Submission No 65

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

Organisation: Anglicare Sydney

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Anglicare Sydney Submission to the Standing Committee on Social Issues

Inquiry into the Prevalence, Causes, and Impacts of Loneliness in NSW

November 2024

CEO FORWARD

Anglicare Sydney is driven by a mission and vision to work side by side with communities to improve the wellbeing of those who are isolated, financially disadvantaged, frail, aged and vulnerable. Consequently, we have extensive experience of the impact of social isolation and loneliness on individuals through a raft of community and aged care services. This work has highlighted the need to do more to support and improve personal and community connectedness and cohesion. In particular, Anglicare has a strategic focus on the social isolation and loneliness of older people. This submission draws on our service experience using a number of research findings that highlight the significant issues of loneliness and social isolation – particularly for older people.

The key findings of this submission include:

1. Although social isolation and loneliness are separate concepts they are inextricably linked. One can be alone but not feel lonely and vice versa. However, it is also true that people who are socially isolated are at a significant risk of loneliness and people who are lonely often reinforce that loneliness by socially isolating themselves.

2. There is some evidence that, nationally, at least one in four people are lonely some of the time but there has been no systematic measurement of loneliness either nationally or in NSW.

3. Anglicare experience highlights that there are some at-risk populations which use or access our services – particularly in relation to older people, those in residential care, those who live alone and those who experience financial hardship and socio-economic disadvantage.

4. The impacts of both loneliness and social isolation are significant in terms of physical and mental health – and in some cases lead to suicide ideation and suicide.

5. Transition to chronic loneliness can be somewhat mitigated with protective factors such as strong family and social support networks, opportunities to contribute back to community and a reasonably healthy financial position.

6. There are some Government funded programs, such as Anglicare's Emotional Wellbeing for Older Persons, which can have a positive impact on an older person's mental health and wellbeing through improving social connections.

7. The legislative responses to the issues of loneliness in the USA, UK and Japan merit some exploration in NSW.

8. There are a number of options which can be undertaken by government to reduce the impacts of loneliness, including community awareness and public health campaigns, funding loneliness and older person-specific programs and underwriting research into loneliness and social isolation.

9. Community led and faith-based initiatives and supports such as those provided by churches can have a very positive impact on both social isolation and loneliness in the community.

RECOMMENDATIONS

Recommendation 1: The NSW Government consider regular measurement and monitoring of loneliness and social isolation to both benchmark and then determine the effectiveness of policy changes and interventions.

Recommendation 2: The NSW Government considers funding further research into the risk factors for loneliness and social isolation in order to develop nuanced interventions and policy that effectively addresses the dynamic between loneliness and ageing, loneliness and emotional wellbeing, residential care, financial hardship and living alone.

Recommendation 3: Interventions to address loneliness and mental health issues need to be specifically targeted and developed for older people and their supporters using a co-design approach where the risk is perceived as high.

Recommendation 4: Given the significant impact of loneliness on a range of physical and mental health conditions, research should be undertaken to measure the financial cost of loneliness to the community.

Recommendation 5: The NSW Government consider a legislative response to the endemic issue of loneliness by reviewing successful international models in order to develop a state-wide strategy and potential ministerial portfolio.

Recommendation 6: The NSW Government implement a NSW Loneliness Strategy which would include a broad range of measures and interventions such as community awareness and health campaigns, nuanced funding to community programs that address social isolation and loneliness, combat ageism through media and implement funding for research into the links between poverty, loneliness and social isolation.

Recommendation 7: The NSW Government assist the sector and older people in designing, developing and implementing new and/or greater funded community programs that address issues of social isolation and loneliness – particularly for older people.

Recommendation 8: The NSW Government consider a range of potential policies and increasing investment in interventions which focus on support for individuals (such as befriending programs), group interventions (such as day centres, cultural activities (e.g. fitness and craft classes especially for those over 50), the role of faith-based communities and projects that encourage people to volunteer in their local community.

Anglicare Sydney welcomes the opportunity to contribute to the Standing Committee on Social Issues' inquiry into the prevalence, causes, and impacts of social isolation and loneliness in New South Wales. This submission specifically addresses the consultation questions provided in the draft document.

DEFINITIONS

It is important to understand the difference between social isolation and loneliness. There has been extensive literature around these definitional issues, but the general consensus supports the following:

1. **Social isolation** can be viewed as 'the objective paucity (lack) of contacts and interactions between a person and a social network'.[1] Others consider it to be a lack 'of meaningful and sustained communication'[2] and/or a state where one lacks a sense of belonging or social engagement with others, with very few social contacts and poor quality relationships. This concept is subject to measurement and is relatively objective since it can rely on the mapping of the size and structure of an individual's social networks, the extent of social support received, the frequency and duration of interactions and levels of social engagement with the community. All of these can contribute to an estimate of the extent of social isolation.

2. **Loneliness** on the other hand is more subjective, where an individual feels alone and separated from others, or as one researcher has described it 'a discrepancy between a person's desired and actual social relationships.[3] Cacioppo *et al*. (2015)[4] considered three dimensions of loneliness – which a number of other studies have supported:

    a. Intimate loneliness – the absence of someone who is personally close, who can be relied on for support, provides assistance, is affirming and valuing. It can also mean the lack of a close core of family or friends – a so-called inner circle. Generally marital status can be a good predictor of intimate loneliness, and the loss of a partner can be a significant cause of loneliness – especially among older people.

    b. Relational or social loneliness – this is the absence of quality friendships or family networks and lack of connections or participation in social networks with social partners who are seen regularly.

    c. Collective loneliness – a relatively new concept which relates to a person's access to others who can provide information through fairly weak ties, which is the outermost social layer. A good predictor of collective loneliness is the low number of voluntary groups to which one belongs.

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[1] Gardiner, C., Geldenhuys, G. & Gott M. (2018) Interventions to reduce social isolation and loneliness among older people: an integrative review. *Health Soc Care Community*, 26(2):147–57.

[2] Poscia, A., Stojanovic, J., La Milia D.I., Duplaga, M., Grysztar, M., Moscato, U., Onder, G., Collamati, A., Ricciardi, W. & Magnavita, N. (2018) Interventions targeting loneliness and social isolation among the older people: An update systematic review. *Exp Gerontol*., 102:133–144.

[3] Shvedko, A., Whittaker, A.C., Thompson, J.L. & Greig, C.A. (2018) Physical activity interventions for treatment of social isolation, loneliness or low social support in older adults: A systematic review and meta-analysis of randomised controlled trials. *Psychol Sport Exerc*., 34:128-137.

[4] Cacioppo, S., Grippo, A.J., London, S., Goossens, L. & Cacioppo, J.T. (2015) Loneliness: Critical import and interventions. *Perspect Psychol Sci*, 10(2):238-249.

People can be socially isolated and not necessarily feel lonely and vice versa – people can feel lonely but have family and social networks. In other words, being alone does not necessarily equate to feeling alone. While social isolation focusses on the quantity of relationships, loneliness reflects the quality of relationships. However, some people can fall into both categories and social isolation, in these cases, can be a cause of loneliness. In fact, a UK study concluded that social isolation was 'the single factor most closely associated with feeling lonely'.[5] Anglicare Sydney believes that how these concepts are understood and interact are helpful in determining the most effective interventions to moderate both prevalence and impact.

PREVALENCE

(a) The extent of loneliness and social isolation in NSW and how this is measured and recorded, including opportunities for additional and/or improved data capture

Extent

The extent of prevalence nationally has been the subject of several studies. A 2018 Australian survey found that '51 per cent of adults feel lonely for at least one day per week, 28 per cent feel lonely for three or more days per week, and nearly 55 per cent feel that they lack companionship at least some of the time'.[6]

The Productivity Commission's 2020 report into Mental Health identified that one in four Australians considered themselves to be lonely.[7] The more recent (2024) Australian *Ending Loneliness* campaign estimated in Australia that one in four people (26%) experience persistent loneliness (people reporting loneliness over a period longer than 8 weeks). The rates for women at 27% were slightly higher than that for men (25%).[8]

Given there has not been a NSW-specific study to date, it would be feasible to consider that the national rates of loneliness as a percentage of the population would apply to NSW.

Measurement

Earlier work in the UK (1990's) to develop measures of loneliness and social isolation were based on people's self-assessment via a survey where participants respond as to the extent that certain statements apply to them.[9] Other measures have been developed in both the US and Europe. In Australia the *Ending Loneliness Campaign*[10] has underpinned their evidence base using the

[5] Bernard, S.M. (2013*) Loneliness and Social Isolation Among Older People in North Yorkshire*, Social Policy Research Unit, University of York, April, Working Paper No 2565, sighted at: Loneliness and Social Isolation Among Older People in North Yorkshire: Executive summary (whiterose.ac.uk), P3

[6] Lim, M.H. (2018) *Australian Loneliness Report,* Australian Psychological Society, sighted at Previous years | APS

[7] Productivity Commission (2020) *Mental Health,* No.95, 30 June, Vol 2, P380

[8] Ending Loneliness Campaign (2024) *Why We Feel Lonely,* sighted at why-we-feel-lonely.pdf (endingloneliness.com.au)

[9] Bernard, S.M. (2013*) Op cit.*

[10] Ending Loneliness Campaign (2024) *Op cit*.

validated University of California Loneliness Scale -4. Social isolation on the other hand was measured by them using the Lubben Social Network Scale -6.

Currently however there is no clear regular and agreed measurement of either loneliness or social isolation across NSW. This means prevalence and trending are both difficult to track, making evaluation of any interventions in this space challenging. More research into the multidimensional nature of community disadvantage, loneliness 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 experiencing loneliness. It is important to be able to access evidence on what works and what does not – acknowledging that this may be different for different cohorts of the population. Currently there is a paucity of such evidence, making nuanced approaches to particular high-risk groups difficult to develop.

Recommendation 1: The NSW Government consider regular measurement and monitoring of loneliness and social isolation to both benchmark and then determine the effectiveness of policy changes and interventions.

AT RISK GROUPS

(b) The identification of populations most at risk of loneliness and social isolation

There are some broad predictors or risk factors of loneliness which have been identified:[11]

a) **Personal circumstances** – such as living alone, being divorced or never married, experiencing financial hardship and living in residential care.

b) **Life transitions** – such as grief and loss especially of a partner, becoming a carer or giving up caring, retirement and moving into a residential aged care facility.

c) **Personal characteristics** – being older (75 years+), coming from an ethnic minority, people in the LGBTQI community.

d) **Health and disability** – poor physical and mental health, lack of mobility, dementia and/or cognitive impairment or sensory impairment such as loss of hearing and eyesight.

e) **Geography** – living in poorer socio-economic communities and where crime is an issue.

In the surveys undertaken by the *Endling Loneliness Campaign* many of these risk factors were clearly evident in the cross section of the Australian population. In this study the people most at risk included those living on their own (single, separated or divorced), having a disability or underlying chronic physical or mental health condition, people who were experiencing financial

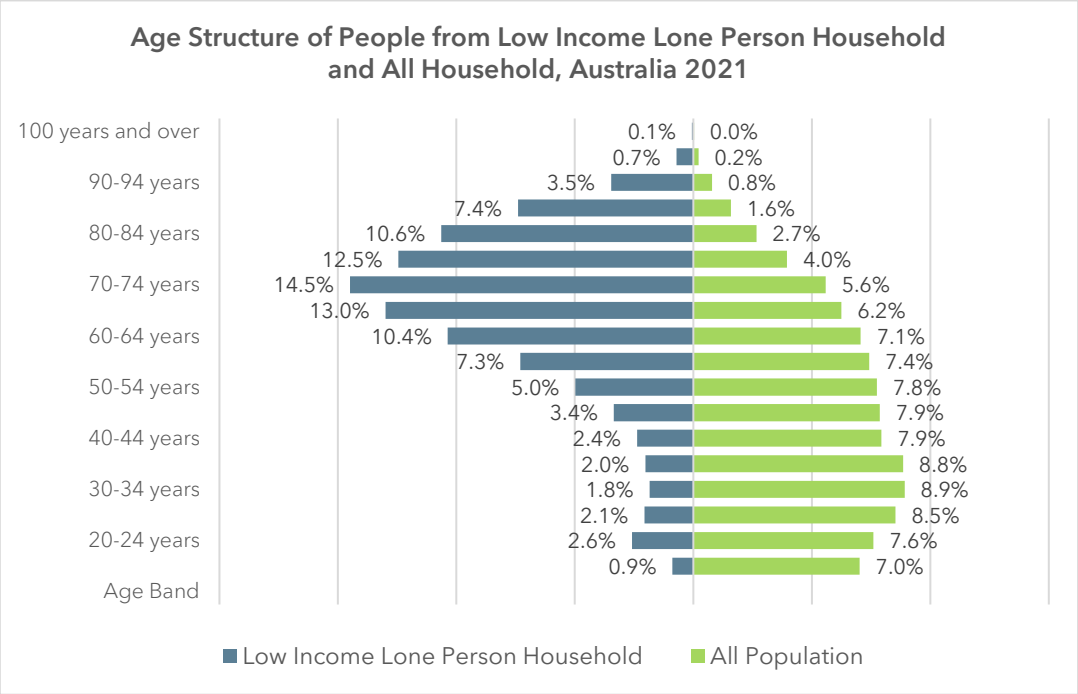
[11] Bernard, S.M. (2013*) Op cit.* P6-7

hardship or disadvantage, the unemployed, not working or retired, people from culturally or linguistically diverse backgrounds or living in outer regional and remote areas.[12]

Ageing

Research has highlighted the issue of loneliness for older Australians. According to a 2018 Relationships Australia study, 19% of people aged 75 and over experience loneliness.[13] Some studies report that 50% of individuals aged 60 years and over are at risk of social isolation, with one third experiencing loneliness in later life.[14] While social isolation is a risk for all age groups, it worsens with ageing. This is clearly evident if age structure of the population is cross tabulated for living alone and low income where the data indicates a strong prevalence of older people in these categories. Figure 1 indicates that 72% of the population living on their own with a low income are aged over 60 years.

Figure 1



Source: Census of Population and Housing, 2021, TableBuilder (Australian Bureau of Statistics, 2021).

Anglicare Case Studies

Across Anglicare's 23 Retirement Villages, where the population is older (over 65 years) a small study was completed cross tabulating levels of social connectedness with levels of wellbeing,

[12] Ending Loneliness Campaign (2024) *Op cit.*

[13] Relationships Australia (2018) *Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey*, sighted at Is Australia Experiencing an Epidemic of Loneliness? | Relationships Australia.

[14] Fakoya, O.A., McCorry, N.K. & Donnelly, M. (2020) Loneliness and social isolation interventions for older adults: A scoping review of reviews. *BMC Public Health*, 129, available at https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-8251-6.

based on 2023 data. The wellbeing of residents in Anglicare villages is generally high (95% of residents) when compared with the Australian norm (and in some cases higher). However, when breaking down the resident cohort scoring low levels of connectedness (scoring 0-4 on a scale of 1 to 10), it is evident that lack of social connectedness for this smaller 5% of respondents had some impact on wellbeing, even when living in engaged and thriving communities. A similar study for Anglicare' community aged care clients in terms of wellbeing and social isolation also revealed that while 90% of clients had wellbeing scores close to the community, for the small percentage who considered themselves socially isolated (10%) this too had some adverse impact on wellbeing (Table 1).

Table 1 Impact of Social Disconnectedness on Wellbeing

PWI Domain for Anglicare AAH Clients ND Retirement Living Residents, People Who Reported Not Socially Connected vs All, 2024										
	PWI	Life as a whole	Standard of living	Health	Achieving	Relationship	Safety	Community	Future security	Spirituality
AAH Clients socially isolated	43	44	56	36	33	46	58	26	44	55
All AAH Respondents	73	72	79	62	65	78	82	72	76	83
RL Residents Socially isolated	59	57	68	52	48	55	75	49	65	66
ALL RL residents	80	80	85	70	74	82	89	81	83	86
AU Mean 65+**	78	79	83	71	74	82	83	75	76	81

*:Calculated based on Social Connectedness Score (0-4)

**:Based on data collected in survey 40.0 of the Australian Unity Wellbeing Index; the spirituality figure based on survey 28.0

People in Residential Care

Anglicare recognises that when people first enter residential care, there can be experiences of significant grief and loss as they see themselves as losing autonomy and independence.[15] A 2020 University of Sheffield study concluded the prevalence of moderate and even severe loneliness in residential aged care settings was an issue of concern requiring further research. The solution was to promote meaningful engagement in the homes to enhance quality of life.[16] Anglicare recognises the value of individual and community engagement in facilitated events and social connections.

However, there appears to be very little research conducted in residential aged care facilities in relation to loneliness.

> *Empirical research evidence surrounding the extent of loneliness in residential aged care facilities is remarkably scant. Some studies have indicated that the prevalence of loneliness in long-term care facilities varies between 37% and 72%, with rates of 'severe' loneliness to be approximately double that for aged care residents compared with community dwelling residents.*[17]

Anglicare Case Study

In 2023 Anglicare Sydney undertook a resident experience study across our 23 residential care facilities with more than 2,000 residents. Participants were specifically asked to rate their levels of loneliness before entering residential care and compare it to their current levels of loneliness. For

[15] Scott, S. Raynor, A., Dare, J., Grieve, J. & Costello, L. (2024) Improving the transition of older adults into residential aged care: A scoping review'. *Clinical Gerontologist,* 47(5):746-759, P2

[16] Gardiner, C., Laud, P., Heaton, T. & Gott, M. (2020) What is the prevalence of loneliness among older people living in residential and nursing care homes? A systematic review and meta-analysis. *Age and Ageing*, 49(5), 748-757.

[17] Ending Loneliness Together (2020), *Ending Loneliness Together in Australia,* sighted at Ending-Loneliness-Together-in-Australia_Nov20.pdf (endingloneliness.com.au), P19

some (31%) there had been a definite improvement in loneliness when moving from community into the home. For almost half (49%) their levels of loneliness had stayed the same but for one in five (20%) loneliness had deteriorated.

At each residential care home there has been a concentrated development of lifestyle activities to generate community involvement and participation, including encouraging residents to volunteer for various roles in the facility under what has become known as the Rhythm of Life approach – which is a person-centred care program aimed at connecting and empowering residents at each stage of their residential care journey. Social engagement is key. Such interventions would appear to be effective given the levels of loneliness in Anglicare residential facilities are scoring well below the 37%-72% indicated in the research cited above.

Anglicare also investigated the relationship between feeling lonely and wellbeing. Table 2 indicates that the small proportion of people who are feeling lonely in residential care have lower levels of wellbeing, across every domain. This disparity is particularly high for the categories 'life as a whole', 'standard of living' and 'achieving in life'.

Table 2

PWI Domain for Anglicare Residential Aged Care Residents, Person Who Feel Lonely vs All Residents, 2023

	PWI	Life as a whole	Standard of living	Health	Achieving in life	Personal relationships	Safety	Community	Future security	Spirituality
Feel lonely now (Agree & Strongly Agree	68	62	66	59	58	73	81	67	72	79
All	77	74	77	71	71	79	85	78	80	82
AU Mean 65+	78	79	83	71	74	82	83	75	76	81

**: Based on data collected in survey 40.0 of the Australian Unity Wellbeing Index; the spirituality figure based on survey 28.0*

Measurement is helpful since it allows management to view trends, investigate what is working well at some sites and implement new strategies and activities at other sites where loneliness appears to be an issue.

People who Live Alone

Research indicates that physical isolation (living alone) is the single factor most likely to have a strong association with a sense of loneliness.[18] In fact one 2023 study links loneliness to suicide:

> *Social isolation, loneliness, and disconnectedness are insidious and under-appreciated risk factors for late life suicidal behaviour, particularly for older people without families, the homebound, and those living in residential care.* [19]

Anglicare Case Study

Does living alone predict some level of reduced wellbeing and social connectedness in the Anglicare data?

Anglicare Sydney's annual customer experience surveys have provided an opportunity to compare a number of outcomes for people who live alone vs those from all other household types who access our Community Services programs (counselling, food and financial assistance etc).

[18] Bernard, S.M. (2013*) Op cit.*

[19] Pathmanathan, G., Wand, A. & Draper, B. (2023) Recent trends and developments in suicide prevention forolder adults. *Advances in Psychiatry and Behavioral Health,* 3(1):177-186, p4.

Respondents to the Community Services survey in 2022 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 am never lonely'). When comparing lone person households with all households, it was evident that responses from people living on their own had a lower average social connection score (5.1) compared with all other household types (6.1).

If the Personal Wellbeing Index of all households in Community Services is considered, the data in Table 3 below provides some interesting findings:

1. The PWI of all clients accessing Community Services is generally well below the Australian mean.

2. The PWI of people living on their own is below the group average for all households and is significantly below the Australian mean. This is particularly true in the case of Relationships (50.1), Health (51.0) and Community (52.4) which are on average more than 20 points below the average for the community.

Table 3

PWI Domains by Household Composition, Anglicare Community Service Clients, Sydney 2022

PWI Domain	Clients living alone	All Clients	Australian Mean*
PWI	55.5	63.1	75.2
Life as a whole	61.0	65.0	74.6
Standard of living	60.2	65.5	77.9
Health	51.0	59.3	72.7
Achieving	54.5	59.9	72.5
Relationship	50.1	61.2	77.9
Safety	66.3	74.4	83.8
Community	52.4	60.2	70.7
Future security	54.0	61.2	70.8
Spirituality	63.7	72.3	79.7

Data source: Anglicare Community Services Annual Client Survey 2022, Australian Unity Wellbeing Index – Survey 40

**: Australian means for each domain were calculated based on Survey 40, except the Spirituality domain which was calculated based on Survey 28.*

Poverty and Social Isolation

Anglicare Sydney works with a number of people who are both deeply socially excluded while also being socially isolated and/or lonely. This dynamic between poverty and social isolation is well recognised in the literature, but also needs to be better understood in future policy development. Earlier researchers such as Finney, in conducting a study on mixed social networks, concluded that 'social isolation is a particular risk for poverty (or consequence of living in

poverty)'.[20] Research by the Joseph Rowntree Foundation in the UK (2017) concluded from a longitudinal study of more than 40,000 people over two decades that:

> *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.*[21]

A more recent study (2021) using the HILDA dataset has those in the highest quintile of income consistently reporting lower levels of loneliness:

> *It is clear that in Australia, low education, low household income and residing in a more disadvantaged area are strongly linked to an increased likelihood of being socially isolated and lacking social support.*[22]

The nature of this dynamic between social isolation and disadvantage or poverty is complex. Basu[23] 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.*[24]

Social exclusion can be a key driver of poverty because a lack of social networks and/or social capital can bring together other deprivations, such as employment or educational opportunities.

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'.[25] The association between social isolation and disadvantage is thus a 'wicked' problem where causality is not linear but multidimensional and dynamic.

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

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[20] Finney, S., Kapadia, D. & Peters, S. (2015) *How are Poverty, Ethnicity and Social Networks Related?,* Joseph Rowntree Foundation, sighted at https://www.jrf.org.uk/report/how-are-poverty-ethnicity-and-social-networks-related, P4

[21] Joseph Rowntree Foundation (2017) *Understanding Society,* Longitudinal Study, sighted at https://www.jrf.org.uk/data/impact-poverty-relationships, P5

[22] Kung, C.S.J., Kunz, J.S. & Shields, M.A. (2021) Economic aspects of loneliness in Australia. *Aust. Econ Rev.*, 54(1):147-163.

[23] Basu, K. (2013) Group identity, productivity and well-being policy implications for promoting development. *Journal of Human Development and Capability*, 14(3):323-340.

[24] Ibid P324

[25] Quane, J. & Wilson, W. (2012) Critical commentary: Making the connection between the socialization and the social isolation of the inner-city poor. *Urban Studies,* 49(14), P278

and bridging social capital, further exacerbating social isolation for families and individuals. In some sense this then returns to the self-perpetuating and cyclical nature of the interaction between poverty and social isolation.

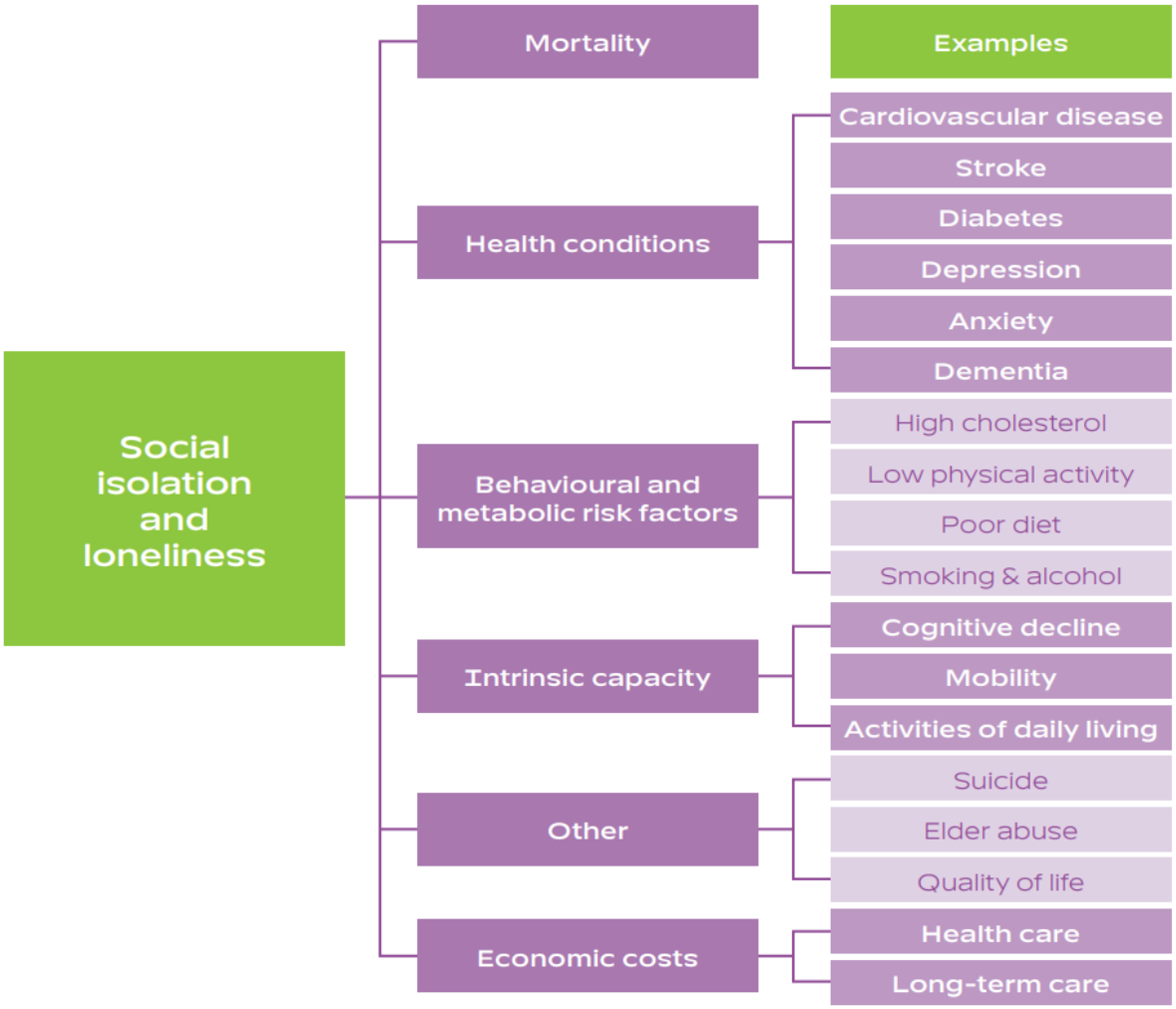
Recommendation 2: The NSW Government considers funding further research into the risk factors for loneliness and social isolation in order to develop nuanced interventions and policy that effectively addresses the dynamic between loneliness and ageing, emotional wellbeing, residential care, financial hardship and living alone.

IMPACTS

(c) Evidence of the psychological and physiological impacts of loneliness on people, including young people, the elderly, those living with a disability, those living in regional areas, and the bereaved

A number of studies have explored the impacts of social isolation and loneliness and determined that the impacts can be both broad ranging, and for some, significant. A World Health Organisation study[26] provides a very helpful schematic with a typology of the impacts of both social isolation and loneliness – Figure 2.

Figure 2: Impact of social isolation and loneliness across a number of domains



Source: WHO (2021) *Advocacy Brief: Social isolation and loneliness among older people*, sighted at WHO Social isolation and older people.pdf, P6.

[26] World Health Organisation (2021) *Advocacy Brief: Social isolation and loneliness among older people*, sighted at WHO Social isolation and older people.pdf.

Such a typology indicates that loneliness can impact a multiple number of factors which would depend on individual vulnerability and context.

The 2020 Productivity Commission report drew a strong connection between loneliness and mental health considering them to be 'mutually reinforcing' – 'loneliness may increase an individual's likelihood of developing a mental illness, but people with a severe mental illness are particularly likely to be lonely'.[27] This finding is supported by earlier work (2017) in an extensive review of the literature which found that 'loneliness is an independent risk factor for depression in old age'.[28]

There are links between psychological and physiological factors and loneliness including depression, social anxiety and poorer wellbeing:

> *Loneliness predicts future poorer mental health severity, including depression, social anxiety and paranoia, and increases the odds of having a clinically diagnosed mental disorder, including phobias, depression and obsessive-compulsive disorder. Loneliness is also associated with increased suicidality and parasuicide. Those with severe loneliness are 17 times more likely to have made a suicide attempt in the past 12 months.*[29]

The link between loneliness and suicide was also cogently articulated in the recent release of the National Suicide Prevention Strategy Draft Consultation.

> *People who experience severe loneliness are 3.5 times more likely to attempt suicide in their lifetime and 17.4 times more likely to have attempted suicide in the past 12 months. Approximately 1 in 3 Australians report that they feel lonely and 1 in 6 feel severely lonely. For men, loneliness is associated with twice the likelihood of experiencing suicidal thoughts and 1.4 times the likelihood of making a suicide attempt. Young, lonely men are particularly at risk for experiencing suicidal thoughts.*[30]

For older people, which is the focus of much of Anglicare Sydney's research and experience, the risk of loneliness accompanied by anxiety and depression can be quite high. The concept of a self-reinforcing process is quite valid – where life transitions can generate loneliness and in turn generate mental health issues which can further reinforce a sense of loneliness.

With ageing and life transitions the experience of grief, loss and bereavement, loss of work, retirement, increasing physical health issues, loss of mobility and perceived loss of independence can generate loneliness and isolation since close family relationships such as a spouse may be lost, and friendship networks shrink. There is evidence that accumulating loneliness may be related to dementia, depression, anxiety, suicidal ideation and suicide.

> *Lonely older adults have a 58% higher risk of developing dementia compared to their less lonely peers. Loneliness is also an independent risk factor for admission to long-term care,*

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[27] Productivity Commission (2020) *Op cit,* P380

[28] Courtin, E. & Knapp, M. (2017) Social isolation, loneliness and health in old age: a scoping review. *Health and Social Care in the Community*, 25(3), sighted at Social isolation, loneliness and health in old age: a scoping review - Courtin - 2017 - Health & Social Care in the Community - Wiley Online Library, P803

[29] Ending Loneliness Together (2020) *Op cit*, P16

[30] Department of Health and Aged Care (2024) *Advice on the National Suicide Prevention Strategy – Consultation Draft*, Australian Government, sighted at Advice on the National Suicide Prevention Strategy - Consultation draft | Australian Government Department of Health and Aged Care

after taking into account established risk factors such as age, depression, dementia, disability and social isolation.[31]

Of particular concern is an emerging awareness that loneliness may be linked to violence and abuse against both older men and women.[32] The Australian Institute of Family Studies also makes this link – 'older people experiencing social isolation are more at risk of elder abuse'.[33]

Recommendation 3: Interventions to address loneliness and mental health issues need to be specifically targeted and developed for older people and their supporters using a co-design approach where the risk is perceived as high.

(d) Evidence linking social connection to physical health

Studies indicate that there are links between loneliness and adverse cardiovascular health and immune function. People who are lonely and socially isolated are also more likely to die prematurely and it may increase the incidence of other health conditions such as diabetes, high cholesterol and adversely impact mobility and activities in daily living. Causality is linked to the stressors of loneliness which leads to high anxiety not buffered by family or friend support networks.[34]

(e) Factors that contribute to the development of transient loneliness into chronic loneliness

For some individuals there may be an episodic or periodic experience of loneliness as a result of a particular event or life transition. For others there is evidence that people can become chronically lonely if they develop a long-term health condition.[35] Key factors that contribute to chronic loneliness relate to the lack of protective factors in the life of an individual – such as strong intimate personal relationships and connection to community. Some life events are very traumatic, and loneliness may set in or take some time to dissipate. The death or separation from a spouse can be one of the most significant triggers for longer term loneliness.

Recent (2024) research using the Australian HILDA dataset indicates that heightened loneliness over time 'solidifies and becomes the new normal'.[36] In this study, widowed men's levels of loneliness did eventually decline after the death of a spouse, but they remained vulnerable for remarkably long periods of time when compared with women. Protective factors which moderated the loneliness trajectory included social support and connections outside the

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[31] Ending Loneliness Together (2020) *Op cit*, P19

[32] World Health Organisation (2021) *Op cit*, P5

[33] Australian Institute of Family Studies (2022) *Understanding and Defining Loneliness and Social Isolation,* sighted at Understanding and defining loneliness and social isolation | Australian Institute of Family Studies (aifs.gov.au)

[34] Bernard, S.M. (2013) *Op cit*, P9 and World Health Organisation (2021) *Op cit*, P4

[35] Lim, M.H., Manera, K.E., Owen, K.B., Phonsavan, P. & Smith, B.J. (2023) The prevalence of chronic and episodic loneliness and social isolation from a longitudinal survey. *Nature Scientific Reports,* 13:12453.

[36] Kapelle, N. & Monden, C. (2024) Transitory or chronic? 'Gendered loneliness trajectories over widowhood and separation in older age. *Journal of Health and Social Behaviour*, 65(2):292-308.

relationship.[37] Financial circumstances may also act as a buffer to prevent a move into chronic loneliness. If the person left behind now has reduced income or savings, they may need to downsize and move out of their community and have less income for social participation and community engagement.[38]

(f) The financial costs of loneliness to the NSW budget and the state economy and steps that can be taken to reduce the financial burden of loneliness

There are undoubtedly financial costs to loneliness given the impact it has on both physical and mental health. However economic research on loneliness appears to be scant.[39] There have been some studies which have tried to capture the dollar benefits from various interventions. In the UK the estimated cost for befriending programs was £80 per person per year while the monetary benefit was calculated at £300 per person per year.[40] Another UK study estimated that the cost of loneliness to employers was £2.5billion per year because of sickness and absences related to caring.[41]

A 2021 Australian study examined the health impacts of loneliness including the risk of poor mental health, doctor visits and hospital admissions.[42] However, they did not provide a cost estimate of the impact of loneliness on the community.

Recommendation 4: Given the significant impact of loneliness on a range of physical and mental health conditions, research should be undertaken to measure the financial cost of loneliness to the community.

[37] Ibid

[38] Freak-Poli, R., Kung, C.S.J., Ryan, J. & Shields, M.A. (2022) Social isolation, social support, and loneliness profiles before and after spousal death and the buffering role of financial resources. *J. Gerontol B Psychol Sci Soc Sci,* 77(5):956-971.

[39] Kung, C.S.J., Kunz, J.S. & Shields, M.A. (2021) *Op cit.*

[40] Bernard, S.M. (2013) *Op cit*, P13

[41] Michaelson, J., Jeffrey, K. & Abdallah, S. (2017) *The cost of loneliness to UK employers*, New Economics Foundation, sighted at The cost of loneliness to UK employers | New Economics Foundation

[42] Kung, C.S.J., Kunz, J.S. & Shields, M.A. (2021) *Op cit.*

POLICY OPTIONS

(g) The identification of existing initiatives by government and non-government organisations to mitigate and reduce loneliness and social isolation

Anglicare Case Studies

Anglicare Sydney has been involved in a number of initiatives – both Government-funded and self-funded - which have an impact on loneliness particularly among older people. The focus has been on cultivating inclusive communities and establishing safe spaces for individuals, particularly for groups like migrants, single parents, and older adults in much of Anglicare's work.

1. **Suicide Prevention for Seniors Program** – this was launched in 2021, to directly address the issues of life transitions, living alone and the risks associated with social isolation, mental and physical health issues, loss and bereavement and ageism. The program trains supporters of older people such as aged care and health workers and chaplains to identify and respond to suicide behaviours of older people. Apart from the training sessions, which enable significant outreach to regional and remote areas, the program has a large range of webinars covering topics related to potential factors for suicide for older people.

2. Jointly, with Wesley, and internally funded, Anglicare has developed the **Older Person's Wellbeing Network** (OPWN) operating in four retirement villages. It involves facilitated workshops with residents with information sharing, awareness raising and evidence-based therapies which are subtly embedded. Where needed residents are referred to one on one counselling with Anglicare clinicians. Drop-in centres have been created which provide topic-based conversations facilitated by Anglicare clinicians supported by therapeutic support groups where people can exchange their personal experience among their peers. The bridge-building process engages residents including those who are more lonely and socially isolated. Events are held which help form personal connections and promote other activities. The program has been bult around achieving a number of key outcomes including increased participation, residents feeling valued and included, increased social connectedness between residents, normalising conversations about mental health and wellbeing, building the capacity of the community members to network and support each other, increased readiness to seek peer or professional support when feeling isolated or alone, and overall to improve the emotional wellbeing of residents. The program is currently being evaluated by Western Sydney University.

3. **Emotional Wellbeing of Older People** - this program is funded by several Primary Health Networks to support residents in Residential Aged Care Facilities (RACF's) across a number of regions in Sydney who are at risk of experiencing mild to moderate mental illness. It builds the capacity of both staff, families and carers of older people to improve the emotional wellbeing of the older person. A critical element in the service model is the linking of volunteers with residents for ongoing support with loneliness and social isolation. The intended outcomes include reduced anxiety and stress, increasing ability to cope with life changes, enhanced cognitive functioning, increased engagements with events and activities in their home and increased ability of staff to identify issues relating to mental health.

4. **Community Living Supports for Refugees** – which supports refugees and asylum seekers who are experiencing psychological distress, mental illness and impaired functioning. The program leverages a number of protective factors focused on positive relationships for people, connections to community, cultural identity, creative expression, sense of purpose, economic security, and availability of opportunities. Aspects of the program include developing integrated and holistic support plans, coordinating supports, psychosocial interventions, community and peer supports, assisting with daily living skills and assisting people to build and maintain community connections.

5. **Commonwealth Psychosocial Support** – operating in New England and the Central Coast of NSW, this program provides help to community members to get the support they need to recover, build skills to live independently and contribute to their communities. A key aspect of this program is increasing social and community connections in order to reduce social isolation. This program has now also been extended to children to help with coping or behavioural issues and/or family/community disengagement.

(h) Developments in other jurisdictions regarding the implementation of policies and initiatives relevant to the treatment of loneliness as a public health issue

In the US there has been a recognition of the impact of loneliness and isolation, referred to as a 'devastating epidemic' by the US Surgeon General, in 2023.[43] It was claimed that even prior to the COVID pandemic approximately half of US adults reported measurable levels of loneliness. Consequently, a new National Strategy to Advance Social Connection was developed with recommendations as to how a significant range of stakeholders could assist to increase community connection.[44]

In 2018 the UK Government responded to the growing issue of social isolation and loneliness across the United Kingdom with the establishment of a Ministerial Portfolio for Loneliness. 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 which incorporated a cross-sectoral collaborative and partnered approach. The Ministerial portfolio included actions to develop a cross-government strategy that included 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. They were underpinned by research and development of an evidence base to highlight policy interventions.[45] A similar model has been established in Japan – where there is an increasing concern for the rising loneliness and social isolation of an ageing population. Given the extent of the issue – now recognised internationally as a significant health priority, the NSW Government could consider something similar.

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[43] US Department of Health and Human Services (2023) *New Surgeon General Advisory Raises Alarm about the Devastating Impact of the Epidemic of Loneliness and Isolation in the United States,* May, sighted at New Surgeon General Advisory Raises Alarm about the Devastating Impact of the Epidemic of Loneliness and Isolation in the United States | HHS.gov

[44] Ibid

[45] UK Government (2018) *A Connected Society: A Strategy for Tackling Loneliness,* sighted at A connected society: a strategy for tackling loneliness - GOV.UK

Recommendation 5: The NSW Government consider a legislative response to the endemic issue of loneliness by reviewing successful international models in order to develop a state-wide strategy and potential ministerial portfolio.

ROLE OF NSW GOVERNMENT

(i) Steps the State Government can take to reduce the prevalence and impacts of loneliness in the community

Loneliness is an issue that often varies by age, gender, personal circumstances and the social demographics of communities. Policy needs to be seen in the context of a series of domains which targets individuals, community and societal change. The World Health Organisation has captured potential interventions provided in a helpful schematic below.[46]

Essential to breaking down the barriers of loneliness and social isolation is the building of stronger, more diverse social networks and making these more accessible for both individuals and communities.

a) Consider a collective impact approach

It is essential that the NSW government works with community groups, faith-based communities, businesses, and other non-government organisations to meet the needs and aspirations of communities to address social isolation and loneliness. This includes working in formal partnerships across the sector and community, providing integrated services within the service suite, and adopting specific approaches that foster collaborative interventions.

No single policy, government department, organisation or program can tackle or solve the complexity of social isolation and loneliness. The best response to such complexity is through

[46] World Health Organisation (2021) *Op cit*.

effective collaboration. The approach requires multiple organisations or entities from different sectors to consider:

- A common agenda where all participants have a shared vision
- Shared measurement where all participants agree on the best way to measure success
- Mutually reinforcing activities where all participants use their respective strength and talents to achieve the common goal
- A culture of collaboration and communication between all participants
- Backbone Support Organisation – with dedicated staff who can plan, manage and support the initiative including data collection and reporting.[47]

b) Community awareness campaigns

Some countries have developed campaigns to end loneliness providing a range of both community and government led initiatives. In the UK the Campaign to End Loneliness focussed on older people and the provision of information and signposting services, befriending programs, mentoring, buddying or partnering and day centres for older people. Other strategies included formation of social groups to broaden social networks, arts and crafts activities, reminiscence therapy, fitness and healthy eating classes especially for those over 50 and projects that encouraged older people to volunteer.[48]

In Australia, the Ending Loneliness Together campaign[49] uses the term Creating a Culture of Connection and suggests a range of potential strategies including a National Strategy to promote meaningful connections, more informed medical professionals on the issues of loneliness and provision of free and low-cost events, activities and accessible spaces by both State and Local Governments.

c) Addressing ageism

Ageism includes prejudice, discrimination and devaluing of older people which can then adversely impact them resulting in a negative view of their own life and poorer psychological health.[50] Studies indicate that in societies which are more tolerant and accepting of ageing there have been lower suicide rates for older people.[51] Ageism can sometimes preclude people accessing appropriate health care, can lead to under treatment, especially of mental health issues, and sometimes lead to an acceptance of voluntary assisted suicides with the clinical view that older people may validly consider that 'life is not worth living' – when interventions may well make a difference.[52]

In a recent study by the Australian Human Rights Commission (October 2024) the prevalence of ageism in the media was explored. While negative stereotyping is present for all age groups it was a particularly prevalent issue for older Australians. Generally, they observed that ageing was framed as a problem with a narrative of decline, frailty and vulnerability. Mainstream media was

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[47] Kania, J. & Kramer, M. (2011) Collective Impact, *Stanford Social Innovation Review,* sighted at Collective Impact

[48] Bernard, S.M. (2013*) Op cit,* P12

[49] Ending Loneliness Campaign (2024) *Op cit.*

[50] Pathmanathan, G., Wand, A. & Draper, B. (2023) *Op cit,* P6

[51] Ibid

[52] ibid

seen to undervalue older people and had a tendency to make them 'invisible'.[53] In a society where older people are undervalued and often misrepresented there is the greater potential for social exclusion and social isolation. Government policy should consider ways and means by which such negative stereotypes could be addressed.

d) The role of research

Given that loneliness is a recognised and significant emerging social issue it would be essential for the NSW Government to invest in research to better understand the evidence base and how best to formulate policy to address the issues.

e) Program and service level interventions

Anglicare Sydney 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 Sydney, 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 lonely people.

Specific services and programs offered by Anglicare Sydney which help to reduce social isolation include: Community Aged Care and Social Support – Day Centres, Food and Financial Assistance, Suicide Prevention for Seniors, Older Persons Wellbeing Network, Emotional Wellbeing of Older People, Counselling, Mental Health / Psychosocial and NDIS services, the Anglicare Housing Assistance Program (HAP) and Support and Housing Initiative for Families in Transition (SHIFT) program. These programs have a focus on providing opportunities to enhance social connectedness and reduce isolation through the provision of group and social activities.

The NSW Government could consider a review of current programs in operation which tackle various aspects of loneliness and then implement programs that improve social connectedness through appropriate and targeted funding, particularly community-based programs for older people, those with a disability, culturally and linguistically diverse (CALD) communities, those experiencing mental health issues and people living in rural and remote communities.

Recommendation 6: The NSW Government implement a NSW Loneliness Strategy which would include a broad range of measures and interventions such as community awareness and health campaigns, nuanced funding to community programs that address social isolation and loneliness, combat ageism through media and implement funding for research into the links between poverty, loneliness and social isolation.

[53] Australian Human Rights Commission (2024) *Shaping Perceptions: How Australian Media Reports on Ageing,* sighted at Shaping_Perceptions_Full_Report 2024 (1).pdf, P7

Recommendation 7: The NSW Government assist the sector and older people in designing, developing and implementing new and/or greater funded community programs that address issues of social isolation and loneliness – particularly for older people.

COMMUNITY LEVEL STRATEGIES

(j) Steps that community, technology/social media companies, organisations, and individuals can take to reduce the impact of loneliness on individuals and the community

a) Digital interventions

These arose to prominence during the COVID pandemic and have continued to be a useful platform for some programs especially with the widening use of smart phones and social media. In the digital space there are a number of options which have been explored including:

> *Training in use of the Internet and computers, support for video communication, messaging services, online discussion groups and forums, telephone befriending, social networking sites, chatbots and virtual artificial intelligence "companions". Although they have sometimes been found to be effective, the findings are often mixed or inconclusive.*[54]

This would suggest that more research needs to be undertaken in relation to potential digital interventions.

b) Community development programs

Community development programs ensure 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.
- 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.*[55]

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[54] World Health Organisation (2021) *Op cit*, P8

[55] Smart, J. (2017) *What is Community Development?* Australian Institute of Family Studies, sighted at What is community development? | Australian Institute of Family Studies.

In the case of social isolation and disadvantage, involving lonely 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 lonely people in decision-making, co-design and evaluation of programs – all of which can have an empowering impact. This approach acknowledges that there are different ways people can be involved, and some lonely people may need to be supported to participate.

c) Community-led and faith-based initiatives

The presence of bridging and bonding social capital, where people have strong social networks, can build resilience in hardship, reduce loneliness and social isolation and increase opportunity to progress. Leigh (2010) asserted 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.[56] Others have identified churches 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."[57]

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. 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 capital), and across the wider community (bridging capital).[58] The kinds of outreach activities run by churches that have been shown to be effective in promoting social connectedness included: 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, general public gatherings and hospitality.[59]

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

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[56] Leigh, A. (2010) *Disconnected*, UNSW Press, Kensington, Australia.

[57] Bickly, P. (2014) *Good Neighbours: How Churches Help Communities Flourish*, Church Urban Fund, sighted at Good Neighbours: How Churches Help Communities Flourish - Theos Think Tank - Understanding faith. Enriching society.

[58] Ibid

[59] Ibid

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.[60]

Different strategies are required for different at-risk groups. There is evidence for example that befriending programs work well as do navigator services in assisting those who are frail and/or housebound. The latter focuses on community assets and resources – a model which has been tried and tested at the local level in some UK Councils.[61] Group support generally appears to improve physical health and wellbeing and may include lunch clubs, art based groups, Men's Sheds and physical activity groups and social support groups which engage people in purposeful activities and where there is a shared sense of connection, identity and belonging.

Anglicare Case Study

A specific church partnership effort that is directed towards people who frequent our financial hardship services and who are at risk of social isolation in the community, has been developed with Anglican parishes across Greater Sydney, the Illawarra and New England North West NSW through the **Mobile Community Pantries**. 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. This program is fully funded by Anglicare with volunteers provided by the parishes.

Recommendation 8: The NSW Government consider a range of potential policies and increasing investment in interventions which focus on support for individuals (such as befriending programs), group interventions (such as day centres, cultural activities (e.g. fitness and craft classes especially for those over 50), the role of faith-based communities and projects that encourage people to volunteer in their local community.

(k) Any other related matters

Although not directly addressed in the submission it is important to also raise the impact that social isolation can have on the broader community. It not only adversely impacts individuals but can fragment communities, leaving them less cohesive and putting increased pressure on health and social service supports.[62] 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.[63]

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[60] Ibid, P21

[61] Bernard, S.M. (2013) *Op cit.*

[62] Ibid

[63] Beer, A., Faulkner, D., Law, J., Lewin, G., Tinker, A., Buys, L., Bentley, R., Watt, A., McKechnie, S. & Chessman, S. (2016) Regional variation in social isolation amongst older Australians. *Regional Studies, Regional Science*, 3(1):170-184.

CONCLUSION

Addressing loneliness is crucial to improving the health and wellbeing of people in NSW. Anglicare Sydney stands ready to partner with the NSW Government in developing solutions to this pressing issue. By taking coordinated action across sectors, we can reduce the impacts of loneliness and social isolation and foster a more connected, resilient community. We greatly appreciate the opportunity to respond to this consultation and would be happy to provide further evidence if required.

Yours sincerely

Simon Miller

Chief Executive Officer

REFERENCES

Australian Human Rights Commission (2024) *Shaping Perceptions: How Australian Media Reports on Ageing,* sighted at Shaping Perceptions, Full Report 2024 (1).pdf.

Australian Institute of Family Studies (2022) *Understanding and Defining Loneliness and Social Isolation,* sighted at Understanding and defining loneliness and social isolation | Australian Institute of Family Studies (aifs.gov.au)

Basu, K. (2013) Group identity, productivity and well-being policy implications for promoting development. *Journal of Human Development and Capability*, 14(3):323-340.

Beer, A., Faulkner, D., Law, J., Lewin, G., Tinker, A., Buys, L., Bentley, R., Watt, A., McKechnie, S. & Chessman, S. (2016) Regional variation in social isolation amongst older Australians. *Regional Studies, Regional Science*, 3(1):170-184.

Bernard, S.M. (2013*) Loneliness and Social Isolation Among Older People in North Yorkshire*, Social Policy Research Unit, University of York, April, Working Paper No 2565, sighted at: Loneliness and Social Isolation Among Older People in North Yorkshire: Executive summary (whiterose.ac.uk),

Bickly, P. (2014) *Good Neighbours: How Churches Help Communities Flourish*, Church Urban Fund, sighted at Good Neighbours: How Churches Help Communities Flourish - Theos Think Tank - Understanding faith. Enriching society.

Cacioppo, S., Grippo, A.J., London, S., Goossens, L. & Cacioppo, J.T. (2015) Loneliness: Critical import and interventions. *Perspect Psychol Sci*, 10(2):238-249.

Courtin, E. & Knapp, M. (2017) Social isolation, loneliness and health in old age: A scoping review, *Health and Social Care in the Community*, 25(3), sighted at Social isolation, loneliness and health in old age: a scoping review - Courtin - 2017 - Health & Social Care in the Community - Wiley Online Library

Department of Health and Aged Care (2024) *Advice on the National Suicide Prevention Strategy – Consultation Draft*, Australian Government, sighted at Advice on the National Suicide Prevention Strategy - Consultation draft | Australian Government Department of Health and Aged Care.

Ending Loneliness Campaign (2024) *Why We Feel Lonely,* sighted at why-we-feel-lonely.pdf (endingloneliness.com.au)

Ending Loneliness Together (2020) *Ending Loneliness Together in Australia,* sighted at Ending-Loneliness-Together-in-Australia_Nov20.pdf (endingloneliness.com.au).

Fakoya, O.A., McCorry, N.K. & Donnelly, M. (2020). Loneliness and social isolation interventions for older adults: A scoping review of reviews, *BMC Public Health*, 129, available at https://bmcpublichealth.biomedcentral. com/articles/10.1186/s12889-020-8251-6.

Finney, S., Kapadia, D. & Peters, S. (2015) *How are Poverty, Ethnicity and Social Networks Related?*, Joseph Rowntree Foundation, sighted at https://www.jrf.org.uk/report/how-are-poverty-ethnicity-and-social-networks-related.

Freak-Poli, R., Kung, C.S.J., Ryan, J. & Shields, M.A. (2022) Social isolation, social support and loneliness profiles before and after spousal death and the buffering role of financial resources. *J Gerontol B Psychol Sci Soc Sci.* 77(5):956–971.

Gardiner, C., Geldenhuys, G. & Gott M. (2018) Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health Soc Care Community*, 26(2):147–157.

Gardiner, C., Laud, P., Heaton, T. & Gott, M. (2020) What is the prevalence of loneliness among older people living in residential and nursing care homes? A systematic review and meta-analysis. *Age and Ageing*, 49(5):748-757.

Joseph Rowntree Foundation (2017) *Understanding Society,* Longitudinal Study, sighted at https://www.jrf.org.uk/data/impact-poverty-relationships.

Kania, J. & Kramer, M. (2011) Collective Impact, *Stanford Social Innovation Review,* sighted at Collective Impact.

Kapelle, N. & Monden, C. (2024) Transitory or chronic? Gendered loneliness trajectories over widowhood and separation in older age. *Journal of Health and Social Behaviour*, 65(2):292-308.

Kung, C.S.J., Kunz, J.S. & Shields, M.A. (2021) Economic aspects of loneliness. *Aust. Econ Rev,* 54(1):147-163.,

Leigh, A. (2010) *Disconnected*, UNSW Press, Kensington, Australia.

Lim, M. H. (2018) *Australian Loneliness Report*, Australian Psychological Society, sighted at Previous years | APS

Lim, M.H., Manera, K.E., Owen, K.B., Phonsavan, P. & Smith, B.J. (2023) The prevalence of chronic and episodic loneliness and social isolation from a longitudinal survey. *Nature Scientific Reports*, 13:12453.

Michaelson, J., Jeffrey, K. & Abdallah, S. (2017) *The Cost of Loneliness to UK Employers*, New Economics Foundation, sighted at The cost of loneliness to UK employers | New Economics Foundation.

Pathmanathan, G., Wand, A. & Draper, B. (2023) Recent trends and developments in suicide prevention for older adults. *Advances in Psychiatry and Behavioral Health,* 3(1):177-186.

Productivity Commission (2020) *Mental Health,* No.95, 30 June, Vol 2.

Poscia, A., Stojanovic, J., La Milia, D.I., Duplaga, M., Grysztar, M., Moscato, U., Onder, G., Collamati, A., Ricciardi, W. & Magnavita, N. (2018) Interventions targeting loneliness and social isolation among the older people: An update systematic review. *Exp Gerontol*. 102:133–144.

Quane, J. & Wilson, W. (2012) Critical commentary: Making the connection between the socialization and the social isolation of the inner-city poor. *Urban Studies,* 49(14).

Relationships Australia (2018) *Is Australia Experiencing an Epidemic of Loneliness? Findings from 16 Waves of the Household Income and Labour Dynamics of Australia Survey*, sighted at Is Australia Experiencing an Epidemic of Loneliness? | Relationships Australia

Scott, S., Raynor, A., Dare, J., Grieve, J. & Costello, L. (2024) Improving the transitions of older adults into residential aged care: A scoping review. *Clinical Gerontologist,* 47(5):746-759.

Shvedko, A., Whittaker, A.C., Thompson, J.L., & Greig, C.A. (2018) Physical activity interventions for treatment of social isolation, loneliness or low social support in older adults: A systematic review and meta-analysis of randomised controlled trials. *Psychol Sport Exerc*., 34:128-137.

Smart, J. (2017) *What is Community Development?* Australian Institute of Family Studies, sighted at What is community development? | Australian Institute of Family Studies.

UK Government (2018) *A Connected Society: A Strategy for Tackling Loneliness,* sighted at A connected society: a strategy for tackling loneliness - GOV.UK

US Department of Health and Human Services (2023) *New Surgeon General Advisory Raises Alarm about the Devastating Impact of the Epidemic of Loneliness and Isolation in the United States,* May, sighted at New Surgeon General Advisory Raises Alarm about the Devastating Impact of the Epidemic of Loneliness and Isolation in the United States | HHS.gov

World Health Organisation (2021) *Advocacy Brief: Social Isolation and Loneliness Among Older People*, sighted at WHO Social isolation and older people.pdf