

Going It Alone

A Study of Lone Person Households, Social Isolation and Disadvantage in Sydney

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Executive Summary

Anglicare Sydney is a not-for-profit provider of aged and community services across Greater Sydney and the Illawarra. Low income, lone person households frequently access our services, particularly in the Food and Financial Assistance (FFA) program. It has become evident to practitioners that, living on your own while at the same time experiencing significant financial hardship, presents a range of problems for the individual which may seem insurmountable. It is the nature of this dynamic between living alone and disadvantage which has led to this report.

Social isolation refers to a lack of social contacts, social interactions and social supports. It is important to maintain a distinction between loneliness – a subjective feeling of being apart and alone – and social isolation – an objective, measurable state of disconnection from important social networks. Rates of social isolation have been estimated at 20% of the Australian population (Beer et al, 2016).

This study utilises data for people living on their own (lone person households), since the literature indicates that for people living on their own there is a higher risk of loneliness and poorer social networks (Klinenberg, 2016; Nicholson, 2010) as well as poverty (ACOSS, 2016).

Research findings in this report are based on:

- Quantitative data including the National Census, Anglicare FFA service data and Anglicare's Annual Client Survey;
- Qualitative data from interviews of people accessing Anglicare's services; and
- An extensive literature search.

Prevalence

Census data indicates that while the percentage of lone person households has remained largely unchanged since 2006, the number of people in such households has risen in line with population growth to just over two million people.

Almost 40% of such households are on a low income, living below the poverty line (defined as 60% of median income).¹ Anglicare's FFA data shows that, for the period April 2015 to November 2017, more than one in three households (37%) presenting to our FFA program were lone person households; such households are over-represented among Anglicare FFA service users when compared with the national average of 24.4% (ABS, 2016).

Demographic Characteristics

Particular groups of people are over-represented among low income, lone person households – both nationally and in the Anglicare sample.

- a) Women** – Women tend to be over-represented in the Census with a 60:40 female to male ratio. Within the Anglicare FFA sample there is a more even gender balance of female to male at 48:52.
- b) Older people** – There is greater prevalence of older people in the low income, lone person category nationally with 76% over the age of 55 years. Moreover, women as they age are more at risk of being on their own and experiencing disadvantage; 82% of women in low income, lone person households are aged 55 years or over, compared with 67% of men. This trend is also observed in the Anglicare FFA data.
- c) People with a disability** – According to the Census, 16% of people in low income, lone person households have a disability compared with 5% of all households. This characteristic is also observed in the Anglicare FFA sample where 44% of low income, lone person households experience a disability compared with 31% of all households accessing Anglicare's FFA service.

40% of lone person
households live on or below
the poverty line.



d) People who are privately renting – There is clear evidence of rental stress for low income, lone person households in the private rental market. Four out of five (84%) are experiencing some level of rental stress nationally compared with 21% of public renters, and 55% of private renters are in extreme rental stress – spending more than 45% of their income on rent – compared with just 5% of public renters.

Impacts of Social Isolation and Disadvantage

In 2017, Anglicare conducted an outcomes-based client survey across most of its major community service streams. Key outcomes for people living on their own were compared with all other households across all service streams. The findings indicated that:

a) Social Connectedness – When comparing lone person households with all households across all service streams, it is evident that respondents/clients from lone person households had lower social connection scores compared with other household types, with a mean score of 5.3 compared with 6.4 for all other household types. Even within the most financially disadvantaged group accessing FFA, lone person households still have a lower social connectedness score (5.2) when compared with all other households (5.7). These results indicate that, among Anglicare's clients, living alone is associated with lower levels of social connectedness, but that this is particularly the case when households experience significant disadvantage.

b) Self-Efficacy – All households across all Anglicare service streams achieved a mean self-efficacy score of 6.9 but for lone person households this score was 6.2, indicating lower levels of self-efficacy than other household types. Within those groups accessing FFA, the mean self-efficacy score (6.4) was also lower than the all service stream average of 6.9. Living on your own, coupled with financial disadvantage, is associated with a lower sense of control in decision-making in their lives.

c) Personal Wellbeing – Scores derived through the Personal Wellbeing Index (PWI)² of all households across all service streams indicate that the wellbeing of lone person households (50) is significantly lower when compared with all household groups (65). Additionally, all households accessing Anglicare services in turn have lower PWIs across almost every domain when compared with the Australian norm. Wellbeing scores of lone person households among FFA clients (47) were lower on every domain when compared with people living on their own across all service streams (50). Further they are also lower than all other household types within FFA (56) – indicating that being alone in disadvantage has a greater adverse impact on wellbeing than living with others.

The Dynamic of Disadvantage and Social Isolation

Financial hardship and deprivation brings with it significant disadvantages. For adults, it can lead to poorer physical and mental health outcomes, higher levels of food insecurity with poorer nutrition, and greater levels of social isolation. For children the experience of entrenched poverty leads to poorer educational and employment trajectories, behavioural issues, poorer physical and mental health outcomes. Social isolation has also been associated with poorer mental and physical health outcomes, especially with the onset of ageing, and adversely impacts the individual as well as communities.

The dynamic between disadvantage and social isolation is one which has been explored in the broader research literature. Studies indicate that people experiencing poverty are at greater risk of social isolation than other groups and that this is particularly true if such people live in poor neighbourhoods. People who are socially isolated may not have access to thriving social networks that create opportunity and participation, being constrained by fewer economic resources and poorer levels of infrastructure. The dynamic between isolation and disadvantage appears to be multidimensional, cyclical and recursive.



People experiencing poverty
are at greater risk of social
isolation than other groups.

Positive social networks, with sufficient depth and diversity can act as a protective factor against the extremes of disadvantage. It is in understanding this nexus between isolation and disadvantage which can generate positive policy and community responses to provide some buffers to the 'wicked' problem of social isolation and disadvantage.³

What Can Be Done?

It is evident that social isolation and disadvantage have significant adverse impacts on individuals and communities but there is much that can be done to address the situation. Underpinning strategy is an approach which is based on community development principles, working with community strengths, in partnership and collaboration across the sector – and at all levels – government, community, service provider and key institutions such as churches and sporting associations which assist in the development of building and bonding social capital.

Key strategies can range from:

- Specific service provider responses and programs, using strengths based community development approaches with a focus on co-design and outcomes;
- Government policy initiatives which address some of the structural barriers which can exacerbate social isolations such as housing, transport and aged care and further supported by the building of a research and evidence base; and
- Community led initiatives with a focus on collaboration, awareness raising and advocacy.

1 For a lone person, the poverty line quoted here is 60% of median income, before housing costs but after tax, or \$511.55 per week in 2013–14 (ACOSS, 2016).

2 The PWI was developed through Deakin University, Melbourne, as a validated multidimensional measure of subjective wellbeing in general populations.

3 A 'wicked' problem is one which is multi causal, multidimensional, changes over time and is complex and difficult to resolve.

Introduction



Anglicare Sydney is a multi-service provider working with people who are ageing, families and young people experiencing a range of issues, including relationship breakdown, homelessness, disconnection from family, financial hardship, and poor physical, emotional, cognitive and mental health. This diversity is reflected in the broad portfolio of services we offer, including Food and Financial Assistance (FFA), Counselling, Family Support, residential and in home aged care services, mental health and youth programs, post-prison support and chaplaincy. In some of these services there is a significant over-representation of lone person households, particularly among people accessing FFA.

Anglicare practitioners, particularly in the FFA program, have noted the vulnerability of people living on their own and the emergence of older single women at risk of homelessness. Similar concerns have been raised across other programs, particularly in relation to mental health programs where social isolation appears to be a chronic issue for many. Such anecdotal program evidence suggests that living alone may heighten the risk of loneliness and social isolation, and may

exacerbate aspects of poverty and disadvantage. It is this apparent connection between living alone, social isolation and disadvantage which has given rise to this report.

Anglicare's own client data bears out that high proportions of clients do live alone in these programs. In Anglicare's Emergency Relief program which falls under the umbrella of FFA it has been found that 37% of clients are from lone person households which compares with a national average of 24.4%. The prevalence of living alone suggests that better understanding the relationship between living alone, social isolation and disadvantage can only enhance the delivery of services to these clients.

The Link between Living Alone and Social Isolation

Social isolation refers to a lack of social contacts, social interactions and social supports. It is different to loneliness, which is a subjective feeling of being apart and alone; social isolation is an objective, measurable state of disconnection from important social networks.

It should be noted that living alone and social isolation are not equivalent states; the former is focussed on a person's living arrangements and household type, while the latter is concerned with their important social networks such as with family, friends, work colleagues and relationships through clubs and other social gatherings. It is quite possible to be living alone and to have deep and extensive social networks, and not to be experiencing social isolation. But it would be expected that people living alone would be more vulnerable to social isolation and may lack social buffers that provide protection from aspects of disadvantage and poverty.

There is research evidence which supports the link between social isolation and living alone. In a 2016 study Klinenberg highlights the rising trend towards living alone in western societies and that the people most at risk of social isolation are those such as widows and widowers, older single men, and older single lesbian, gay, bisexual, and transgender people who live alone (2016:787). Ge et al reported that there is a wide range of social isolation indicators which include being single, living alone, having a weak or small social network and infrequency of social interactions' (2017). Nicholson noted in an extensive study on social isolation that living alone was 'found to be a risk factor for a decrease in social networks' (Nicholson, 2010:155).

There is also evidence that lone person households are at greater risk of poverty and disadvantage. Lone person households may have fewer economic resources from which to draw, compared with other household types (ACOSS, 2016; ABS, 2016). Bennet and Dixon cite a 2006 study by the Joseph Rowntree Foundation that highlighted the significant growth in what they termed 'solo living' since the 1960's and the impact this has had on income inequality and poverty rates. 'People of working age living alone are much more likely to be in a workless or inactive household than people living with others...single person households are more likely to be poor than the general population' (Bennet and Dixon, 2016:14).

About this Report

The aim of this Anglicare study report is to identify the prevalence and circumstances of people living on their own in poverty and the outcomes for such people in terms of their social connections, their self-efficacy and their personal wellbeing and possible ways forward to address social isolation.

This research report consists of five sections:

1. Terms and concepts of social isolation and disadvantage
2. Prevalence of low income, lone person households and associated risk factors
3. Wellbeing, efficacy and participation outcomes for lone person households accessing Anglicare's Food and Financial Assistance program
4. Discussion of the dynamic between social isolation and disadvantage
5. Potential interventions and policy perspectives.

Information and Data Sources

Research findings in this report are based on:

- Quantitative data including the National Census, Anglicare FFA service data and Anglicare's Annual Client Survey;
- Qualitative data from interviews of people accessing Anglicare's services; and
- An extensive literature search.

Four people who live on their own and access the Anglicare FFA program have been interviewed for the report and their stories provided anonymously as case studies.

1. Terms and Concepts

There are a number of key concepts used in this report which are outlined in this section.



1.1 Disadvantage

Disadvantage is an umbrella term which incorporates concepts of income poverty, deprivation and social exclusion.

- a. **Income poverty** – is generally considered to exist below a threshold of between 50–60% of median income. In Australia, the most common income poverty measurement is the Henderson Poverty Line (University of Melbourne, 2017).
- b. **Deprivation** – where people lack resources to maintain an adequate standard of living. Deprivation involves going without what the community generally considers to be essential for quality of life (Saunders et al, 2007).
- c. **Social exclusion** – an umbrella term used to describe multiple hardships, including unemployment, low levels of literacy and skills, poor health and income poverty, and the way that these factors interact to exclude people from participating in mainstream society.

For the purposes of this report, 'disadvantage' is measured primarily as income poverty. But it is recognised that, in its broadest sense, disadvantage also includes a lack of appropriate resources to maintain an adequate standard of living. For people accessing Anglicare FFA, disadvantage goes beyond inadequacy of income to include concepts of economic and social participation (Saunders et al, 2007). Both 'disadvantage' and 'poverty' have been used in this report.

1.2 Social Isolation

The concept of social isolation appears to have been derived from the US neighbourhood poverty studies of William Wilson in the last two decades of the 20th century. Social isolation was seen as a disengagement from positive and supportive social networks, but different to loneliness – although the two have been seen as interconnected and the relationship between them complex (Gul et al, 2017). There have been a number of studies in the past 20 years which focus on social isolation and loneliness, particularly in the UK as the Government began to consider the impact that social isolation and loneliness could have on health and health indicators.

Living alone is a risk factor in generating both loneliness and social isolation. Indeed Beutel et al have viewed social isolation as being objectively quantified as 'living alone, without a partnership' (2017:17) while others have found positive associations between living alone and loneliness (Lasgaard et al, 2016).

The focus of this report is social isolation, not loneliness. However it is important to understand the difference between the two. Bernard (2013) considers that loneliness is subjective relating to either an *emotional* state – the absence of a significant other in one's life – or a *social* state – the absence of social networks such as friends and family. Social isolation on the other hand is an objective state referring to a lack of social contacts, social interactions and social supports (Bernard, 2013:1). Nicholson views isolation as a state where the individual lacks a sense of belonging, social engagement and social contacts and, therefore, has poor quality relationships (Nicholson, 2012:137). Ge et al (2017:1) express this difference as follows:

Social isolation is the objective absence or near-absence of social relationships or connections, is a quantitative measure of network size, network diversity, and frequency of contact and describes the extent how an individual is socially isolated. Loneliness is the extent to which the individual emotionally feels socially isolated due to unpleasant experiences or unmet needs in either the quantity or quality of social relationships. Loneliness, which is conceptually distinct from social isolation, can occur in the presence or absence of social isolation.

Gul and Maher (2017:3) put it simply:

Loneliness is classified as a personal sentiment whereas social isolation is related to a real/tangible condition which indicates the existence or nonexistence of societal networks.

However, social isolation needs to be understood not just in terms of the number of relationships and networks but also the quality of these interactions. Not everyone with low levels of social interaction is necessarily lonely or socially isolated (Ottman et al, 2006:10). It is not necessarily the size or multiplicity of the networks which is critical in identifying social isolation but also the density of these networks (Ottman et al, 2006). Nor is one necessarily a precondition of the other; as ACSA notes in its 2015 study:

Social isolation may lead to feelings of loneliness but at the same time, it may not; people who have very few social connections may not feel lonely at all. On the other hand, a person with many social connections and interactions can still experience loneliness (ACSA, 2015:5).

While this report uses the term 'social isolation', it should also be noted that other terms have been used to describe this concept, including 'social fragmentation' and 'social exclusion' – the latter is also a term widely used in the poverty discourse and is discussed further in this section of the report.

1.3 Social Exclusion

Social exclusion is an umbrella term which is used to describe a 'wide range of interrelated aspects of social disadvantage' (Randolph and Judd, 1999:3). Social exclusion is 'a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown' (Social Exclusion Unit, 2004:1).

Social exclusion is, therefore, broader than poverty and can include the lack of or denial of resources, rights, goods and services, and the inability to participate in normal relationships and activities available to the majority of people in society (Levitas et al, 2007). Its impacts are not just on individuals but on the equity and cohesion of society. Thus there is a focus on the subjective and relational issues such as participation, civic engagement, power and opportunity rather than the more easily quantifiable measures such as income and its distribution. In some ways social exclusion is a continuum. Over time people can be excluded in some areas of life but not in others. Others may feel excluded from mainstream society but have strong connections and associations with other networks.

While some scholars stress individual attributes, many drivers of social exclusion are structural, such as the economic restructuring away from industry, reduction in the real value of welfare and significant demographic changes. The major drivers of social change have the greatest effect on those in the lower strata of the socio-economic spectrum, and can often be observed spatially, establishing localities of severe exclusion (Sassen, 1991). Furthermore, Randolph et al (2007) position

exclusion as a failure of civic engagement and low social connectivity, resulting in inadequate social participation, lack of social integration and lack of power. While this is true for individuals it can also be true for wider social groupings. Communities which have low levels of positive social relationships and participation are generally considered to have weak 'social capital'.

1.4 Social Capital

Social capital is a concept based on the idea that 'networks of community engagement foster sturdy norms of reciprocity' and refers to 'connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them' (Putnam, 2000:20).

In Putnam's (2000) theorisation, there are two major forms of social capital:

- **Bonding capital** refers to social networks within groups. While bonding capital is essential to all groups, it can be particularly valuable for oppressed and marginalised members of society, who band together in groups and networks to support their collective needs.
- **Bridging capital** refers to social networks between groups. Bridging allows different groups to share and exchange information, ideas and innovation, and builds consensus among groups which represent diverse interests.

Social capital is not just an asset of small places but of whole societies. It is activated by the actions of strangers as well as people one knows, and by institutional arrangements as well as in casual encounters. Social capital is not place dependent.

The presence of bridging and bonding social capital where people have strong social networks can build resilience in hardship and increase opportunity to progress (Collier, 2002). Leigh (2010) asserts that sporting clubs, political parties and churches enjoy a higher level of community connectedness, due to the ability to bring together large numbers of people from diverse backgrounds with a common interest. Furthermore, churches are identified as 'more successful than any other social setting at bringing people of different backgrounds together, well ahead of gatherings such as parties, meetings, weddings or venues such as pubs and clubs.' (Bingham, 2014:np).

The 2016 Census indicated
that lone person households
comprised almost one in four
of all households.



2. Prevalence of Low Income, Lone Person Households and Risk Factors



2.1 National Prevalence

There have been a number of studies examining current levels of disadvantage in Australia. The 2016 ACOSS study conducted jointly with the UNSW Social Policy Research Centre indicated a poverty rate of 13.3% or 2.99 million people, with a 2% increase in child poverty between 2004 and 2014 and an estimated 731,000 children living below the poverty line established at 50% of median income. On this basis, 25% of lone person households or 580,300 people, were below the poverty line, exceeded only by single parent households (33%). This increased to 39% of lone person households where a 60% of median income poverty line was applied. (ACOSS, 2016:12, 15).

There has been no discernible rise in the proportion of lone person households nationally at around 24% but there has been a rise in the number of people living alone, consistent with population increase. The 2016 Census indicated that lone person households comprised almost one in four of all households numbering 2,032,541 people and the projections made by the ABS indicate a rise to 3,311,892 by 2036 comprising 26.3% of all households.

For the purposes of this report a low income, lone person household is defined as a person being in receipt of an income below \$499 per week. This income range includes the Henderson Poverty Line of \$416.07 per week for single adults on benefits (University of Melbourne, 2017), and the upper bound of \$499 is close to the 60% median income poverty line for lone person households (ACOSS, 2016, 10). Based on the 2016 National Census, 40.3% of all lone person households are within this income band, comprising 773,757 people (ABS, 2016).

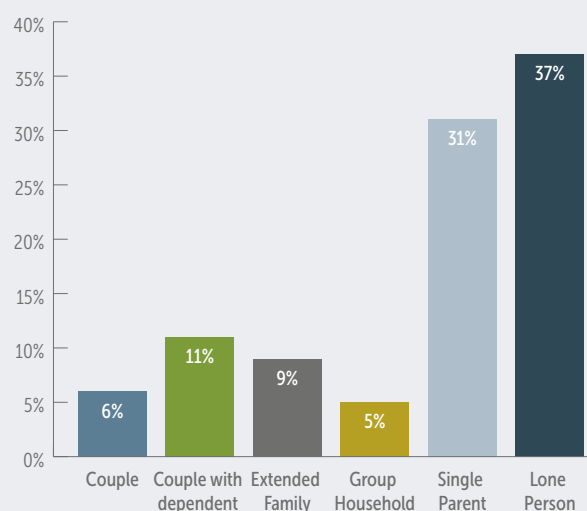
2.2 Anglicare Trends

For more than 50 years, Anglicare Sydney has developed an extensive network of service sites providing a range of supports to low income households. Supports provided through the Food and Financial Assistance (FFA) program include basic Emergency Relief, which includes provision of food hampers and vouchers, assistance with payment of energy bills and advocacy, case management for more complex issues, Financial Counselling, No Interest Loans, the StepUp program and Financial Capability.

A review of the data captured across the

Emergency Relief program in our FFA service⁴ between April 2015 and November 2017 identifies the profile of people living on their own and experiencing disadvantage. In that time, 16,802 people made 40,293 visits across 15 sites in Greater Sydney and the Illawarra. One in three such visits (34%) was made by a lone person household, and 37% of all households identified as lone person, which was the largest household type compared with all others (Chart 1). Lone person households are over-represented among Anglicare's FFA clients when compared with the national average of 24.4% (ABS, 2016).

Chart 1. Clients by Household Type, Anglicare Food and Financial Assistance, Apr 2015 – Nov 2017



Source: Anglicare FFA data, April 2015 – November 2017

2.3 Demographics and Risk Factors

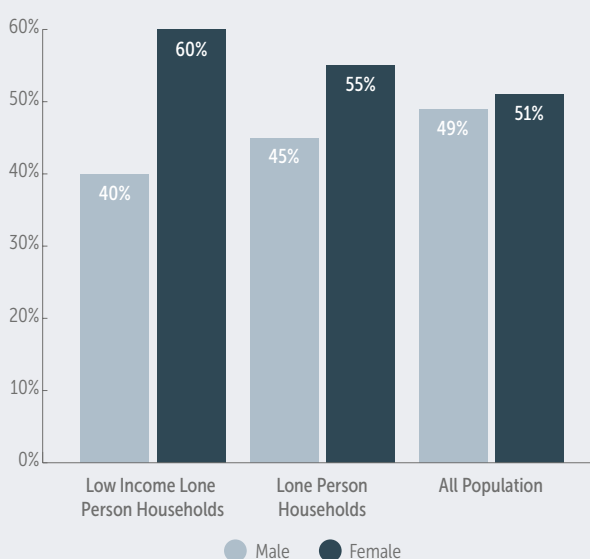
Both the National Census and the Anglicare FFA data indicate that several people groups are at greater risk of experiencing both disadvantage and living alone.

2.3.1 Females

There is a distinct gender bias towards women in low income, lone person households in the 2016 Census, as indicated in Chart 2. There is a female-to-male ratio of 60:40 which is evident in low income lone person households, and which is higher than for all lone person households and households overall.

Lone person households (37%) were the most common household type accessing Anglicare's Food and Financial Assistance service.

Chart 2. Gender Structure of Low Income, Lone Person Households Compared with All Lone Person Households and Total Population, Australia, 2016



Source: Australian Bureau of Statistics 2016, People, Families and Dwellings, TableBuilder.

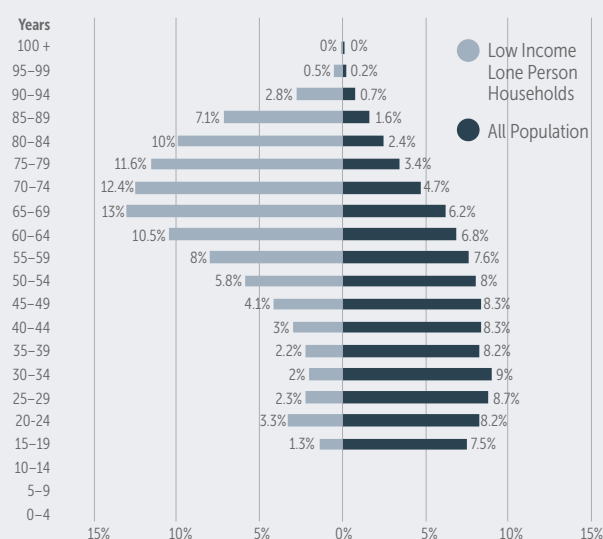
The Anglicare data, however, has a more even gender balance for these disadvantaged lone person households, with a ratio of male to female of 52:48. However as this cohort ages the gender balance moves in favour of women e.g 23% of men from lone person households are aged 55 years and over, compared to 32% of women. Social isolation and disadvantage is possibly then a function of both gender and age.

It should be noted that research indicates the particular vulnerabilities of both older men and women to disadvantage and social isolation. Arber et al (2003) found that older men had fewer friends, were more socially isolated, felt lonelier, and were less likely to have someone to confide in than women. Patulny (2009) also found that older men were at greater risk of social isolation, suggesting that older women had significantly more contact with friends and extended family than older men.

2.3.2 Older People

There is evidence of a relationship between ageing, household type and income. Three out of four low income, lone person households (76%) are aged 55 years and over compared with 60% of people in all lone person households and 34% of the general population. Chart 3 compares the age structure of low income, lone person households with all households; the ageing trend is clearly evident. This suggests that ageing is a risk factor for becoming disadvantaged coupled with living alone (ACSA, 2015:7).

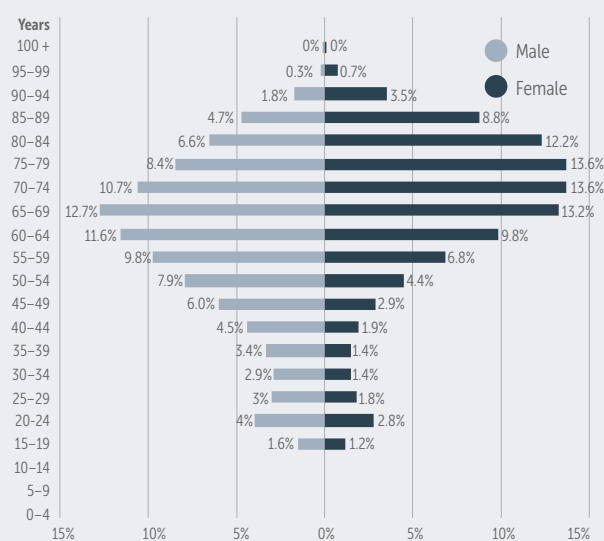
Chart 3. Age Structure of People in Low Income, Lone Person Households and Total Population, Australia, 2016



Source: Australian Bureau of Statistics 2016, People, Families and Dwellings, TableBuilder.

Additionally, a breakdown of age by gender in low income, lone person households indicates a significantly ageing female population compared with men – where 82% of women in this cohort are aged over 55 years (381,426) compared with 67% of men (206,452) (see Chart 4).

Chart 4. Age Structure of Men and Women in Low Income, Lone Person Households, Australia, 2016

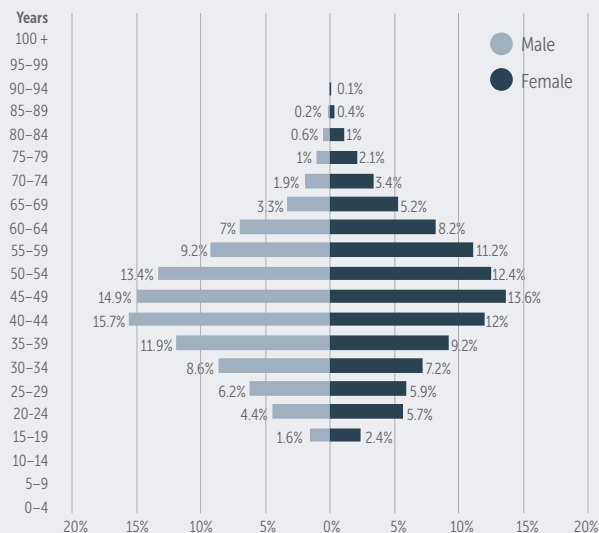


Source: Australian Bureau of Statistics 2016, *People, Families and Dwellings*, TableBuilder.

A breakdown by age and gender among Anglicare clients indicates higher proportions of women over the age of 55 (32%) compared with men (23%) (Chart 5).



Chart 5. Age and Gender Structure of FFA Clients in Lone Person Households, Apr 2015 – Nov 2017

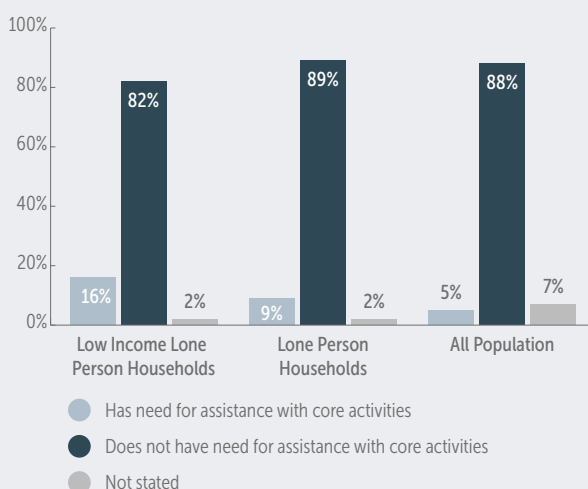


Source: Anglicare FFA data, April 2015 – November 2017.

2.3.3 People with a Disability

In the 2016 Census people experiencing a disability were also over-represented in low income, lone person households. 16% of low income, lone person households indicated they needed assistance with core activities compared with 9% of all lone person households and just 5% of all households (Chart 6).

Chart 6. Disability Status of Low Income, Lone Person Households vs All Lone Person Households vs Total Population, Australia, 2016



Source: Australian Bureau of Statistics 2016, People, Families and Dwellings, TableBuilder.

The over-representation of people with a disability is also evident in the Anglicare FFA data where 44% of lone person households indicated the presence of a disability compared with 31% of all households. This trend is also evident in the type of benefit received where 37% of lone person households were in receipt of a Disability Support Pension compared with 23% of all households.

The risk profile of people with disability experiencing social isolation has been well recognised in the literature. The Productivity Commission (2015) review of Government services found that people with a disability were at a much higher risk of social isolation, with 47% of persons surveyed either not leaving their home at all or not as much as desired. This is not just a local problem. Yaeger et al reported that a majority of respondents in their study experience social isolation. A third of their respondents answered 'always or most of the time' to the statement 'I feel isolated due to my disability' and another 39% answered 'sometimes' in response to this question (2005: 92).

Social isolation can have negative impacts on outcomes for people with a disability. In a study of recipients of disability benefits, Ludwig and Collette (2005) found that physical limitation, dependency and social isolation were all associated with poor mental health. Nicholson (2012) noted that not only does increased interaction facilitate positive outcomes for people with a disability, but that maintaining those networks can lead to positive increases in self-perception of the disability.

Beyond physical disability, there is a body of literature that links psychiatric disability with social isolation:

Persons with a psychiatric disability may struggle to live with others, including family members, thereby reducing their social connectedness and increasing their personal housing costs (Tually et al, 2011:36).

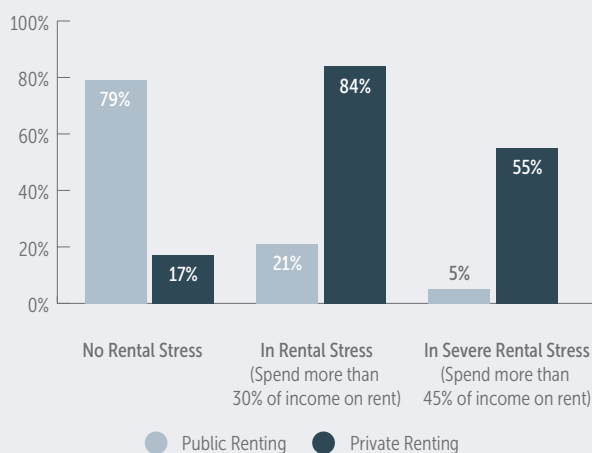
This same study also maintained that the cost of such isolation included loneliness, lack of access to information sources and reduced physical mobility resulting from a lack of social mobility (Tually et al, 2011). Similarly, people with cognitive impairment and dementia are also at greater risk of social isolation especially when compounded with financial disadvantage (Burholt et al, 2016).

2.3.4 People Renting Privately

The Census indicates that almost half of low income, lone households own their home outright (48%) which is higher than among the general population (31%). This difference reflects the older demographic of this group (76% over the age of 55 years), who are more likely to be homeowners. However, there are significant numbers who are renting either publicly (16%) or privately (19%). For such households who are renting, there is evidence of rental stress; more than half (54%) experienced rental stress and a further 30% experienced severe rental stress through paying more than 45% of a very low income on rent. Such a situation generates financial hardship as there is then very little discretionary income left to pay for basic necessities such as food and utilities.

It should also be noted that rental stress is significantly greater for those who are in the private rental market than in social housing. A breakdown of rental stress by tenure found that about four out of five private renters (84%) were experiencing rental stress (spending more than 30% of their income on rent) compared with only 21% of public renters. In the severe rental stress category (spending more than 45% of income on rent) the results are even more marked – 55% of private renters experienced rental stress compared with 5% of those who are publicly renting (Chart 7).

Chart 7. Estimated Rental Stress for Public and Private Renters in Low Income, Lone Person Households, Australia, 2016



Note: Calculated based on ABS Census data, Australian Bureau of Statistics 2016, People, Families and Dwellings, TableBuilder.

The Anglicare FFA data is consistent with the Census data. However the Anglicare data also captures those lone person households who are experiencing some form of homelessness (living on the street, in insecure accommodation such as boarding houses, living in squats, cars, caravans etc) – 22% or one in five lone person households compared with 16% of all households accessing FFA.

The issue of rental affordability for low income households is a significant one. In the recent Anglicare Rental Affordability Snapshot covering Great Sydney and the Illawarra (Bellamy et al, 2018) of the almost 18,500 rental properties advertised on the weekend of the 24th–25th March only 41 properties in Greater Sydney and 16 properties in the Illawarra were affordable and appropriate for households on income support. The total number of suitable rental properties (57) was higher than in 2017 (30) but lower than in 2016 (67 properties), and was less than one percent of total advertised properties. For single people in receipt of benefits and therefore on low incomes, the situation was dire. For a single person on Newstart or on Youth Allowance there were no properties available; for a single person on the aged pension there were six; and for a single person on disability support there were two, without entering into rental stress. The position was not markedly better for those who are working and on the minimum wage – for a single person in this category there were only 40 affordable properties.

2.4 Summary

In terms of prevalence there are more than 2 million people living in lone person households nationally and, of these, 40% are living on or below the poverty line defined as 60% of median income.

There are also a number of particular people groups who are at risk of experiencing the dual issues of living on their own and disadvantage:

- a. Women** – There is an over-representation of women nationally in low income, lone person households of 60:40. However the literature indicates significant risk factors for both men and women.
- b. Older people** – People in low income, lone person households tend to be older with 76% of this cohort aged 55 years or

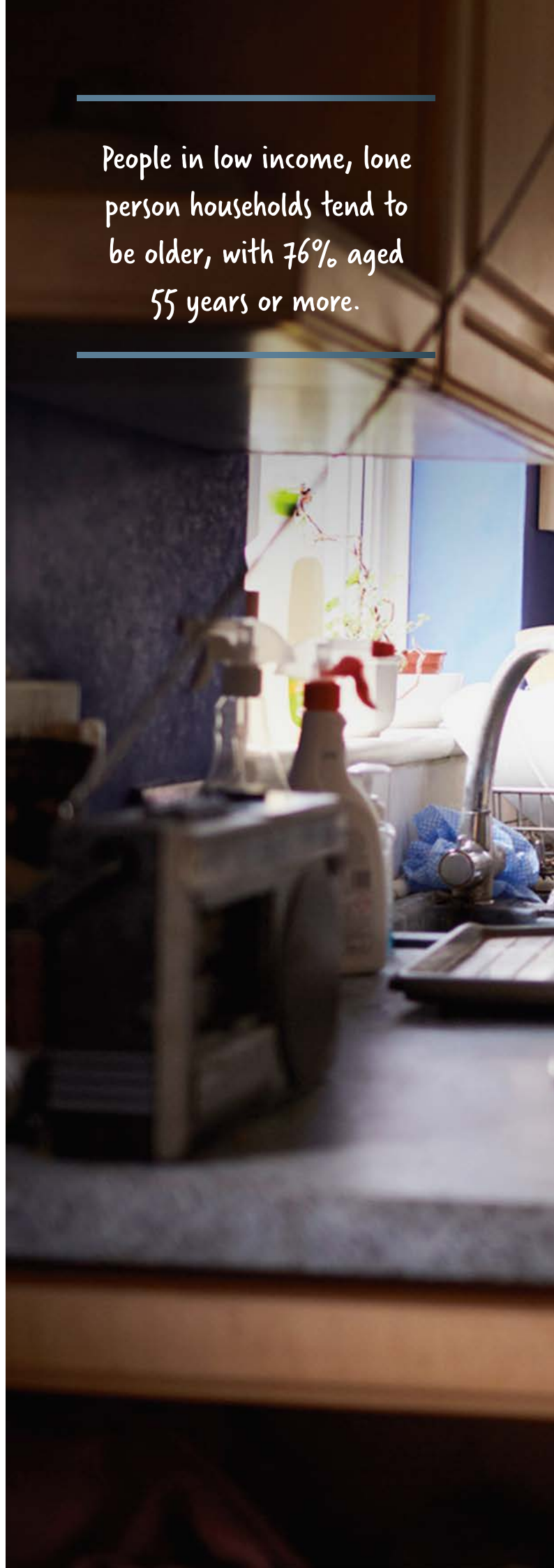
more, compared with 34% of the general population. It should be noted that women are more represented than men in this older age cohort – 82% of women in this cohort are aged 55 years and over compared with 67% of men.

c. People with a disability – The presence of disability is also a risk factor for social isolation and disadvantage. Nationally, 16% of low income, lone person households experience disability compared with just 5% of the general population. This trend is also evident in the Anglicare FFA data where 44% of this group indicate the presence of at least one disability.

d. People who are privately renting – Low income, lone person households experience significantly more rental stress (84%) in the private rental market when compared with those who rent publicly (21%).

⁴ Data are captured from most (about 87%) of Emergency Relief clients across 15 sites under the FFA program.

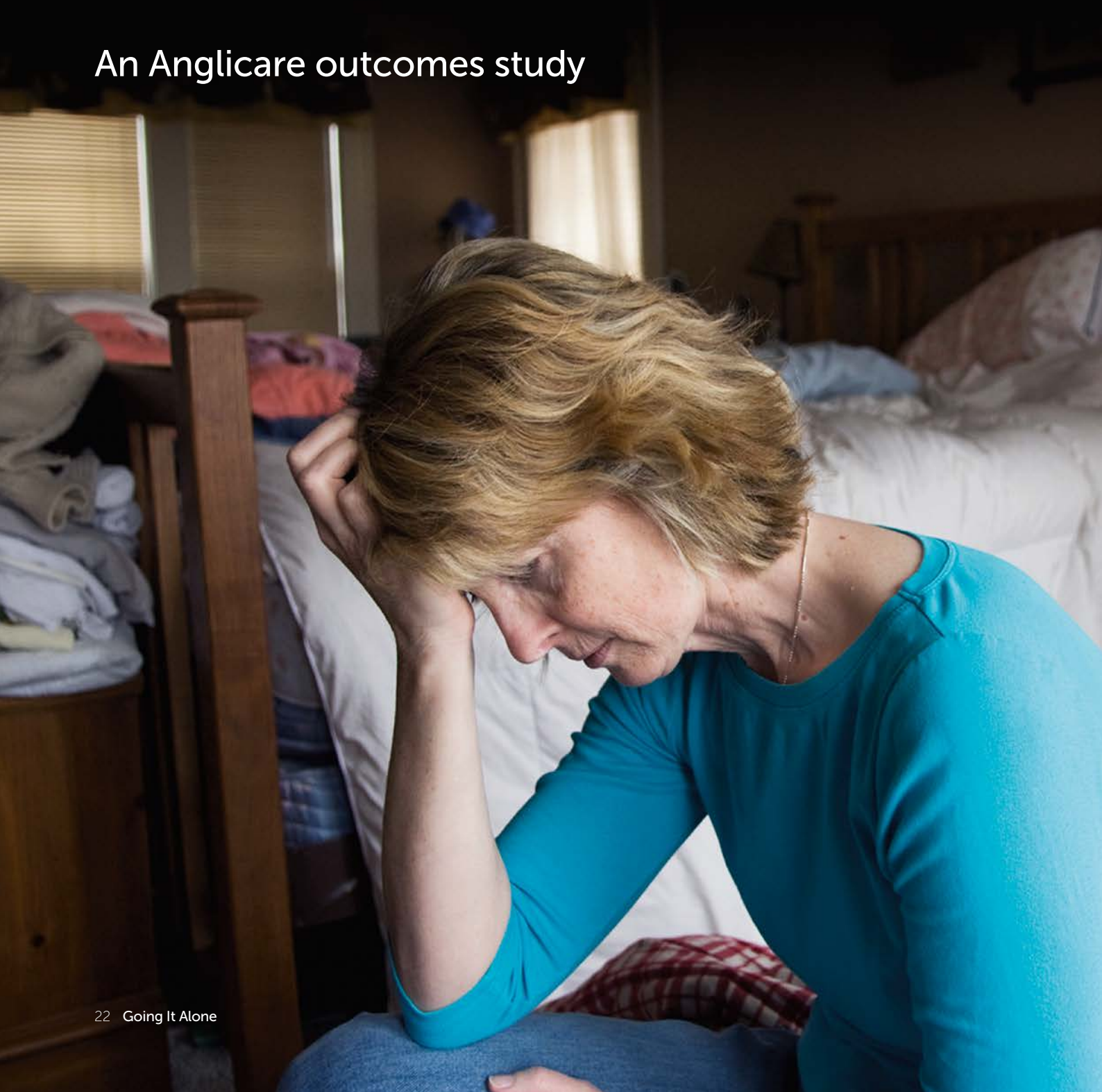
People in low income, lone person households tend to be older, with 76% aged 55 years or more.





3. Impacts of Living Alone on a Low Income

An Anglicare outcomes study

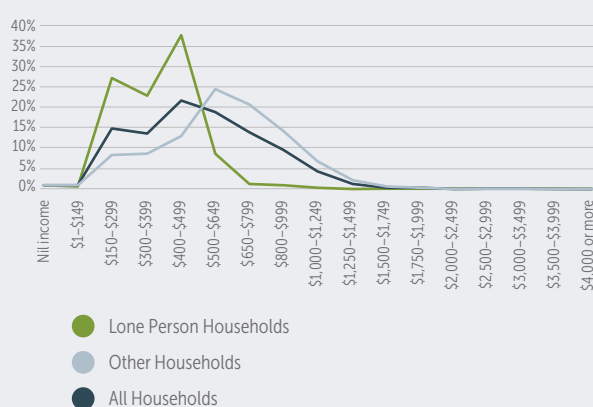


In 2017 Anglicare undertook an outcomes-based survey over a 6-week period in July/ August 2017 across its Community Services Division. To account for the diversity of outcomes for clients across nine different service streams, customised surveys were deployed. Each survey consisted of core questions common to all services as well as outcomes questions for each service stream, based on consultation with Community Services managers and an understanding derived from the Program Logic Model exercises conducted for various programs by the Anglicare Social Policy & Research Unit (SPRU).

For the purposes of this report, data relating to sole person households in the Food and Financial Assistance (FFA) program were analysed to identify the outcomes for people accessing services who had experienced financial hardship.

The cohort of single people accessing FFA was chosen as the sample group of low income, lone person households for this report. This is because the levels of income experienced by Lone Person Households accessing FFA were so low, where 89% of such households receive less than \$499 per week compared with 31% of all other households (Chart 8). Furthermore, 96% of people presenting to FFA are on Government benefits and are accessing services because of financial hardship.

Chart 8. Household Weekly Income of FFA Clients in Lone Person Households vs Other Households vs All Households, Apr 2015 – Nov 2017



Note: Differences significant at $p < 0.01$ level
Source: Anglicare FFA data, April 2015 – November 2017

Three core findings are discussed in this section of the report – social connectedness, self-efficacy and personal well-being.

3.1 Social Connectedness

Social isolation is a product of a lack of social connectedness – insufficient social networks in terms of scale, depth and diversity. For the Anglicare 2017 survey, social connectedness was a common outcome identified by all service streams through program logic exercises.

Respondents in the survey were asked to indicate their current level of social connectedness on a scale from '0' ('I am completely isolated socially and often feel lonely') to a score of '10' ('I have completely fulfilling relationships and never feel lonely'). However it should be remembered that this is a single item measure which is only an approximation of the degree of social connectedness that a person may experience.

When comparing lone person households with all households across all service streams it is evident that respondents from lone person household had a lower, average social connection score compared with other household types, with a mean score of 5.3 compared with 5.9 for single parent households, 6.4 for couple households, 7.0 for couples with children, and 6.6 and 5.8 for extended family and other grouping household groups.

Table 1: Social Connectedness Score of Anglicare Clients by Household Type

Household Type	Mean	Median
Person living alone	5.3	5.0
Single parent with dependent child(ren)	5.9	6.0
Couple without dependent child(ren)	6.4	7.0
Couple with dependent child(ren)	7.0	7.0
Extended family	6.6	7.0
Other grouping	5.8	6.0
All household types across all service streams	6.2	6.0

Note: Between group difference is significant at $p < 0.01$ level
Source: Anglicare Annual Client Survey 2017

Within the most financially disadvantaged group accessing FFA, lone person households have a lower social connectedness score (5.2) when compared with all other households accessing FFA (5.7).

Table 2: Social Connectedness Score of Anglicare Clients in Lone Person Households Compared with Other Households

	Mean	Median
Lone Person Households across all services	5.3	5.0
Other households across all services	6.4	7.0
Lone Person Households in FFA	5.2	5.0
Other Households in FFA	5.7	6.0

*Note: Between group differences are significant at $p < 0.01$ level.
Source: Anglicare Annual Client Survey 2017*

These results indicate that living alone is associated with lower levels of social connectedness when compared with other households, including when experiencing significant disadvantage.

3.2 Self-Efficacy

Self-efficacy relates to people's subjective assessment as to their capability to make decisions and effect actions that will achieve successful outcomes. It can determine whether 'individuals think erratically or strategically, pessimistically or optimistically, in self-enabling or self-debilitating ways, and influences causal attributions for successes and failures' (Pedrazza et al, 2013:192). Ultimately it is about how much control an individual considers they have over their life and the decisions which impact them. Low self-efficacy can impact optimism, aspirations, motivations, confidence, resilience and goal setting generating a sense of helplessness, anxiety and depression. Self-efficacy thus is a 'measure of how much a person feels they have control over their life and can make changes to it' (Callender & Schofield, 2016:320) or someone operating with 'an external locus of control' (Kunz and Kalil, 1999:119).

What impact does poverty have on the individual's capacity to make decisions? Research indicates that poverty is known to result in lower levels of self-efficacy especially when compounded by poor health, by lower levels of educational attainment

and by the experience of multi-dimensional poverty (Callender and Schofield, 2016:321). Poverty reduces people's capacity to 'exercise agency' (Cleaver, 2005) as their choices and ability to make decisions are increasingly limited by a lack of financial resources (Quane and Wilson, 2012).

For the purposes of the Anglicare outcomes survey, clients were asked to indicate their own perception of the level of control they feel they have over decisions in their lives, on a scale from 0 (no control) to 10 (complete control). As a single global measure this is an approximation for self-efficacy and agency.

All households across all service streams achieved a mean score of 6.9 but for lone person households this score was 6.2, indicating lower levels of self-efficacy than any other household type in the survey.

Table 3: Self-Efficacy Score of Anglicare Clients by Household Type

Household Type	Mean	Median
Person living alone	6.2	6.0
Single parent with dependent child(ren)	6.9	7.0
Couple without dependent child(ren)	7.0	7.0
Couple with dependent child(ren)	7.2	8.0
Extended family	7.4	8.0
Other grouping	6.5	7.0
All households	6.9	7.0

*Note: Between group differences are significant at $p < 0.01$ level.
Source: Anglicare Annual Client Survey 2017*

Within those groups accessing FFA, while self-efficacy was lower than the overall average of 6.9, consistent with people experiencing significant economic disadvantage, it is noteworthy that the levels of self-efficacy for FFA clients living on their own (6.2) was still lower than all other FFA household types with a score of 6.5.

What conclusions can be drawn from these findings? Anglicare's study confirms that living on your own, coupled with financial disadvantage, is negatively associated with the individual's sense of control in decision-making in their lives. The literature also indicates that people living alone and with disadvantage are at greater risk of lower



levels of optimism, confidence and resilience with more limited aspirations and motivations. This generates a greater risk of experiencing a sense of helplessness, anxiety and depression, thus reducing the overall levels of wellbeing.

3.3 Personal Wellbeing

Subjective wellbeing among clients was measured using the *Personal Wellbeing Index (PWI) – Adult* (International Wellbeing Group, 2013). The PWI was developed through Deakin University, Melbourne, as a validated, multidimensional measure of subjective wellbeing in general populations.⁵ It consists of several questions covering broad domains of satisfaction, on unipolar scales ranging from 0 to 10, anchored at 'completely dissatisfied' and 'completely satisfied' respectively. The instrument includes a single-item, Global Life Satisfaction (GLS) indicator, which measures a respondent's satisfaction with their 'Life as a Whole'. It also includes eight separate Life Domain Scales.

The resultant PWI consists of a single score out of 100, which is the average of scores across seven of the life domains; the PWI does not include the

Spirituality/religion item, nor the GLS indicator. The reason that the Spirituality/religion item is excluded from the long-running PWI has to do with its more recent development and observed statistical properties compared with other items in the PWI. Nevertheless the Spirituality/religion item is considered to be a valid measure in the Australian context and so has been included in our Annual Client Survey (Cummins et al, 2012). In deriving the PWI for Anglicare clients, we have followed the authors of the PWI in excluding the Spirituality/religion measure from the PWI, in order to maintain strict comparability with the Australian population PWI.

If the PWI of all households across all service streams is considered, the data indicates that the wellbeing of lone person households (50) is significantly lower when compared with all household groups (65) and, in turn, all households accessing Anglicare services have lower PWIs across almost every domain when compared with the Australian norm. The areas which scored worst when compared to the Australian norm were: achievement in life (47 vs 79); personal relationships (48 vs 79) and life as a whole (50 vs 78) (see Chart 9).

Chart 9. Personal Wellbeing Index (PWI) by Domain. Lone Person Households vs All Households among Anglicare Clients



Note: Between group differences are significant at $p < 0.01$ level.
Source: Anglicare Annual Client Survey 2017

Chart 10. Personal Wellbeing Index (PWI) by Domain. Anglicare FFA Lone Person Households vs All FFA Households



Note: Between group differences are significant at $p < 0.01$ level.
Source: Anglicare Annual Client Survey 2017

The average PWI scores of lone person households in Anglicare's FFA (47) are lower on every domain, compared with people living on their own across all service streams (50). Furthermore, these scores tend to be lower than all other household types within FFA (56) – indicating that being alone in disadvantage has a greater adverse impact on wellbeing than living with others (Chart 10). The poorest scoring domains when compared with the Australian norm were achievement in life, personal relationships and life as a whole.

3.4 Summary

There are a number of conclusions which can be reached as a result of this study of Anglicare clients:

- a. On average, lone person households generally have lower levels of social connectedness than other household types across all Community Services' clients. In other words, living on your own reduces your ability to connect socially and results in fewer social networks even when compared with others living in similar levels of disadvantage.
- b. People in lone person households experiencing financial disadvantage have lower self-efficacy scores (6.2) than all household types (6.9), feeling as if they have less control over decisions affecting their life.
- c. Across a range of domains, people from lone person households in financial disadvantage experience much lower levels of personal wellbeing (47) than the average for the Australian community and these levels are also lower than for all other households experiencing similar levels of financial disadvantage (56).

5 Parallel scales have been developed for use with pre school aged children, school aged children and adolescents, and people with intellectual and cognitive disability.

4. Discussion



4.1 Impacts of Disadvantage

Many people suffer disadvantage but manage to improve their life circumstances over time. For some, an unexpected crisis such as a relationship breakdown, retrenchment or onset of illness can pitch a family or household into crisis. However, for others, disadvantage is not short term but complex and embedded. Fewer people experience this longer term, entrenched disadvantage which occurs when people experience prolonged and multiple deprivations, often inter-generationally. The impacts of such experiences have been well documented. Entrenched poverty for adults is correlated with poorer outcomes in mental health, anxiety and depression (Kuruvulla and Jacob, 2007), higher levels of food insecurity (King et al, 2012), poorer physical health outcomes and higher levels of disability, poorer housing conditions and greater levels of social isolation (Joseph Rowntree Foundation, 2017).

For children, entrenched poverty can lead to poorer educational outcomes (Strelitz and Lister, 2008), behavioural issues, exclusion from school activities and failure to achieve

educational milestones (AIHW, 2009). Analysis of the Australian Longitudinal Survey of Australian Children (LSAC) found that inequalities in physical and developmental health across all domains were evident from the earliest years for children experiencing poverty (Nicholson et al, 2010). Indeed, there is some evidence of an intergenerational link, whereby the children of parents who had themselves grown up in poverty demonstrate lower early-age cognitive abilities (Vleminckx and Smeeding 2003). Other health issues for children experiencing prolonged disadvantage include:

- Higher incidences of systemic issues such as asthma, kidney disease, epilepsy and vision, dental and hearing disorders which sometimes do not get diagnosed or treated (Duncan & Brooks-Gunn, 2000). These can be exacerbated by environmental factors such as smoking and substandard housing.
- Greater likelihood of an unhealthy diet and food insecurity, leading to nutrition problems (Bamfield, 2007), lower wellbeing and childhood obesity (Bradshaw, 2002).

- Issues with dental health where children are not given ready access to these services (Saunders et al, 2007).

Nor are these impacts restricted to physical health and educational outcomes but can also include increased stress, anxiety, depression, behavioural issues and poorer mental health (AIFS, 2010).

4.2 Impacts of Social Isolation

Social isolation can also have very negative impacts although it is often hard to disentangle cause and effect. What are the risk factors of social isolation? A recent review of the literature identified nine core risk factors:

- Age and gender – being 80 years or older and female, as women are generally longer lived;
- Ethnicity and language, which may be the catalyst for racially motivated stigma;
- Geography – living in disadvantaged or rural areas;
- Health and disability – chronic mental or physical health conditions that impact mobility;
- Knowledge and awareness – specifically, technology literacy and awareness of community services;
- Life transitions – loss of spouse or family member, disruption of social networks;
- Lack of affordable housing in well located areas close to transport;
- Social relationships – living alone, not having children, not married, low quality friendships; and
- Sexual/gender identity – identifying as LGBTI, especially in older age (Wister et al, 2017).

Rates of social isolation have been estimated at 20% of the Australian population (Beer et al, 2016). While social isolation is a risk for all age groups, it worsens with ageing, as discussed earlier in this report. An ageing population thus contains the risk of worsening the prevalence of social isolation. Indeed, many studies of social isolation have been undertaken in the context

of the older person in the domains of health, life chances and wellbeing. Studies indicate that isolation can adversely impact dementia, can lead to an increased risk of rehospitalisation and an increased number of falls (Bernard, 2013).

Social isolation is a strong predictor of mortality from heart disease; it has been claimed that social isolation is as harmful as cigarette smoking (Beer, 2016). It can lead to a breakdown of social justice, participation and self-determination (Leigh, 2010). There also appears to be a link with mental health, indicating that social isolation can lead to depression and generate a higher risk of impaired cognitive functioning (Ge et al, 2017).

Conversely extensive social networks are seen as a protective factor (Nicholson, 2012). Indeed, positive social connectedness can be more important than other demographic factors in determining quality of life (Toepel, 2012). The link between mental health for example and positive social networks has been described as follows:

[Positive] social networks are said to generate psychological effects when they provide social support, social influence, opportunity for meaningful engagement and meaningful roles, resources and material goods and intimate contact. The psychosocial impact of social networks is said to transform behaviour (Ottman et al, 2006:16).

Social isolation not only adversely impacts individuals but can fragment communities, leaving them less cohesive and putting increased pressure on health and social service supports (Bernard, 2013). Beer and colleagues maintain that, at a community level, social isolation leads to neighbourhood deterioration and increased use of health services and medications leading to reduced participation in community life (Beer et al, 2016:173).

4.3 The Dynamic Between Disadvantage and Social Isolation

What is the link between social isolation and disadvantage? Studies that try to identify the forward and backward linkages between the two have focused either on the individual or family, or neighbourhoods and communities.

A man with dark skin and short, dark hair is standing on a train platform. He is wearing a dark grey jacket over a red sweater and a blue shirt. He has his hands in his pockets and is looking towards the camera. The background shows train tracks and a blurred cityscape.

CASE STUDY:

Being a Recent Arrival and Being Alone

Vahid is a recent arrival to Australia, being granted a refugee visa earlier in the year. He has spent the majority of his time in Australia in an intensive English class. This has kept him from being able to work, as he feels compelled to be able to communicate properly in the community and make a new start. What money he does have, he spends renting a room in a share house, public transport to English classes and food, though he is largely reliant on FFA and other charity in order to eat.

Despite being optimistic about his prospects of creating a new life, Vahid feels ashamed by his current state of material disadvantage. This is especially true in regard to trying to form friendships with people from the same country as him as he doesn't want them to form negative opinions of him. Vahid has isolated himself from others, with his only relationships being with his caseworkers and housemates. He is also unable to contact the family he has back in his country of origin.

4.3.1 Individuals and Families

The Joseph Rowntree Foundation, a UK think tank on poverty, has been conducting a long running Household Longitudinal Study of more than 40,000 members for more than two decades. Its findings indicate a strong association between poor social networks of individuals and families (social isolation) and poverty:

People with lower incomes are at more risk of social isolation and of strained relationships within families than those on higher incomes. The proportion of working adults who say they have no or only one close friend is higher for those in lower income groups than for better-off groups. In 2014–15 about 13% of working-age adults in the poorest fifth of the population said they had either no or only one close friend, compared with 4% of working-age adults in the richest fifth. The proportion of people reporting that they have only one or no close friends fell across all income groups between 2011–12 and 2014–15 (Joseph Rowntree Foundation, 2017:5).

Finney et al, in conducting a study on mixed social networks, concluded that ‘social isolation is a particular risk for poverty (or consequence of living in poverty)’ (2015:4). The nature of the dynamic between social isolation and disadvantage or poverty is complex. Basu (2013) has argued that a person’s sense of belonging to a group or society is essential to enhance capability or support economic progress: ‘Once people are treated as marginal over a period of time, forces develop that erode their capability and productivity, and reinforce their marginalisation. Such people learn not to participate in society and others learn to exclude them, and this becomes a part of “societal equilibrium”’ (Basu, 2013:324). Social exclusion can be a key driver of poverty because a lack of social networks and/or social capital can conflate other deprivations, such as employment or educational opportunities.

The exclusion from institutions that ‘promote economic advancement... exacerbate the marginalisation of the poor’ (Quane and Wilson, 2012:2978). Thus, while poverty can generate social isolation, the reverse may well be true as social isolation resulting from disengagement from networks may further exacerbate poverty as opportunities to participate are further reduced.

Therefore it is likely that the dynamic is circular, recursive and self-perpetuating ‘whereby one both precipitates and motivates the other’ (Quane and Wilson, 2012:2978). The association between social isolation and disadvantage is thus a ‘wicked’ problem where causality is not linear but multidimensional and dynamic.

4.3.2 Neighbourhoods and Communities

There has been a significant body of research on how poor neighbourhoods or communities effectively further marginalise people. Disengagement from positive social networks exacerbated by lack of resources and connections limits opportunities to change life circumstances. Research by William Wilson in the 1980’s and 1990’s maintained that social isolation is higher in poorer communities, whom he termed the ‘socially isolated urban poor’ (Quane and Wilson, 2012:2978). The rationale for this association lies in the lack of availability or access to positive social networks for poor communities. Thus, others working within this framework suggested that within their neighbourhoods ‘individuals and families [in poverty] often lack contact with persons with the knowledge, experience and most important the valuable social connections to aid them in their efforts to improve their life circumstances.’ (Rankin and Quane, 2010:141).

The localisation of poverty in communities disrupts access to organisational and social networks often available in other communities. Such communities are seen as being weak in both bonding and bridging social capital, further exacerbating social isolation for families and individuals so that those, according to one study, ‘living in high poverty neighbourhoods had lower general social integration’ (Marcus et al, 2015:134). In some sense this then returns to the self-perpetuating and cyclical nature of the interaction between disadvantage and social isolation.

4.3.3 Social Networks as Buffers

If this is a ‘wicked problem’ which is self-perpetuating, what can be done to break the cycle? In the end, it comes down to building stronger social networks and making these more accessible for individuals. Such networks can provide buffers and support in times of financial hardship which are not available if someone has become significantly disengaged from such networks:

Research suggests that social networks help families close to or living in poverty better cope with financial emergencies and take advantage of a wider range of opportunities... (Shorthouse, 2015:4).

It is not however just about building the size of such networks, or their density but it is also creating diversity in networks as this can act as a buffer against disadvantage.

There is a clear message from the results: the probability of being poor and of being very poor is less for individuals with mixed friendship networks than those without mixed friendship networks... having a mixed friendship network could reduce the likelihood of an individual in a struggling family being very poor by a third compared with not having a mixed friendship network (Shorthouse, 2015:4).

Shorthouse (2015:6) further identifies the ways in which social networks can mitigate or reduce poverty since such networks provide:

- Resources – including financial and in-kind support as well as sharing of costs;
- Knowledge – problem solving, service information based on personal experience, how to access services etc;
- Opportunities – learning about new job opportunities, social activities;
- Solving problems – collectively at the community level; and
- Health and psychological support – through friendships, emotional reassurance and support, reduced anxiety, improved overall wellbeing.

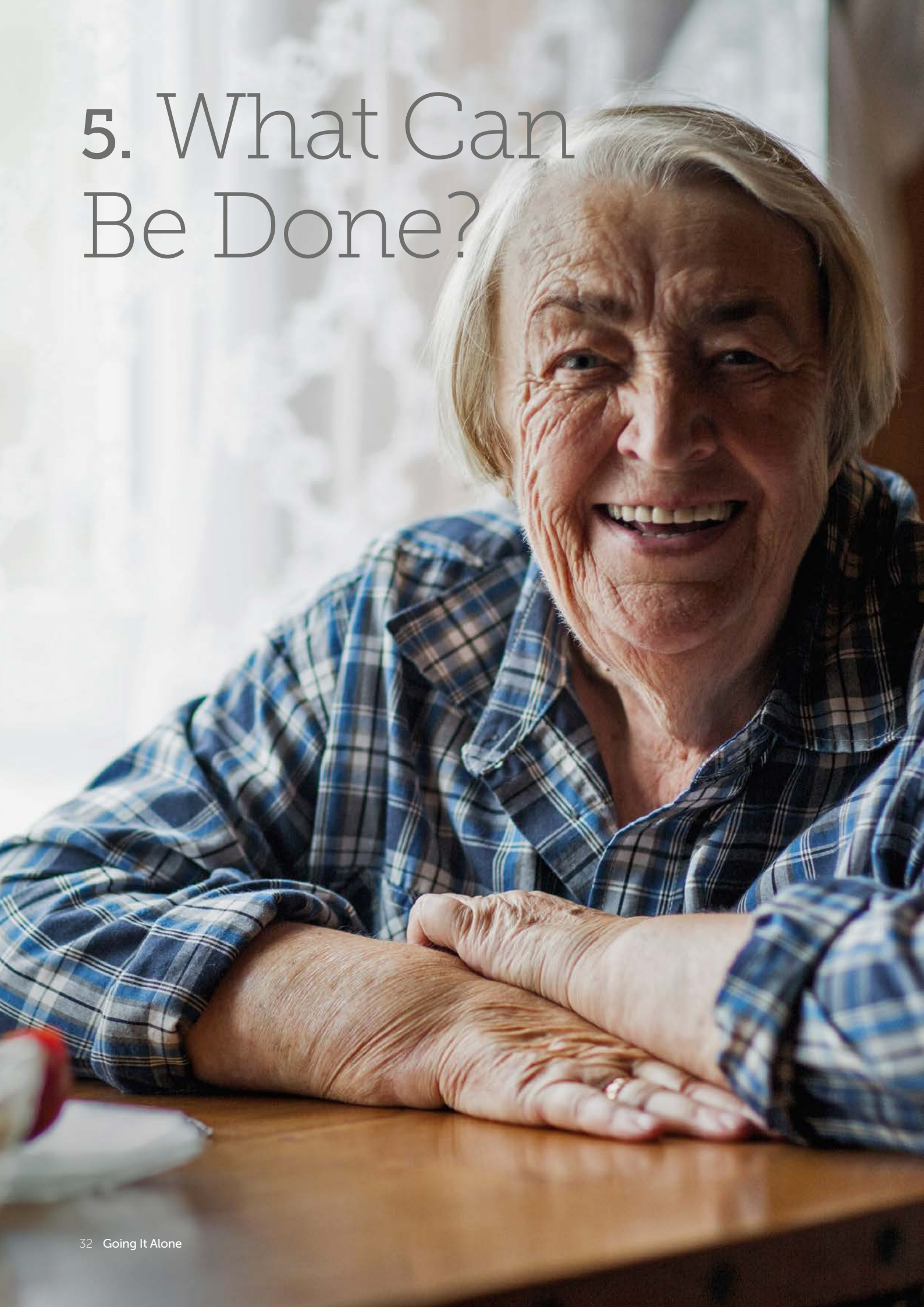
However people experiencing significant socio-economic disadvantage find it difficult to maintain such networks, often because of a lack of economic capital (e.g. transport and the cost of participation in activities). People often self-exclude from social networks because of stigma. These barriers are particularly evident for people living on their own, without family or social networks in place. There is also a danger that the individual's lack of social capital can be perceived as their own responsibility thus negating any political responsibility for modifying structural forces which reduce social capital for the most marginalised (Cleaver, 2005).

The dangers of assuming that individuals can use network connections and participation in institutions to move out of disadvantaged positions can lead to a situation where individuals are seen as responsible for their own deficit of social capital and marginalisation [rather] ...the chronically poor engage in social and institutional life on adverse terms; they are less able to negotiate the 'right way of doing things,' to create room for manoeuvre, to shape social relationships to their advantage rather than others (Cleaver 2005:895).

Understanding this nexus between social isolation and poverty and the role of social networks is an important one, because it is in that understanding that potential policy and community based solutions may well be found. This will be further discussed in the next section of this report.

*In the end, it comes down
to building stronger social
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more accessible for individuals.*

5. What Can Be Done?



This study has provided an opportunity to better understand the complex interplay between disadvantage, social isolation and lone person households. Our attention now turns to the long-term inclusionary approaches that can make a significant and positive impact in our local and broader communities. These approaches can be broad based, holistic, community centred or government designed. This section of the report explores appropriate approaches to the wicked problem of social isolation and disadvantage and then specific strategies which are either suggested by the literature or by Anglicare's own evidence based experience.

5.1 Integrated Approaches

Given the nexus between disadvantage and social isolation is multidimensional and dynamic, an holistic and integrated response is required. There are several approaches which would assist in the delivery of such a response – community development and collective impact.

5.1.1 Community Development

Although a well-known approach, community development can mean different things to different people, is distinct from community work and needs to recognise the impacts of broader social restraints that often limit the participation of people in community development approaches.

Essentially, within the Community Development approach, community groups are supported to identify important concerns and issues, and to plan and implement strategies to mitigate their concerns and solve their issues. There are a number of essential elements in this approach:

- Power relations between agency and community members are constantly negotiated;
- The problem or issue is first named by the community, then defined in a way that advances the shared interests of the community and the agency;
- Work is longer term in duration; and
- The desired outcome is an increase in the community members' capacities.

The desired long-term outcomes usually include change at the neighbourhood or community level.

Whether responding to a lone person in crisis or supporting them with a longer-term issue, a community development approach requires a particular way of understanding and interacting with people. Community development practitioners should be familiar, through training or experience, with the theory, practice and principles of community development work (Smart, 2017).

Asset based community development is an approach to working respectfully with communities that 'seeks to identify and develop existing strengths in the community' (Ottman et al, 2006:19). The approach involves creating an inventory (mapping) of community and physical strengths and assets and identifying people and supporting 'connectors' who can link people and actions. This is an ideal approach when working to address social isolation and marginalisation as it draws together:

'Community actors in a democratic development process and focusing on strengths and rather than deficiencies... can help to enforce positive identities for socially excluded and stigmatised individuals... and give way to more positive identities as the focus moves to the contributions that individuals can make instead of the problems they have (Ottman et al, 2006:20).

In the case of social isolation and disadvantage involving lone people in the community in the planning, delivery and evaluation of programs is essential for a genuine community development approach. This principle focuses on including lone people in decision-making, co-design and evaluation of programs – all which can have 'an empowering impact' (Ife & Tesoriero, 2006). This approach acknowledges that there are different ways people can be involved, and some lone people may need to be supported to participate.

5.1.2 Collective Impact

If community development principles underpin service delivery it is essential that agencies work with community groups, faith-based communities, business, government and other non-government organisations to meet the needs and aspirations of communities to address social isolation and disadvantage. This includes working in formal partnerships across the sector and community, providing integrated services within the service suite, and adopting

CASE STUDY:

Collective Impact

90Homes for 90Lives is a collective impact initiative that works to provide permanent exits from homelessness for rough sleepers in Woolloomooloo, a Sydney suburb with one of the highest concentrations of rough sleepers in the city. The initiative involves government, non-government, philanthropic and industry partners, working towards a shared objective – housing the homeless. According to the project partners, key to the success of the initiative is the pooled resources, expertise and insights of the partners and the involvement of social service providers in the provision of ongoing services and wrap around support throughout their journey (Centre for Social Impact, 2013).



specific approaches that foster collaborative interventions, such as Collective Impact.

Collaboration for Impact Australia (CFI) defines Collective Impact as an approach based on the premise that no single policy, government department, organisation or program can tackle or solve the complex social problems ('wicked problem') we face as a society. We learn how to respond to complexity through effective collaboration. The approach requires multiple organisations or entities from different sectors to 'abandon their own agenda in favour of a common agenda, share measurement and alignment of effort' (Collaboration for Impact, 2018).

There are five necessary conditions for collective impact (Kania and Kramer, 2011):

- A common agenda;
- Shared measurement;
- Mutually reinforcing activities;
- A culture of collaboration and communication; and
- Backbone organisation.

5.2 Targeted Interventions

5.2.1 An Agency Based Response

Anglicare has a strategic focus on building individual, family and community capacity, strengthening social cohesiveness, and alleviating disadvantage. At the same time, we aim to address identified needs and issues in the community and respond through improved service planning, design and delivery. It is important to ensure that our outreach activities are effective and tailored to community needs and strengths, address the causes and impacts of social isolation, and are delivered in a flexible and responsive manner.

Targeting at-risk cohorts also requires building a deep understanding of the communities in which we work; utilising evidence base and research – mapping services to avoid duplication; and working in partnership to build meaningful and integrated responses. Within Anglicare, the extensive network and local outreach capacities of program staff, community and church groups and volunteers are instrumental to this process, as they play key roles as program facilitators, community linkers, peer and pastoral support, and can facilitate a supportive environment for lone people.

Specific services and programs offered by Anglicare which help to reduce social isolation for lone person households include: Community Aged Care and Social Support – Day Centres; Food and Financial Assistance; Counselling; Mental Health / Psychosocial and NDIS services; the Anglicare Housing Assistance Program (AHAP); and the SHIFT program. Some of these programs are outlined below.

Housing

AHAP provides accommodation for older people who are homeless or at risk of homelessness, with rent charged at an affordable proportion of their income. Improving social connections, community participation, a sense of belonging and building stronger relationships was an intended outcome of this program. An internal evaluation in 2016–17 revealed that residents reported significant improvements in their personal wellbeing (family relationships and community connections) since taking up residence as well as reduction of levels of stress and anxiety. Key is an assumption that stable, secure and affordable accommodation will provide a solid foundation for improvements in other areas of life and personal wellbeing – an assumption that has been established in both literature and evaluation of program outcomes for Anglicare service users. For the AHAP, residents have indicated a growing sense of community in their new accommodation – a sharing with and support for each other, which was not present in their previous precarious housing existence. This program is being rolled out over the next 10 years with the aim of accommodating more than 500 people in safe and affordable housing which reflects their local context and neighbourhood and which builds social capital both within the residence as well as with the wider community.

Mental Health

Another agency response which has had some success in combating social isolation within Anglicare is the psychosocial support program Personal Helpers and Mentors (PHaMs) across Eastern Sydney suburbs for people in the community who experience severe mental illness. Some of the PHaMs clients are now eligible for support through an NDIS package. One of the potential downsides of the NDIS is the possibility that service users may overlook the benefits of

group and social supports when choosing the types of supports they would like to receive as a participant of the Scheme.

PHaMs provides a range of psychosocial activities designed to increase community participation and reduce social isolation. There is a focus on leisure groups and activities. The results of an internal PHaMs evaluation finalised in 2017 revealed that almost two thirds (62%) of participants in the program reported improvements in their social connections since commencing in the program. Anglicare is committed to providing person-centred services under the NDIS which align with the participant's choices and support their goals, and at the same time aims to provide opportunities to enhance social connectedness and reduce isolation through the provision of group and social activities.

Food and Financial Assistance

A specific partnership effort that is directed towards people who frequent our FFA services, and who are at risk of social isolation in the community, has been developed with Anglican parishes across Greater Sydney through the Mobile Community Pantry. The Pantry van provides grocery items at very low cost on a fortnightly basis at a local church, and is set up and operated in partnership with the local parish leadership team and church members. The regular occasion provides an opportunity for people who may be experiencing isolation and disadvantage in the community to meet with other locals, church volunteers and leaders, and Anglicare service staff.

Technology

Technology has variously been attributed to both the increased prevalence of social isolation and the reality that many people are more connected to each other than ever before through social media and other technologies. Notwithstanding some of the less positive social consequences of technology, the internet and technological advances can reinforce offline networks of help and support (Anderson et al 2015). These positive benefits may be through increased opportunities for people to stay in touch although separated by distance, and by creating new networks of social contacts and supports.



ANGLICARE CASE STUDY:

Technology Making a Difference

Jacob moved to Australia from Eastern Europe in the late 1980's with his wife and settled in south west Sydney. Together they had two children and brought them up in the 'Australian way'.

After many trying years trying to deal with one son's drug addiction and multiple health conditions of his own, his marriage broke down, forcing him into financial hardship. Jacob moved into community housing nearby to where he was previously living, allowing him to maintain contact with his family.

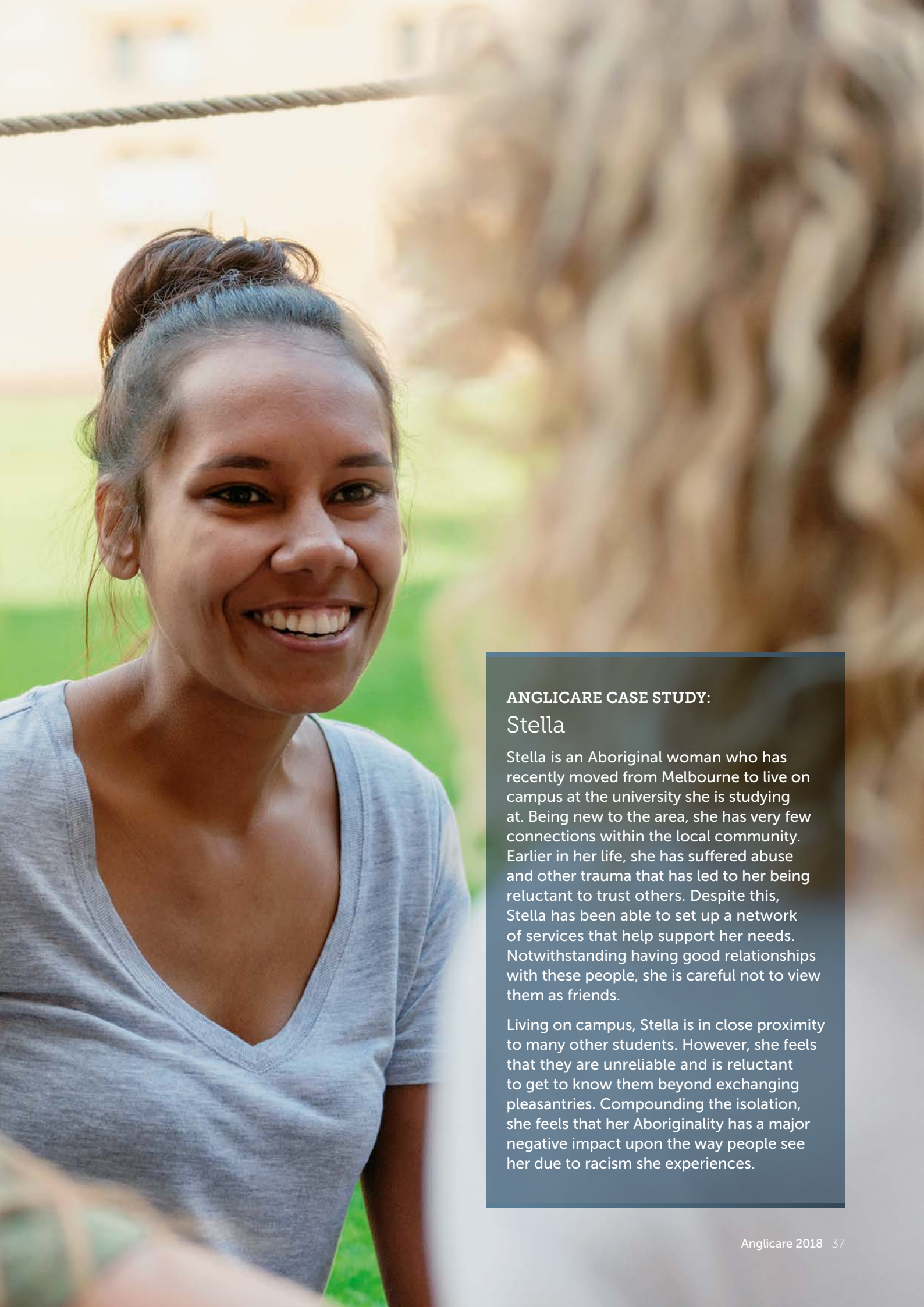
However Jacob's social network transitioned from face-to-face relationship to the online world. While isolated from many face-to-face relationships beyond his immediate family, he has used Skype and other technologies to rekindle relationships with friends that are now spread over the globe. Jacob's case shows how technology can help people fend off loneliness; however it has also served to isolate him from the physical world that surrounds him. He only knows his neighbours well enough to exchange pleasantries and would need to call his immediate family in an emergency.

Program staff in Anglicare's Commonwealth Respite Carelink Centre (CRCC) in South-West Sydney responded to local community needs and strengths in the establishment of technology groups to improve digital literacy and social connections amongst Australian-Vietnamese carers of people with disability, dementia or frail aged. The iPad / tablet course supports carers with digital training and navigation of online tools in relation to their caring role (eg MyAgedCare and NDIS), helps improve digital awareness and literacy for general searching (eg government agencies, services) and provides a social forum for carers to share and support one another in their caring role. Although not likely to be sole person households, long term carers are at a heightened risk of social isolation, disadvantage and lower personal wellbeing due to their caring responsibilities (Kemp et al 2016).

5.2.2 Government Policy Initiatives

There are international examples of governments attempting to redress the issue of social isolation through the development of structural initiatives. The UK Government for example, responded to the growing issue of social isolation and loneliness across the United Kingdom with the establishment of a Ministerial Portfolio for Loneliness (UK Government 2018). The appointment of a Minister in early 2018 arose from a key recommendation from the Jo Cox Commission on Loneliness that a portfolio be created. Given the prevalence of isolation across Britain, and amongst older people and people with disability in particular, a government-wide response on the issue was viewed as essential. The Ministerial portfolio includes actions to: develop a cross-government strategy that includes community and NGOs working together to tackle loneliness and isolation; develop an evidence-base of initiatives to address the issue; establish appropriate indicators of loneliness; and fund innovative responses and provide seed funding to respond. The UK Government's response incorporates a cross-sectoral collaborative and partnered approach to tackling the issues of social isolation and loneliness. Such approaches need to be underpinned by research developing an evidence base to highlight policy interventions.

A collaborative cross sector approach will be critical to any success. It is important to recognise that while social services play a key



ANGLICARE CASE STUDY:

Stella

Stella is an Aboriginal woman who has recently moved from Melbourne to live on campus at the university she is studying at. Being new to the area, she has very few connections within the local community. Earlier in her life, she has suffered abuse and other trauma that has led to her being reluctant to trust others. Despite this, Stella has been able to set up a network of services that help support her needs. Notwithstanding having good relationships with these people, she is careful not to view them as friends.

Living on campus, Stella is in close proximity to many other students. However, she feels that they are unreliable and is reluctant to get to know them beyond exchanging pleasantries. Compounding the isolation, she feels that her Aboriginality has a major negative impact upon the way people see her due to racism she experiences.

role in promoting social isolation and reducing disadvantage, sustainable outcomes for communities will not be achieved by isolated responders. It is well recognised within the research that developing responses to 'wicked problems' requires a holistic, integrated, and coordinated whole-of-community response in a number of key areas. Some of these are discussed below.

Housing

Research linking increased social isolation with people privately renting suggests the need for housing planning to incorporate suitable, accessible community/green spaces to encourage connection with the community and lessen the likelihood of social isolation. This research report has highlighted the very difficult circumstances for people living on their own in significant financial hardship who are in the private rental market. A key policy plank for mitigating the issues for these people is to provide secure, safe and affordable housing.

Research undertaken by Franklin and Tranter (2011) indicates that such housing makes a significant difference for people who are socially isolated and experiencing a disability (Tually et al, 2011). It improves wellbeing, resilience, participation in employment and community and self-efficacy:

Housing assistance provides stability in the lives of people living with a disability who would otherwise be vulnerable to a range of negative circumstances and who may otherwise have no sense of control over their lives. [It] helps people with a disability deal with other crises in their lives – health, family relationships, monetary concerns et cetera – and adds to their resilience and independence (Tually et al, 2011:11).

Transport

Housing is not the only structural issue. Given lone people are more at risk of poverty and social isolation, accessible and friendly transport and support services may increase opportunities to 'belong and connect with their communities' (ACSA, 2015:12). This in turn requires a 'joined up' collaborative approach working with other relevant stakeholders, such as transport agencies, local councils, community groups, faith-based organisations and other entities working to support communities and promote social cohesion.

Aged Care

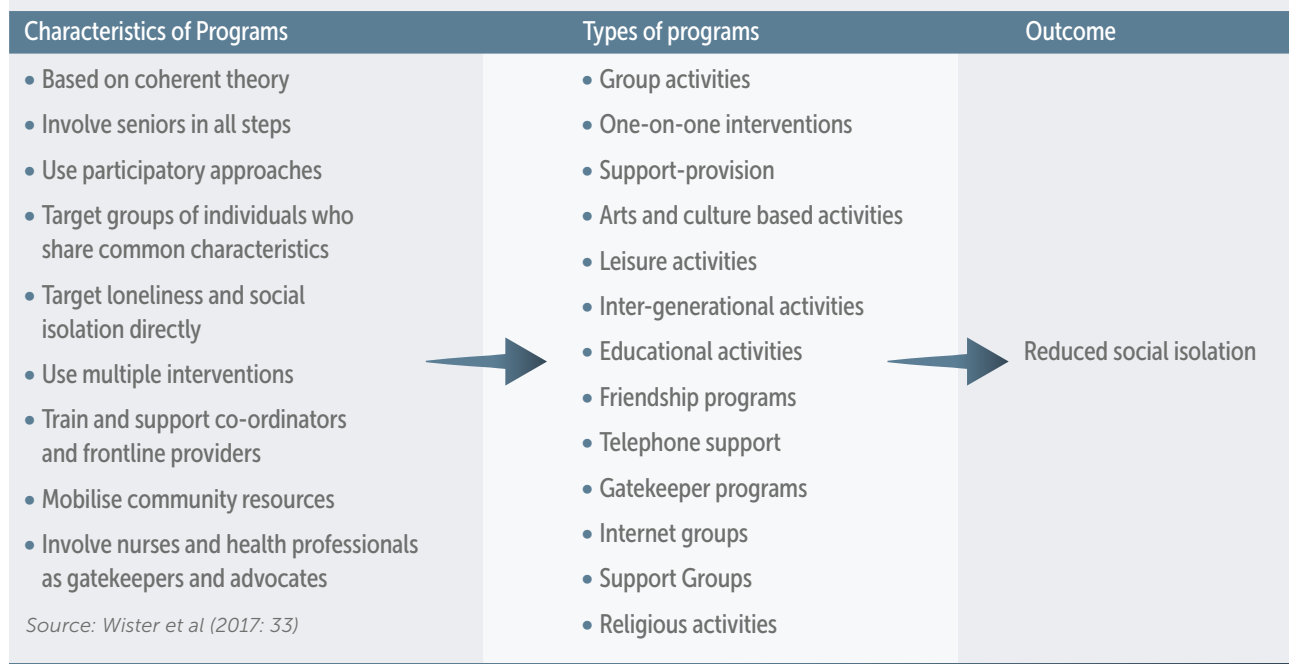
Much of the literature indicates that social isolation is a particular risk for those who are ageing. Research indicated that 'leisure activities explain a significant part of older people's social connectedness' (Toepel, 2012:336). A group at risk of experiencing social isolation are older people who are being provided with in home supports. 'They tend to be older, have poorer health and more issues with mobility and cognitive impairment than their counterparts who are not aged care consumers' (ACSA, 2015:9). This social isolation is further compounded by issues with mobility and access to transport. The emphasis in Australia on 'ageing in place' has been welcomed by many and the provision of in home supports to make this feasible and reduce early admissions to residential aged care facilities has been welcomed. However, ageing in place can result in social isolation if relationships are not maintained or strengthened (Beer, 2016:172).

A significant body of research has identified several strategies that have proven successful in fostering social inclusion and building social support (ACSA, 2015). They include:

- Introducing interventions as part of a wider strategic approach;
- Targeting specific groups of older people;
- Using existing community resources;
- Using volunteers to run programs;
- Using targeted and tailored approaches; and
- Involving older people in the planning, delivery and evaluation of programs.

It is important that older people have agency and opportunities for active participation with familiar people, and are not simply placed in busy scenarios with unfamiliar people. This is especially the case for older people with dementia, who value the importance of interacting with familiar people. Meaningful activities and contributions to the community, such as volunteering and helping others, are also valued by older people and have been effective in ameliorating social isolation (ACSA, 2015:9–10). A helpful overview of the characteristics and types of programs that are effective in combating social isolation in older people is reproduced in the table below (Wister et al, 2017).

Figure 1. Ways of Combatting Social Isolation



5.2.3 Community Led Initiatives

Community-based organisations such as churches, church-based community services and recreational clubs are ideally positioned to reach those who are socially isolated and reintegrate them into the community (Leigh, 2010). As discussed at 1.4 of this report, the social capital that arises from membership of local churches is heightened due to the large number of people brought together from diverse backgrounds for a common purpose. Churches (and other faith-based communities of worship) therefore have maximal bonding and bridging potential in the community, and may harness this for improved social connectedness and personal wellbeing, especially for those who live alone and are most at risk of social isolation.

Churches that operate in low socio-economic areas and where social isolation has been identified as a community issue are well-placed to alleviate isolation and provide opportunities for positive social connectedness and relationships within the church (bonding), and across the wider community (bridging) (Bickly, 2014). Examples of the kinds of outreach activities that were shown to be effective in promoting social connectedness include:

- Meeting basic material needs – immediate shelter and food provisions;

- Supporting employment efforts – from basic provision of internet access through to establishing small social enterprises like a bike restoration project;
- Life skills training and education – financial literacy courses, debt advice centres, volunteering opportunities;
- Children and youth services – both in the church community and the local schools; and
- Neighbourliness in general – reaching out to people in the community to foster flourishing relationships, with the view to building community through English classes for migrants and refugees, community cafes and lunches, public gatherings and hospitality.

Although some of these activities may have had an immediate purpose for positive short-term outcomes, the churches were inevitably increasing the social connectedness of the smaller and broader communities through such activities. For example, a church which offered English classes to a new ethnic group in the area found that some of the older participants with no formal education had a newfound appreciation for their capacity to learn, and the broader positive outcome of easing some of the tensions between ethnic groups across the community (Bickly, 2014:20–21).

The *Campaign to End Loneliness* was a community led initiative launched in the United Kingdom in 2011 and governed by five partner organisations across government and non-government sectors (CTEL 2018). The campaign focuses on: evidence-based advocacy to commissioners of services (local and national); building the research base on loneliness and social isolation; public campaigning; and specific local campaigns in areas where people are at risk of social isolation. The campaign has a large individual and organisational supporter base from the community, and although targeted towards social isolation in older age, operates to ensure that loneliness is acted upon as a public health priority at national and local levels.

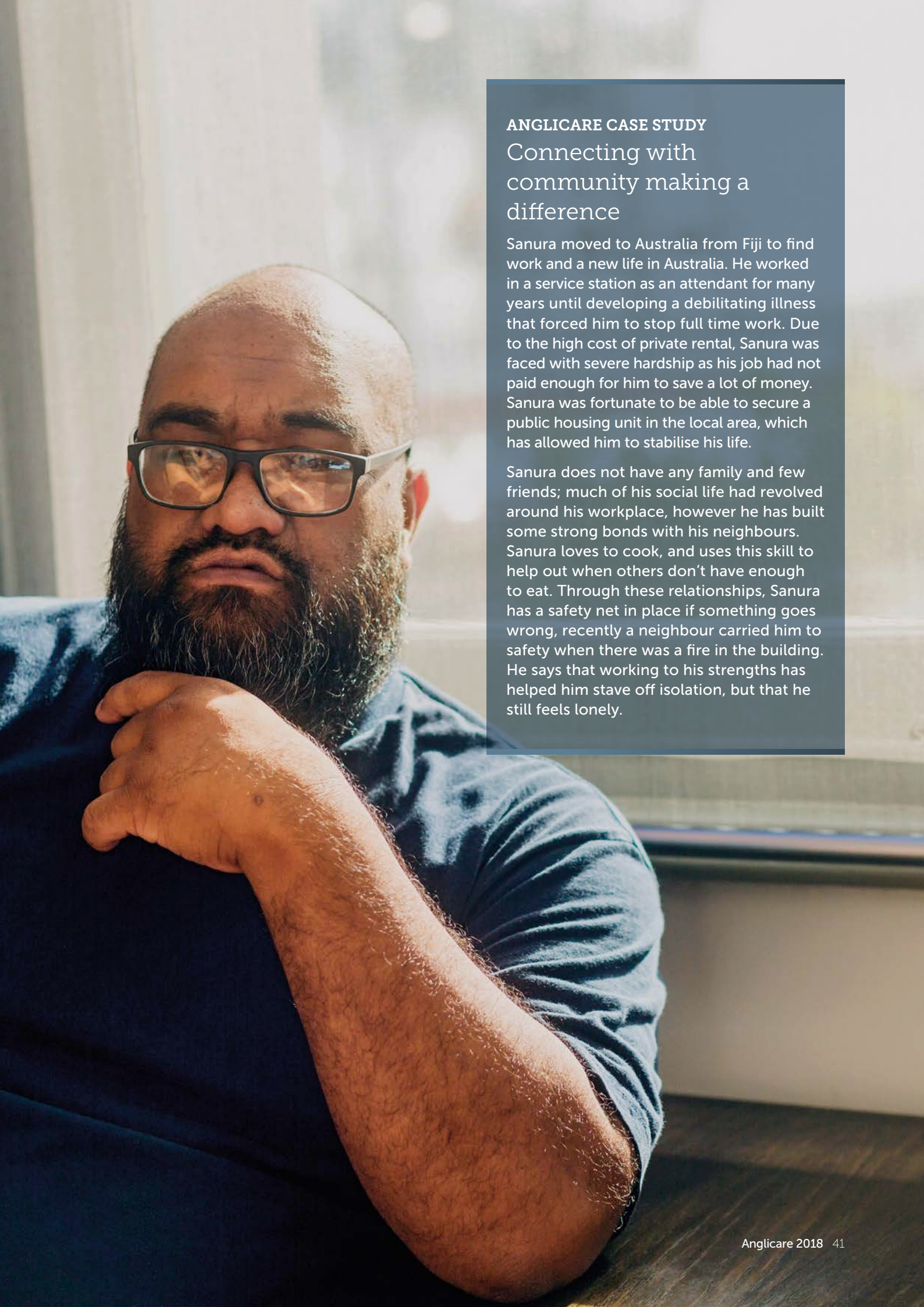
Indeed, in the UK the increased understanding of the detrimental impact social isolation can have on health has led to further academic exploration of how to measure and therefore mitigate such isolation with the possibility of a Social Isolation Index (Wigfield and Alden, 2017). Underlying this development is a belief that understanding the nexus between social isolation and health could better inform public policies and interventions which could then have a positive impact on both physical and psychological health (Marcus et al, 2015:135).

5.3 Summary

The problem of social isolation and disadvantage is complex and multidimensional requiring multi-faceted, integrated and innovative responses. The most effective approach is that which is strengths based and involves the community itself in the development of solutions. There are a number of strategies which can be employed – individually or in synergy with each other including:

- a. Agency and program specific interventions – such as those implemented by Anglicare in housing assistance, mental health, food and financial assistance and technology.
- b. Government policy initiatives aimed at addressing the structural issues leading to social isolation and disadvantage including housing, transport and aged care.
- c. Community led initiatives – using best practice examples from around the world focusing on collaboration, raising awareness and advocacy.





ANGLICARE CASE STUDY


Connecting with community making a difference

Sanura moved to Australia from Fiji to find work and a new life in Australia. He worked in a service station as an attendant for many years until developing a debilitating illness that forced him to stop full time work. Due to the high cost of private rental, Sanura was faced with severe hardship as his job had not paid enough for him to save a lot of money. Sanura was fortunate to be able to secure a public housing unit in the local area, which has allowed him to stabilise his life.

Sanura does not have any family and few friends; much of his social life had revolved around his workplace, however he has built some strong bonds with his neighbours. Sanura loves to cook, and uses this skill to help out when others don't have enough to eat. Through these relationships, Sanura has a safety net in place if something goes wrong, recently a neighbour carried him to safety when there was a fire in the building. He says that working to his strengths has helped him stave off isolation, but that he still feels lonely.

6. Conclusion





Social isolation and disadvantage are not just issues for the individual; these are community issues.

Social isolation is an issue of increasing concern especially when it combines with significant disadvantage. Census data reveals that poverty is a problem for more than three-quarters of a million lone person households nationally. There are several people groups who are over-represented and, therefore, at risk of social isolation and disadvantage including women, older people, people with a disability and people who are privately renting.

Anglicare's own research indicates that the impacts of living alone and experiencing financial hardship can lead to measurably poorer outcomes in terms of social connectedness, self-efficacy and personal well-being. More research into the multidimensional nature of community disadvantage, lone person households and social isolation is necessary. Understanding and having a means to measure community isolation and disadvantage increases the ability of program managers, practitioners and policy makers to develop and implement effective responses for people living alone. Resolution of this issue thus requires a multidimensional approach using research and principles of community development.

It is difficult to disentangle the direction of causality – does disadvantage cause social isolation or vice versa? What is evident from the literature is that there is a strong association between the two and they undoubtedly influence each other.

Strategies need to include not only service provider programs and interventions, and government policy approaches which target structural issues such as housing, transport and aged care, but also community led initiatives focusing on collaboration, awareness raising and advocacy. Social isolation and disadvantage are not just issues for the individual; these are community issues requiring broad-based solutions.

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Social isolation occurs when people become increasingly disconnected from important social networks.

Living alone and experiencing significant disadvantage heightens the experience of social isolation, which can lead to adverse health and wellbeing outcomes. This latest study from Anglicare Sydney explores this relationship using data from the National Census and from people who access our Food and Financial Assistance service. What emerges is a compelling picture of going it alone while experiencing significant financial hardship, and the challenges this creates in being part of thriving social networks and communities.

