



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

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STANDING COMMITTEE ON EDUCATION AND COMMUNITY INCLUSION  
Mr Michael Pettersson MLA (Chair), Miss Laura Nuttall MLA (Deputy Chair),  
Ms Nicole Lawder MLA (Member)

## Submission Cover Sheet

Inquiry into Loneliness and Social Isolation in the ACT

**Submission Number: 39**

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**To:** Standing Committee on Education and Community Inclusion, Legislative Assembly for the Australian Capital Territory: Mr Michael PETERSSON MLA (Chair), Ms Laura NUTTALL MLA, Ms Nicole LAWDER MLA

**From:**

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May 27, 2024

Dear Committee,

I apologise for this late submission and in good faith, offer this in the hope of it being received and read.

I write to provide advice and wisdom inspired by one key inquiry terms of reference:

e) Opportunities for the ACT Government to integrate improving social connectedness into other areas of policy-making.

I am a writer and equity, health and social policy advocate, and the author of *Families in the Digital Age - Every Parent's Guide* (2019, Hybrid Press). I have special interest in reclaiming childhood (as an associate with the Centre for Responsible Technology at the Australia Institute). I am also a visual artist.

I speak here as a former employee with the Public Health Association of Australia, as a parent of school-age children in the ACT, in my capacity as a volunteer committee member with Cohousing Canberra and about my recent experience as a cancer patient in the ACT.

I want to acknowledge my daughter, Grace Martin, for her research for this submission, in her capacity as a university student studying the history and philosophy of science.

## **Introduction: Loneliness across the lifespan, impacts health and is made worse in the digital age**

Loneliness, which appears as a paradox in our hyper-connected world, has been declared a growing global public health priority by the World Health Organisation (WHO, 2021). Defined subjectively as a distressing mismatch in the quality and quantity of social relationships one desires, it differs from social isolation, which is an objective measure of connections (CTEL, 2020, 10).

Canberra, as a city by the bush, is both a place that can emancipate (with its many institutions that offer ideas, stimulation and cultural and intellectual endeavour) but also isolate because of the relative distance of suburbs from those public spaces and the need to have private transport to move from place to place. With an ageing population, people living with visible and hidden disadvantage, and a transient community (who have come for work/study and often without friends and family) Canberra has lonely or socially isolated residents the committee pursuing this inquiry is surely mindful of.

The problem is across the lifespan. Teens around the world are [lonelier today](#) than a decade ago (Twenge, Haidt, 2021; Abbott et. al., 2018; Kung, 2021, 148). The ACT's student community are among the world's most wired (using social media and social media frequently) and so we can deduce that ACT children and young people are likely among the world's most lonely, with the potential to experience life-limiting mental and physical health outcomes; anxiety, depression, substance use and suicidal ideation (Abbott et. al., 2018; Suicide Prevention Australia, 2022, 1).

Research underscores loneliness's detrimental impact on health and well-being. Studies in Australia suggest one in four individuals aged 12 to 89 grapples with problematic loneliness, influencing their quality and length of life (Lim, 2018; ELTb, 2022, 18; Abbott et. al., 2018; Franklin, 2012; Holt-Lunstad, et. al., 2015). Numerous chronic health issues are also associated with experiencing loneliness, including heart disease, lung disease, and cardiovascular disease (Yanguas et. al., 2018, 302). So, experiencing meaningful social connections protects from poor health and early death.

Gender has a role to play. Qualitative research points to women having larger 'kinship' systems or circles than men who are more likely to struggle to talk about their emotions and loneliness (Franklin, 2018).

Loneliness and social isolation are also associated with a community-wide economic burden (Kung et. al., 2021; Productivity Commission, 2020)). It requires a multi-disciplinary approach and therefore coordination across sectors from health care to housing with significant investment and effort across local, state and and federal governments. Australia lags behind other comparable countries that are leading the way with well-established research and policy development and implementation on this public health issue (Baarck et. al., 2022).

The subjective nature and stigma surrounding loneliness can complicate effective interventions.

Despite growing interest and positive community and state-based initiatives (Agarr, 2021; ELTc 2023, Sharman et. al., 2022) a comprehensive nationwide response that would help inform local responses at

the ACT level, has never been established. The establishment of non-partisan forums, such as our Parliamentary Friends of Ending Loneliness in 2021, has not translated into a national framework (ELTc, 2023). As Australians emerge from the social and psychosocial aftermath of the COVID-19 pandemic, addressing this issue has never been more pertinent.

**The ACT should bring a preventive lens to varied policy areas, connecting them to a shared objective to reduce social isolation and loneliness. Those policy areas should include urban planning and housing policy, infrastructure and transport policy, arts and cultural policy, and education policy.**

There is also a need for a comprehensive national framework to address loneliness. **The ACT can and should work with other jurisdictions to achieve a national framework to address loneliness.**

### **Recommendations:**

1. The ACT Government connect health services (practitioners including GPs) with community services and arts policies, investigating how to adopt and support social and arts prescriptions with and other effective interventions to reduce and prevent loneliness and related negative health outcomes.
2. The ACT Government actively use existing local shops and invest in local amenities in suburbs for the development of hubs for community connection with public spaces or venues that enhance face-face-interactions, community events and gatherings.
3. In the area of education, the ACT Government investigate how to better transition primary school students into high school and cultivate schools and technical colleges that support more collaboration and creative practices. Invest to build schools s community hubs – infrastructure, and community development workers in schools.
4. The ACT Government boost the development of alternative forms of housing that support tenants to socialise and interact in meaningful ways.
5. The ACT Government fund a local awareness campaign so individuals and communities have more information and resources to improve mental health and reduce stigma and bias surrounding loneliness.
6. Create a local coalition of existing and emerging stakeholders to increase political commitment to advocate for a National Framework to address loneliness. This would seek to:
  - Facilitate and improve research and evidence for what works -- best practices across the states and territories that everyone can learn from
  - Support effective data collection for more optimal service delivery

- Encourage prevention policies with inclusive research and evaluations
- Support the scale-up of effective interventions
- Support the national implementation and evaluation of social prescribing as a service, most likely involving some kind of accreditation.

These recommendations can be connected to the [ACT Wellbeing Framework](#).

### **Recommendations in detail**

**Recommendation 1: The ACT government connect health, community and arts policies, investigating and growing ways to explicitly adopt social and arts prescriptions with other effective interventions to reduce and prevent loneliness and related negative health outcomes. This will involve training health professionals to implement social and arts prescribing and provide funding to drive and publicise innovative programs**

There is an indivisible connection between culture, arts and health. The ACT Government is urged to more explicitly connect these policy areas for social change. Clinicians should be able to source programs to refer patients and others to people-centred programs that improve their well-being. There are other known benefits. Social and community arts programmes support, for example, social cohesion.

Health and medical practitioners, including General Practitioners (GPs), ought to be equipped with advice outlining how to assess, refer and monitor individuals experiencing loneliness. Rather than viewing and treating loneliness as solely a repercussion of mental health problems, it must be recognised and routinely assessed as a vital social determinant influencing poor physical health outcomes (Lim, 2020).

GPs describe seeing patients for much more than a script. They come to talk but clinicians are limited in the time available to hear them share. If a GP identifies that a patient is suffering loneliness and social isolation they should be able to access an ACT-wide map with social-prescribing services that patients can be referred and linked to.

Social prescribing supports belonging. It involves a multi-component approach that is highly relational. There is no single intervention. It connects individuals to various community services and social activities tailored to address social needs (Sharman et. al., 2022, 6377). While there is no universal model, common components include: *“(1) the individual is referred to the program, often by a GP or allied health professional; (2) the individual meets with a link worker (or ‘navigator’) to discuss their interests and needs and (3) the individual engages with a meaningful social activity within their local community”* (Sharman et. al., 2022, 6377). Activities can range from participation in social groups, sporting teams, and volunteering, to befriending programs (Aggar, 2021, 189). Social prescribing is well-suited for addressing the complex issue of loneliness (Perlman and Peplau, 1984), catering to individual needs and emphasising community development and capacity-building (Knapp et al., 2013). While healthcare professionals can positively both create psychological and physical health gains and grow the capabilities

of patients to self-manage, by becoming part of these social activities, volunteers and those involved in group facilitation, improve long-term connection (Agarr, 2021, 193; Dayson and Bashir 2014).

In the UK, the GP profession has been prioritised for loneliness resources, and social prescribing has shown promising long-term benefits (Royal College of General Practitioners, 2021). However, in Australia, social prescription is not widely implemented or evaluated, despite successful models in community services, aged care, and primary care which have emerged without national oversight (Aggar, 2021). Recently, the Victorian Royal Commission into Mental Health recommended implementing social prescribing trials in each region in Victoria by 2022 (State of Victoria, 2021). Its implementation, with ethical sensibility surrounding patient-centred intervention, has the possibility to decrease the number of hospital admissions, GP visits, prescription medication usage and allied health appointments (Agarr, 2021, 190).

Ethically, social prescriptions must respect individual autonomy and personal choice, avoiding over-prescriptive measures and protecting personal freedoms. Recognising loneliness's impact and promoting social prescribing are steps towards a more holistic approach to healthcare.

Services under the banner of social prescribing can include walking groups, sewing groups, English-language classes ( for new migrants to the ACT, people removed from their culture and family), arts centres, and book clubs. ACT Libraries can also be better equipped to be hubs for connecting people. It's where a range of professionals can be sourced to bring their own suits of skills to reduce loneliness.

Prescribing participatory arts programmes is cost-effective vis-à-vis pharmaceutical intervention for people with mild to moderate mental health issues, especially when programs are for groups and use existing community and arts infrastructure.

Arts prescribing can involve poetry therapy, visual art (arts cafes and other accessible programmes), music (formal and informal) and dance, among other art forms, endorsed as far back as 2014 by COAG in the [National Arts and Health Framework](#) and developed by the Australia Council of the Arts in 2022 ([Connected Lives: Creative solutions to the mental health crisis](#)).

You don't have to be good at art for art to be good for you. Plenty of creative programs have been shown to support self-care and communities of care. They can improve mood, increase life-satisfaction, increase purpose and joy and support cognitive health, from children to [mature age](#).

Interventions need to be situational and contextual. They can involve a suite of art forms for a period of time, from one-off workshops to sessions over a couple of months. Care needs to be taken to design these appropriately (e.g., acting and dance may be a bit challenging for people who are anxious, at least initially, but elements can be incorporated if done sensitively, combined with writing and discussion etc).

Group programmes help address issues around isolation, and can perhaps help address some socio-economic issues. Art groups may involve more movement and even mild exercise which may be of

benefit in itself. Artists would bring their own life-experiences and practice to their facilitator roles but should also be upskilled in ways to deliver creative recovery in trauma-informed ways.

As a cancer patient in the ACT last year (2023), I felt socially isolated in my experience were it not for my family, friends and my faith community. The Canberra Hospital, while offering good care, does not offer what I would call 'third spaces' for patients and their close kin or friends to decompress; process their often difficult experience by socialising and talking in playful and informal settings, making or creating art. While a counselling service became available, I believe patients could benefit from a drop in space or program that connects self-selecting patients with practising artists (including writers and poets) who could facilitate sessions that helped them express what is hard to express and in different forms.

Health care is wonderful when it works but it can also be dehumanising and disconnected from other aspects of a patient's life, separated from intrinsic ways of being and what matters to people. I would urge the Government to consider a programme such as that adopted at Sydney's Chris O'Brien Lifehouse for cancer patients, their families, friends and carers - an inclusive and non-invasive programme called [Arterie](#) that helps ease the side effects of cancer and its treatment such as stress, pain, fatigue, isolation and depression.

The ACT's existing cultural and arts facilities, its churches/places of worship and charities with public programs should be engaged to see how they can accommodate new programmes (like that) or expand existing ones - with additional financial support - to reduce social isolation, anxiety and loneliness across Canberra.

Existing health services can be co-located with art spaces under a social determinants framework informed by [Australian Institute of Health and Welfare](#). And, a strategy to prescribe the arts should dovetail with the government's climate adaptation policy, as psychological resilience and recovery is aided by expression in all its forms and enhanced by social connection.

**Recommendation 2: The ACT Government actively use existing shops and invest in local amenities in suburbs for the development of hubs for community connection with public spaces or venues that enhance face-face-interactions, community events and gatherings.**

This recommendation is about building social capital which is a key ingredient to help people both belong, support each other and make sense of the world.

I know that the ACT Government has a continuous improvement plan to investments in city services, recreation and community facilities including parks, playgrounds and local shopping centres. But it can do more and faster.

In keeping with the Garden City vision of Canberra, the government can and should continue to re-activate public spaces in and around the suburban shopping areas of the ACT. The recent development in Haig Park led by the City Renewal Authority - Salthouse Community Centre that provides

a shared space for creativity, learning and connection- is a model that should be adopted elsewhere. The success of the local celebrations at suburban shops during Canberra's centennial celebration is testament that small investments can go a long way.

People visit local shops for meals, groceries and other essentials. But too often these enterprises do not inspire gathering for non-commercial purposes; gathering, socialising or playing. The government should reclaim part of these precincts as community spaces with a venue to facilitate social connections including playgrounds and seating areas. The government is urged to work with local community associations as key stakeholders and assets in re-activating local shopping precincts.

A renaissance, involving the community as co-designers with government, at the level of local suburban shops, is also important in light of the stresses of climate change. The ACT government's environment and climate change adaptation policy should dovetail with this strategy so citizens are seen, supported and safe in the event of inevitable climate events.

**Recommendation 3: In the area of education, the ACT Government investigate and fund methods to better transition primary school students into high school and cultivate schools and CITs that support more conversation between students, collaboration and creative practice.**

My family's experience suggests there is not enough planning and resources to transition students from Year 6 to Year 7. My daughter, still in high school, did not transition well, in part because of the legacy of COVID-19 and a dysfunctional school culture. The Education Directorate should be doing more to support schools so my daughter's experience is not common. The school culture has improved since a jurisdiction-wide policy for smartphones has been implemented (a mandated phone off and away from first bell to last bell policy), however, more can be done to socialise students.

Schools and technical colleges are happier places when --

1. They equip teachers to adopt hybrid methods of teaching that encourage conversation, creative discussion, belonging, listening, collaboration and instant feedback loops.
2. They are resourced to offer games and clubs in break times that support students to socialise and be active and playful in recess and lunch.
3. They offer a wide range of accessible arts programs that invite play, experimentation and reflection off-screen, and a sense of agency, place and meaning-making.
4. Have environments with organic 'bump-in' spaces where people naturally bump into each other to relate, get comfort, and feel connected.

This would be in keeping with the Education Directorate's 10-year [Future of Education](#) strategy released in 2018.

**PRIORITY SIX:**  
PARENT AND COMMUNITY  
PARTNERSHIPS

**PRIORITY SEVEN:**  
EARLY YEARS LEARNING

### **STRONG COMMUNITIES FOR LEARNING**

Building collaborative partnerships between schools, government and community service providers to enhance wellbeing and connections throughout the community. Ensuring parents and carers are active participants in school life and in the learning of their children.

It's well known that ACT teachers are increasingly time-poor and stressed. Schools are desperate for mentoring spaces with a complimentary workforce (including artists, engineers - adults with a wide range of life experience and emotional intelligence and who aren't necessarily teacher-trained) who can come into schools and help students who are disengaged (with the supervision and support of school counsellors and social workers).

As an aside, it is surprising and disappointing to me that the CIT Bruce campus has a [staff-free, hyper-digital shop](#) that reduces social contact on campus.

**Recommendation 4: The ACT Government boost cohousing and other alternative forms of housing that support tenants/homeowners to socialise together, and employ community engagement and development officers or social workers to connect public housing tenants with each other.**

As a member of Cohousing Canberra, I have had the pleasure of getting to know other members interested in developing cohousing in this city. One member shared that he is in public housing and unable to make connections where he lives. He feels lonely in that housing setting, worse, sometimes unsafe. There are no easy ways to connect with other tenants, no 'bump-in' spaces, that encourage conversation. I was surprised to learn that ACT Housing does not facilitate socials or events in his public housing context. This is one thing the government can do: employ a social worker or community engagement officer to support new connections among tenants, run events or facilitate sessions that build community in public housing.

Cohousing is a pragmatic, intentional community and social infrastructure urgently needed in Canberra. It should be a key part of the mix in the [2024-2025 Statement of Planning Priorities](#). The Statement says that the ACT Government identifies as a priority, enabling 'diverse housing choices and to increase the number of dwellings in the missing middle, such as townhouses, terrace homes, and low-rise apartments'.

With incessant talk about a housing crisis, it is a surprise that the ACT Government has been dragging its feet on a cohousing project that promises not just new housing but sustainable living and community at a time of increased loneliness.

In 2017, after half a decade of prep work, the ACT government launched a demonstration housing project, talking to Cohousing Canberra as a partner to deliver the development, later flagged for Watson in the inner north. Six years on, Cohousing Canberra is still waiting for a block of land to purchase.

In 2017-18, Cohousing Canberra was confident that we could build an affordable development, however, with building and land costs as they are today, that seems a much harder task.

Patiently anticipating government action, volunteer members working on the Watson project have come and gone, in fact, sadly some have even passed away while waiting.

Cohousing - with a long history across Europe - is taking off in many parts of Australia, more so in the face of climate change. Typically, residents have their own units but share common land with freehold titles. Cohousing involves intentional community living, that is, living with others in ways that can improve the conditions people live and work in to benefit individual and community well-being, and with a shared goal to be socially and ecologically minded.

### **Recommendation 5: Awareness campaign**

The stigma - fear of being labelled, mocked or shamed - associated with loneliness has made people uncomfortable talking about their experiences (ELTc, 2023). Therefore many living with loneliness will not access help in Australia (ELTc, 2023, 15). Stigma affects the capability of services to be provided to those experiencing it. Studies commissioned in the UK, part of its *Campaign to End Loneliness*, found a large majority of participants were scared to name feelings of loneliness (CTEL, 2020). This social stigma includes assumptions of fault and a perceived negative judgement by others. The single questionnaire (ONS) Single-Item Measurement of Loneliness is limited by the impact of stigma which can prevent respondents from answering honestly (Surkalim et. al., 2022). The predictive nature of loneliness towards further poorer outcomes, both social, community and health-related, is not well understood (ELTc, 2023, 26).

To enhance community understanding, challenge misconceptions, address stigma around loneliness and foster social bonds, there is a pressing need for a local (and national) public awareness campaign. The campaign would destigmatise loneliness, encourage individuals to seek support and inform the public about the detrimental social and health effects of loneliness, which are not widely known (Surkalim et al., 2022). In reducing stigma, an awareness campaign could also increase reporting of the issue. Recently Victoria Health recommended initiatives to target young people, where early educational programs are designed to reduce loneliness (Lim et. al., 2019, 29). It is recommended that community-level awareness initiatives are supported by ACT Government grants (and federal grants)

### **Recommendation 5: The ACT Government (with allies) lobby the Commonwealth for a National Framework to address loneliness.**

Establishing a robust and evidence-based framework to address loneliness in Australia requires coordinated and collaborative efforts among Federal, State, and Local Governments, engaging existing and emerging stakeholders including academics, mental health organisations and people with lived experience. This collaboration should support and align with proven and effective initiatives led by

organisations such as *ELT, R U OK?*, and *APS* (ELTb, 2023, 3). Loneliness, stemming from various risk factors, demands a frame for a national plan that provides for tailored, inclusive and place-based solutions.

As outlined, loneliness is a consequence of multiple and intersectional risk factors (such as health, demography and socioenvironmental factors). Solutions will differ, and ultimately this complexity must be met with intersectional policy. A national framework should be bipartisan-supported with a dedicated governmental portfolio, akin to the UK's Minister for Loneliness (Baarck et. al., 2022) and the subsequent departmental support.

A national framework would result in investment in data collection, research, policy development and implementation. Accurate population-level data is pivotal for targeted prevention and intervention, as emphasised by *Suicide Prevention Australia's* state policy position for an Australian survey on loneliness and social isolation (Suicide Prevention Australia, 2022). The absence of a national standard for evaluation underscores the need for investing in Australian-based research to guide programs and assess outcomes based on evidence. A national framework would drive and enable state-based and local efforts to combat loneliness and connect with every policy area to ensure comprehensive responses and success.

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