



**Denmark Community
Foundation** (WA) inc.

People generally are social by nature, and high-quality social relationships can help them live longer, healthier lives. Social isolation and loneliness can be harmful to both mental and physical health. They are considered substantial health and wellbeing issues in Australia because of the impact they have on peoples' lives.

Social Isolation

A Denmark WA Contextual Analysis

November 2023

Rural & Regional Economic Solutions



**COMMUNITY
FOUNDATIONS
AUSTRALIA**

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DISCLAIMER:

This document has been prepared by Rural and Regional Economic Solutions Pty Ltd with instruction from the Denmark Community Foundation utilising desk top analysis of publicly available information, supplemented with local interviews to provide local context. This report is provided in good faith with every effort made to provide accurate data and apply comprehensive knowledge.

Information provided based upon data available through public sources and various referenced reports. Rural and Regional Economic Solutions does not guarantee the accuracy of this data.

Some case studies have been anonymised to protect privacy.

Executive Summary

Social isolation and loneliness are common and part of a normal human experience, however if left unaddressed can lead to negative consequences. While there are several indicators of social isolation, trends suggest that social capital is decreasing, with more people living alone, fewer people engaging in social groups including participation in religion, and household size shrinking.¹

Some people may like being alone. It is also important to note that social isolation and loneliness are two distinct aspects of social relationships, and they are not significantly linked.

Although it's hard to measure social isolation and loneliness precisely, there is strong evidence that many adults are socially isolated or lonely in ways that put their health at risk.

Social isolation may be a powerful predictor of health and mortality.² It is suggested that this may be because the structural aspects of relationships may be quite stable and enduring over time (e.g., marital status, living alone, religious involvement, group memberships) compared with relationship quality, for example.

Whilst these structural aspects may be harder to modify, especially if the individual doesn't aspire to change, when change does occur the research shows they may be sustained longer-term relative to changes in relationship function and quality.

This is positive for community interventions that may remove systemic barriers, for example changes to transport systems and the built environment.

Interventions involving social groups demonstrate effects of greater social connection and better mental health, however the sustainability of the outcomes is mixed.

In addition, there may be stigma associated with being labelled as socially isolated or lonely. Such stigma might risk causing the individuals to be blamed for being isolated or feeling lonely instead of viewing these problems as being due to a variety of factors at the level of the individual, community, and society. As a result, individuals suffering from social isolation or loneliness may not want to identify as such for the purposes of receiving an intervention, thereby exacerbating their isolation or loneliness.

Social isolation and loneliness impact all age groups, however older people are more likely to experience many of the risk factors that can cause or exacerbate social isolation and loneliness. It could be argued that the Denmark community is at risk of an increased incidence of both social isolation and loneliness as its already disproportionately high aged population continues to expand.

There are a range of potential ways the Denmark Community Foundation could help support a reduction in social isolation in Denmark:

a. Assistance activities

For example:

1. leverage the political, social, and economic capital within Denmark to encourage and enable:
 - a. The construction of an all abilities access to the Denmark Primary School Playground
 - b. Improved access to transport

2. Support programs and activities that target social isolation and
 - a. Respond to the local context.
 - b. Involve the intended users in the program design and implementation.
 - c. Are active or involve an education element.

b. Alignment activities

For example;

1. Supporting service providers and the local community to understand existing social care assets in the community, and to organize them in such a way as to encourage use.
2. Encouraging collaboration and the leveraging of existing assets in the community.

c. Advocacy activities

For example;

1. Leverage the political, social, and economic capital within Denmark to encourage and enable organizations to partner and pool resources, such as services and information, to achieve greater net benefit.
2. Advocate to Local and State Government for improved access to facilities, footpaths and public areas to enable all community members to participate in a full community life.

It is important that interventions avoid unintended negative consequences. For example, interventions may create dependencies that are not sustainable, such as when the friendly visitor who is part of the intervention stops visiting. Interventions that increase social contact without regard to the quality of that contact may also potentially increase social conflict or even abuse.³

It is recommended that when assessing initiatives for support, the Denmark Community Foundation consider both the risks and sustainability of the initiative and be comfortable that these can be appropriately managed.

What do we mean by Social Isolation?

A Definition

Social isolation is defined and measured in various ways but generally is thought to be a relatively objective indicator of being alone, having few or infrequent social contacts or roles, and little involvement in clubs or organisations.⁴

How does social isolation differ from loneliness?

Loneliness is based on the perception of having fewer (or less close) interpersonal relationships than one would like. It is the feeling of being alone, regardless of the amount of social contact.

The two concepts may, but do not necessarily, coexist⁵ – a person may be socially isolated but not lonely, or socially connected but feel lonely.⁶

To put it another way, being socially isolated means having **objectively** few social relationships or roles and infrequent social contact. Conversely, loneliness is a **subjective** unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships.

Social isolation is associated with risk even if people don't feel lonely.⁷

Social Isolation in Australia is however, measured using the subjective loneliness measure. Results are captured in the longitudinal Household Income and Labour Dynamics in Australia (HILDA) Survey using five items rated on a 7-point scale, with high scores reflecting a greater sense of social isolation. The items rated are: "I often feel very lonely"; "people don't come to visit me as often as I would like"; "I often need help from other people but can't get it"; "I don't have anyone that I can confide in"; and "I have no-one to lean on in times of trouble". Data from the HILDA survey shows that, consistently from 2001 to 2021, about 1 in 5 surveyed Australians agreed with the statement 'I often feel very lonely'.⁸

This measure of loneliness is not available at a local level, however Denmark Futures Ltd is developing a wellbeing measurement tool, in conjunction with the Department of Communities, and hopes to deploy this within the community in 2024. It is likely that this will include some similar questions to the HILDA survey and provide a more complete picture of social isolation within the community.

Risk and Protective Factors for Social Isolation in a Denmark Context

Feeling disconnected from others, whether it's isolation or loneliness, depends on various factors unique to each person. These factors reflect each individual's own experiences and preferences.

Loneliness and social isolation can affect anyone, but they tend to affect some groups, areas, and communities more than others, which can lead to health and well-being disparities.

Things like long-term illnesses, disabilities, transportation problems, unemployment, or exposure to violence can make it harder for people to connect with others, increasing the likelihood of social isolation and loneliness.⁹

Ageing does not cause isolation or loneliness, however older people are more likely to experience many of the risk factors that can cause or exacerbate social isolation or loneliness such as the death of loved ones, worsening health and chronic illness, deterioration in sight or hearing, retirement, or changes in income.¹⁰

The relationship between risk factors and social isolation or loneliness goes both ways.

Being socially isolated or lonely can harm your health, and certain health conditions can make you more likely to feel socially isolated or lonely.

Physical health risk factors

Various physical health factors (e.g., chronic diseases and functional impairments e.g., loss of sight, or mobility) are related to both social isolation and loneliness.

Data and Case studies

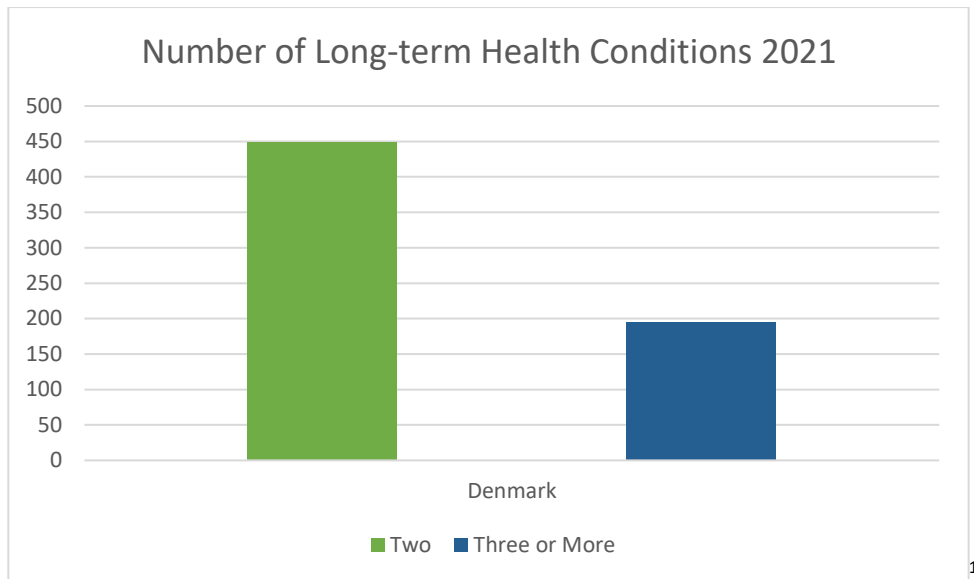
For the first time in 2021 the Census included a question on long term health conditions, and so whilst some data is available on the Denmark community, comparisons over time are not.

Long-term health conditions are those conditions diagnosed by a doctor or nurse, last six months or longer and include health conditions that:

- may recur from time to time, or
- are controlled by medication, or
- are in remission.

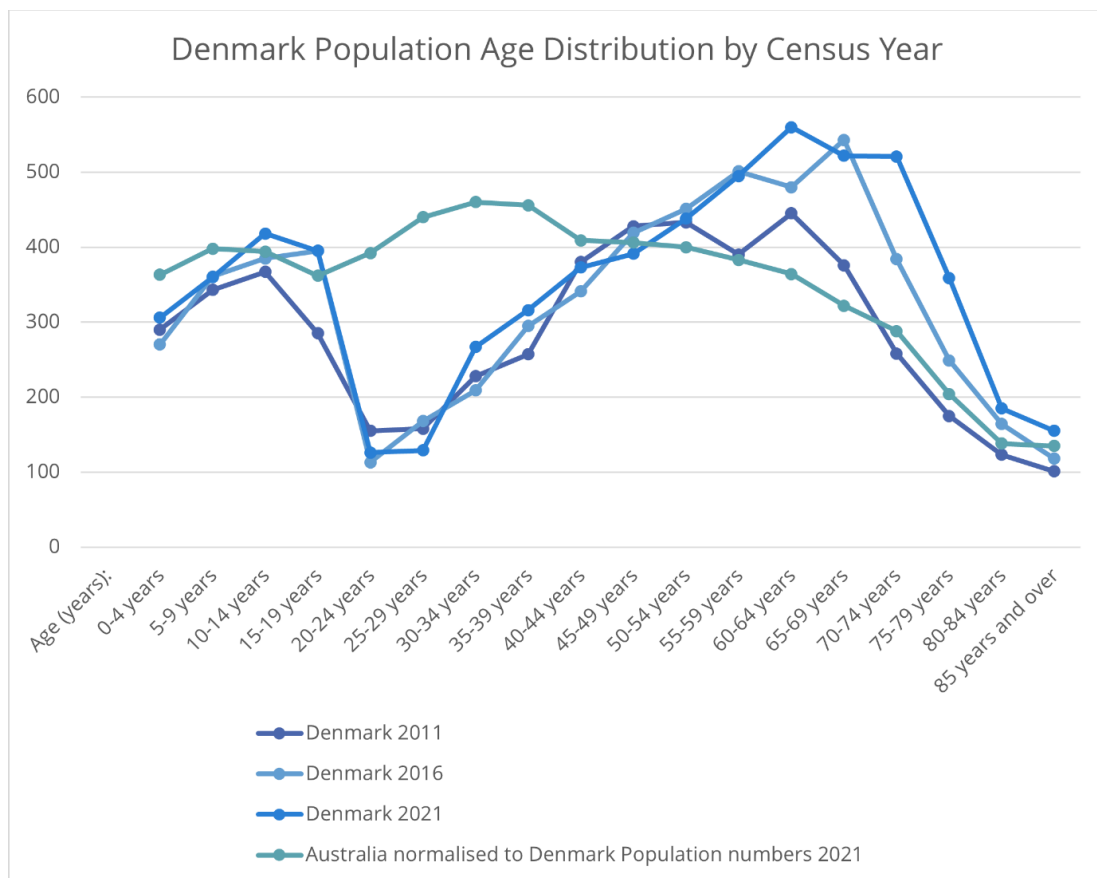
The Census results for Denmark show that roughly one in ten residents suffers from two or more long-term health conditions, compared with around one in thirteen on average for Western Australia.

This may be related to the relationship between older age and the general incidence of chronic disease¹¹, with Denmark having a higher aged population than the average.



Denmark is growing steadily with a 25% increase in population over the past 10 years (45% over the past 15 years). This is faster than the growth rate of WA as a whole of 17.5% (34.8%).

It is also ageing, experiencing both a growth in the population of seniors, and a shift in the peak age profile. The largest group of citizens in Denmark are those aged 60-64 years old, however the last ten years has seen a significant (over 51%) increase in the number of elderly aged 80 or more. This cohort now accounts for more than 5% of the total population).



WA Population Tomorrow projections predict that by 2031, the 65 years and older age group will represent almost one third (32.58%) of the population (27.6% in 2021).

It could be argued that the Denmark community is at risk of an increased incidence of both social isolation and loneliness as its population ages.

Case Study: Social Isolation – Aged
October 2023

It's also important to recognise that feeling alone can be tough and significantly impact your health. Our team encounters everyday situations where many seniors, often living alone, strongly desire companionship and social interaction. This need, supported by our experiences and census data, becomes particularly evident when seniors have previously enjoyed socialising with their partners. The loss of a loved one can lead to a fear of going out alone, prompting a deep longing for a trusted companion to share activities with.



While some fortunate individuals have access to home care packages that can cover the cost of a companion, this is only the case for some. This highlights the profound impact of companionship on the well-being of seniors and the challenges they face in finding suitable support."

Maria Redman
Founder | Business Development

ACare WA
Smart Choice Local Care

Functional Impairment

The likelihood of disability generally increases with age, but can also reflect people's life cycle, their changing environments, and the risks they encounter.

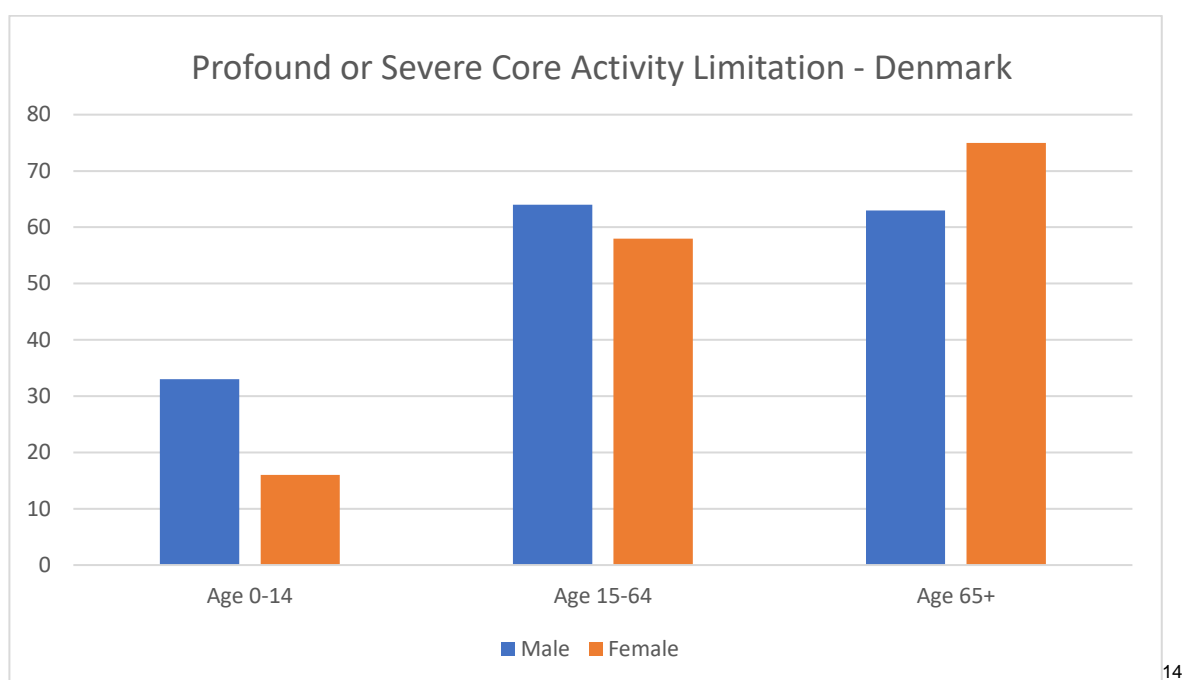
From age 35, disability prevalence rates increase with age, as risk of injury, including work-related injuries, becomes relatively high. Late working-age years may also see the onset of musculoskeletal and other conditions such as arthritis and heart disease associated with physical disabilities. For people at older ages, limitations in functioning are more likely to be associated with diseases and long-term conditions such as cardiovascular diseases, cancers, dementia, arthritis, and hearing and vision impairments.¹³

The 2018 Survey of Disability, Ageing and Carers and data from the 2021 Census enables the Australian Bureau of Statistics to provide data at a local level on people with a profound or severe, or moderate or mild core activity limitation living in households in private dwellings and self-care retirement units in retirement villages. This data was released in 2022 and is the most up to date available.

Profound or severe core activity limitation refers to a person who:

- is unable to or will sometimes require help with a core activity task;
- has difficulty understanding/being understood by family or friends; or
- can communicate more easily using sign language or other non-spoken forms of communication.

Data for Denmark shows that in 2018 there were more than 300 individuals with profound or severe core activity limitations:



The data indicates that around 50 children in the community under the age of 14 have a profound or severe core activity limitation.

This case study from a family at the Denmark Primary School shows how this can impact social participation:



Case Study – Disability Access – Denmark Primary School

November 2023

Oliver adores school, it's his favourite place to be.

He is in year one and whilst he has cerebral palsy, Oliver has a walking frame, a wheelchair, and a trike, and with suitable paths is able to get around. However, getting to and from the playground is quite difficult for him. At the moment there isn't a wheelchair accessible path to the playground and lots of steps and uneven ground that make the journey impossible for Oliver on his own.

When his friends go to the playground he will want to go as well, but Oliver¹⁵ needs someone to take him down. He gets quite frustrated by the time lag. By the time he notifies someone that he wants to go, his friends have already gone, and he's left behind. And on the way back he gets very frustrated when the kids run off back to class but as he needs someone to push him back up, he gets left behind. The impact of this separation can then set the tone for the day and has an impact that is beyond the playground.

If there was a proper path down to the playground, then Oliver could go to and from under his own steam with his friends. On a Friday there is a buddy system operating and then two year 5s help Oliver to and from the playground, but other days can be quite hard on him.

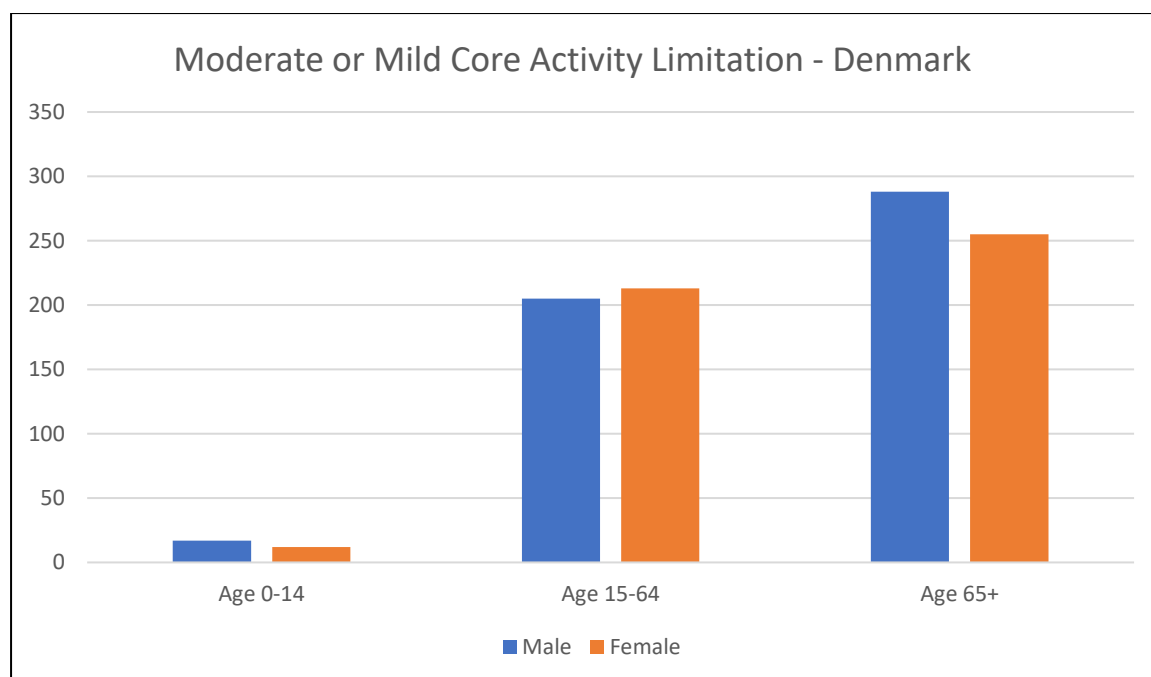
Denmark Resident

Carers WA believes that carers of young children with disabilities will be amongst those experiencing the highest impacts of a caring role, due to the increased amount of time that their caring role may be for. This includes isolation from colleagues and friendships, at a detriment to their own wellbeing.¹⁶

Moderate or mild core activity limitation refers to a person who has difficulty with a core activity task but doesn't require help, or:

- uses aids or equipment for core tasks, or has one or more of the following limitations;
- cannot easily walk 200 metres;
- cannot walk up and down stairs without a handrail;
- cannot easily bend to pick up an object from the floor;
- cannot use public transport; or
- can use public transport but has difficulty or needs help or supervision.

Data for Denmark shows that in 2018 there was nearly 1000 individuals with moderate or mild core activity limitations. This is approximately one in 6 residents.



These activity limitations are a risk factor for social isolation.

Improved access to facilities, footpaths and public areas have been identified as important to enabling all community members to participate in a full community life.



Case Study: Disabled Access

November 2023

A big thing for us is public toilets. In Denmark there isn't a fully accessible public toilet with change facilities for those with severe and profound needs where they require assistance from carers.

In Perth there are 'Changing Places' where you get a master key, and there is an adult sized bed with hoist, which allows for changing. This is something that people don't even think about but can have a really big impact on Oliver and others in a similar position – everyone should be entitled to privacy when it comes to toileting. Changing Places provide people with disability, or with other continence needs, increased inclusion, and participation in everyday life, and also allows the family to go out more – without it we have to think about whether we can participate ourselves in community activities, or whether it's just too hard to go out for very long as a family.

Denmark Resident



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Denmark Resident

Case Study: Functional Impairment – improving social connections.

November 2023

Oliver can hear well, says some words, and uses some sign language. One of the strategies that helps Oliver engage with his friends and get his message across to others, is for others to learn key word signs. The Primary School is teaching the children in his class a bit of sign language for key words so they can understand what Oliver is saying. Some of the children know his signs now which is huge – it helps Oliver to be part of the group. The school is supporting this, and we are also working with our occupational therapist to see if more support can be provided to teachers so that they are more aware of how this can be incorporated into the school day.

Psychological, psychiatric and cognitive factors

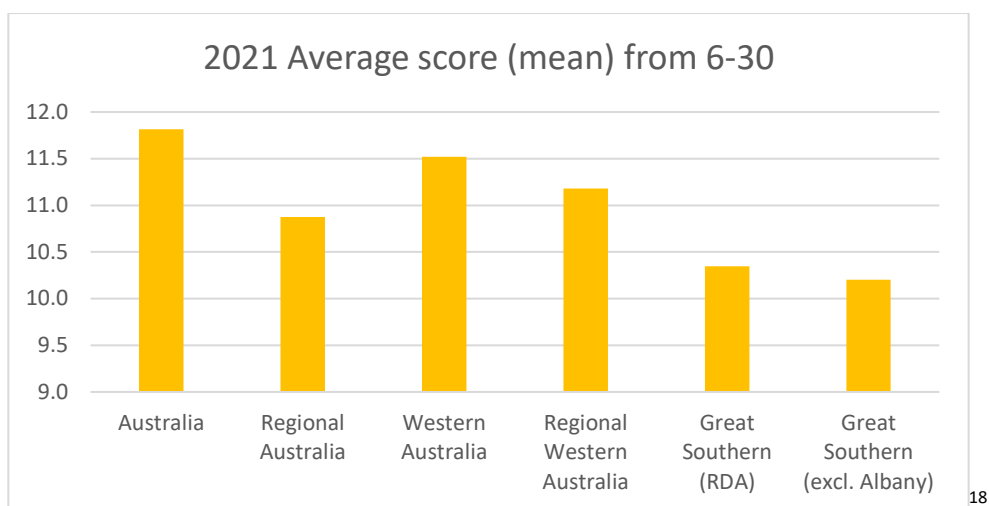
A risk factor for social isolation and loneliness is psychological, psychiatric, and cognitive factors (e.g., depression, anxiety, dementia); and mental health difficulties.

Data and Case studies

Since 2013 the University of Canberra has conducted a national Wellbeing Survey, that includes results from the Great Southern. An area must have a participation rate of more than 100 to be included in the published data sets. Denmark does not achieve this figure, and so its results are included in the Great Southern (excl. Albany) data set.

The Wellbeing Survey asks a whole range of questions, one of which is around psychological distress. It uses the Kessler six-item measure of General Psychological Distress (K6) is measured by asking respondents 'In the last four weeks, how often have you felt...?' (i) Nervous, (ii) Hopeless, (iii) Restless or fidgety, (iv) Depressed, (v) That everything was an effort, (vi) Worthless.

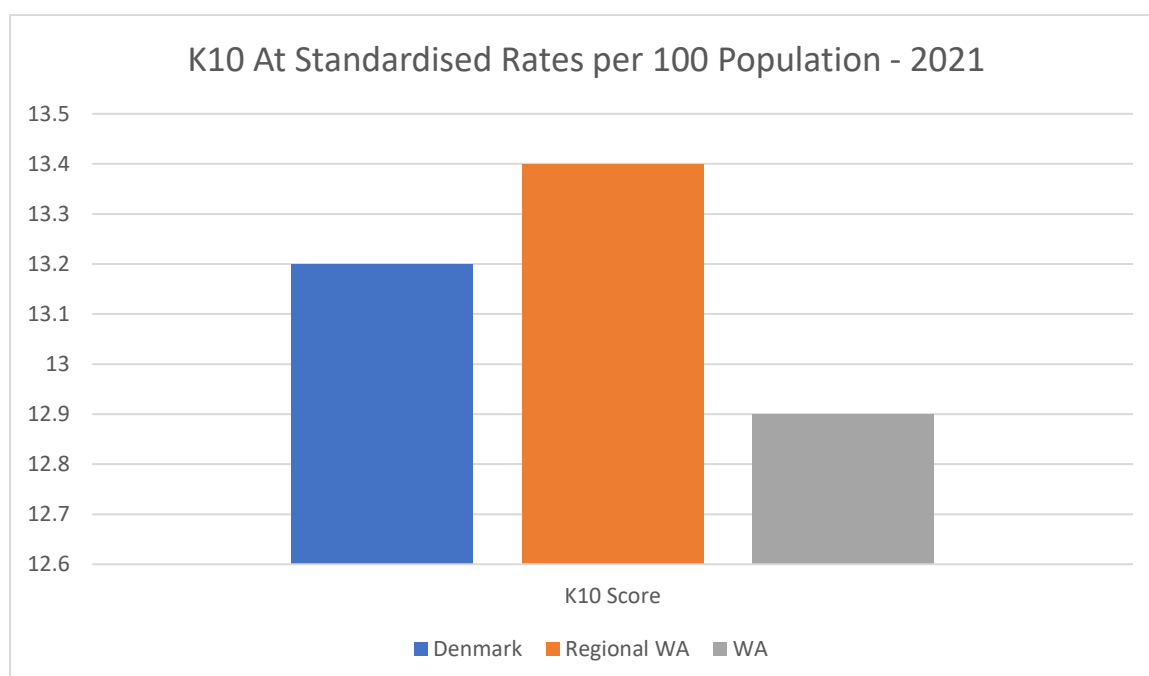
For each of the six items, participants indicated whether they had felt this way: none of the time (1), a little of the time (2), some of the time (3), most of the time (4), or all of the time (5). The scores of the six items are summed to give an overall score of distress measured from the lowest possible score of 6 (no distress at all) to a maximum of 30 (the most severe distress).



The sample size is low for the Great Southern (excl. Albany) but would suggest comparatively good mental health for the region. The results for 2022 have not yet been published.

The Kessler 10 Scale is available at a local level through the Social Health Atlas. The K10 asks four more questions, phrased similarly, with a focus on; (vii) So nervous you can't calm down; (viii) So restless you can't sit still; (ix) So sad nothing can cheer you up; (x) Tired for no good reason.

In 2021 the estimated number of people aged 18 years and over with high or very high psychological distress, based on the Kessler 10 Scale (K10) in Denmark was 13.2 persons per 100 – compared to 12.9 for Western Australia and 13.4 for regional Western Australia. It is concerning, but within the band experienced elsewhere.



The numbers are estimates for an area, not measured events as are, for example, death statistics.

In the 2021 Census, more than 550 persons (or over 9% of the population) reported a mental health condition, including dementia or anxiety. This is higher than the average for Western Australia (at 8.29%), but with the inclusion of dementia in the figure may also reflect the older population of Denmark.

Feedback from schools and the Denmark Community Resource Centre is that the number of individuals seeking mental health support, particularly for anxiety, has increased in recent years.

Social, cultural, and environmental factors

The frequency of social contact has been declining across all age groups in Australia for decades, with data from the HILDA survey showing a relative decline of 11% overall from 2001 to 2020. Although people aged 15–24 have the highest frequency of social contact overall, on average, getting together with others about once a week, they have also shown the greatest relative decline over this period. People completing surveys may define ‘social contact’ differently, for example, some people may consider online contact, including via text only, as social contact, while others may not. As such, the extent of social isolation may vary between studies, depending on how social isolation is defined.¹⁹

The following analysis looks at data for Denmark, supplemented by case studies, for a range of social, cultural and environmental risk factors for social isolation.

Data and Case studies

Socio-cultural factors

Risk and protective factors for social isolation and loneliness, include socio-cultural factors such as social supports, disruptive life events such as becoming a parent or leaving school, economic disadvantage, civic engagement, and factors such as membership in a stigmatized group or racial minority.

People who have more social connections tend to live longer, have a lower risk of chronic diseases like heart problems and strokes, and are less likely to get sick from viruses and respiratory infections. They also respond better to vaccines and heal faster when they're injured. People with strong social ties are more likely to adopt healthy habits, like regular exercise, sleep well, and follow medical advice. Additionally, they're less likely to experience memory problems or depression and tend to be happier.

Being socially connected provides a safety net for accessing support and resources during tough times, illness, or emergencies. It also helps with sharing information and gives life a sense of purpose. These benefits come from our entire social network, including acquaintances and even people we don't know well.

Social connection is considered a basic human need and matters at all stages of life. The more connected you are, the healthier you tend to be, while a lack of social connection can lead to feelings of loneliness and isolation.

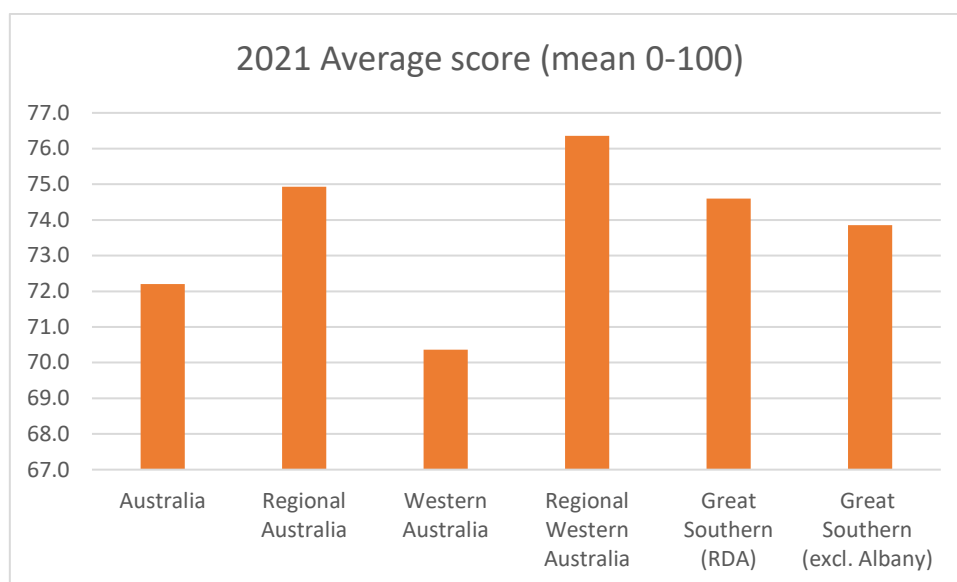
Social connections can be measured through wellbeing survey questions such as those utilised in the annual Regional Wellbeing Survey²⁰. In this survey informal social connectedness is measured by asking survey participants a series of questions on how often they undertook various social activities, such as talking with neighbours, or spending time with family members who don't live in the same house.

Information is not available at a Denmark level as less than 100 respondents were in Denmark, with Denmark results incorporated within the Great Southern (excl. Albany) data.

Each item used to create the Personal Wellbeing Index is presented individually.

One of the personal wellbeing questions asks 'How satisfied are you with your personal relationships?'

Scores were measured on a scale from 'completely dissatisfied' (0) to 'completely satisfied' (10), each of which was transformed to a scale of 0-100.



Regional areas do pretty well in this measure across WA, with the Great Southern results considered to reflect *moderate satisfaction* (scores 61-79).

Immigrants

In general, immigrants experience many stressors that can increase their social isolation, including language and communication barriers; differences in community, family, or intergenerational dynamics; and new relationships that lack depth or history. This social isolation can be especially acute in first-generation older immigrants.

Whilst Denmark’s population is predominantly Australian born, there has none the less been an increase in the number of migrants settling in Denmark from other countries. Whilst some of these countries do not have English as the main language, responses to the Census indicate that we do not have any residents who do not speak or understand English well.

Birthplace	Denmark (Change from 2016 to 2021)	
	Persons	%
Oceania and Antarctica	335	8.30%
North-West Europe	40	4.54%
Sub-Saharan Africa	14	10.69%
South-East Asia	34	72.34%
Americas	25	46.30%
Southern and Eastern Europe	3	8.33%
Southern and Central Asia	2	12.50%
North-East Asia	3	23.08%
North Africa and the Middle East	2	50.00%
Not stated	2	0.32%
Total	460	7.86%

Men and Women

Research has found that men who are single/did not live with a partner are more socially isolated than women in similar circumstances.²²



John O'Donnell Denmark resident for 9 years. Former President of Denmark Men's Shed, retiring from that position in 2021.

Reducing Social Isolation: A Personal Perspective

“Addressing social isolation is nuanced, with no universal solution. Individual connections and small interest groups work for some, while others, accustomed to larger social settings, need tailored approaches.

In my experience with Shell in Queensland, integrating retirement facilities with a kindergarten fostered a vibrant, inclusive community. This underscores the need for a clear strategy in organizing social infrastructure.

Successful men's sheds, vital for aging men's mental health, thrive on physical and personal safety, mentorship, and structured programs. Similar principles apply to any community organization, emphasizing the importance of relevance to members.

Denmark's Super IGA forecourt stands out as a de facto social hub, connecting diverse age groups effortlessly. Such spaces enhance community engagement organically.

Despite having close family and friends, occasional loneliness persists. Casual drop-in times at local venues could provide a simple, club-free solution for socializing through music, conversation, or games.

Many European villages benefit from town square spaces fostering spontaneous interactions. The underutilized garden outside the post office in Denmark could be transformed into a welcoming social space, encouraging community interaction.

Consider the Foundation facilitating the garden's development, inviting innovative designs and involving the Men's Shed in its creation and maintenance. This initiative promises a win-win for the community.

See you at the Post Office at 10.”

Disruptive life events.

Finishing School

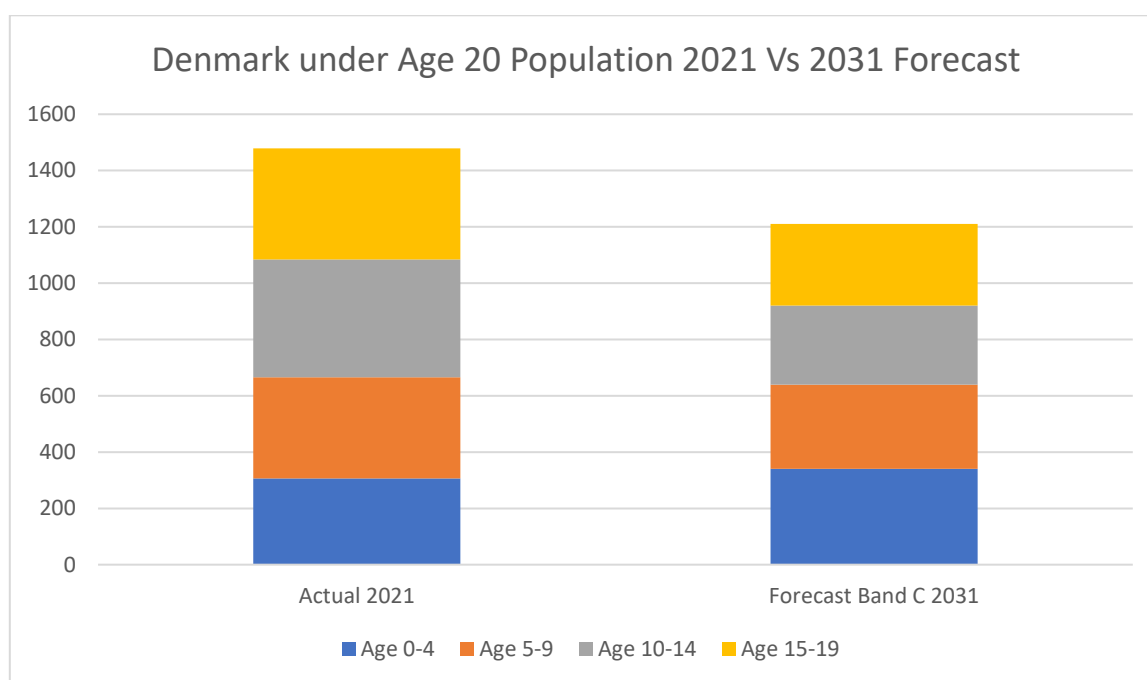
Younger adults may experience a considerable change in their social networks when leaving full-time education, leaving their parental home, and entering the workforce.

The Denmark experience, however, is that there is a significant (approximately 2/3)²³ exodus of young people from the town once secondary school is complete. It would be interesting to explore whether this exodus benefits young people in the longer term, or whether more opportunity could be provided to support the retention of more young people here. The RDA Great Southern Universities Centre at the Denmark Community Resource Centre forms part of a strategy to better support young people who wish to continue to higher education but stay within the social support structure of family and community at home.

Becoming a parent

WA Tomorrow Population Report No. 11 contains the latest population forecasts by age and sex, for Western Australia and its regions. They represent the official WA State Government forecasts to 2031. WA Tomorrow includes a forecast range (A to E), indicating five probable futures with Band C the median forecast and the Band recommended as the best estimate of future population size.

Denmark is experiencing a rapid increase in the number of children in the community, with the under 18 population already exceeding the forecast numbers for 2031.



All age groups above four exceed the 2031 projections. In 2021 there were more than 300 children aged less than 4. Becoming a new parent is a risk factor for social isolation.

Becoming a Carer

Carers WA defines a carer as someone who provides unpaid care and support to family members and friends who have disability, mental illness, chronic condition, terminal illness, an alcohol, or other drug issue, or who are frail aged.

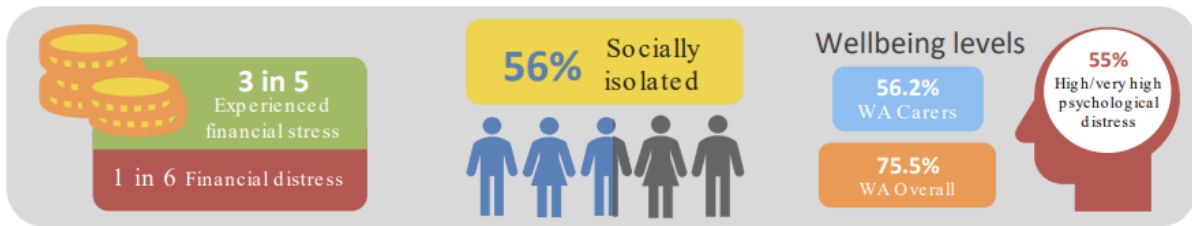
More than one in nine Australians are carers. Of these carers, over 320,000 are providing either substantive or full-time care in WA. Two thirds of carers are women, and most carers provide care for a parent, partner, child or friend.

Carers WA report that 79% of carers do not see themselves as carers, but rather simply as child of a frail parent, or spouse of a partner that needs help.

The care provided often comes at a great cost to the carer's own wellbeing, as well as their economic and financial security.²⁴

The results of the 2022 Carer Wellbeing Survey revealed that carers had significantly higher rates of psychological distress than the average Australian. Over half of carers had poor wellbeing, compared to 25.4% of adult Australians. Only 17.1% of carers reported having good health, compared to 47.9% for the average Australian.

Although data is not available at a Denmark level, the 2022 National Carers survey revealed that many carers in WA were both financially stressed and socially isolated. Compared to other Australians, carers in WA were much more likely to be at risk of mental illness and had much lower wellbeing.



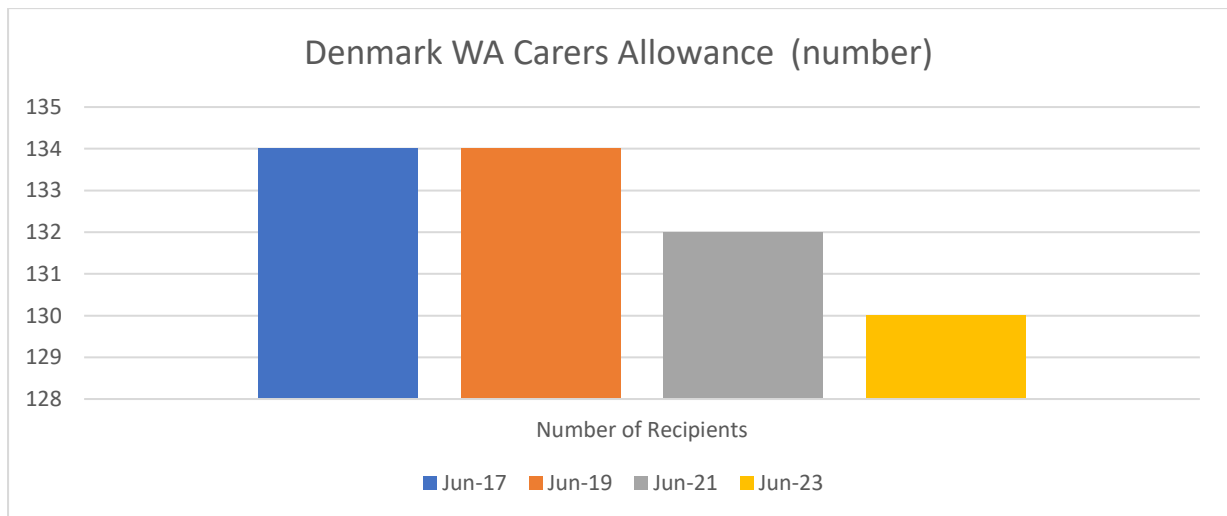
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A person who provides care to someone either:

- with disability.
- with a medical condition.
- who's frail aged.

and who needs ongoing daily care for at least 12 months or has a terminal medical condition, may receive a carer allowance.

Payments are income tested and this may result in some carers not being counted, however a data for Denmark shows stability at around 130 recipients of carers allowance since 2017.



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Despite these stable numbers, Aged Care Home Services providers, and the Denmark Community Resource Centre, identify the social isolation of carers as of increasing concern.



Case Study – Carers (Denmark Community Resource Centre)

October 2023

“What I see here the most, and it makes sense when you think about it, is that we have got a lot of people who are carers, and they don't classify themselves as carers, but their life is now confined to what their partner is able to be doing or not doing. And they might sit at home and not engage, because they have got a partner to look after, and they can feel like they can't leave that partner.”

Now carers WA is starting up a second week of each month on a Tuesday where they meet at the cafe in the Riverside Caravan Park. They've only had maybe two months so far, and I want to figure out how it goes.

I'm interested in whether carers can come. What are those carers doing that would like to come but have nowhere for the person they are looking after to go? I just don't know who would be able to come. Perhaps we could run programmes at the same time. It's the same problem if you're running programmes for young mothers and you don't have a creche. If you run an activity for seniors, let's say for ones with early-onset dementia or whatever, then you need to also have something there for the carers. If you run something for the carers, then you need to have something for the patient. It needs to be done together.”

Petra Thomsson, Manager, Denmark CRC

Case Study: Social Isolation – Aged

October 2023

“If you’re a caregiver, you’re one in 10 Australians selflessly tending to loved ones’ needs. A Caregiver role is invaluable. Studies reveal caregivers often feel neglected, isolated, and intensely lonely. Many lose control over their lives, prioritising loved ones’ well-being over their mental, physical, and social health. They become too exhausted for social connections, face financial strain, and struggle to access support. Talking about their experience can be daunting. These factors place caregivers at a high risk of social isolation, making them two and a half times more likely to report lower well-being and three times more likely to experience loneliness in Australia.”

“Caregivers often find themselves in a situation where their needs are overlooked, despite their invaluable role in providing care. It’s essential to remember that caregivers require as much support and care as the individuals they are looking after. Many caregivers become disconnected from their well-being, overwhelmed by the responsibility and guilt of caring for their loved ones, sometimes to the extent that they neglect their own needs.”

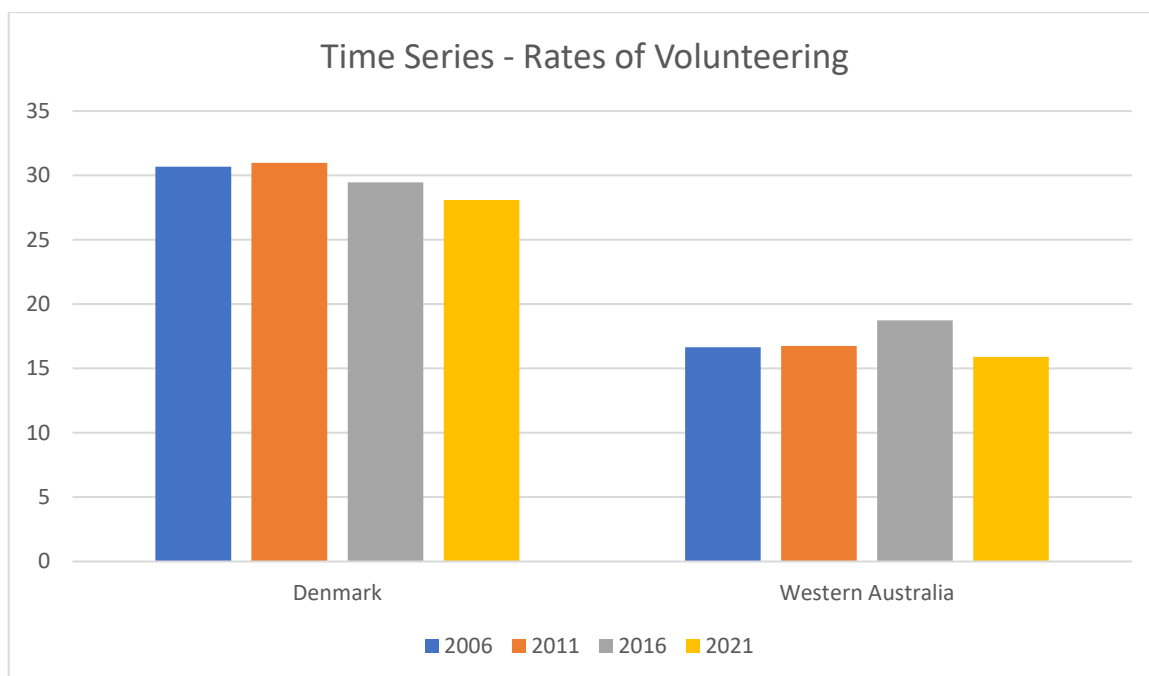


Lynette Sellen
Home Care Manager

ACare WA
Smart Choice Local Care

Civic Engagement

Denmark has a proud history of volunteering, with one of the highest volunteering rates of any community in Western Australia. Indeed, the only communities with higher volunteering rates are several Local Government Areas with populations below 1,600. Although still extraordinarily high, Denmark’s rate of volunteerism has reduced slightly over the past ten years:



There are many opportunities to volunteer within the community, and this acts a protective factor against social isolation.

Between 2019 and 2020, the proportion of Australians participating in groups fell – from 51% to 46% for social groups, from 25% to 21% for community groups and from 9% to 7% for civic and political groups.²⁷

It should be noted, however, that whilst engaging in volunteer work and maintaining active memberships of sporting or community organisations is associated with reduced social isolation, the research is unclear as to whether community engagement can consistently act as a protective factor against loneliness.²⁸

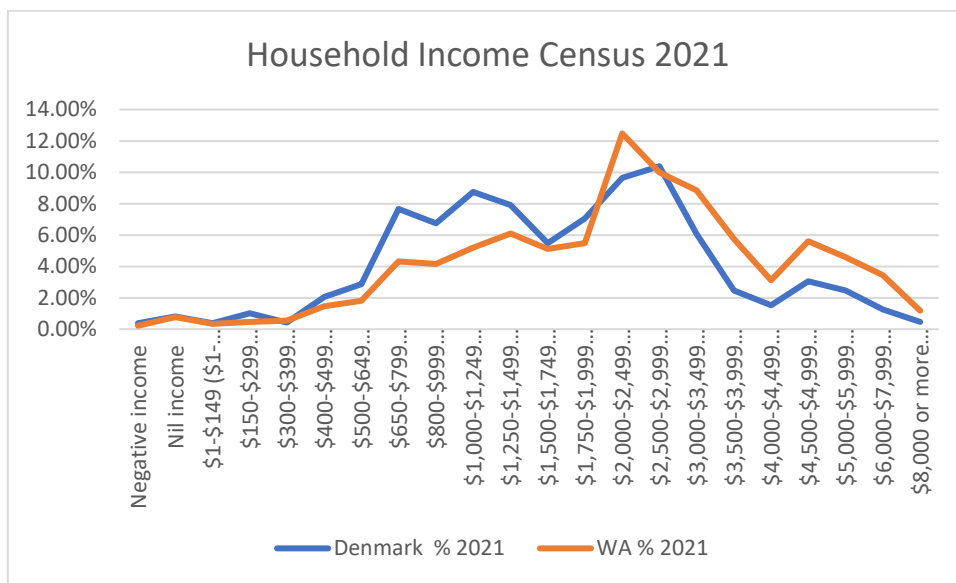
Economic Disadvantage

Research indicates that in Australia, low education, low household income and residing in a more disadvantaged area are strongly linked to an increased likelihood of being socially isolated and lacking social support.²⁹

It could be speculated that this may be partly due to a lower ability to meet the costs of social participation.

Denmark has a relatively high proportion of its population on fixed incomes. For example, 7.5% of the total Denmark population are pensioners on disability support (compared to the State rate of 3.8%, and 25.6% are pensioner concession card holders (compared to the State rate of 16.8%).

The distribution of household income shows a lower household income profile for Denmark than the State averages:



In 2021, around 35% of Denmark households earned less income than the Australian Median income of \$63,393, and approximately 25% of all households lived on less than 50% of Australia’s Median income.

These factors increase the vulnerability of the population to economic shocks, and rising living and housing costs, and reduce the funds available for discretionary spending. At least for some, this will impact social participation and increase the likelihood of social isolation.

Environmental Factors

Environmental factors include housing and transportation.

Transportation

The links between ongoing difficulties with access to transport and social inclusion are well established by international research. In regional communities such as Denmark, where there is no public transport system, car ownership can be critical for transport. The inability to own, or drive a car, potentially contributes to increased social isolation³⁰.

The 2021 Census indicates that Denmark is very well served by private vehicles, with 97.7% of households having a vehicle, compared with 95.2% for regional WA.

However, this may not be the whole story. The Strategic Community Plan feedback rates transport as a high local priority, and all Aged Care Service providers³¹ identified it as the highest priority item for implementation to improve the wellbeing of seniors.

The following case studies provide local context:



Case Study – Transport (Denmark Community Resource Centre)

October 2023

“Transport is definitely a big thing, bigger than I think we sometimes realise, because people are reliant on their neighbours or someone to drive them somewhere, like for shopping, and would not ask them to drive them to a social event because they feel they’re already a burden. So, I think that that’s a big thing. And I think that with social isolation often comes anxiety, and I feel like people are pretty anxious then to connect even further.”

Petra Thomson, Manager, Denmark CRC

The Denmark Community Resource Centre is exploring a transport pilot to test whether access to a regular bus service (by donation) improves the wellbeing of residents who could not otherwise travel independently.

Some aged care service providers take their clients on outings by bus (Clarence House) about once a month, which provides an opportunity for social interaction for the elderly but is not available to non-clients.

There is some community transport provided within Denmark for access to medical appointments, which is included here for completeness.



Case Study – Community Transport

October 2023

“I think our community transport service makes a big difference. We’re getting busier and busier. On average we probably drive between 45 and 50 patients a month to health-related appointments, and for one car that’s quite a lot. We’ve started putting on one driver in the morning and another in the afternoon.

Many patients need to go to Albany as we don’t have access to a lot of things in Denmark, such as CT scans, X-rays and chemotherapy.

We take a lot of people to day surgery where we take them in early in the morning and pick them up in the afternoon. There are no beds anywhere, so day surgery seems to be very popular. For someone to get a taxi to and from Albany costs about \$180 and that’s unaffordable for most people. We can take them for \$60 return to Albany and \$25 return to Denmark. If they have a carer, we can take them also so that they have support. This is especially important for people receiving chemo as they can feel quite ill and need someone.

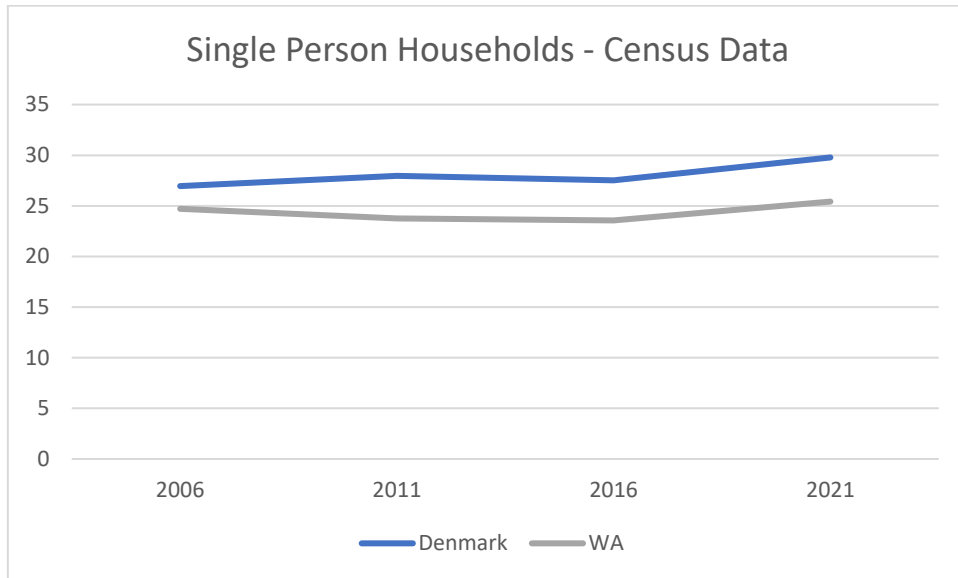
We try and book in whoever needs to go in the one trip, and we can take up to 5 people.

Lesley Hunter, St John’s Community Transport Service Denmark

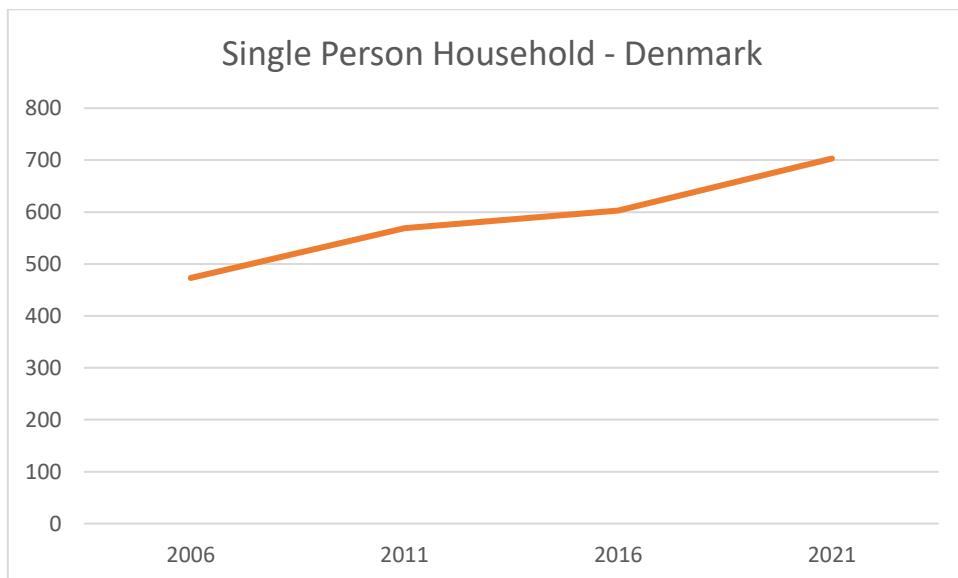
Housing

Living alone is one of the most widely used indicators of social isolation, and it typically indicates some degree of physical separation from others.

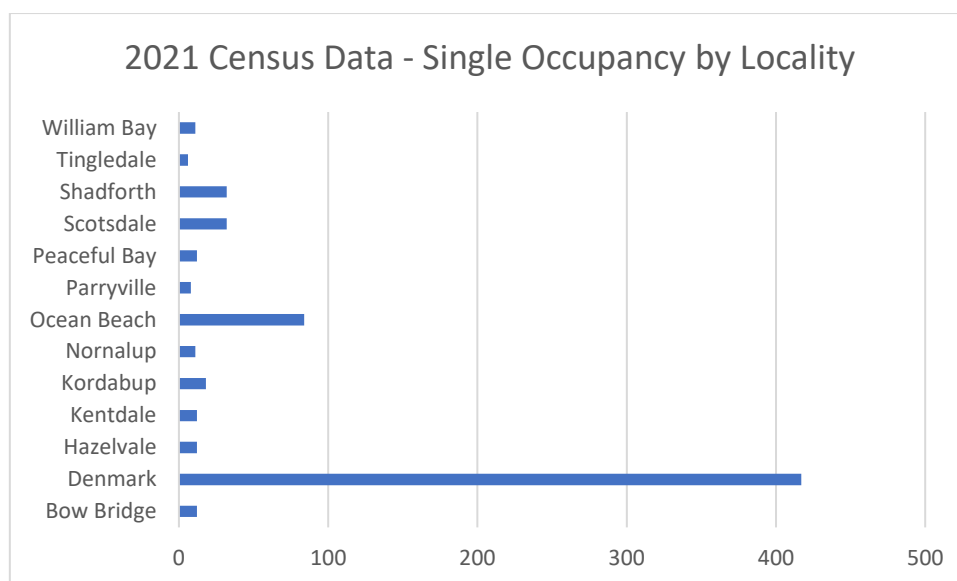
Denmark has a higher proportion of households occupied by one person than the State:



And the number of single person households is increasing, up from 473 in 2006 to the current figure of more than 700.



The Shire of Denmark contains within it several smaller identifiable localities, with the distribution of single occupancy households concentrated within the higher density localities of the town centre and Ocean Beach:



The Town centre contains independent living accommodation for over 55s and this will contribute to the concentration of single person housing in that locality.

Many older adults are choosing to stay in their privately owned houses for personal, practical, and financial reasons, a situation known as “aging in place”. Aging in place may be both a risk and a protective factor for social isolation and loneliness. Aging in place can be isolating if social networks or opportunities for affordable and convenient transportation are not readily available, especially for people who cannot afford sociable leisure activities outside the home.³²

Some people who live alone may go for days without seeing or talking with another person, however many people who live alone enjoy active social lives and are no more socially isolated from friends than those who live with others. The differences may be partially explained by the reasons for being alone – for some it is a choice, whilst for others it may be a result of the death of a spouse, or another circumstance that reduces opportunities to interact with others.³³

Companion animals

Multiple studies have found an association between pet ownership and lower experiences of social isolation. Owning a pet increases the opportunity for people to get to know their neighbours and for social interactions and forming friendships. All types of companion animals may contribute to reducing social isolation and feelings of loneliness.³⁴

Programs that enable individuals to keep companion animals for longer may contribute to reducing social isolation. This may involve programs to support the costs of keeping a pet, or that support walking a pet for those unable to do so, for example.

What are the impacts of social isolation on health and wellbeing?

What the Research says

Isolation from social connections is linked to a range of negative effects on mental and physical health, including mental illnesses, emotional distress, and even suicide. It can also lead to conditions like dementia, premature death, unhealthy habits like smoking and inactivity, and problems like high blood pressure and weakened immune function. When we're socially isolated, we often feel more stressed and less happy.³⁵

Our relationships with others play a vital role in our overall health and happiness by meeting our physical, emotional, and mental needs. So, when we're isolated, we miss out on these important benefits.

Both social isolation and loneliness increase the risk of death, although they aren't always the same thing. Social isolation can raise the risk of death even without loneliness.³⁶

There's also growing evidence that social isolation is linked to various physical health issues like heart disease, stroke, diabetes, and cognitive problems. It can even increase the risk of dementia, which loneliness doesn't seem to do.^{37,38}

Recent studies³⁹ found that:

- Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with about a 50% increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) were associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.
- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

Poor physical health can both result from and lead to social isolation. Studies have shown that low social activity and limited social connections are connected to decreased cognitive function in older age.⁴⁰

Additionally, social isolation can impact our immune system, making it less effective, like having a weaker response to vaccines, such as the flu shot.

For older adults, social isolation can be particularly harmful because they're more likely to experience loss and health issues, which increases their need for social support and companionship. So, isolation can have a more significant impact on them.⁴¹

Implications for Interventions

Direct interventions are those that explicitly target social isolation, loneliness, or related social concepts. Indirect interventions are those that do not specifically aim to mitigate isolation or loneliness but may nonetheless have significant effects on an individual's perceived or objective isolation. For example, participation in an exercise program for health may lead to reductions in social isolation or loneliness due to the social nature of the program rather than the exercise itself.

Interventions that focus solely on increasing the time spent socializing or increasing the number of social contacts may be greatly hindered by lonely individuals' negatively biased perceptions and tendency toward interacting defensively with others.⁴²

Research Findings where available

Global research on the consequences of poor social connection, including loneliness and social isolation, is quite robust. However, the evidence is still emerging on how to effectively tackle these issues.⁴³

Importantly, social isolation and loneliness are different concepts. Social isolation and loneliness can occur together, but some individuals may experience loneliness without social isolation, and others may experience social isolation without loneliness.

Therefore, meaningful distinctions between these experiences should be made so that effective interventions can be identified and deployed.

Although there have been some promising interventions to improve social connectedness and health, a 2020 National Academies of Sciences, Engineering, and Medicine consensus committee report⁴⁴ concluded “the overall quality of the evidence for specific clinical and public health interventions for social isolation and loneliness. . .is mixed.” Another recent review⁴⁵ reached a similar conclusion. Most interventions were complex, and many relied on more than one mechanism for reducing social isolation and loneliness; therefore, it was often unclear which specific aspects of an intervention contributed most strongly to its success.

However, three key common characteristics of effective interventions were identified:

1. Respond to the local context – especially important for National programs.
2. Intended users are involved in the design and implementation of interventions.
3. Activities or interventions that required more active/productive involvement seemed to be more successful in alleviating social isolation than those involving passive activities or those with no explicit goal or purpose.

It is also important that interventions avoid unintended negative consequences. For example, interventions may create dependencies that are not sustainable, such as when the friendly visitor who is part of the intervention stops visiting. Interventions that increase social contact without regard to the quality of that contact may also potentially increase social conflict or even abuse. Thus, to increase the success of interventions, we must determine what works best for whom in what context and when.⁴⁶

Lack of access to ‘gateway services’ such as transportation and technology that can affect social connection could also impede the effectiveness of interventions.⁴⁷

Conclusion

Social isolation and loneliness are common and part of a normal human experience, however if left unaddressed can lead to negative consequences. While there are several indicators of social isolation, trends suggest that social capital is decreasing, with more people living alone, fewer people engaging in social groups including participation in religion, and household size shrinking.⁴⁸

It is also important to note that social isolation and loneliness are two distinct aspects of social relationships, and they are not significantly linked.

There is strong evidence that many adults are socially isolated or lonely in ways that put their health at risk.

Social isolation may be a powerful predictor of health and mortality.⁴⁹ It is suggested that this may be because the structural aspects of relationships may be quite stable and enduring over time (e.g., marital status, living alone, religious involvement, group memberships) compared with relationship quality, for example.

Whilst these structural aspects may be harder to modify, especially if the individual doesn't aspire to change, when change does occur the research shows they may be sustained longer-term relative to changes in relationship function and quality.

This is positive for community interventions that may remove systemic barriers, for example changes to transport systems and the built environment.

Interventions involving social groups demonstrate effects of greater social connection and better mental health, however the sustainability of the outcomes is mixed.

Social isolation and loneliness impact all age groups, however older people are more likely to experience many of the risk factors that can cause or exacerbate social isolation and loneliness. It could be argued that the Denmark community is at risk of an increased incidence of both social isolation and loneliness as its already disproportionately high aged population continues to expand.

End Notes

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- ⁴ Ibid. p232
- ⁵ Australian Institute of Health and Welfare (2023) Australia's welfare 2023 data insights, catalogue number AUS 246, AIHW, Australian Government. Chapter 2
- ⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2800811/> Measuring Social Isolation Among Older Adults Using Multiple Indicators from the NSHAP Study, EY Cornwell and LJ Waite
- ⁷ <https://www.cdc.gov/emotional-wellbeing/social-connectedness/loneliness.htm#:~:text=Social%20isolation%20and%20loneliness%20have%20been%20linked%20to%20increased%20risk%20for%3A&text=Heart%20disease%20and%20stroke.,Depression%20and%20anxiety.>
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- ¹¹ Ibid. Chapter 4
- ¹² Social Health Atlas 2021 Denmark LGA
- ¹³ <https://phidu.torrens.edu.au/notes-on-the-data/health-status-disability-deaths/est-disability-core-activity>
- ¹⁴ Social Health Atlas 2021 Denmark LGA
- ¹⁵ Identity changed to protect privacy, although all the facts and quotes are true.
- ¹⁶ Carers WA Submission to the Australian Government Department of Social Services The Early Years Strategy Discussion Paper April 2023 p4
- ¹⁷ Auslan for Help.
- ¹⁸ 2021 Regional Wellbeing Survey Data tables: <https://www.canberra.edu.au/research/centres/hri/research-projects/regional-wellbeing-survey/regional-wellbeing-results-reports>
- ¹⁹ <https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness>
- ²⁰ <https://www.regionalwellbeing.org.au/about/>
- ²¹ REMPLan ; Source Census data ABS
- ²² Vandervoort, D. Social isolation and gender. *Curr Psychol* **19**, 229–236 (2000). <https://doi.org/10.1007/s12144-000-1017-5>
- ²³ 2021 ABS Census data
- ²⁴ Carers WA Submission to the Australian Government Department of Social Services The Early Years Strategy Discussion Paper April 2023 p4
- ²⁵ 2022 National Carer Survey Western Australia Results available from <https://www.carerswa.asn.au/resources/policy-submission-research-reports/>
- ²⁶ <https://data.gov.au/data/dataset/dss-payments-by-local-government-area>
- ²⁷ ABS 2021 Census data
- ²⁸ <https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness>
- ²⁹ Kung CSJ, Kunz JS, Shields MA. Economic Aspects of Loneliness in Australia. *Aust Econ Rev.* 2021 Mar;54(1):147-163. doi: 10.1111/1467-8462.12414. Epub 2021 Mar 8. PMID: 34230671; PMCID: PMC8250653.
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- ³⁴ <https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness>
- ³⁵ <https://www.aihw.gov.au/reports/australias-welfare/australias-welfare-2023-data-insights/contents/social-isolation-loneliness-and-wellbeing>
- ³⁶ J. Holt-Lunstad & A. Steptoe, Social Isolation: An underappreciated determinant of physical health. *Current Opinion in Psychology* 2022, volume 43 pp232-237 Accessed via sciencedirect.com p 233.
- ³⁷ Ibid p233

³⁸ Ibid p233

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⁴² Ibid 187

⁴³ Badcock, J.C., Holt-Lunstad, J., Garcia, E., Bombaci, P., & Lim, M.H. (2022). Position statement: addressing social isolation and loneliness and the power of human connection. Global Initiative on Loneliness and Connection (GILC). <https://www.gilc.global/general-6>

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