changes.

**The Hon. NATASHA MACLAREN-JONES:** Thank you. That was a nice way of going into my first question. Although this has been initiated by the Minister for Mental Health, this has come up a little bit today, and I wanted to ask both our witnesses where this should sit. Is it something that should sit with Health, DCJ, or is it more of a whole-of-government approach?

**MELANIE BOURSHELL:** I think it has to be a whole-of-government approach. Let me give you an example of why I think it should be. At the moment, one of the things on the strategic plan for the Carers Advisory Council is this idea of retelling of stories. What currently happens is, while Service NSW people might go there and register for a carer's allowance, they can't store that and share the Health. So then they go to Health and they have to retell their story. Then they might have to go into public health, the PHN network. They retell their story again, and they go round and around all of the different organisations retelling their story. They go to Housing, they have to explain. They go into employment, they have to explain. There needs to be a connection between all of these government agencies, because what you're looking at is a group of people who are already stigmatised. They are isolated. Very often, if you look at the statistics about carers, carers often have their own ability challenges themselves. So they're caring for somebody with a disability, and the Carers Advisory Council looks at a wide range of abilities and disabilities.

If you sit it in Health—another example is that recently New South Wales set up their own carers panel, but it isn't linked to the government, to the Carers Advisory Council. So, again, we've got two tiers. The Carers Advisory Council reports into government, into Parliament. We met with Minister Washington the other week. We meet with all the Ministers to advocate for the issues, but if there are all of these other places—Carers NSW is part of the Carers Advisory Council—and if we're all fragmented, again, we're all retelling our stories and we fail to have the opportunity to come together and advocate at a whole-of-government level for all of the issues. That's why the Carers Advisory Council is there. We represent all carers with all issues in all aspects of New South Wales. Our Minister will then engage all of the other Ministers who are relevant to this narrative and discussion about carers. If we just say it's a Health issue then we reduce the opportunity to make a meaningful change and difference.

**The Hon. NATASHA MACLAREN-JONES:** Dr Baldwin, do you have a comment on this?

**RICHARD BALDWIN:** Yes. Where we sit, we get the majority of our funding from NSW Health, but we also get funding from the Department of Communities and Justice around advocacy for psychosocial disability. We're not particularly fussed where the money comes from. We don't see this as a particular portfolio issue. One of the hidden areas of mental health caring is that not all of the people that our carers care for are in the health system. Mental health is often a cyclical condition. People are in the health system for some period and then they might have long periods when they're not in the health system, but the carers are still there to care for them. In that period, they might be trying to seek services from Communities and Justice or from some Commonwealth program. So we don't see this as a particular portfolio issue.

What we do recognise is that our job is to advocate on behalf of mental health carers, irrespective of where the person that they care for is getting their care from. To highlight that point, for example, if we take the national disability program, a lot of the people with mental illness who our carers are caring for are not eligible for NDIS. They don't meet the criteria of a permanent disability, but they still require a lot of care and assistance. That care and assistance is only provided by their carers, and that can be a socially isolating and lonely experience for them.

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**MELANIE BOURSHELL:** Then you've got the other systems as well. You've got aged carers and you've got veterans carers. Once you start to look at all of those other systems where carers are, I think it's a really important point that Dr Baldwin says there—that people in those systems are carers. They might not necessarily be getting their services from Health, because people don't. People have to navigate the Commonwealth systems and the State systems and the different government departments.

Again, as I say this and explain it to you, I feel that that burden—these are people who are struggling, who are isolated and who are significantly challenged, but they're having to try to work out all of these systems to get services. Shouldn't we be turning it the other way around and saying, "How do we make it easier for carers with mental health and illness issues? How do we bring the services to them?" At the moment we're saying, "How do people go in and find the services?", but I think we should be looking at it from the other way. How do we make services more accessible? Even the Service NSW model has changed things for people, but still for carers they can't go there. They can go there to register as a carer in New South Wales, but they still have to go off into the other systems.

**The CHAIR:** Mrs Maclaren-Jones, do you have another question?

**The Hon. NATASHA MACLAREN-JONES:** Just one more. This is around young carers, which was touched on a little bit earlier. What supports are lacking? This is looking at not just an individual at home but also how we work in with Education and other departments to provide that support to those young people who are caring at such a young age.

**MELANIE BOURSHELL:** From the Carers Advisory Council's perspective, we have recently asked our Minister, Minister Harrison, to arrange a time for us to meet with the education Minister, because from that holistic, strategic level, for children who are carers being identified in schools, there are very limited available programs. Yet we know from carers who are represented through the Carers Advisory Council that often those children, when they're siblings of a child in school with disability or issues or any mental health issues, are the first port of call for teachers.

That's not a criticism of the education system; that's teachers trying to do something to ease the environment within education. But, absolutely, for the whole year in 2024 we've been highlighting with Minister Harrison and trying to meet with Education to have a strategic-level discussion of how to support one in 10 children. In every class in a school in New South Wales, there are at least two children who are carers. Therefore, we should be doing more than we are doing. But that engagement with Education, because it sits in a different government department as well, is problematic, and we are working on that at the moment with Minister Harrison.

**Dr AMANDA COHN:** Thank you both for coming and for your written submissions. Both of your written submissions called for enhanced respite care. You pointed out the recommendation of the excellent inquiry into mental health services from Portfolio Committee No. 2. I was hoping you could speak in more detail to the difference that respite care can make, and particularly why we might consider that above providing that care directly from a government source, long term.

**PRASHEELA KARAN:** Respite is something that's really critical for mental health carers—and all carers generally, of course. Carers can feel undervalued and they do forgo a lot of economic opportunities. They have a lot of financial stresses and strains. What my colleagues were just talking about here, interacting with all these different government departments and programs—Commonwealth—navigating and sifting through all of that is extremely time consuming. It makes the caring job very, very demanding, which pulls them away from having time for leisure and so on. So that, combined with financial stresses, means that we really need to directly support carers with respite.

Something that we've been looking at is the Victorian Carer Card. Queensland has one as well. I know that Carers NSW has also been advocating for this as well. It would be like a Seniors Card. Having this card would provide carers with an opportunity to access heavily discounted entertainment venues, restaurants and sporting events, and have access to rebates as well. This would alleviate some of those financial pressures and stress. It would be a form of recognition for the immense contribution that they make. Also, it would allow them to enjoy themselves, to have some leisure time and take a break when they're not in the physical presence of the person that they're caring for. So that is something that we're keen to look at and something that could be adapted in New South Wales. I know Dr Baldwin has also been doing quite a lot of work on respite as well, so I will hand over to you.

**RICHARD BALDWIN:** Prior to the NDIS, there was a Commonwealth-funded respite service that was available for carers broadly but also available to mental health carers. That disappeared with the establishment of the NDIS. While the NDIS argues that respite is available under that, it's often not available to our carers who are caring for somebody who isn't getting support under the NDIS. So there's a gap there. We fund a very small respite

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program out of a bequest that was made to our organisation a couple of years ago. That amount of money generates a modest amount of interest every year—enough for us to support about three or four grants of a couple of thousand dollars each for individuals. We basically have a raffle. We invite applications for that, and the demand is overwhelming. Basically, the only way we can manage it is to draw the names out of a hat. But it does demonstrate the huge unmet need for respite services for mental health carers.

There are two kinds of respite that we mentioned in our report. One is in-home respite, and that's where somebody needs to be in the house to provide some hours or a day when somebody can go out and do something else. But there's also residential respite, where the person with the condition can be looked after for a few days to provide the carer with a longer break. There are virtually no programs around now for that level of care within the mental health carer space. It's available if you're in aged care, of course; there are respite beds in aged care. But not in the mental health space. It's a large gap in the support services for mental health carers.

**Dr AMANDA COHN:** On a completely different topic—while I process that you're having to fund respite care out of a raffle—in your submission you also talked about stigma, particularly for mental health carers, impacting the people that they care for but also the carers. I'm interested in your views on how the State Government can help to address that stigma.

**PRASHEELA KARAN:** In 2023 the National Mental Health Commission developed a National Stigma and Discrimination Reduction Strategy. That is something we think is worth the New South Wales Government having a look at. It focuses on stigma in different settings, as I mentioned, like education, mental health, health services, in the media and in the community. We think a multi-pronged approach and an education campaign would be beneficial. There is some evidence to show that such types of anti-stigma education campaigns can help to challenge negative attitudes, through information and facts rather than inaccuracies and stereotypes.

**Dr AMANDA COHN:** I pre-empt the Chair's follow-up question: If you've got copies of those reports or evidence, could you provide us a copy?

**PRASHEELA KARAN:** Yes, we do. We'll send them across to you. With regard to mental health, we understand that some mental health disorders that are not well understood, or are depicted in movies and the media in a particular way, are particularly stigmatised. That includes things like schizophrenia, as opposed to what we may be more knowledgeable about in society, like anxiety or depression, potentially. Having those types of targeted campaigns can be beneficial as well. We think that that's also something the New South Wales Government should look at supporting. We also think that language is very powerful and important. I know there's an organisation, Everymind, that has developed reference guides, which are pretty easy to look at. It's valuable because they provide alternative types of languages that can be used. It's a great education tool.

**Dr AMANDA COHN:** Can you provide us with that as well?

**PRASHEELA KARAN:** Yes, will do.

**The CHAIR:** I've got one last quick question. I know we're a little bit over time. We're trying to also be a bit practical about what kinds of things help to reduce isolation and loneliness. Dr Bournnell, in the advisory council's submission, you talk about an overseas model called the Compassionate Communities initiative.

**MELANIE BOURSNELL:** That's correct. It has come out of the UK and it's a community case model. It was originally used for carers who were looking after somebody who was dying—a model based around palliative care. But at its most simple, it's about building a village of people to try to reduce that social isolation and the burden when people are in the final days of dying. What we see with that model and its approach is, as we talked about earlier, where does this sit? Does it sit within Health? That is a very holistic model. It brings all of those different elements of somebody's life together in a holistic way. Our suggestion was that perhaps a model like that could be piloted somewhere.

One of the other issues that we highlighted in our submission is that, we don't know, because of the statistics, where the largest proportion of carers is in New South Wales with the most issues. We know that in regional, rural and remote areas, the services are more lacking, but do people access services more online? Do people who are in metro areas, because services are available, access them more often? We don't have the granular information about that. We only know how many carers are in the State. In terms of thinking about how we pilot and apply a model like that, which is about generosity and building networks of support to overcome social isolation, I feel like we also need to push for better data to be collected.

As the carers advisory council we can't give you this answer, but is there a particular group of carers who are more at risk of mental health and mental illness issues, who are more likely to be socially isolated and marginalised in society? I feel like if we have that information and data, we could also come up with some better solutions and strategies with which to prioritise carers who are more at risk within that system and work from that



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perspective. I think both of those things, and there are some really good overseas models that we could pilot. My suggestion is that in order to do that, over the next 12 months, better data must be gathered so we know where to focus our efforts in the first place, in order to reduce the mental health burden on carers and reduce their isolation. It's significantly important.

**The CHAIR:** Thank you very much. We are out of time, so it just remains for me so say thank you so much for appearing and for your evidence today, for your submissions and also for all the things that we've asked you to take on notice and provide to us. There may also be supplementary questions. The secretariat will be in touch about those and the timing of those. Again, we thank you so much for your willingness to appear and for sharing your expertise with us.

**RICHARD BALDWIN:** I wonder if I might clarify my comment about the raffle. It's not as random as it sounds. We invite applications for respite grants, and those applications are vetted. Some are rejected and some are selected. The ones that are selected are all eligible for the grant. But as there are hundreds of them and we can only allocate a very small number every year, there is no other way, within our resources, of being able to pick and choose. So it's about random selection rather than a raffle.

**Dr AMANDA COHN:** Thank you for clarifying, but that's equally heartbreaking.

**The CHAIR:** Thank you for that clarification.

**(The witnesses withdrew.)**

**The Committee adjourned at 16:55.**