

Submission  
No 27

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

**Organisation:** UNSW Ageing Futures Institute

**Date Received:** 29 October 2024

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## Prevalence, causes and impacts of loneliness in New South Wales

Parliament of New South Wales, Standing Committee on Social Issues

01 November 2024

### **About the UNSW Ageing Futures Institute**

The Institute is a global leader in ageing research and research translation, making a visible and positive impact on ageing both nationally and internationally. The Institute continues to drive excellence in health, social and policy outcomes in response to the major challenges and opportunities in ageing.

Our research is **interdisciplinary** in nature, meaning it brings together investigators from different disciplines working toward a common goal. The Institute draws together experts from across all UNSW Faculties including Art & Design, Arts & Social Sciences, Built Environment, Business, Engineering, Law, Medicine and Science. By capitalising on partnerships with a growing number of government, industry, community and academic collaborators, we ensure our research is translatable across the full spectrum of issues relating to ageing.

The Institute also takes a **life-course approach** to ageing, that is we consider the events, choices, situations and influences of individuals from birth, and how these factors accumulate and impact ageing. We want people to not only live longer, but to age optimally throughout all stages of life.

**Web:** [unsw.edu.au/research/unsw-ageing-futures/research](https://unsw.edu.au/research/unsw-ageing-futures/research)

Dear Standing Committee Members,

The UNSW Ageing Futures Institute welcomes the opportunity to submit to the NSW Parliaments Standing Committee on Social Issues Inquiry on the *prevalence, causes and impacts of loneliness in New South Wales*.

Australia's population is ageing due to increasing life expectancy and declining fertility rates. Both the number of people at the older ages is growing and older people are representing an increasing share of the total population.

Older Australians are a diverse group, with different ages, socioeconomic backgrounds, life experiences and lifestyles. These factors all influence the ageing process and affect Australians' health and wellbeing.

Recent data show that:

- The number of older Australians has increased from 1.0 million (8.3% of the total population) in 1970 and 2.1 million (12%) in 1995, and has continued to grow at a more rapid pace since (ABS 2019).
- At 10 August 2021, Australia's most recent Census date, there were 4.4 million older people (aged 65 or over) living in Australia, comprising 17.2% of our total population (ABS 2022).
- The number and percentage of older Australians is expected to continue to grow. By 2066, it is projected that older people in Australia will make up between 21% and 23% of the total population (ABS 2018).

## Summary

UNSW Ageing Futures Institute make the following comments and recommendations in relation to *prevalence, causes and impacts of loneliness* in NSW:

### Prevalence of loneliness

- According to the Australian loneliness survey in 2018, over half (50.5%) of Australian adults reported feeling lonely for at least one day a week, while 27.6% reported feeling lonely for three or more days (Lim, 2018).
- A recent report suggested that in Australia, the prevalence of loneliness (overall 34%; 21% episodic, 13% chronic) exceeded that of social isolation (overall 17%; 13% episodic, 4% chronic) (Lim et al., 2023). Social isolation was characterised by an objective lack of social contact and connections. No gender differences was found in loneliness prevalence, but being male was associated with higher risk of both chronic and episodic social isolation.

### Causes of loneliness

- **Employment Status:** Unemployed or non-working individuals are more likely to experience episodic and chronic loneliness/social isolation compared with those in full time employment.
- **Health Conditions:** Individuals with a long-term health condition had an increased risk of episodic loneliness (AOR 1.24, 95% CI 1.11–1.39) and a higher risk of chronic loneliness (AOR 2.01, 95% CI 1.76–2.29), compared with those without a long-term health condition.
- People with pre-existing marginalised conditions are more likely to be affected by loneliness, either through choices or as a coping mechanism in reaction to accumulated exclusion and social injustice.
- Research suggests that people living with HIV (PLHIV) in NSW, particularly those living alone in regional, rural or remote areas in NSW, are often subject to stigma and discrimination and more likely to experience both social isolation and loneliness compared to their non-HIV counterparts.

- **Physical Inactivity:** Based on data from the Household, Income and Labour Dynamics of Australia survey (HILDA) over five years, Smith et al. (2024) found that physical inactivity was associated with increased loneliness in the following year, but its association with social isolation was less consistent.
- **CALD:** Individuals born in non-English speaking countries were more likely to experience episodic (but not chronic) loneliness (Lim et al., 2023), but they did not show having more prevalence of social isolation.
- **LGBTQIA+ Older Adults:** Risk factors include lack of intimate relationships, less community connection, and experiences of discrimination (Hughes et al., 2023).
- **Public policies, built environment and social structures:** Research has highlighted the impacts of public policies, social structures, and the built environment on individuals' and households' decisions regarding their housing, living and care arrangements. These decisions can have profound impacts on physical and mental health, and contribute to their senses of loneliness and social isolation (Liu, Atkins et al., 2023).
- The built form of our cities—made up largely of relatively low density, car-dependent suburbs—further exacerbates individuals' and households' experiences of social isolation (Liu et al., 2020).
- A contributing factor to social isolation and loneliness is poverty. Many older people live on lower incomes once they retire and research highlights the constraining impacts of poverty on their day-to-day living, including the need to forego social connections (Liu and Judd, 2016).
- Research into multigenerational households in Australia shows that while most residents find companionship to be a major benefit, many (especially older residents) still live socially isolated lives (Liu, 2020). This isolation is often due to residing in less well-serviced outer suburbs, forgoing private car use as a cost-saving measure, and lacking local social connections after moving away from original neighbourhoods and established social networks.

## Impacts

- In young adults (Vasan et al., 2023) loneliness was associated with poorer social support for health, less perceived support from healthcare providers, lower appraisal or understanding of health information, and poorer mental health e.g. stress, negative affect, lower quality of life.
- Social isolation was associated with more somatic health complaints, higher alcohol use, poorer cognitive and physical functioning.
- HIV research shows loneliness is detrimental to the physical and mental health of PLHIV in NSW as the cohort is ageing rapidly, both in terms of absolute numbers and in terms of the predominance of ageing PLHIV as new onward HIV transmission diminishes due to effective treatment, prevention and care.
- Recent policy review highlights the lack of consideration of cultural differences and needs as contributing factors to inappropriate support for individuals of culturally and linguistically diverse (CALD) backgrounds and/or diverse identities as they age (Liu, Atkins et al., 2023; Liu, Prankumar et al., 2023). The lack of appropriate services and support can inadvertently isolate these individuals and their families, by assuming their preference for family-based care with little choice for 'alternative' arrangements.

## Insights and recommendations

- Understanding the extent and impact of loneliness and identifying priority populations, increasing public awareness, and government funding to enhance social resilience will help reduce loneliness. See further reading including literature scan on social isolation and health service underutilisation.
- Undertaking more than 1-2 occasions of moderate- or vigorous-intensity physical activity in a usual week, of at least 30 min duration was associated with lower level of loneliness.
  - **Recommended action: Public education campaigns to improve health literacy on the risk factors and health consequences from loneliness and to promote physical activity (moderate-intensity physical activity) should be considered.**
- Public health strategies to facilitate access to health services and targeted health-related information among young adults should be considered.
- There is a need for LGBTQ+-affirming organisations to develop strategies to address isolation and loneliness among this group.
- Research<sup>1</sup> shows for PLHIV in NSW, trained peer support to encourage social participation, engagement with social activities (public spaces and private settings), as well as access to health and social services, could promote social connectedness and reduce social isolation and loneliness.
- A review of place-based health intervention programs in NSW shows that social connections can have major benefits to people's physical and mental health (Liu, Lagisz et al., 2023). The review shows that most of these place-based interventions—supported by government agencies and non-government organisations alike—emphasise sociability, from place activation to encourage social connections, to employing local residents as service providers as major aspects of positive health interventions.
  - **Recommended action: State government agencies and local governments should place more emphasis on place-based, socially-focused intervention programs to improve social connections for health and wellbeing.**
- Extensive research into public housing renewal programs highlights the benefits of government-led facilitation throughout NSW, leading to sustainable programs and organisations that continue to connect their local communities (Liu, 2024; Liu, Bullen et al., 2022; Liu, Davison et al., 2012; Pinnegar and Liu, 2019; Pinnegar, Liu and Randolph, 2013).
  - **Recommended action: State government agencies and local governments should take a co-production approach in working with local communities on place-based, socially-focused intervention programs.**
- Direct and indirect discrimination are noted to discourage people of CALD backgrounds regardless of age from formal and informal social participation (Liu, Easthope et al., 2018; Easthope, Liu. et al., 2019). These in turn can lead people of CALD backgrounds feel lesser senses of belonging and attachment to their neighbourhoods and wanting to participate in civic and social lives (Easthope, Liu et al., 2018a, 2018b, 2020a, 2020b, 2023a, 2023b). These include older persons of Australian Aboriginal and Torres Strait Islander backgrounds who had been forcibly removed from their cultures and communities (Yashadhana, Fields et al., 2023).

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<sup>1</sup> Ref: Wells, N., Philpot, S. P., Murphy, D., Ellard, J., Howard, C., Rule, J., Fairley, C., Prestage, G., & RISE Study Team (2022). Belonging, social connection and non-clinical care: Experiences of HIV peer support among recently diagnosed people living with HIV in Australia. *Health & Social Care in the Community*, 30, e4793–e4801. <https://doi.org/10.1111/hsc.13886>  
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- **Recommended action: State government agencies and local governments should be proactive in identifying population cohorts that are more vulnerable to social isolation and loneliness, and work directly with communities to address the causes and challenges.**

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