

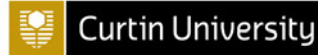
Submission  
No 82

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

**Organisation:** Bankwest Curtin Economics Centre

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**Bankwest Curtin Economics Centre:**

**Submission to the New South Wales Legislative Council's Standing Committee  
on Social Issues: Inquiry into prevalence, causes and impacts of loneliness in  
New South Wales**

**October 2024**

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## About BCEC

The Bankwest Curtin Economics Centre is an independent economic and social research organisation located within the Curtin Business School at Curtin University. The Centre was established in 2012 through the generous support of Bankwest, a division of the Commonwealth Bank of Australia. The Centre's core mission is to deliver high quality, accessible research that enhances our understanding of key economic and social issues that contribute to the wellbeing of West Australian families, businesses and communities.

The Bankwest Curtin Economics Centre is the first research organisation of its kind in WA, and draws great strength and credibility from its partnership with Bankwest, Curtin University and the Western Australian government. The Centre brings a unique philosophy to research on the major economic issues facing the State.

By bringing together experts from the research, policy and business communities at all stages of the process – from framing and conceptualising research questions, through the conduct of research, to the communication and implementation of research findings – we ensure that our research is relevant, fit for purpose, and makes a genuine difference to the lives of Australians, both in WA and nationally.

The Centre is able to capitalise on Curtin University's reputation for excellence in economic modelling, forecasting, public policy research, trade and industrial economics and spatial sciences. Centre researchers have specific expertise in economic forecasting, quantitative modelling, micro-data analysis and economic and social policy evaluation. The Centre also derives great value from its close association with experts from the corporate, business, public and not-for-profit sectors.

## Loneliness and Social Connectedness in Australia

The eighth report in the BCEC's *Focus on the States* series released in November, 2021 examined the patterns of social connectedness in Australia and provided an assessment of connectedness among different segments of the society. The report also shed light on the patterns of loneliness and identified the groups at greatest risk of loneliness and social isolation. The breadth of people's social experiences through the COVID-19 pandemic was a special focus of the report and we tracked changes in social connectedness, participation and trust before and after the pandemic.

The report included important insights from the **BCEC Social Connectedness Index**. Among the main findings, we found that social connectedness has declined in Australia over the last decade, with young women aged 15 to 17 reporting the greatest decline in social support – one of the core dimensions of the Index.

Our findings revealed evidence of a greater prevalence of loneliness among particular sections of our society. People with disabilities, those experiencing socio-economic disadvantage, and culturally and linguistically diverse groups are at particularly high risk of social isolation and loneliness.

We showed that loneliness is associated with worse physical and mental health outcomes, and more risky health behaviours. Through detailed accounting of increased GP and Emergency Department visits and the health costs associated with smoking and alcohol consumption, we quantified the overall costs associated with the prevalence of loneliness in Australian society.

### Long-run decline in connectedness, amplified by COVID-19

The restrictions from the COVID-19 pandemic led to a decline in social interactions, from decreased contact with family and friends and reduced participation in social groups, community support groups, and civic and political groups. Coming on the back of a significant decline in connectedness over the last decade, this trend raises concerns about mental health and wellbeing outcomes across our community.

Many young Australians, particularly younger women, struggled to adjust to a way of life with long periods of confinement at home and reduced face-to-face contact with family and friends. We observe an increase in sense of isolation and loneliness and a decline in overall life satisfaction among young people over the course of 2020.

There was a sizeable decline in face-to-face contact with family or friends living outside of the household during the COVID restriction period. Not surprisingly, Victoria saw the largest decline with face-to-face contact outside the household dropping 37 points from 71% in 2019 to 34% of respondents in 2020, while contact declined by 23.9% in NSW and 26.8% in Queensland. In contrast, the NT and WA saw the smallest decline in face-to-face contact.

Restrictions also made volunteering, a critical fabric of our society, more difficult. Lockdowns, social distancing and capacity limits combined with fear of contagion to impact across the voluntary sector. Sports and recreational organisations saw the largest decline in unpaid volunteer numbers (down 764,000 volunteers), followed by education and training (down 338,000 volunteers), parenting and youth (319,000 less) and religious organisations (209,000 less). The drops in voluntary work were greatest in Victoria and NSW, larger states facing higher rates of community transition during the survey period.

With the pandemic having a significant impact on levels of social interaction, connectedness and trust, understanding how levels of social isolation and the sense of belonging have changed during the post-pandemic recovery period provides an important population-level opportunity to learn what factors have made the biggest difference. It would be incredibly useful to know how well different cohorts have or have not recovered their sense of social connection and institutional trust and how we can learn from this to better manage future pandemics, or to simply understand how we can enhance connectedness among vulnerable groups. It would also be useful to revisit the long-term trend in declining outcomes among young Australians to see to what extent the underlying trend has continued, moderated or exacerbated post COVID-19 recovery.

### Strong trust in institutions for most, while Indigenous Australians lack trust in mainstream society

The pandemic gave rise to some positive societal impacts. Our community relied heavily on public institutions such as healthcare and police to provide information, manage public health measures and to ensure adherence to public restrictions. During 2020, public trust in these institutions rose in Australia. Trust in the healthcare system rose 10 points (to 76%), trust in the justice system rose 4 points (to 62%) and trust in the police rose 2 points (to 79%). The proportion of people agreeing that most people in society can be trusted also rose 8 points to 61% in 2020.

However, not everyone in our society shares the same sense of trust. Our Social Connectedness Index shows that Indigenous Australians consistently exhibit much lower levels of trust across all dimensions of interpersonal trust studied. Indigenous Australians also scored lower across all dimensions of connectedness on the Index, with an overall score 39% lower than non-Indigenous Australians. It is important to note that the score is based on responses to survey questions that primarily reflect Indigenous people's engagement and trust with the wider Australian community, framed from a Western perspective. In this respect, the index is unable to capture the strong connections of Indigenous Australians to family, community, culture and the land.

### Young people at heightened risk of isolation and loneliness

The report highlights the social vulnerabilities associated from transitioning from childhood to adulthood. Looking at social connectedness over the life course, we find that social connectedness drops significantly for young men and women between ages 15 and 24 with the greatest decline for young men. The decline is predominantly linked to a reduction in social interactions. The proportion of young men having many friends falls from two-thirds at age 15-17 to around half at age 18-24. For women, the proportion of those who have many friends declines from 59% to 45% between the two age groups. Our analysis also demonstrates the importance of friendships to the wellbeing of young people aged 15-24, showing that having many friends reduces the risk of loneliness by nearly 40 percentage points.

During the COVID-19 restriction period, over 67% of young women found not being able to see friends or family difficult, compared to 50% of young men. This led to increase in sense of isolation and loneliness, with young women twice as likely to feel often or always lonely than young men during the restriction period. The level of emotional support sought by young people during 2020 also increased, with 59% of young women and 41% of young men reporting needing a greater level of emotional support during the restriction period.

Five years on from the pandemic it would be useful to understand how the sense of isolation and loneliness has changed among our young people, and to track the pathways and life outcomes of those young people adversely impacted by loneliness in the COVID-19 period to analyse who has best recovered and what have been the critical factors. It would seem likely that those experiencing critical life transitions during a period of enforced isolation were most at risk – particularly young children at the point of social engagement with their peers, and young people transitioning to adulthood and moving from school to work or further education. Comparisons across states with different policy responses and differing levels of social isolation may also provide some useful insights.

### Life events increase social vulnerabilities

Life is marked by major events that have a serious adverse impact on loneliness and connectedness. Bereavement has a profound effect on people's sense of loneliness and isolation, with 31% more men and 19% more women reporting being very lonely one year after the loss of their partner. But importantly, this report highlights how extensively bereavement affects people's sense of isolation over the life-course. Loneliness persists for years after bereavement, with 13% more men and 6% more women reporting being very lonely four years after the loss of their partner.

Social connectedness is also affected by injury and serious illness, which reduce feelings of social support and interpersonal trust. People aged 35-44 reporting a serious illness or injury in the past year are 13 percentage points more likely to feel lonely than their peers.

The birth of a new child is another event with implications for social connectedness. People aged 18-24 are nearly one-quarter less likely to maintain many friendships if they have a new child. On the other hand, children leaving home appears to have little impact on the loneliness of their parents.

### Poor income and health contribute to loneliness

Poverty contributes to loneliness. Those in the lowest income decile are more than twice as likely to report being very lonely most of the time, compared to those in the highest income decile (28% vs. 12%). The loneliness gap between the richest and the poorest remains significant even when we control for all other factors. Poverty exacerbates loneliness for single parents – increasing the proportion of those feeling very lonely most of the time from 32% to 38%.

The report also highlights the challenges in social connectedness experienced by people with disability. The social connectedness of people with a disability is around 10% less than that of people with no disability. People with a disability are also more likely to feel lonely than those without a disability. The loneliness gap between people with and without a disability is greatest among the prime-age population, with a gap of 14 percentage points reached at 35-44 years of age. Hearing impairment is the strongest driver of loneliness, with 42% of men and 46% of women with this form of disability experiencing loneliness.

### Some migrants are vulnerable to loneliness, but being part of a migrant community helps

Migrants from regions that are linguistically and culturally similar to Australia, such as North America, Western Europe, New Zealand and the UK tend to face similar risks of loneliness to Australians, while

migrants from Central Asia, South Eastern Europe, South America, Africa and the Middle East are much more likely to report loneliness than Australians. Women are more likely to report being lonely, but there is significant cultural variation in the risk of loneliness by gender.

The local density of people from one's country of origin can make a difference to vulnerability to loneliness, particularly for young people and women. The presence of at least 100 per thousand people from their country of origin appears to be a significant protective factor against loneliness for women across most age cohorts.

Community participation can be critical for adapting to a new country, yet the pandemic restrictions have impacted immigrants' ability to participate in social, community and civic groups to a larger extent than that of Australian born persons.

### Digital interactions may not be a remedy for loneliness

With restrictions on face-to-face contact in place in 2020 due to COVID-19, many Australians relied on social media to maintain their social connections. During the COVID-19 restriction period around 17.5% of young women and 14% of young men reported higher social media usage compared to outside the restriction period. Young women (35%) were also much more likely than young men (22%) to post once or twice a week on social media in 2020 outside of the restriction period.

Young Australians who often or always felt lonely during the restriction period posted more frequently on social media than those who never or rarely felt lonely. 57% of young Australians who reported never or rarely feeling lonely during the restrictions reported they never posted on social media or did so less than once a month. Analysis of pre-COVID 19 data suggests that in the general population, 54% of Australians who had mostly or entirely non-digital interactions with family and friends never felt left out, compared to 41% of those who had most or all of their social contact through the internet.

This is another issue that would be good to revisit five years on to better understand how the underlying trend on social media use and loneliness has changed over time. Correlating the comparative reliance on social media of young people both during the pandemic and in the post-pandemic period might be enlightening for better understanding its impact on loneliness and the sense of belonging. Looking forward it is also important to develop a more nuanced understanding of the relationship between social media use, identity and wellbeing that can differentiate healthy and unhealthy social media use and identity formation. Are some of our young people developing a more critical understanding of social media usage that supports more resilient identity formation, sense of self and social connectedness? What are the factors that make a difference and how can we best provide interventions or support to produce better outcomes?

### Physical workplaces can mitigate loneliness to a degree

There has been a shift to working from home over the past years, but working predominantly from home can contribute to loneliness. Around 19% of those working over 80% of their time from home say they are 'often lonely', compared to only 10% of those working from home less than 10% of their time. However, we also show that the impact of different working from home arrangements on loneliness may play out differently for men and women.

Work appears to promote connectedness, but it is those in part-time employment that have the highest social connectedness scores. The social connectedness gap between unemployed people and

those working part-time is 38% and is largely explained by relative lack of interpersonal trust among unemployed people. Labourers, machinery operators and drivers have the lowest social connectedness of all occupations.

## Loneliness is associated with poor health behaviours and costs up to \$2.7 billion each year

People who become lonely, or remain lonely, visit their GPs more often and present at hospital more frequently. Social isolation is also associated with less physical exercise, a greater prevalence of regular smoking and excessive alcohol consumption.

More than half of women and men aged over 65 who feel lonely report being in poor health – around twice the rate of those who don't feel lonely. They also make an average of nearly 10 visits to their GP each year, 4 more than other seniors in the same age cohort.

Over 28 per cent of men aged 25-44 who report being lonely smoke on a daily basis, compared to around 12 per cent of men in the same age group who are not lonely – a difference of over 16 percentage points. And nearly half (48%) of women aged 65 and over who report being lonely take little in the way exercise, compared to a third (33.9%) of women aged 65+ who are not lonely – a gap of 14 percentage points.

The pattern of association between loneliness and work absences is more mixed. More sick days are taken by workers in middle age cohorts, but those aged 55 and over take fewer sick days – which suggests that employment is valued among many older workers as a mitigation against loneliness.

Loneliness imposes economic costs on society, through the adverse health behaviours of those affected. Our analysis suggests that the economic cost of loneliness from these adverse behaviours comes to around **\$2.7 billion** each year, an equivalent annual cost of **\$1,565** for each person who becomes lonely.

These findings provide evidence of the strong economic benefits to be drawn from programs and initiatives that mitigate loneliness, along with positive social and health outcomes. Investing in programs that address the growing problem of loneliness in our society will deliver significant returns, through reduced demands on Australia's health system, improved community connectedness and enhanced personal wellbeing for millions of Australians throughout their lives.

## Recommendations

### *Measuring connectedness and understanding social capital*

- Continue to measure social capital and connectedness as a means of informing policy and supporting better community wellbeing outcomes.

### *Social connectedness by region*

- Ensure infrastructure strategies and regional development programs prioritise development of social infrastructure that enable connection and build a sense of place and community.
- Provide additional support and resources to communities with fewer resources and at-risk populations with greater rates of social exclusion.



### *Gender, age and connection*

- More research into factors effecting social support networks at the transition to adulthood and in early career and family formation.

### *Social connectedness and disability*

- Ensure disability care services prioritise relationship-based care services that support meaningful interaction and enables greater public participation.
- Ensure employment policy delivers substantive equality in pay outcomes for people with a disability, based on education and experience.
- Provide travel and financial support to assist people with a disability who contribute their time to voluntary community development activities.

### *Social connectedness and Indigenous Australians*

- Tackle the social determinants of health to close the gap on Indigenous health and wellbeing outcomes.
- Build the capacity and expand the role of the Aboriginal community-controlled organisations delivering health and community services, to build trust and secure better outcomes.
- Resource and support Aboriginal community health services to develop culturally-secure social prescribing models – making culture and family the key drivers of social capital.
- Leverage the impact of education on enhanced work and life outcomes by better resourcing culturally secure further education programs for Aboriginal people.
- More actively engage Aboriginal community-controlled services in disaster preparedness and response.

### *Loneliness and health*

- Include positive messaging about social connectedness and belonging in public health campaigns on smoking, alcohol consumption and chronic disease to address loneliness as a driver of harmful behaviour and encourage lifestyle change.
- Conduct a national inquiry into 'social prescribing' as a means of assisting GPs to help their lonely patients to connect with their local communities, thereby reducing the health costs of loneliness.

### *Poverty and loneliness*

- Reduce reliance on punitive welfare compliance policies and provide more effective social support to individuals and families living in poverty.
- Raise the rate of income support payments above the poverty line for all households.
- Conduct a national inquiry into job search programs and compliance measures, and reform those that impact negatively on wellbeing and employment outcomes. Develop specialist job providers for those with identified mental health and wellbeing concerns.
- Ensure advice on health and wellbeing is readily available to Centrelink clients and low-income households.
- Implement a child wellbeing initiative targeting provision of resources to children in poverty that enables their participation in school and community (such as shoes, uniforms, books, excursions and sport).

### *COVID19 and loneliness*

- Undertake a public health inquiry focused on messaging and behaviour change among older Australians to better understand their lack of response to COVID containment measures and better target public health strategies and communications in the future.

### *Young people, COVID and loneliness*

- Include community connection, self-regulation and life planning skills on the school curriculum.
- Develop public education, information and advice on managing social connection and loneliness targeted to meet the needs of young people transitioning to adulthood.
- Provide more youth mental health and wellbeing outreach services delivering early intervention support and crisis referral.

### *An emerging crisis among young women?*

- An inquiry into the wellbeing of young people (particularly young women) with a focus on loneliness and belonging, safety and inclusion post-puberty.
- Programs and initiatives within schools addressing safety, consent and bullying that include cyber-safety, pornography and harmful sexual behaviours.

### *Community participation*

- Implement a state-level community recovery strategy to encourage social and civic participation, with funding for community support outreach programs to assist those adversely affected by social isolation. Plan to actively respond to future pandemics.
- Actively engage and encourage migrant cultural and community organisations to play a role in recovery, with clear messaging about the value of a cohesive multicultural society and small grants to community outreach to the most vulnerable and excluded.

### *Volunteering*

- Implement a state-level community recovery strategy to encourage connection or re-engagement with voluntary work. Plan to actively respond to future pandemics
- Resource voluntary organisations to undertake greater outreach to those more affected by social isolation, providing more resources for paid volunteer support roles to assist those with participation barriers.

### *Regional and remote resilience*

- Advocate for a national inquiry into disaster preparedness and recovery, with particular attention to how we build and recover social capital to enhance and maintain resilience.
- Advocate for a national disaster recovery fund and body to oversee prompt and effective recovery, assist households securing compensation and rebuilding, evaluate responses and make recommendations for future preparedness.

### *Interpersonal and institutional trust*

- Establish an independent national corruption commission to maintain and enhance trust in public institutions.
- Communicate effectively the role of public institutions in COVID-19 crisis management and recovery.
- Implement mechanisms to increase public participation in state government decision making.

### *Health, loneliness and social prescribing*

- Consider social prescribing models and mechanisms to enable health professionals to connect those in need with relevant local voluntary organisations and supports.
- Build the expertise in GPs and health workers, volunteer managers and link workers to make the connections for meaningful voluntary participation in local communities.
- Target outreach and support to those most at risk of loneliness, including disadvantaged groups and people facing life transitions.
- Working with networks like Befriend, explore initiatives that engage local communities in creating connections in the areas they live.
- Support local leaders and groups to co-design meaningful activities that change lives and build communities.

## Key Findings

This section of our submission extracts and summarises the key findings of the different sections of our 2021 BCEC report of relevance to the NSW inquiry.

### SOCIAL CONNECTEDNESS IN AUSTRALIA

#### *BCEC Social Connectedness Index*

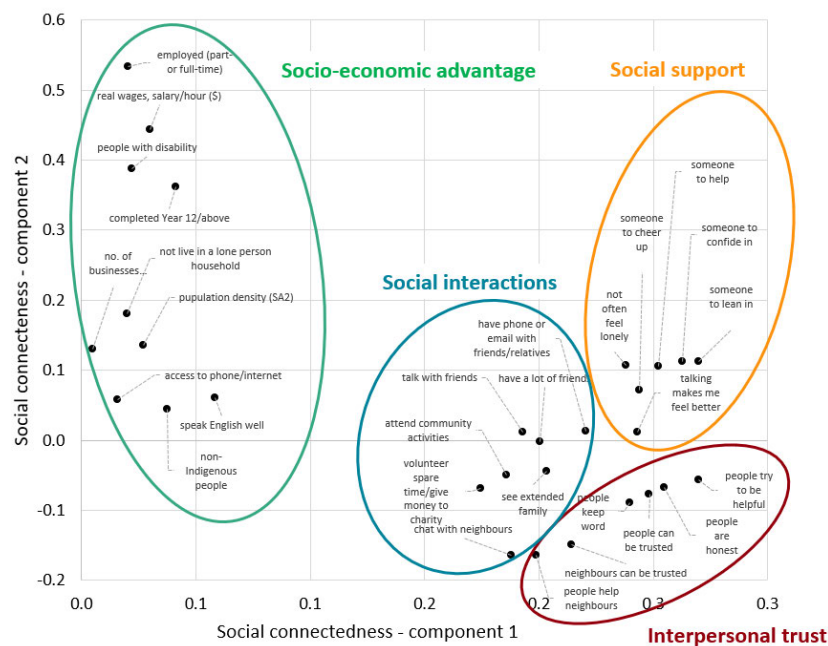
The Index captures the most relevant aspects of social connectedness, including contact with family and friends, participation in community, having someone to lean on in hard times, loneliness, trust, and reciprocity. It also includes socio-economic factors including household composition, education, employment, income and locational factors among others.

The Index indicators are grouped in four dimensions:

- 1) social interactions
- 2) social support
- 3) interpersonal trust, and
- 4) socio-economic advantage

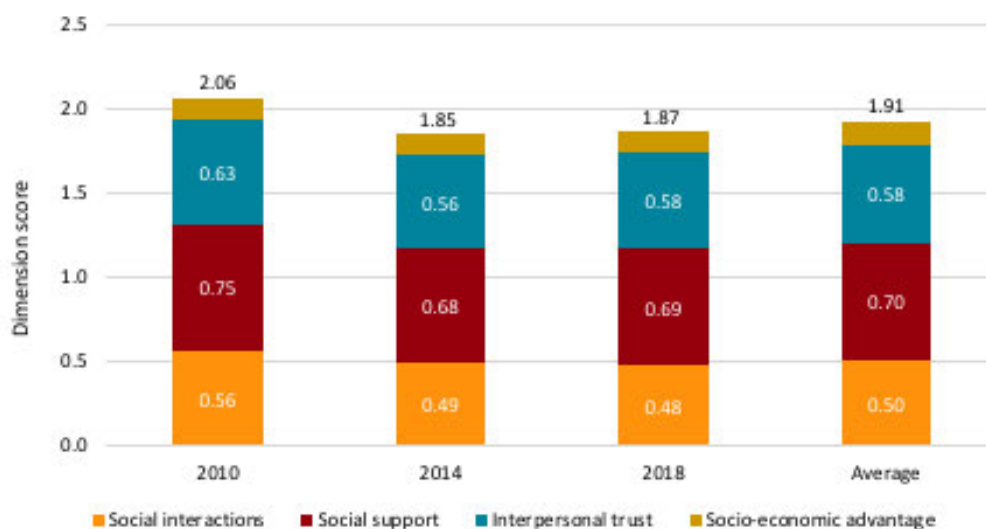
The Index shows social connectedness fell nearly 10% from 2010 to 2018.

**Figure 1. A visualisation of the BCEC Social Connectedness Index**



**Source:** BANKWEST CURTIN ECONOMICS CENTRE | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020

**Figure 2. Dimensions of Social Connectedness Index, 2010, 2014 and 2018**

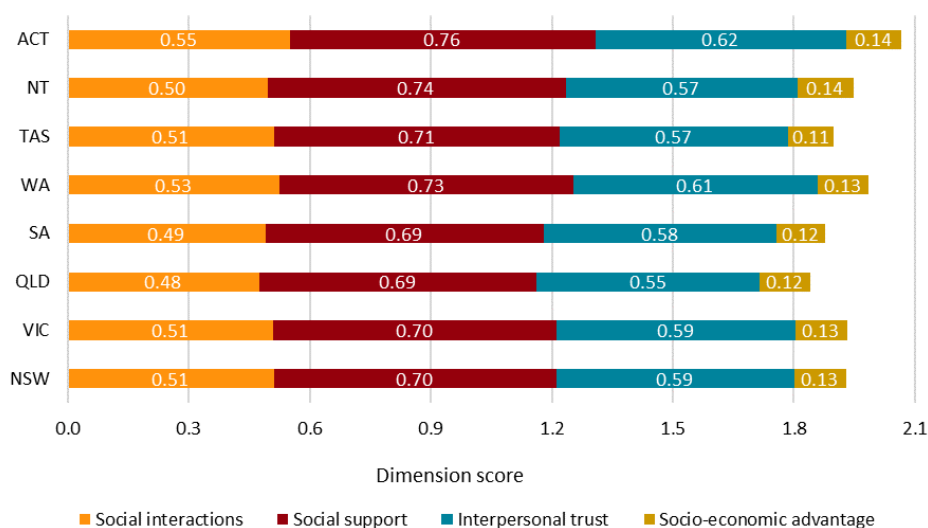


Source: BANKWEST CURTIN ECONOMICS CENTRE | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

### Social Connectedness by Region

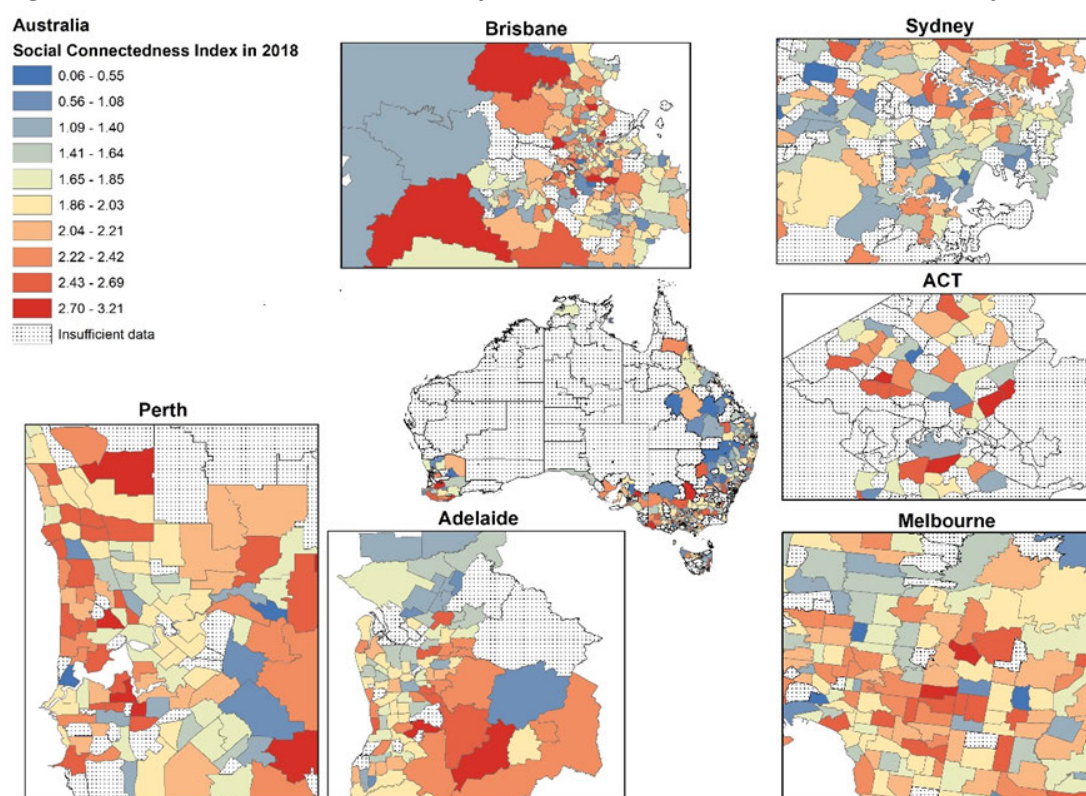
- Social connectedness is lower in remote areas compared to major cities and regional areas. However, interpersonal trust is highest in remote areas.
- People are 12% more likely to help their neighbours in remote areas than in major cities.
- ACT and WA have the highest social connectedness scores in Australia.
- QLD and SA score lowest on social connectedness.
- Social connectedness declined across all states between 2010 and 2018.
- ACT & WA rank first and second across all social interactions and interpersonal trust indicators.

**Figure 3. Dimensions of Social Connectedness Index by state, 2010, 2014 and 2018**



Source: BANKWEST CURTIN ECONOMICS CENTRE | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

**Figure 4. Social Connectedness Index by Statistical Area Level 2, Australia and major cities, 2018**

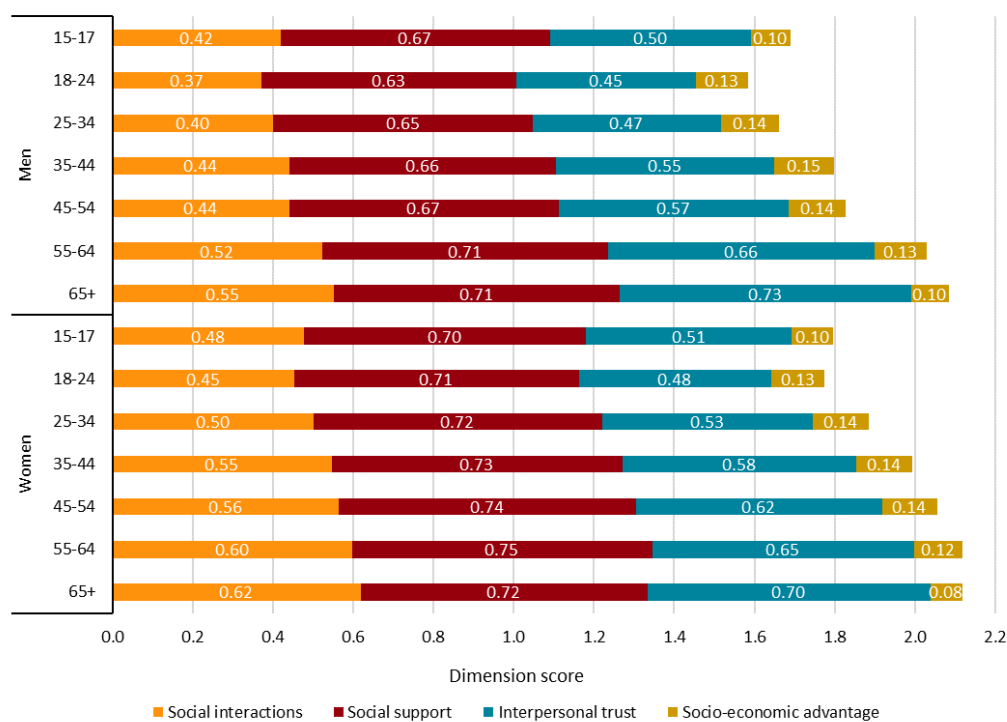


**Source:** BANKWEST CURTIN ECONOMICS CENTRE | Authors' estimates based on HILDA 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

#### *Social Connectedness by Age and Gender*

- Women score higher than men on social connectedness across all ages.
- Men's social connectedness improves by nearly one-third from age 15 to 65+.
- Social connectedness drops significantly for young men and women between ages 15-17 and 18-24. The decline is greatest for young men at 6%.
- Women aged 15-17 experienced the greatest decline in social support between 2010 and 2018.
- The proportion of young men having many friends falls from two-thirds at age 15-17 to around half at age 18-24.
- Social interactions and interpersonal trust are poorest among men aged 18-24 across all ages and genders.
- Friendships are crucial to the wellbeing of young people aged 15-24. Having many friends reduces the likelihood of reporting loneliness by nearly 40 points.
- The social connectedness for men and women aged 25-34 declined by 18% and 15% respectively between 2010 and 2018.
- The decrease in social interactions and social support accounts for nearly 80% of the decline in connectedness of people aged 25-34 between 2010 and 2018.

**Figure 5. Dimensions of Social Connectedness Index by gender and age group, 2010, 2014 and 2018**

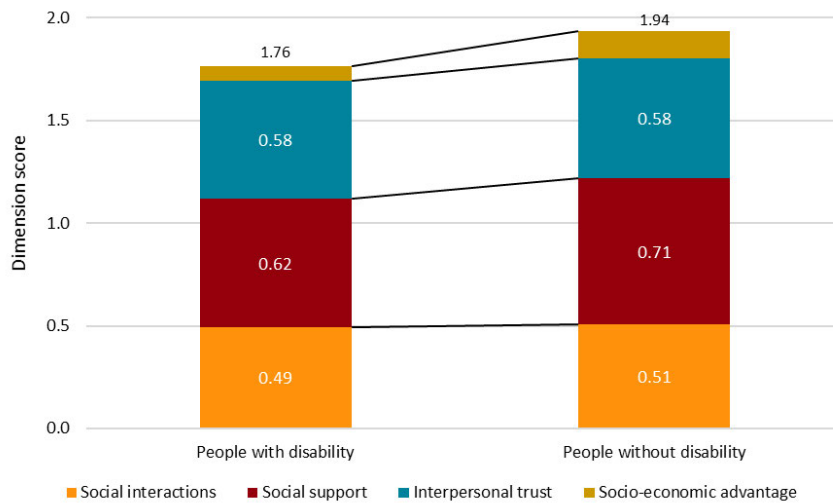


Source: BANKWEST CURTIN ECONOMICS CENTRE | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

### *Social Connectedness and Disability*

- The social connectedness of people with a disability is around 10% less than that of people with no disability.
- People with a disability report much lower levels of social support.
- People with a disability are 12 points more likely to feel very lonely.
- The gap in social connectedness for people with a disability widened between 2010 and 2018.
- Social interactions of people with a disability declined nearly one-fifth between 2010 and 2018.
- The gap in social connectedness for people with a disability actually increases with educational attainment.
- People with a disability who only completed Year 11 or below are more trusting than their peers.

**Figure 3. Dimensions of Social Connectedness Index of people with and without disability, 2010, 2014 and 2018**

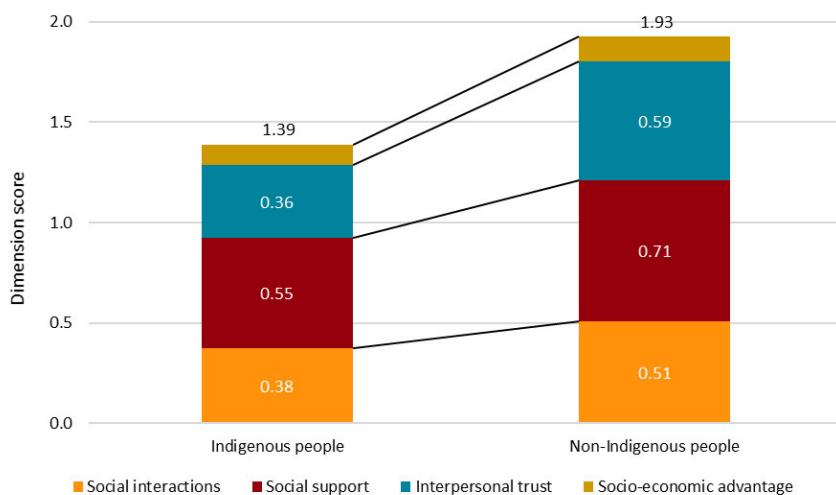


**Source:** BANKWEST CURTIN ECONOMICS CENTRE | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

#### *Social Connectedness and Indigenous Australians*

- Indigenous people score lower on all dimensions of social connectedness, with an overall index score 39% lower than non-Indigenous Australians.
- Interpersonal trust of Indigenous people is 64% lower.
- The gap in social connectedness for Indigenous people is largest among those who completed Year 11 or below.
- Trust explains nearly half of the gap in social connectedness between Indigenous and non-Indigenous people.

**Figure 7. Dimensions of Social Connectedness Index of Indigenous and non-Indigenous people, 2010, 2014 and 2018**



**Source:** BANKWEST CURTIN ECONOMICS CENTRE | Authors' estimates based on HILDA 2010, 2014 and 2018.

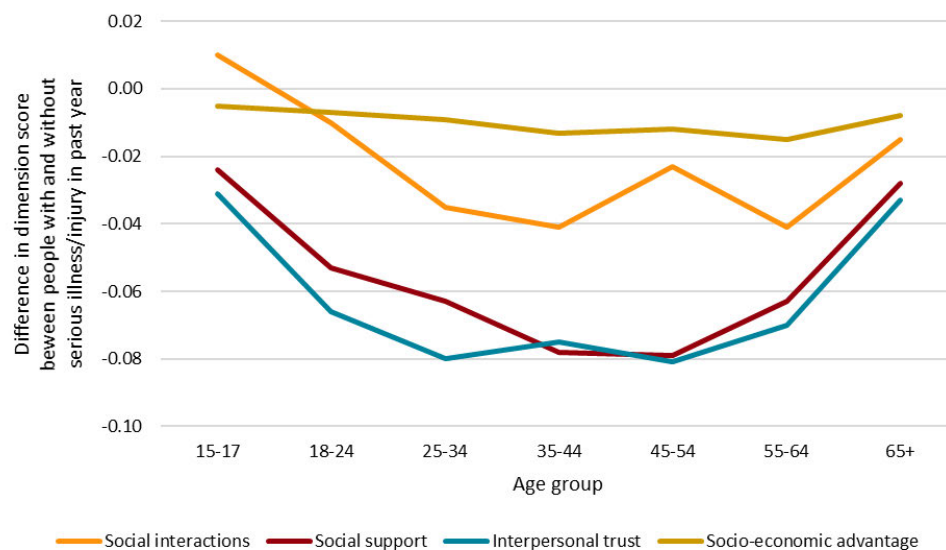
#### *Social Connectedness and Life Events*

- Personal injury and serious illness significantly reduce social support and interpersonal trust.



- People aged 35-44 are most affected by serious illness and injury.
- People aged 35-44 reporting a serious illness or injury in the past year are 13 points more likely to feel lonely than their peers.
- People aged 45-54 are the most affected by partner separation, with their social connectedness dropping by around one-fifth.
- Birth or adoption of a new child reduces work participation of those aged 18-24 by 30 points.
- People aged 18-24 are nearly one-fourth less likely to have many friends if they have a new child.

**Figure 4 Impacts of serious personal illness/injury on Social Connectedness Index of people by age group, 2010, 2014 and 2018**

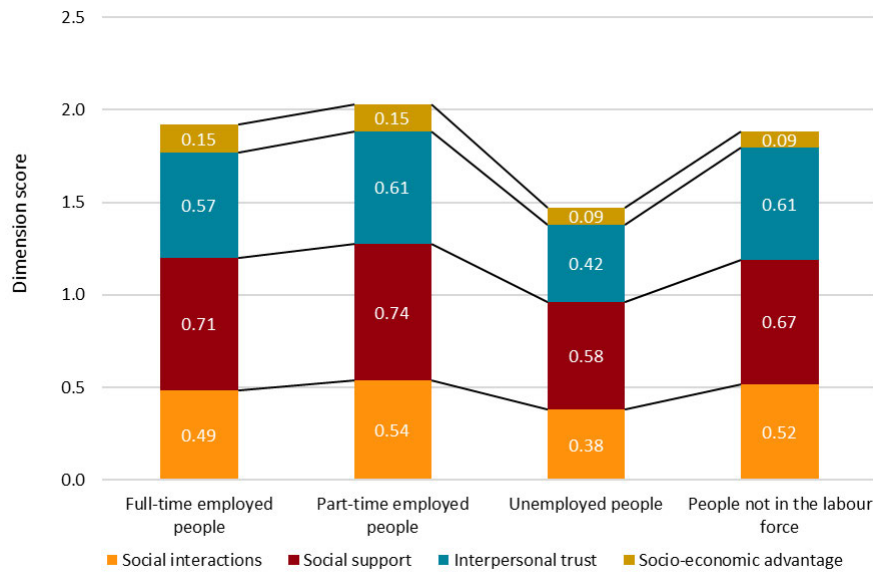


Source: BANKWEST CURTIN ECONOMICS CENTRE | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

### *Social Connectedness and Work*

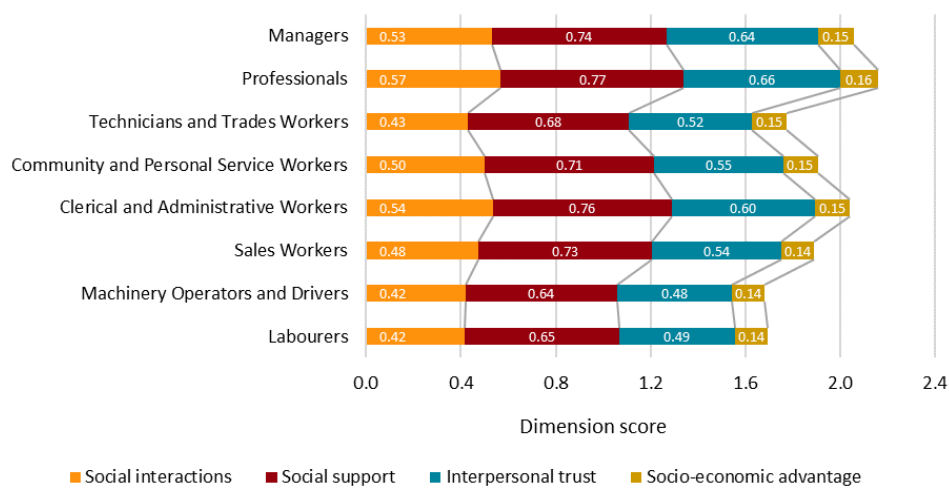
- Those in part-time employment have the highest social connectedness.
- The social connectedness gap between unemployed people and those working part-time is 38%.
- Unemployed people score 45% lower on interpersonal trust than those employed part-time.
- Labourers, machinery operators and drivers have the lowest social connectedness of all occupations.
- Social connectedness fell between 2010 and 2018 across all occupations except managers.

**Figure 5. Dimensions of Social Connectedness Index by employment status, 2010, 2014 and 2018**



Source: BANKWEST CURTIN ECONOMICS CENTRE | Authors' estimates based on HILDA 2010, 2014 and 2018.

**Figure 6 Dimensions of Social Connectedness Index by occupation, 2010, 2014 and 2018**



Source: BANKWEST CURTIN ECONOMICS CENTRE | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

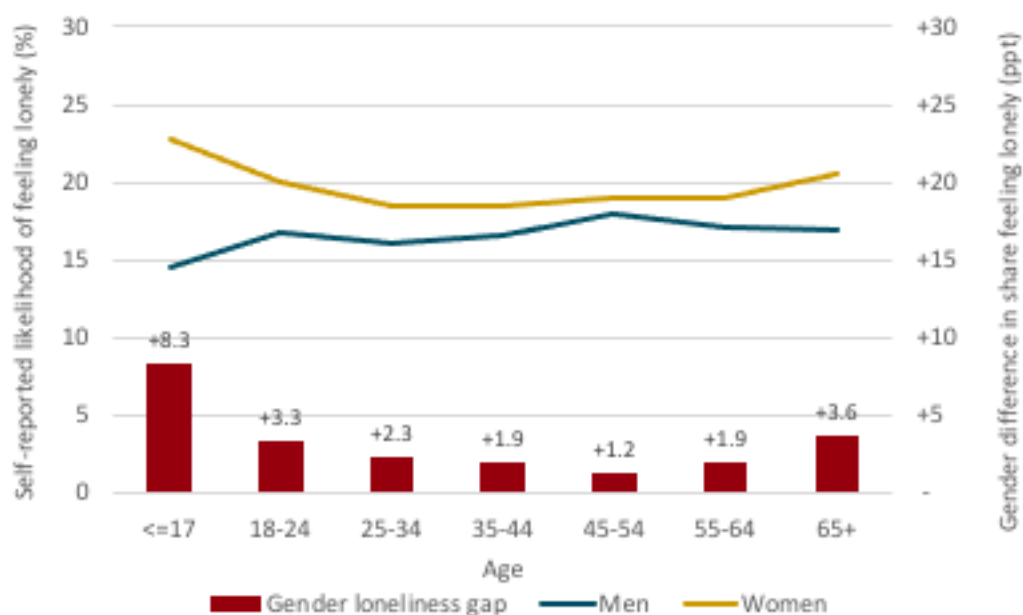
## LONELINESS

### *Loneliness through the life course*

Looking across the life course, women are generally lonelier than men, and the gender gap is greatest among the youngest and oldest cohorts.

- Among those aged under 17, 14% of young men and 22% of young women report being very lonely – a gap of 8 points.
- Among those aged over 65, 17% of men and 21% of women report being very lonely.
- Bereavement has a significant impact on loneliness, with 31% more men and 19% more women reporting being very lonely one year after the loss of their partner.
- Loneliness persists for years after bereavement, with 13% more men and 6% more women reporting being very lonely four years after the loss of their partner.
- People are more likely to be lonely after a relationship breakdown, with 17% more men and 14% more women reporting being very lonely within a year of separation.
- Loneliness persists for years after relationships end, with 12% more men and 9% more women reporting being very lonely four years after separation.
- Children leaving home appears to have little impact on the loneliness of their parents – empty nesters do not appear worse off.

**Figure 7. Likelihood of feeling lonely by age cohort and gender, 2001-2019.**



Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA waves 1-19

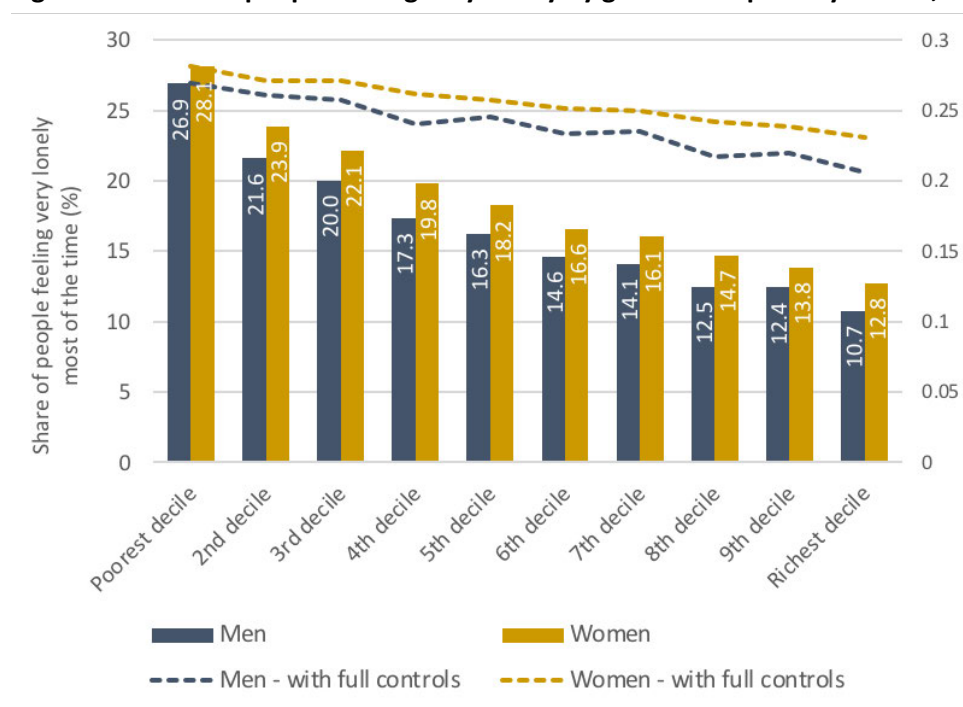
### *Poverty and Loneliness*

The impact of income on loneliness is significant.

- Those in the lowest income decile are more than twice as likely to report being very lonely most of the time, compared to those in the highest income decile (28% vs. 12%).
- The loneliness gap between the richest and the poorest remains significant even when we control for all other factors – meaning the experience of poverty in and of itself engenders social isolation (restricting activity and engendering a lack of control), regardless of its material impact.

- While rich people of both sexes are consistently less lonely than poor ones, increasing wealth has less of an impact on loneliness for women than it does for men.
- Single parents are more likely to feel very lonely, ahead of lone persons and group households.
- Couples are least likely to feel lonely - with or without children they are half as lonely as single parents (15 or 16% vs. 35%).
- Poverty exacerbates loneliness for single parents – increasing the proportion of those feeling very lonely most of the time from 32% to 38%.
- Poverty also increases loneliness for lone persons – increasing the proportion of those feeling very lonely most of the time from 25% to 30%.

**Figure 12. Share of people feeling very lonely by gender and poverty deciles, 2019**



Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA wave 19

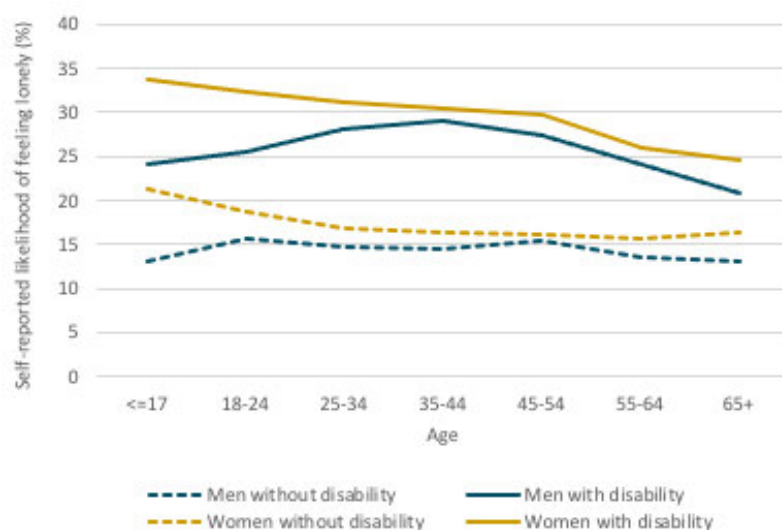
The interaction between parenthood, poverty and loneliness varies depending on whether one is parenting alone or as a couple.

- A single parent is more likely to be lonely than a single person, and their risk of loneliness increases further if they are living in poverty.
- In contrast, while couples with or without children face around the same risk of being lonely when they are *not* in poverty, those couples with children who *are* in poverty are *less* likely to be lonely than those without kids.

#### *Loneliness among people with a disability*

- People with a disability are more likely to feel lonely than those without a disability.
- The loneliness gap between people with and without a disability is greatest among the prime-age population, with a gap of 14 percentage points reached at 35-44 years of age.
- Hearing impairment is the strongest driver of loneliness, with 42% of men and 46% of women with this form of disability experiencing loneliness.

**Figure 8. Likelihood of feeling lonely by disability status and gender, 2019**



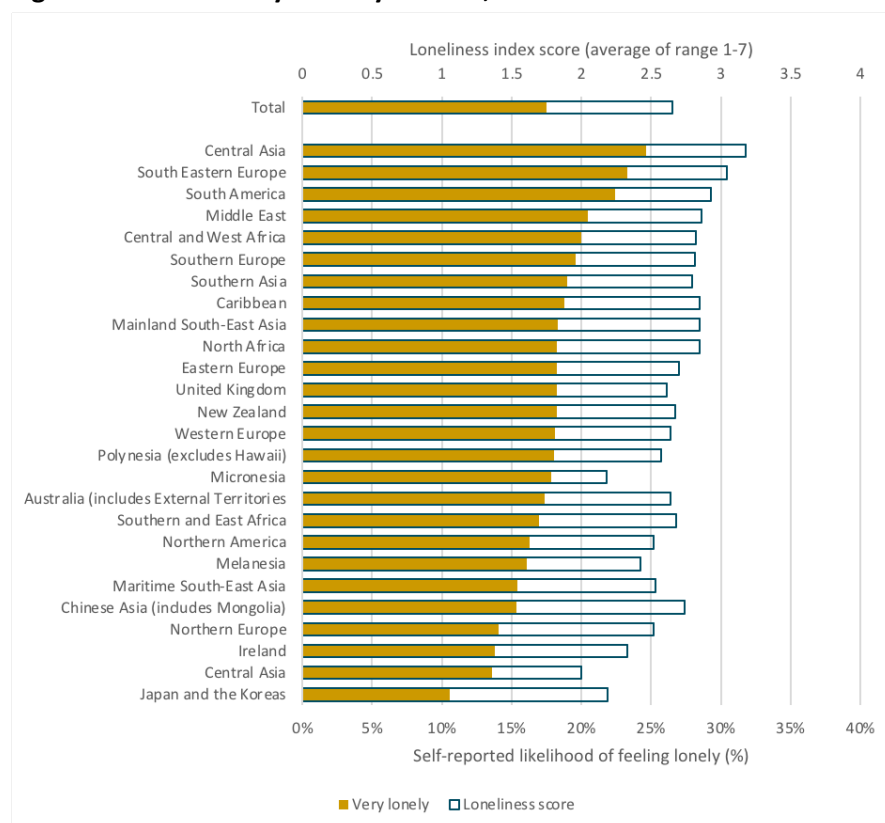
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA wave 19

### *Loneliness among immigrants*

More than a quarter of Australia's population were born overseas. Social connection can be critical for people adapting to a new country, however new immigrants can face barriers to participation including language, cultural differences and discrimination.

- Migrants at greatest risk of feeling lonely in Australia come from countries that are linguistically and culturally different to those who have historically settled in Australia and influenced its culture.
- Migrants from English-speaking countries that are culturally similar to Australia, such as North America, Western Europe, New Zealand and the UK tend to have a similar risk of loneliness to Australians.
- Women are more likely to report being lonely, but there is significant cultural variation across countries of birth.
- Migrant men from Central Asia, South America, Central and West Africa, Central America and Polynesia are more likely to report being very lonely – while migrant men from the Caribbean, Japan and the Koreas, Northern Europe, Melanesia and Ireland are much less likely to be lonely than Australians.
- By comparison, migrant women from Micronesia, South Eastern Europe, Southern and Western Europe and the Middle East are more likely to report being very lonely – while migrant women from Central and West Africa, Japan and the Koreas, Maritime South-East Asia, Chinese Asia and Ireland are less likely to be lonely than Australians.
- The local density of people from your country of origin can make a difference to your risk of loneliness, particularly if you are young and female.
- Young migrant women living in areas where there are less than 5 per thousand from their country of origin are the loneliest, followed by young men aged 20-29.

**Figure 9. Loneliness by country of birth, 2019**



Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA wave 19

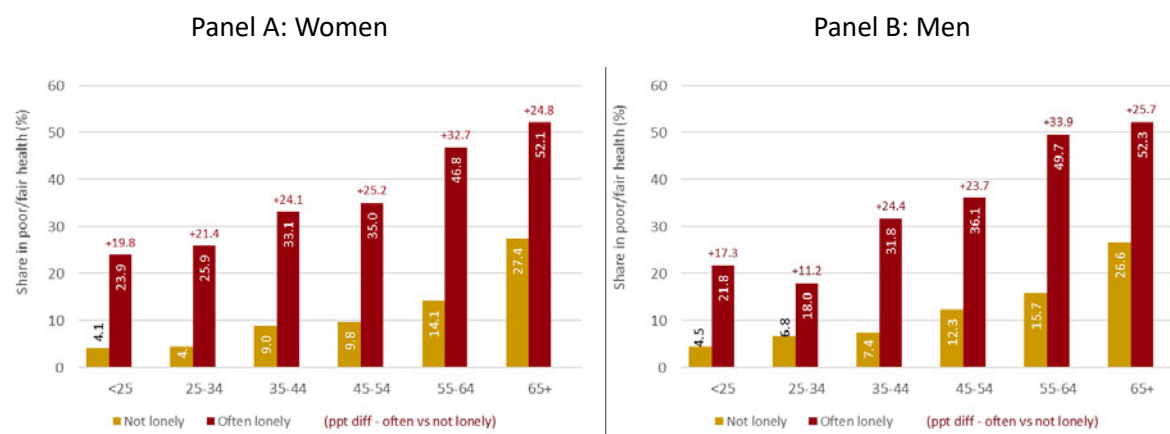
### Loneliness and Health

Loneliness can have both direct and indirect effects on health, wellbeing and productivity. Indirect effects may be mediated by factors such as rates of physical activity and cigarette and alcohol consumption.

- More than half of women and men aged 65 who feel lonely most of the time report poor health – around twice the rate of those who do not feel lonely.
- Nearly three quarters (74.1%) of young women aged under 25 who report being lonely are recorded as facing high or very high psychological distress compared to 13.3 per cent of young women who are not lonely – a difference of nearly 61 percentage points.
- Nearly half (48%) of women aged 65 and over who are physically inactive, compared to a third (33.9%) of women aged 65+ who are not lonely – a gap of 14 percentage points.
- Over 28 per cent of men aged 25-44 who report being lonely smoke on a daily basis, compared to around 12 per cent of men in the same age group who are not lonely – a difference of over 16 percentage points.
- Both men and women over the age of 65 who report being lonely pay nearly 10 visits per year to their GP – around 4 visits more than their not-lonely counterparts.
- Persistent loneliness over a 4-year period is associated with an increase of nearly 5 GP visits per year for women aged 25-34.
- The total estimated cost of loneliness is around \$2.7 billion in Australia, equivalent to \$1,565 for each person who becomes or remains lonely.
- A greater share of the overall costs of loneliness (59%) comes from the impact on women.
- Seniors (aged 55+) account for more than a third of the economic costs of loneliness associated with GP and hospital visits, and physical inactivity.

- The gap in physical inactivity between lonely and non-lonely people is especially pronounced among older aged Australians.

**Figure 15. Loneliness and self-assessed general health: women and men by age, 2019**



Notes: Young women and men aged 24 and under are grouped into a single age category.

Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA wave 19

**Table 1: The estimated annual cost of loneliness**

Age	Estimated annual economic costs of loneliness (\$m)						TOTAL COSTS	Total costs by gender		Share of total costs by gender	
	GP visits	Hospital visits	Regular smoking	Excessive alcohol	Physical inactivity	Sick leave		Women	Men	Women	Men
<25	29	10	63	59	31	21	215	167	48	78%	22%
25-34	149	7	190	92	57	91	586	326	260	56%	44%
35-44	196	31	181	102	83	20	613	369	244	60%	40%
45-54	157	20	201	73	70	39	560	294	266	53%	47%
55+	302	44	228	18	137	14	742	413	329	56%	44%
<b>All ages</b>	<b>833</b>	<b>113</b>	<b>863</b>	<b>344</b>	<b>379</b>	<b>184</b>	<b>2,716</b>	<b>1,569</b>	<b>1,146</b>	<b>58%</b>	<b>42%</b>

**Notes:** The estimated annual costs for different health behaviours is based on information from the HILDA survey information on variations in health behaviours between people who either become or remain lonely, and those that are either never, or no longer lonely. Measured behaviours include excess GP and hospital visits, increased prevalence of regular (daily) smoking, excessive alcohol consumption, little or no physical activity, and the number of sick days taken. Unit costs associated with each behaviour are sourced from relevant health economics literature.

**Sources:** Bankwest Curtin Economic Centre | Author's calculations based on Household, Income and Labour Dynamics in Australia (HILDA) data; Cancer Council WA (2021); Australian Institute for Health and Welfare (2021); Productivity Commission (2020) and the National Drug Research Institute (2019).

## CONNECTEDNESS AND LONELINESS DURING COVID-19

### *Interactions with Family and Friends*

Containing the pandemic forced us to adopt control measures that minimised the risk of contagion by constraining the nature of our social interactions.

- VIC saw the largest decline in face-to-face contact with family or friends outside of the household, dropping 36.6 points from 71% in 2019 to 34% of respondents in 2020.
- The NT and WA saw the smallest decline in face-to-face contact outside the household, dropping 8.7 and 9.7 points respectively.

- In 2019, women (72%) were more likely than men (64%) to have weekly face-to-face contact with family and friends living outside the household.
- In 2019, women (92%) were also more likely than men (81%) to have other forms of contact with family and friends living outside the household.
- In 2020, weekly face-to-face contact with family or friends living outside of the household declined sharply for both men (-24 points) and women (-28 points).
- Between 2019 and 2020, other forms of contact other than face-to-face outside the household remained the same for men, and actually declined (-3.4 points) for women.
- The largest declines in the share of people engaging in weekly face-to-face contact outside of the household occurred for the 40-54 year old and 25-39 year old cohorts.
- The smallest declines in the share of people having face-to-face contact outside of the household during the COVID-19 period was for those aged 70 years and above – despite their elevated risk of serious illness or death.

**Figure 10. Face-to-face and other forms of weekly contact with family or friends living outside of the household by state, 2019 and 2020**



**Notes:** Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020 for the question “Did you have face to face contact with family or friends living outside the household at least once a week in last 3 months?”

Source: Bankwest Curtin Economics Centre | Authors’ calculation based on ABS General Social Survey, Australia.

### Community Participation

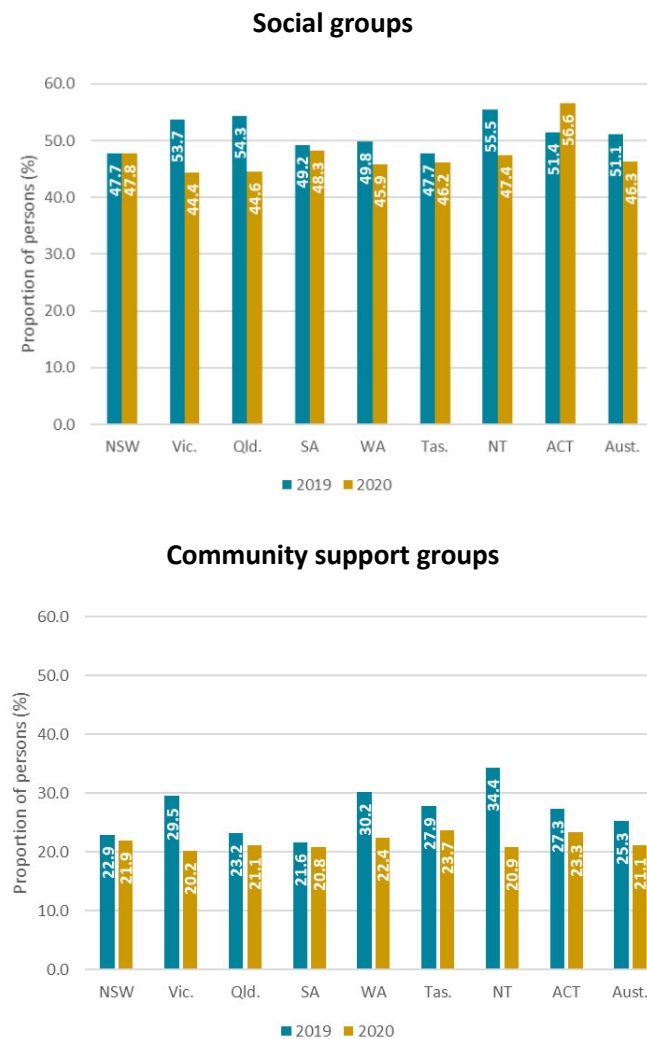
COVID-19 restrictions also resulted in a decline in engagement with social groups, community support groups, civic and political participation.

- The level of decline across these three forms of participation was similar for women and men, with a slightly greater decline in social group activity for women, and a slightly greater decline in community support, and civic and political activity for men.
- Prior to COVID-19, immigrants were more likely than other Australians to participate in social groups, community support groups and civic and political groups.
- In late 2020 under COVID-19 restrictions, migrant community participation was lower than other Australians across all three domains.
- Migrant participation in civic and political groups went down from 21.1% in 2019 to 5.7% in 2020.

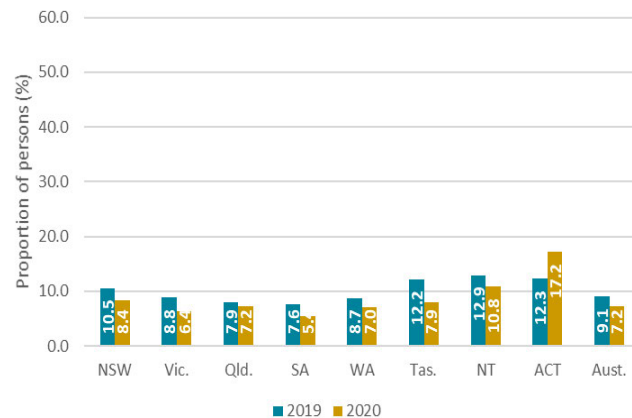


- These findings suggest that migrants were more sensitive to concerns about COVID-19 restrictions and their ability to participate in social, community and civic groups was more greatly affected.
- QLD (-9.7 points), VIC (-9.3 points), and the NT (-8.1 points) saw the largest decline in participation in social groups.
- The smallest declines were in NSW (0 points), SA (0.9 points) and TAS (1.5 points).

**Figure 17. Participation in groups in the last 12 months by state, 2019 and 2020**



## Civic and political groups



**Notes:** Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020. Participation in groups in the last 12 months.

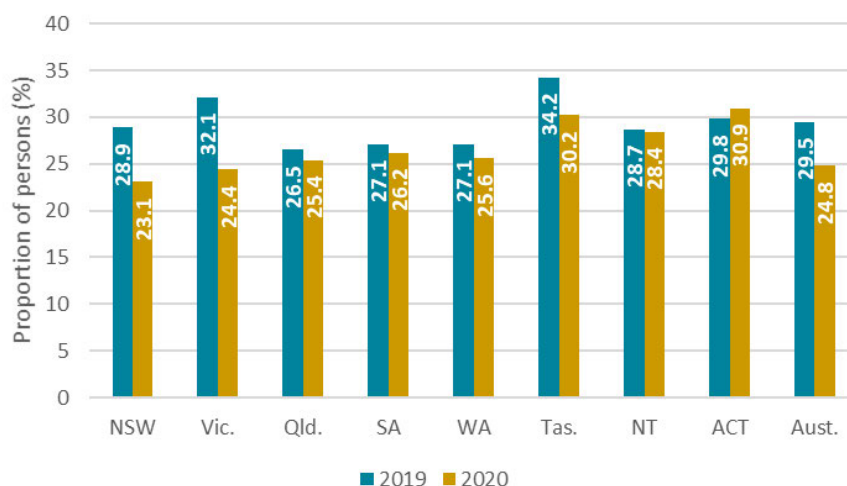
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

### Volunteering

Volunteering plays a critical role in our society. Previous BCEC research (Holmes et.al. 2019) highlighted the important of volunteering for developing social connections, creating and maintaining community identity and wellbeing.

- In 2020, the main reason for participation for 74% of volunteers was 'wanting to help others and the community', up slightly from 2019.
- Rates of unpaid voluntary work dropped across all states between 2019 and 2020.
- The drops in voluntary work were largest in Victoria and NSW, larger states facing higher rates of community transition during the survey period.
- Between 2019 and 2020, men's participation in unpaid voluntary work declined by 7.6 points (to 23% of men), compared to a decline of 2.2 points for women (to 26%).
- In 2020, there was an increase in the share of those aged 70 years and above volunteering for both men (+6.0ppts) and women (+1.8ppts), despite their higher risk of serious disease and death.
- Sports and recreational organisations saw the largest decline in volunteer numbers (down 764,000 volunteers), with restrictions on sporting activities and limits on numbers allowed in sporting venues undoubtedly playing a part.
- Large declines also occurred for education and training (down 338,000 volunteers) parenting, children and youth (319,000 less) and religion (209,000 less).
- Community and ethnic groups saw an increase of 15% (102,000 more).

**Figure 1811. Participation in unpaid voluntary work through an organisation in the last 12 months by state, 2019 and 2020**



**Notes:** As noted by the ABS in relation to 2020 GSS data, note that care must be exercised when making comparisons between this and previous surveys due to the higher non-response observed in 2020.

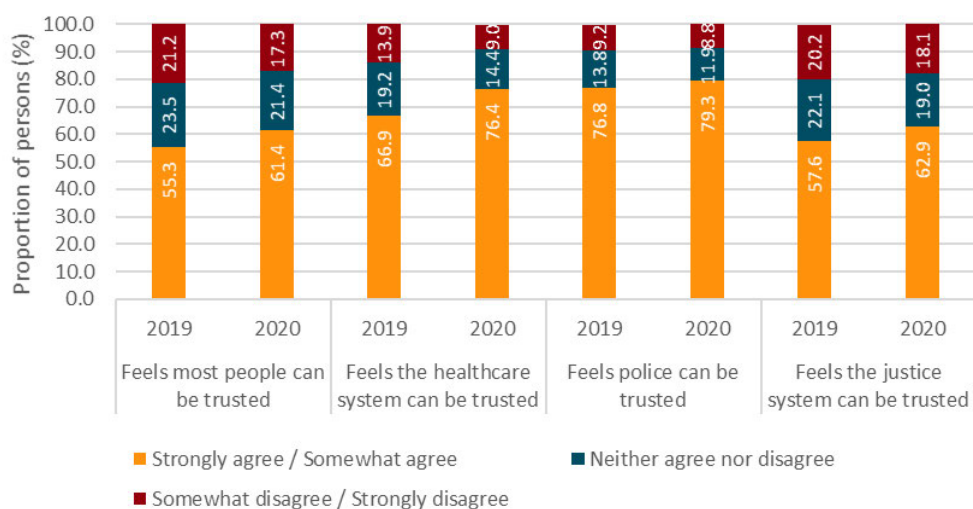
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

### *Interpersonal and institutional trust*

Trust plays a critical role in any relationship and is fundamental to the functioning of our society and the public institutions on which it depends. Hence trust placed in people and institutions is an important metric for belonging and societal wellbeing.

- The proportion of people stating 'most people in society can be trusted' rose from 53% in 2019 to 61% in 2020
- In 2020, trust in our healthcare system rose 10 points (to 76%), trust in our justice system rose 4 points (to 62%) and trust in the police rose 2 points (to 79%).
- Trust in other people and in the justice, police and healthcare systems rose consistently across most states and territories in 2020. Healthcare showed the largest and most consistent rises in trust.
- Across Australia, trust is higher for the healthcare and justice systems in major cities and lower in regional and remote areas.
- During 2020, a lower proportion of people (down 3.3 points to 29.4%) across all states and territories reported feeling they had a say within their community on important issues all or some of the time.
- Looking at the proportion who feel their voice is heard, there is not a simple relationship between age and gender.
- More women aged 15-24 and aged 55-69 feel they have a say than their male peers, while more men feel their voice is heard across the other age groups.
- Women as a whole feel their say on important issues in the community declined in 2020, with this trend increasing strongly with age.
- The greatest decline (-9.2 points) in say on important issues in the community occurred for women aged 70 years and over, followed by young men aged 15-24 (-8.3 points).

**Figure 19. Level of trust in people and institutions, 2019 and 2020**



**Notes:** Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020.

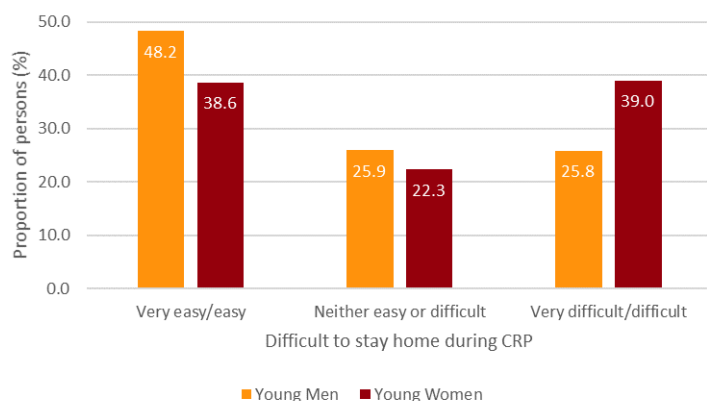
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

### *Pandemic challenges for young Australians*

There has been growing concern about the wellbeing of young people in recent years, with increasing rates of poor mental health and self-harm. Significant concerns were raised about the welfare of young people with increasing social isolation and lockdowns.

- Young Australians, particularly young women found it difficult to adjust to a way of life with significantly less face-to-face contact with family and friends.
- During the COVID-19 restriction period, over 67% of young women found not being able to see friends or family difficult or very difficult, compared to 50% of young men.
- Only 25% of young men and 14% of young women found not being able to see friends or family during the COVID-19 restriction period easy.
- 39% of young women and 26% of young men found being confined to their home during restrictions difficult or very difficult.
- Not all young Australians found it difficult to stay at home during restrictions, with 48% of young men and 39% of young women finding it easy or very easy.
- Young women (20%) were twice as likely to feel often or always lonely than young men (10%) during the restriction period.
- Young men were more likely to report never or rarely feel lonely during restrictions (51%) in comparison to young women (32%).
- 59% of young women and 41% of young men reported needing a greater level of emotional support during the COVID-19 restriction period.
- Average life satisfaction declined across all age groups (from age 15 to over 70) between 2014 and 2020.
- Positive social interactions make a difference – almost 80% of young Australians who reported always having positive social interactions were satisfied with life, compared to only 26% for those who never had positive social interactions.

**Figure 20. Young people’s level of difficulty with having to stay home during the Coronavirus Restriction Period, 2020**



**Notes:** Respondents were asked how difficult they found it to stay at home during the CRP (March to May 2020).

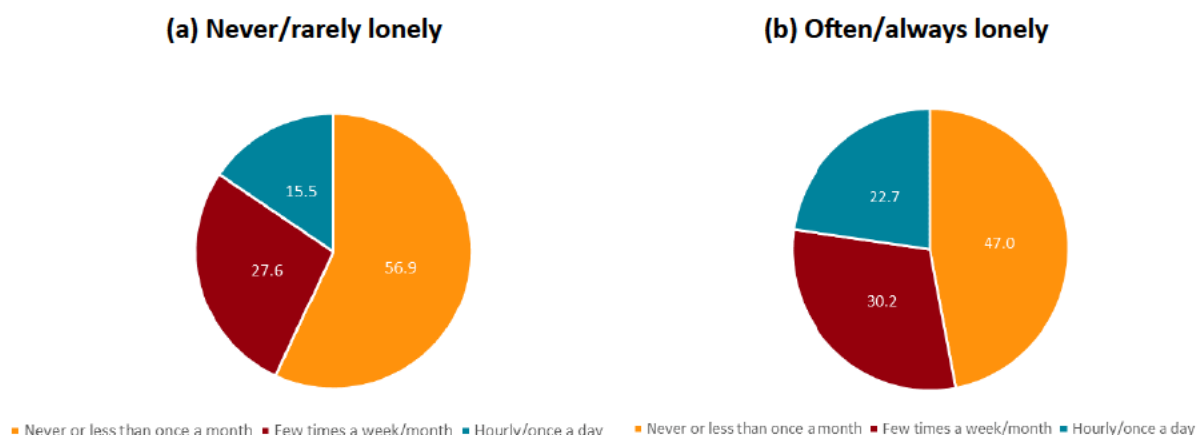
Source: Bankwest Curtin Economics Centre | Authors’ calculation from the Longitudinal Study of Australian Children

### *Social interaction online*

As COVID-19 restrictions curtailed our ability to interact face-to-face, many people looked to technology as a means to engage – from video meetings to social media. While many young Australians are now considered ‘digital natives’, concern has risen in recent years of the impact of social media on identity formation, self-confidence and wellbeing.

- Young women (35%) were much more likely than young men (22%) to post once or twice a week on social media in 2020 outside of the COVID-19 restriction period.
- In 2020, young men (20%) were more likely than young women (9%) to *never or rarely* post on social media outside the restriction period.
- During the COVID-19 restriction period around 17.5% of young women and 14% of young men reported higher social media usage compared to outside the restriction period.
- The majority of young men (60%) and women (45%) reported the same amount of social media use during the restriction and non-restriction periods.
- Young Australians who often or always felt lonely during the restriction period posted more frequently on social media than those who never or rarely felt lonely.
- 57% of young Australians who reported never or rarely feeling lonely during the restrictions reported they never posted on social media or did so less than once a month.
- 47% of young Australians who reported they often or always felt lonely during the restriction periods say they never posted on social media or did so less than once a month.
- Relying on digital contact with friends and family increases your risk of feeling left out. Based on 2017 data of the general population, 54% of Australians who had mostly or entirely non-digital interactions with family and friends never felt left out, compared to 41% of those who had most or all of their social contact through the internet.

**Figure 21. Loneliness and frequency of posting on social media for young Australians during the Coronavirus Restriction Period, 2020**



**Source:** Bankwest Curtin Economics Centre | Authors' calculation from the Longitudinal Study of Australian Children

#### *Pandemic responses to loneliness and social connectedness in NSW*

The experience of social isolation due to COVID restrictions in 2020 led to a reduction of weekly face to face contact with family and friends in NSW of 23.9% compared to 2019, which was less than the national average of 26% (see Figure 16). The state fared better than Victoria (-36.6%) Queensland (-26.8%) and Tasmania (25.4%), and was on par with the ACT (-24%). States and territories with smaller and more widespread populations (WA, SA & NT) experienced less reduction in face to face contact.

NSW experienced no decline in participation in social groups between 2019 and 2020 under COVID-19 restrictions, compared to a national decline of 5.2% and drops of 9.7% and 9.3% in Queensland and Victoria. The ACT actually saw a rise in social group participation during this period, and was the only jurisdiction to also see a rise in participation in civic and political groups. NSW also experienced comparatively little decline in participation in community support groups, while significant declines in these areas were also experienced by the Northern Territory, Victoria and Western Australia.

Volunteering was one area where NSW experienced a significant decline in participation, which has implications for social connectedness. Unpaid voluntary work in NSW dropped by 5.8% between 2019 and 2020, second only to Victoria (-7.7%) and ahead of the national average of -4.7%. With voluntary organisations potentially playing critical roles in pandemic response and recovery, strategies to maintain participation and connectedness may be important for both direct and indirect wellbeing outcomes.

The ability to participate in meaningful community activities is an important protective factor for maintaining social connectedness and reducing the risk of loneliness for our community, particularly among at risk and vulnerable groups. Hence it may be helpful to consider what NSW and ACT did differently during this period that supported better community connectedness during a time when face to face contact with friends and family was necessarily restricted. It would make sense, in preparing for future pandemics requiring restrictions on direct social contact, to have in place strategies and mechanisms to encourage and support social groups and community support groups to connect by other means and do active outreach to members who may be at heightened risk of social isolation.