

Submission
No 54

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

Organisation: Elder Abuse Action Australia

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Elder Abuse Action Australia

Prevalence, Causes and Impacts of Loneliness in New South Wales

A decorative graphic consisting of overlapping purple shapes, including a triangle and a trapezoid, pointing towards the right.

ELDER ABUSE ACTION AUSTRALIA ACKNOWLEDGES THE TRADITIONAL CUSTODIANS OF COUNTRY AND ISLAND HOME ACROSS AUSTRALIA, THE LANDS ON WHICH WE LIVE AND WORK. WE PAY OUR RESPECTS TO THEIR ELDERS BOTH PAST AND PRESENT AND ACKNOWLEDGE THE CONTINUED CONNECTION OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE TO LAND, SEA, SKY, COMMUNITY, AND CULTURE. SOVEREIGNTY HAS NEVER BEEN CEDED. IT ALWAYS WAS AND ALWAYS WILL BE, ABORIGINAL LAND.

Who We Are

Elder Abuse Action Australia (EAAA) is a national peak body established in 2018 to create meaningful change in response to addressing and eliminating the abuse of older people (elder abuse). Elder abuse has been recognised as a scourge on Australian society and the work of EAAA impacts positively on the older person, their loved ones, their communities, and society more broadly.

In the short period since its inception, EAAA has established itself as the leading authority on elder abuse in Australia and is best known for delivering **Compass.info**. This valuable resource raises awareness of elder abuse by providing comprehensive and practical information and connects people to frontline services tackling the abuse of older people. In 2022 EAAA delivered the very successful National Elder Abuse Conference *Walk the Talk* in Hobart following up with the 2024 National Conference *Turn Up the Volume!* in Adelaide, a conference that has been widely applauded.

What we do

EAAA was established to confront the often-hidden problem of discrimination, neglect, and mistreatment of older Australians.

As the national voice for action, EAAA campaigns for a society that respects and values older Australians and is free from elder abuse. We use the tools of advocacy, policy development, research, and capacity building to raise community awareness of elder abuse and improve the lives of older people.



A national voice to end elder abuse
Australia
eaaa.org.au

Why we do it

Older people are among the most vulnerable of all Australians. As people age, they rely on family, friends, and carers for additional support. But for many, the experience of ageing is soured by discrimination, ageism, exclusion, and abuse.

Older people have the same rights as everyone else. They have the right to be treated fairly, feel safe in their home, and live with dignity and self-determination.

The abuse of older Australians affects individuals and society as a whole. It can limit the participation of older people in their communities and deny those communities the benefits of having older people fully contribute.

EAAA exists to give voice to those older Australians whose safety, rights, dignity, and autonomy are diminished by the people or institutions they deal with.

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Introduction

Loneliness is a growing problem both in Australia and around the world, with the World Health Organization (WHO) labelling this as a public health priority, leading to the launch of a Commission to Foster Social Connection in late 2013¹ in recognition of the importance of building stronger, more interconnected communities². Elder Abuse Action Australia (EAAA) is heartened to see the New South Wales Government making a similar acknowledgement and taking decisive action to address loneliness at a systemic level, by not only acknowledging the scope and importance of the problem, but also committing to the development of innovative strategies to assist individuals reconnect with their communities.

EAAA has long championed the importance of combatting social isolation, recognising that both social isolation and loneliness are not merely personal challenges, but societal challenges which demand collective solutions. We would like to take the opportunity to draw the Inquiry's particular attention to the cyclical relationship between elder abuse and loneliness, with loneliness being both a risk factor for and a consequence of abuse³, noting that abuse is experienced by one in six older Australians each year⁴.

EAAA thanks the NSW Government for its recognition that, contrary to common opinion, loneliness is not an individual matter⁵ but one that requires a holistic approach involving all levels of government, community organisations, healthcare providers, and policymakers to develop communities where people feel supported and connected⁶. EAAA is committed to combatting and preventing the abuse of older people and believes building inclusive communities can strengthen intergenerational ties and create a sense of belonging⁷. This in turn can help to mitigate feelings of loneliness⁸ and reduce the risk of abuse⁹.

Loneliness is not a standalone issue but a component of broader structural problems in society¹⁰ that impact negatively on Australians of all ages but has particular consequences for older adults and their wellbeing¹¹.

What is Loneliness?

Loneliness and social isolation, though closely related, are distinct concepts, with some researchers suggesting that loneliness is the psychological embodiment social isolation¹².

Social isolation is far easier to quantify, referring to poor levels or absence of social connectivity or contact¹³, while loneliness is a subjective feeling of dissatisfaction with one's social interactions or a perceived sense of isolation¹⁴. People with high levels of social capital can still experience loneliness¹⁵, though the data available indicates that those who are socially isolated are at a greater risk of also suffering from loneliness¹⁶.

Loneliness may have been recognised as a growing public health and wellbeing issue requiring urgent action¹⁷, however it remains a subjective experience that cannot be directly quantified or objectively defined as experiences differ on an individual basis¹⁸. Research into loneliness relies almost exclusively on self-reporting¹⁹, which introduces additional complexities in developing strategies to effectively combat it as a public health problem²⁰.

In 2021 the Queensland Inquiry into Social Isolation and Loneliness acknowledged the individualistic nature of the loneliness experience and therefore emphasised the need for person-centred approaches to address these experiences²¹. The Inquiry cautioned against any assumption that isolated individuals are necessarily lonely or that those with strong social capital cannot experience loneliness²². This understanding does not negate the fact that social isolation is the biggest risk factor for loneliness²³ and that increased social participation and increased access to social capital is one key strategy for combatting loneliness²⁴.

Prevalence & Impacts of Loneliness.

Loneliness is by no means a new phenomenon and has been growing as a problem for a long time in New South Wales, in Australia, and around the world, however it was greatly exacerbated by the COVID-19 pandemic and the associated lockdowns and enforced isolation²⁵.

EAAA would like to take the opportunity to acknowledge New South Wales on their proactive approach to this through the *Combatting Social Isolation for Seniors during COVID-19 Grants Program*, which sought to reduce the impacts of the pandemic on the social capital of older people in the state²⁶. In the wake of the pandemic however it does not appear that loneliness has reduced, with its impacts continuing to linger with particular impact on older people²⁷.

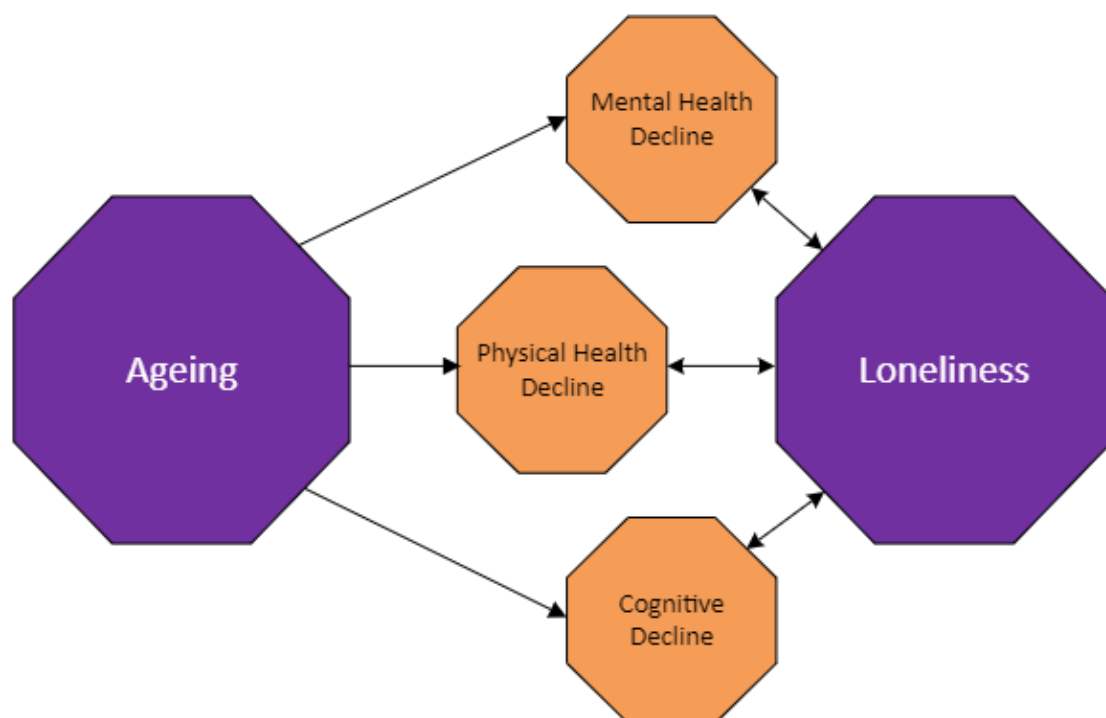
The previous assumption that older people are more likely to be experiencing loneliness than younger generations has been proven to be false²⁸, however the level of loneliness amongst older Australians is nonetheless alarmingly high²⁹. Data shows that 16% of Australians over 55 are experiencing loneliness³⁰, with older men more likely to be lonely than older women³¹. Knowing this, and furthermore knowing that one of the greatest risk

factors for loneliness is living alone³², it is important to also consider how many older people live alone and are therefore at greater risk of loneliness in the future.

Publicly available data from the 2022 Survey of Disability, Ageing, and Carers (SDAC) does not provide a breakdown of household composition by state, however census figures indicate that NSW closely reflects the national averages for both individuals aged over 65, and people living alone.

The 2021 Census tells us that 25% of people in NSW live alone, just below the national average of 25.6%³³. In NSW 17.7% of the population is aged 65 or older, slightly higher than the national average of 17.2%³⁴. SDAC data further reveals that, across all states and territories, 27.6% of people aged over 65 are living alone³⁵, with this figure rising to 45% amongst those aged 85 and above³⁶. For women these figures rise to 35.1% and 58.3% respectively³⁷.

Assuming that NSW follows similar trends to the rest of the country in the proportion of older people living alone, it can be estimated that approximately 393,063 people over 65 are living alone in NSW, 82,753 of whom are over the age of 85. Living alone is not necessarily an indicator of loneliness, however it is a significant risk factor³⁸. In a similar fashion ageing itself is not a direct cause of loneliness, but it is associated with an increased risk of mental, physical, and/or cognitive decline³⁹, all of which increase the likelihood of someone experiencing loneliness⁴⁰.



In recent years much has been made about the rising rates of loneliness in young people, which is of significant concern, however less emphasis has been placed on the impact of loneliness on older people. The impacts of loneliness become more pronounced as we age,

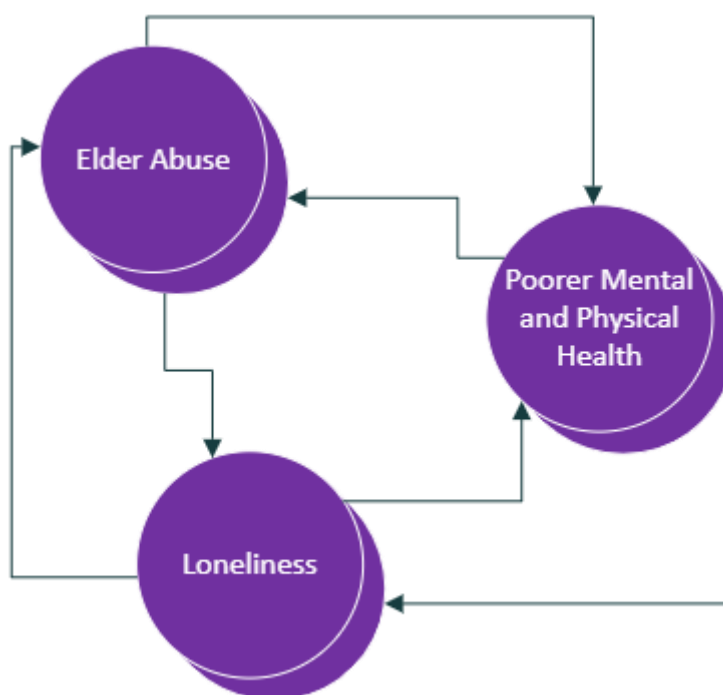
with older people more likely to experience serious consequences, including physical consequences due to intersectional risk associated with ageing.

The experience of loneliness among older people often intersects with other ageing related risk factors that amplify the impact of loneliness on mental and physical health, social wellbeing, and economic stability⁴¹. The experience of loneliness can have profound effects on mental and physical health as well as significant social and economic consequences⁴².

Research has shown that loneliness is associated with an increased risk of mental health issues, including depression, anxiety, and cognitive decline⁴³, all of which are also associated with ageing⁴⁴. Physically, loneliness can lead to a weakened immune system, higher blood pressure, a greater risk of heart disease or stroke, and even early mortality⁴⁵. These again are all issues for which older people are more likely to have additional risk factors⁴⁶.

Loneliness may also impact an individual's engagement in community activities and weaken support networks, often isolating them further. The cumulative impact of these outcomes highlights the need for interventions that address loneliness not only for individual wellbeing but for broader societal and economic health.

Loneliness can also make older people particularly vulnerable to abuse, as a lack of strong and trusted support networks may leave them without those who might recognise the signs of mistreatment or who may offer a safe space for disclosure. A lack of connections may also heighten dependency on caregivers, friends, or family members who can exploit that reliance.



Cyclically, experiencing abuse further deepens loneliness. Older people who experience abuse often withdraw from social interactions due to feelings including fear, shame, or guilt, which perpetrators may use to maintain control and isolate them further. This isolation as well as the abuse itself can severely impact mental and physical health. A lack of community ties may reduce the chances of intervention, creating a self-reinforcing cycle where

loneliness and abuse feed into each other, leaving the older person in a precarious situation without adequate support or protection.

EAAA commends the NSW Government on the launch of this Inquiry and for its commitment to combatting loneliness and its impacts across the state. We are further pleased to be able to present the following four recommendations to assist with this aim.

Recommendation One: Awareness raising and stigma reduction campaign.

Recommendation Two: Ageism awareness campaigns.

Recommendation Three: Investment in intergenerational programs.

Recommendation Four: Investment in mental and social health and wellbeing programs designed to meet the specific needs of older people in NSW.

Recommendation One: Awareness Raising and Stigma Reduction Campaigns

EAAA has outlined above the serious health implications that can arise as a result of loneliness, including a greater likelihood of mortality. Research has consistently shown that chronic loneliness is associated with higher risk of mental health issues such as anxiety and depression as well as physical health problems including heart disease and a weakened immune system⁴⁷. Some studies have gone as far as to suggest that prolonged loneliness can be as damaging to health as smoking or obesity⁴⁸. The figures indicate that 16% of Australians are experiencing loneliness⁴⁷, including 16% of those over 55⁴⁸ who already have greater risk of the aforementioned physical conditions. This research and data illustrate that loneliness is now a public health emergency and as such needs to be treated as one.

Research may indicate that loneliness is a public health emergency, however much of the public perception is that it is simply an emotion⁴⁹. The first step therefore in combatting loneliness as a public health issue is to alter this public perception through an awareness campaign.

Loneliness may be widespread, but not only is it misunderstood, it's also often stigmatised⁵⁰, something which may prevent people experiencing loneliness from seeking help or discussing their situation openly. Many people are reluctant to admit to loneliness because they fear being judged as socially inept or emotionally weak⁵¹. This stigmatisation is particularly strong amongst those who value and prioritise independence and self-reliance⁵², leading many people to suffer in silence.

A well-designed awareness campaign could not only shift perceptions about what loneliness is but could work towards the normalisation of discussions about loneliness, presenting it as a common human experience as opposed to a weakness. A reduction in the shame attached to loneliness may foster greater conversation and help-seeking.

Another key element of such a campaign is its potential to encourage community-building and the creation of new social connection. Society's emphasis on individual achievement

and continuing and growing reliance on digital communication has created environments where people often feel disconnected despite being surrounded by others⁵³. The second edge to this sword is that those with low levels of digital literacy, often older people, have poorer access to what is increasingly the dominant form of communication. An effective loneliness awareness campaign could also be utilised to promote initiatives that assist in rebuilding local social networks, to the benefit of not only the lonely but the overall social cohesion of communities across the state.

Older adults, for whom the impacts of loneliness can be more acute, often face additional risk factors for loneliness due to mobility issues, retirement, or the loss of loved ones⁵⁴. The proposed campaign could be used to inspire more age-inclusive community planning and intergenerational activities. It is worth noting that loneliness is both a risk factor for abuse and often a consequence of abuse⁵⁵, something which is experienced by one in six older people each year⁵⁶. Loneliness can make older people more vulnerable to abuse due to the associated lack of support networks to recognise abuse or to whom the older person may feel comfortable disclosing abuse⁵⁷. Cyclically, experiencing abuse can lead to increased loneliness as those who experience elder abuse often withdraw from social connections due to fear, shame, or isolation imposed by the perpetrator of abuse.

Beyond the practical benefits, a campaign designed to raise awareness about loneliness would also promote greater empathy and understanding. It would help to remind people of the importance of human connection for both individual happiness and health⁵⁸, and for the health of society as a whole.

In an increasingly fragmented world loneliness is continuing to rise, and education is the first step in the journey to combat it. A campaign which breaks down stigma and creates supportive environments is essential if we are serious about helping both individuals and society address loneliness more effectively.

Recommendation Two: Ageism Awareness Campaigns

Combatting loneliness, and by extension assisting in the efforts to eliminate elder abuse, is a goal with many complexities with the education campaign outlined above only one prong in the approach needed. An educational approach needs to go beyond understanding loneliness itself and address the factors that contribute towards loneliness. Societal attitudes to older people significantly impact their experiences and risk for loneliness and social isolation⁵⁹.

Often older people are viewed as less capable, burdensome, or irrelevant⁶⁰, all false assumptions that can lead to their marginalisation and exclusion from social, economic, and community activities⁶¹. Ageism, which contributes heavily to both elder abuse and loneliness amongst older people, remains the most socially acceptable form of discrimination in Australian society⁶² with its associated stereotypes often discouraging meaningful interactions between generations and creating barriers for older people to engage fully in society. These negative perceptions may also cause older people to internalise feelings of worthlessness or invisibility⁶³, further deepening their isolation⁶⁴. If this is to be addressed,

ageism awareness must also be a priority for the NSW government as a part of their strategy to combat loneliness as the public health emergency it is.

One of the key benefits of an ageism awareness campaign is its potential to promote intergenerational understanding and engagement. When younger generations are better aware of their unconscious ageism and of the value and contributions of older people, it fosters opportunity for more meaningful connections⁶⁵. This in turn can help to break down the barriers that often isolate older Australians leading to loneliness⁶⁶ and the associated risks of poor physical and mental health, cognitive decline, and elder abuse.

The second bow of an ageism awareness campaign is its ability to empower older Australians to actively participate in community life. Internalised ageism or stigma relating to ageing has been proven to be a growing problem in NSW and across Australia. Shifting this internalised stereotyping can encourage older people to take greater part in social, cultural, and economic activities, thereby strengthening their sense of belonging and reducing the risk of loneliness and abuse associated with isolation.

Combating ageism is a vital element of any strategy to reduce loneliness in older Australians. An active and carefully designed ageism awareness campaign can foster respect, inclusion, and understanding, assisting to ensure that older people remain valued, visible, and connected members of society.

Recommendation Three: Investment in Intergenerational Programs

EAAA outlined in our previous recommendation the risks of loneliness for older people associated with ageism, and the need to address ageism to combat loneliness and its associated risks within this cohort. Education on ageism is the first piece in this puzzle, but research shows that one of the best ways to reduce discrimination of any kind is through direct contact⁶⁷. In this case, in combination with the ageism awareness campaigns outlined in recommendation two of this submission, the best way to combat ageism is through direct contact between people of different generations.

Ageism is a direct cause of abuse⁶⁸, but in addition to this it is also a recognised as a leading cause of social isolation⁶⁹, which is in itself a risk factor for abuse⁷⁰ and has been proven to be detrimental to the health and well-being of older people in particular⁷¹. There are many causes of ageism, however one central cause which exacerbates all others is a lack of multigenerational relationships, exposure, and understanding.

Implicit bias studies show that we as humans are predisposed to show an unconscious bias against those who are different to us⁷², including those who come from different generations or backgrounds, this is sometimes referred to as 'othering'⁷³. In a society that values youth and where there is a high social value placed on looking and feeling 'young' this implicit bias is amplified by promotion of the idea that as we age our value lessens⁷⁴. This is an often-accepted concept that is patently false.

Othering and implicit bias are not easy things to overcome, however multi-generational programs have been proven to be a particularly effective method of overturning the ageist stereotypes⁷⁵ perpetuated by othering. Such programs provide people of all ages with the opportunity to benefit from the sharing of knowledge, skills, and experiences resulting in mutual growth, learning, and empathy. In Australia the benefits of multigenerational programs have been illustrated broadly through the popularity of television shows *Old People's Home for 4 Year Olds* and *Old People's Home for Teenagers*, but these programs can also benefit younger adults as well as older adults and children.

EAAA has developed extensive program logic outlining the benefits of these programs. We invite the NSW government to discuss with us further how we can assist in implementing community programs that encourage people of different ages to interact. By learning from one another, we can foster a less ageist society and assist to combat loneliness not only for older people but for people of all ages.

Recommendation Four: Investment in Mental and Social Health and Wellbeing Programs designed to meet the Specific needs of Older People in NSW

In December 2023, the NSW Community Mental Health Services Priority Issues Paper identified older people as a priority group for the state in terms of mental health needs⁷⁶. It is gratifying to see the Government's dedication to this and to ensuring that the social and mental wellbeing of older people in NSW is a priority for the state.

We know however, that older people often have very specific needs, and face unique challenges associated with ageing⁷⁷. This includes retirement, the loss of loved ones, declining physical health, or reduced mobility, all of which can impact significantly on their mental and social wellbeing, and in turn lead to problems of loneliness. This means that in order to truly assist older people with mental or social health needs as a priority population, tailored and specific programs are required.

Older people often experience loneliness differently to younger people⁷⁸, as young people are more likely to have broader social networks whilst older people are more likely to find their social circles shrinking⁷⁹. Health related limitations, societal withdrawal, and the issue of ageism further isolate them. Standard mental health and social wellbeing initiatives may not understand or be able to address these circumstances, underscoring the need for targeted and specific programs that account for the complexities associated with ageing.

Programs designed with the specific needs of older people in mind can help older adults develop coping strategies for the emotional challenges often associated with ageing, including grief and depression, which often lead to self-isolation and loneliness. An investment in these programs benefits not only individuals but society more broadly.

Loneliness in older people is, as outlined earlier in this submission, linked to significant mental and physical health issues, including an increased risk of early mortality. Health systems bear the burden of these outcomes, with increased demand for healthcare and intervention for preventable conditions.

Programs that enhance the mental and social wellbeing of older people can improve overall health, reducing healthcare costs and promoting active ageing. When older people feel more supported and valued, they are more likely to engage in their communities and maintain social connections. Programs designed to meet the specific needs of older people can help reshape negative societal perceptions of ageing and foster intergenerational understanding, leading to a reduction in the marginalisation that often leads to loneliness or abuse.

Investing in mental and social health programs tailored to the specific needs of older people is vital for effectively reducing loneliness. Such programs provide supportive spaces where older individuals can connect, find meaning, and actively participate in their communities, thereby enhancing both their wellbeing and their quality of life. This investment not only improves individual lives but also strengthens communities by promoting inclusivity and valuing the contributions that older people make. Addressing loneliness through these targeted programs can assist in creating a society that actively supports and respects its ageing population, building a foundation for a healthier and more connected society.

Conclusion

Addressing loneliness amongst older Australians is an urgent public health priority that demands a comprehensive and multi-faceted approach. EAAA would like to emphasise that combatting loneliness is not simply about addressing individual feelings of isolation; rather it's about fostering a sense of community, inclusion, and respect for older members of our community. The above recommendations are all vital components of a holistic strategy to tackle this pressing and worsening problem.

By increasing awareness of loneliness as a significant public health concern we can shift societal perceptions and reduce the stigma associated with seeking help. Combating ageism is crucial to dismantling barriers that prevent older Australians from fully engaging in their communities, thereby reducing the risk of loneliness and associated abuse. Intergenerational programs can complement this, offering invaluable opportunities for connection and allowing for the exchange of knowledge, skills, and experience to benefit all generations.

Targeted mental and social health programs designed specifically for older people can address the unique challenges they face, promoting emotional resilience and enhancing overall wellbeing and quality of life. An investment in these initiatives not only improves individual wellbeing but strengthens communities, fostering inclusivity and valuing the contributions made by older people.

EAAA again thanks the NSW Government for the opportunity to contribute to the fight against loneliness and urges the Government to recognise the interconnectedness of loneliness and elder abuse.

Together we can build a society that supports its ageing population ensuring that older Australians live with autonomy, dignity, safety, and a profound sense of belonging. EAAA welcomes the opportunity to discuss any part of this submission with the Inquiry further.

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