

Submission  
No 125

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

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OFFICIAL



# NSW Government Submission

Standing Committee on Social Issues inquiry  
into the prevalence, causes and impacts of  
loneliness in New South Wales

1 November 2024

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## Glossary

ACCHO	Aboriginal Community Controlled Health Organisation
ACT	Australian Capital Territory
AHMRC	Aboriginal Health and Medical Research Council
AIHW	Australian Institute of Health and Welfare
BACR	Building on Aboriginal Communities' Resilience initiative
BCEC	Bankwest Curtin Economics Centre
CAPO	Refers to the NSW Coalition of Aboriginal Peak Organisations
Coercive control	Repeated behaviours, such as hurting, scaring or isolating another person, with the intention to control them.
Commission	NSW Mental Health Commission
COVID-19	Refers to the Coronavirus disease and resulting pandemic
DCJ	NSW Department of Communities and Justice
DCS	NSW Department of Customer Service
DFV	Domestic and family violence
DoE	NSW Department of Education
DPIRD	NSW Department of Primary Industries and Regional Development
HILDA	Household, Income and Labour Dynamics in Australia Survey
Intersectionality	The ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation.
LGA	Local Government Area
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and/or Aromantic, and other identities
LHDs	Local Health Districts
LSS	NSW Life Satisfaction Survey
Loneliness	A subjective, unwelcome feeling of lack or loss of companionship, it happens when there is a mismatch between the quantity and quality of social relationships that we have, and those that we want.
NESA	NSW Education Standards Authority
OECD	Organisation for Economic Co-operation and Development
PHN	Primary Health Network
Protective factors	Factors that enhance the likelihood of positive outcomes and lessen the change of negative consequences from exposure to risk. <sup>1</sup>
SAHSSI	Supported Accommodation & Homelessness Services Shoalhaven Illawarra
SEWB	Social and emotional wellbeing

<sup>1</sup> Department of Health and Aged Care, *National preventive health strategy 2021-2030*, Australian Government, 2021, accessed 10 October 2024.

<b>SHNs</b>	Speciality Health Networks
<b>Social cohesion</b>	A social determinant of wellbeing, social cohesion reflects the extent to which societies are harmonious and socially connected.
<b>Social connection</b>	Refers to the ways that people interact with and relate to one another.
<b>Social determinants of Health</b>	The conditions or circumstances in which people are born, grow up, live, work and age that influence their health, and the systems put in place to deal with illness.
<b>Social exclusion</b>	The restriction of access to opportunities and a limitation of the capabilities required to capitalise on these opportunities. <sup>2</sup>
<b>Social isolation</b>	An objective state, characterised by limited interactions with other people or few social relationships.
<b>Social prescribing</b>	A means for healthcare workers to connect patients to a range of non-clinical services in the community to improve health and well-being <sup>3</sup>
<b>TCO</b>	The Cabinet Office
<b>UK</b>	The United Kingdom
<b>USA</b>	The United States of America
<b>WHO</b>	World Health Organisation

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<sup>2</sup> A Hayes, M Gray, B Edwards, *Social inclusion: origins, concepts and key themes*, Australian Government, 2008, accessed 8 October 2024.

<sup>3</sup> World Health Organisation (WHO), *A toolkit on how to implement social prescribing (who.int)*, WHO website, 2022, accessed 10 October 2024.

## **Acknowledgement of Country**

The NSW Government acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal and Torres Strait Islander people and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past and present and acknowledge the Aboriginal and Torres Strait Islander people who contributed to the development of this submission.

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## Introduction

The NSW Government welcomes the opportunity to make a submission to the Standing Committee on Social Issues' inquiry into the prevalence, causes, and impacts of loneliness in NSW.

This submission has been prepared by The Cabinet Office (TCO), drawing together input from NSW Government agencies working with individuals and communities across NSW who may be impacted by loneliness and social isolation.

The submission provides factual information about the prevalence and causes of loneliness in NSW. It also provides information regarding related Government strategies and initiatives that focus on the social determinants of health and increase protective factors, such as fostering social connection, to mitigate the impact of loneliness on individuals.

The submission does not represent new NSW Government policy.

The NSW Government looks forward to considering the Committee's findings.

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## Exploring loneliness and social isolation in NSW

### Definitions

When considering the prevalence, causes, and impacts of loneliness and social isolation, it is important to distinguish between the two concepts which may, but do not always, coexist.<sup>4</sup>

For the purposes of this submission, the NSW Government has adopted Perlman and Peplau's widely accepted definition of loneliness, that is:

*loneliness is a subjective, unwelcome **feeling** of lack or loss of companionship. This occurs when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.*<sup>5</sup>

Feelings of loneliness can affect anyone at any time in their life. Loneliness may impact various aspects of an individual's life, including mental and physical health, productivity, and social behaviour.<sup>6</sup> However, it is not a binary concept, with individuals experiencing different intensities or levels of loneliness. It may also be transient i.e. individuals can go in and out of feeling lonely over time.

In comparison, social isolation is defined and characterised as an objective state, pertaining to limited interactions with other people. It can be objectively measured and refers to infrequent social contact and few social relationships, essentially a lack of strong social connectedness.

While there are differences across cultures as to how significant connection may be, social connection is widely accepted as being fundamental to personal wellbeing, affecting an individual's

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<sup>4</sup> JC Badcock, J Holt-Lunstad, E Garcia, P Bombaci and MH Lim, *Position statements on addressing social isolation and loneliness and the power of human connection*, Global Initiative on Loneliness and Connection, 2022, accessed 10 October 2024; Relationships Australia, *Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey*, Relationships Australia, 2018, accessed 10 October 2024.

<sup>5</sup> D Perlman and L Peplau, 'Toward a social psychology of loneliness', *Personal relationships*, 1981, 3:31-43.

<sup>6</sup> A Nevin, 'Economics of loneliness', *Centre for Brain Health*, 29 August 2024, accessed 7 October 2024.

sense of happiness and overall health. The importance of social connection is recognised in the OECD's Well-being Framework,<sup>7</sup> as linked to broader social and economic outcomes.

When considering and exploring these concepts, the NSW Government also recognises the importance of connection to kin, country, culture and spirituality as being foundational to the wellbeing and health of Aboriginal and Torres Strait Islander people.<sup>8</sup>

### Social determinants of health

There are many social, cultural, and economic variables to consider when exploring the impact of loneliness on individuals and communities. There are unique barriers experienced by different cohorts across the population which require consideration of the social determinants of health, and respectful and culturally sensitive approaches to address.

The NSW Government recognises the importance of considering social determinants of health and is committed to addressing these through its strategies and initiatives which bolster protective factors and aim to foster greater social cohesion and connectedness. The Government supports this focus throughout an individual's life journey.

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## Jurisdictional approaches to loneliness and social isolation

The prevalence of loneliness and social isolation have been an increasing concern globally since before the onset of the COVID-19 pandemic. However, research from the AIHW notes the pandemic has exacerbated these experiences.<sup>9</sup> Internationally and in Australia, there have been increasing efforts to mitigate the rising prevalence of loneliness and social isolation. Nearly all jurisdictional approaches seek to do this by bolstering a greater evidence base through enhanced data collection to inform policy interventions, and by fostering greater social connectedness in communities.

In the UK, loneliness has been recognised as a public health issue, with the cost of severe loneliness equating to approximately £9,976 per-person, per-year.<sup>10</sup> In 2018, the UK published *A connected society: A Strategy for tackling loneliness - laying the foundations for change*,<sup>11</sup> the world's first government strategy for tackling loneliness, and appointed a Ministerial lead on loneliness.

During the COVID-19 pandemic, the UK Government launched the *Let's Talk Loneliness* public campaign which has now transitioned to become part of the established *Better Health: Every Mind Matters* campaign.<sup>12</sup> Alongside this work, there has also been the delivery of grants through the *Loneliness Engagement Fund* to support groups in England most affected by loneliness. The government formed the '*Tackling Loneliness Network*' whose actions to tackle loneliness in the context of COVID-19 recovery are set out in the *Emerging Together: The Tackling Loneliness Network Action Plan*.<sup>13</sup>

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<sup>7</sup> Organisation for Economic Cooperation and Development(OECD), *Measuring wellbeing and progress*, OECD website, n.d., accessed 8 October 2024.

<sup>8</sup> Australian National University (ANU), *Mayi Kuwayu national study of Aboriginal and Torres Strait Islander wellbeing* ANU website, n.d., accessed 15 October 2024.

<sup>9</sup> Australian Institute of Health and Welfare (AIHW), *Australia's Welfare 2023 Social isolation, loneliness and wellbeing*, AIHW, Australian Government, 2023, accessed 2 October 2024.

<sup>10</sup> UK Government Department for Digital, Culture, Media & Sport, *Loneliness monetisation report*, UK Government, 2020, accessed 17 October 2024.

<sup>11</sup> UK Government, *A connected society: a strategy for tackling loneliness*, UK Government, 2018, accessed 15 October 2024.

<sup>12</sup> UK Government National Health Service, *Every Mind Matters campaign*, National Health Service website, 2024, accessed 15 October 2024.

<sup>13</sup> UK Government, *Emerging together: the tackling loneliness network action plan*, UK Government, 2021, accessed 15 October 2024.



Efforts in the UK mirror increasing attention and action being taken in the USA. In 2023, the US Surgeon General, Dr Vivek Murthy, declared loneliness, social isolation and lack of social connection a public health crisis. The *Surgeon General's Advisory on Our Epidemic of Loneliness and Isolation*<sup>14</sup> provided a framework for a National Strategy to Advance Social Connection. This was followed in November 2023, with US Congressman Mike Flood and Congressman David Trone introducing the Improving Measurements for Loneliness and Isolation Bill<sup>15</sup> which seeks to bring together various experts to consider ways to increase social connection, particularly through greater data collection.

The WHO has most recently established the WHO Commission on Social Connection (2024–2026)<sup>16</sup>, which aims to inform national approaches to address these issues, as public health priorities.

### Australian Capital Territory

In December 2023, the Australian Capital Territory (ACT) launched a Parliamentary Inquiry into Loneliness and Social Isolation in the ACT.<sup>17</sup> The Committee released its final report on 27 August 2024, which made 28 recommendations to enhance social connection. The ACT Government will deliver its response by December 2024.

In its submission to the Inquiry, the ACT Government recognised that opportunities to address loneliness and social isolation require a multifaceted approach, which aim to reduce associated risk factors and enhance protective factors at both an individual and societal level.<sup>18</sup>

### New South Wales

The Commission is an independent statutory body established by the *Mental Health Commission Act 2012*.

The Commission undertook work in 2022 and 2023 to gain deeper insights into the extent of loneliness across NSW and explore potential initiatives to mitigate and alleviate these feelings, particularly for people living with a mental health condition/s. The Commission's *Loneliness in Focus* report<sup>19</sup> found an increase in the prevalence of loneliness reported by residents in NSW. Survey results also demonstrated loneliness is a frequent experience for people with existing mental health conditions. The report highlighted the importance of social connection for individual's mental health and wellbeing.

To address this, the Commission has invested in a Loneliness Program consisting of three unique initiatives that focus on improving individuals' social connections<sup>20</sup>, including the following:

- **OneDoor Mental Health's Circle of Support Model:** The collective nature of this project and the sense of community reported by the people involved were associated with feelings of decreased loneliness, increased connection, improved confidence, respect, reduced burden, and an increased sense of belonging and wellbeing.<sup>21</sup> One Door Mental Health used the University of California Los Angeles (UCLA) Loneliness Scale to measure reduction in loneliness among their participants.

<sup>14</sup> US Surgeon General, *Our epidemic of loneliness and isolation [PDF 8.4MB]*, Office of the US Surgeon General, 2023, accessed 16 October 2024.

<sup>15</sup> [Text - S.3260 - 118th Congress \(2023-2024\): Improving Measurements for Loneliness and Isolation Act of 2023](#)

<sup>16</sup> WHO, *WHO Commission on Social Connection (2024-2026)* [website], WHO, 2024, accessed 15 October 2024.

<sup>17</sup> ACT Government, *Inquiry into loneliness and social isolation in the ACT* [website], 2023, accessed 8 October 2024.

<sup>18</sup> ACT Government, *Submission to the parliamentary inquiry into loneliness and social isolation in the ACT [PDF 627KB]*, ACT Government, 2023, accessed 8 October 2024.

<sup>19</sup> Mental Health Commission of NSW, *Loneliness in focus* [website], Mental Health Commission of NSW, 2022, accessed 9 October 2024.

<sup>20</sup> Mental Health Commission of NSW, *Loneliness program* [website], Mental Health Commission of NSW, 2024, accessed 9 October 2024.

<sup>21</sup> One Door Mental Health, *Circles of connection final project report*, Mental Health Commission of NSW, 2023, accessed 9 October 2024.

- **Mentoring Men:** This program demonstrated promising results in reducing loneliness particularly through mentorship. Through the pilot, Mentoring Men were able to train 163 new mentors and undertake research into the experience of loneliness among mentors and mentees using the UCLA Loneliness Scale. There was a substantial difference in reported loneliness rates between mentors and mentees.<sup>22</sup>
- **It's A Mindfield! Podcast series:** Led by people with lived experience of mental health issues, the series produced 13 episodes and explored social connectedness over 12 months. The podcast reported increases to their listenership and engagement.<sup>23</sup>

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## Links between social connection and physical health

Loneliness is associated with a range of mental and physical health issues. While loneliness can be the cause of these issues, the reverse may also be true. For example, a study found that there could be a bi-directional relationship between mental health conditions and loneliness amongst children.<sup>24</sup> Other research has shown that loneliness during adolescence is a risk factor for anxiety, depression, suicidal ideation and poorer mental health.<sup>25</sup>

Additional data from the Bankwest Curtin Economics Centre's (BCEC) 2021 report demonstrates that loneliness can have both direct and indirect effects on health, wellbeing and productivity.<sup>26</sup> Indirect effects may be mediated by factors such as rates of physical activity, and cigarette and alcohol consumption.

The link between social connectedness and physical health is well-documented in scientific research. Evidence suggests that:

- strong social connections are associated with a lower risk of **cardiovascular diseases**<sup>27</sup>
- social support has been linked to better **immune function**<sup>28</sup>
- strong social connections are correlated with increased **longevity**<sup>29</sup>

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<sup>22</sup> Mentoring Men, *Mentorship and loneliness final project report*, Mental Health Commission of NSW, 2024, accessed 9 October 2024.

<sup>23</sup> It's a Mind Field!, *Season 2: final report*, Mental Health Commission of NSW, 2024, accessed 9 October 2024.

<sup>24</sup> E Hards, ME Loades, N Higson-Sweeney, R Shafran, T Serafimova, A Brigden, S Reynolds, E Crawley, E Chatburn, C Linney, M McManus and C Borwick, 'Loneliness and mental health in children and adolescents with pre-existing mental health problems: A rapid systematic review', *Br J Clin Psychol*, 2022, 61(2):313-334, doi: 10.1111/bjc.12331.

<sup>25</sup> SC Hunter, R Seth, S Houghton, D Lawrence, C Zadow, M Rosenberg, L Wood, P Qualter and T Shilton, 'Trajectories of loneliness during adolescence predict subsequent symptoms of depression and positive wellbeing', *J Youth Adolesc*, 2024, 53(5):1078-1090, doi: 10.1007/s10964-023-01925-0.

<sup>26</sup> A Duncan, D Kiely, A Mavisakalyan, A Peters, R Seymour, C Twomey and LL Vu, *Stronger Together: Loneliness and social connectedness in Australia*, Bankwest Curtin Economics Centre, 2021, accessed 2 October 2024.

<sup>27</sup> SA Shumaker and SM Czajkowski, 'Social support and cardiovascular disease', *New York: Plenum Press*, 1994; HS Lett, JA Blumenthal, MA Babyak, TJ Strauman, C Robins and A Sherwood, 'Social support and coronary heart disease: epidemiologic evidence and implications for treatment', *Psychosom Med*, 2005, 67:869-878, doi: 10.1097/01.psy.0000188393.73571.0a; J Holt-Lunstad, TB Smith and JB Layton, 'Social relationships and mortality risk: a meta-analytic review', *PLoS Med*, 2010, doi: 10.1371/journal.pmed.1000316; H Hemingway and M Marmot, 'Evidence based cardiology: psychosocial factors in the aetiology and prognosis of coronary heart disease, Systematic review of prospective cohort studies', *BMJ*, 1999, 318:1460-1467; J Barth, S Schneider and R von Känel, 'Lack of social support in the etiology and the prognosis of coronary heart disease: a systematic review and meta-analysis', *Psychosom Med*, 2010, 72:229-238, doi: 10.1097/PSY.0b013e3181d01611.

<sup>28</sup> CJ Leschak and NI Eisenberger, 'Two distinct immune pathways linking social relationships with health: inflammatory and antiviral processes', *Psychosomatic Medicine*, 2019, 81(8):711-719, doi: 10.1097/PSY.0000000000000685.

<sup>29</sup> J Holt-Lunstad, TB Smith and JB Layton, 'Social relationships and mortality risk: A meta-analytic review', *PLoS Med*, 2010, 7(7), <https://doi.org/10.1371/journal.pmed.1000316>.

- chronic loneliness and social isolation have been linked to higher level of **inflammation**<sup>30</sup> which is a risk factor for various diseases including **heart disease and diabetes**<sup>31</sup>
- social connection plays a crucial role in **managing stress**<sup>32</sup> and **facilitating recovery**<sup>33</sup> from illnesses
- social connection influence behaviours and people with supportive social networks are more likely to engage in **healthy behaviours**<sup>34</sup>, such as regular exercise.

These findings highlight the importance of social connections for maintaining and improving physical health, and the value of public health strategies that promote social engagement and support.

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## Groups at higher risk of loneliness and social isolation

The NSW Government recognises that some cohorts have or are more likely to experience historic, social and economic barriers to greater social participation and connection. This may include experiences of discrimination or stigmatisation (resulting in social exclusion), a lack of educational and/or employment opportunities and those from more disadvantaged backgrounds. These experiences may decrease protective factors, such as social connectedness, resulting in increased experiences of transient and chronic loneliness and social isolation.

The Groundswell Foundation Loneliness Literature Review conducted by KPMG in 2022 identified young adults, older adults, parents, Aboriginal and Torres Strait Islander people, people who identify as LGBTQIA+ and migrants are groups having a greater risk of loneliness.<sup>35</sup> The report recognises that solutions must therefore recognise the diversity of people experiencing loneliness and be designed according to these specific needs and preferences.

However, it is important to note that available data on high-risk cohorts is conflicting and has limitations, including self-reporting. The following section on patterns of loneliness and social isolation explores the available data for identified high-risk cohorts and potential causes of loneliness.

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## Patterns of loneliness and social isolation in NSW

Most data measuring loneliness and social isolation in NSW and Australia comes from broad population datasets and surveys like the Household, Income and Labour Dynamics in Australia (HILDA) Survey<sup>36</sup> and the NSW Life Satisfaction Survey (LSS).<sup>37</sup> These datasets are complemented

<sup>30</sup> T Matthews, LJH Rasmussen, A Ambler, A Danese, J Eugen-Olsen, D Fancourt, HL Fisher, KK Iversen, M Schultz, K Sugden, B Williams, A Caspi and TE Moffitt, 'Social isolation, loneliness, and inflammation: A multi-cohort investigation in early and mid-adulthood', *Brain Behav Immun*, 2024, 115:727-736, doi: 10.1016/j.bbi.2023.11.022.

<sup>31</sup> YS Oh, GD Bae, DJ Baek et al. 'Fatty acid-induced lipotoxicity in pancreatic beta-cells during development of type 2 diabetes'. *Front Endocrinol (Lausanne)*, 2018, 9:384; JT Willerson and PM Ridker, 'Inflammation as a cardiovascular risk factor', *Circulation*, 2004, doi: 10.1161/01.CIR.0000129535.04194.38.

<sup>32</sup> SM Southwick, M Vythilingam and DS Charney, 'The psychobiology of depression and resilience to stress: implications for prevention and treatment', *Annu Rev Clin Psychol*, 2005, 1:255-91, doi: 10.1146/annurev.clinpsy.1.102803.143948.

<sup>33</sup> M Stephens and K Petrie, 'Social support and recovery from disease and medical procedures', *International Encyclopedia of the Social & Behavioral Sciences*, 2015, doi: 10.1016/B978-0-08-097086-8.14129-7.

<sup>34</sup> D Umberson and JK Montez, 'Social relationships and health: a flashpoint for health policy', *J Health Soc Behav*, 2010, 51: S54-66, doi: 10.1177/0022146510383501.

<sup>35</sup> Groundswell Foundation and KPMG, *Connections matter. A report on the impacts of loneliness in Australia*, Groundswell Foundation, 2022, accessed 2 October 2024.

<sup>36</sup> University of Melbourne, *Household, Income and Labour Dynamics in Australia Survey*, Melbourne Institute Applied Economic and Social Research website, accessed 2 October 2024.

<sup>37</sup> NSW Government, *NSW life satisfaction survey*, Department of Customer Service, NSW Government, unpublished, accessed 15 October 2024.

by other ad-hoc reports and surveys by policy institutes, advocacy organisations, universities and consultancies, including the annual Mental Health Commission of NSW's *Community Wellbeing Survey*<sup>38</sup> and the *State of the Nation Report: Social Connection in Australia 2023*.<sup>39</sup>

### Loneliness and social isolation in the general population

In NSW, the most recent LSS survey data from March 2024 found 15% of respondents strongly agreed that they often feel very lonely and 32% of respondents agree that 'I have no one to lean on in times of trouble.'<sup>40</sup> This is similar to findings of the *State of the Nation Report: Social Connection in Australia 2023*,<sup>41</sup> which reported that 30% of the Australian population were lonely. The causes and factors influencing these results are not certain.

In addition to questions about loneliness, the NSW LSS also reports on whether people feel that they have strong relationships with people in their community, a measure of social isolation. The most recent survey from March 2024 reports that only 49% of respondents agree that they have strong relationships with people in their community.<sup>42</sup> Free-text comments from the survey suggest there are many factors driving changes in feelings of community connectedness.

- “[5 years ago] we could afford to go out. Now people can hardly afford rent let alone the cost of socialising outside the house.”
- “I am more anxious nowadays and stay home a lot more... The impact is that it is harder to overcome and makes me feel more isolated.”
- “The COVID-19 epidemic has had a profound effect on community...I feel as though many community events and activities may have been cancelled or moved online, which makes it challenging to maintain a sense of connection...”

At a national level, the AIHW reported that 16% of Australians were experiencing loneliness in 2022.<sup>43</sup> Interestingly, the proportion of the overall population who reported feeling lonely in 2022 was similar to levels reported in 2001 (16%), though there were variations across age groups.<sup>44</sup> In the same study, the AIHW found 15% of Australians experienced social isolation.<sup>45</sup> It was noted that people across the age spectrum have 13% less social contact in 2021 compared to 2001, with the average person now gathering socially with friends or family approximately once per month.<sup>46</sup>

### Young people

Multiple reports and surveys from recent years demonstrate that young people are experiencing loneliness at higher rates than other age groups. Data from the HILDA survey show that the number of young people aged 15-24 experiencing loneliness has been increasing since 2012 when 12% of young people reported feeling lonely.<sup>47</sup> In 2022, that number has risen to 16%. HILDA data is supported by the 2023 *Youth Survey* from Mission Australia<sup>48</sup> which found that one-fifth of young people felt lonely most or all of the time and the *State of the Nation Report: Social Connection in*

<sup>38</sup> Mental Health Commission of NSW, *Community wellbeing and mental health*, Mental Health Commission of NSW website, 2023, accessed 9 October 2024.

<sup>39</sup> M Lim, B Smith, K Owen, L Engel, P Qualter and D Surkalim, *State of the nation report: social connection in Australia 2023*, Neighbourhood Centres Queensland, 2023, accessed 9 October 2024.

<sup>40</sup> NSW Government, *NSW life satisfaction survey*.

<sup>41</sup> M Lim et al., *State of the nation report: Social connection in Australia 2023*.

<sup>42</sup> NSW Government, *NSW life satisfaction survey*.

<sup>43</sup> AIHW, *AIHW analysis of Household and Labour Dynamics in Australia (HILDA) data, waves 1–22*, AIHW, 2022, accessed 2 October 2024.

<sup>44</sup> AIHW, *Australia's welfare 2023 Social isolation, loneliness and wellbeing*.

<sup>45</sup> AIHW, *Australia's welfare 2023 Social isolation, loneliness and wellbeing*.

<sup>46</sup> AIHW, *Australia's welfare 2023 Social isolation, loneliness and wellbeing*.

<sup>47</sup> AIHW, *Australia's welfare 2023 Social isolation, loneliness and wellbeing*.

<sup>48</sup> R McHale, N Brennan, T Freeburn, A Rossetto, E Richardson, B Boon and R Christie, *Youth survey report 2023*. Mission Australia, 2023, accessed 2 October 2024.

*Australia 2023*<sup>49</sup> that shows high rates of loneliness amongst young people aged 18-24 when compared with six other age groups from 25-34 up to 75 and over.

Research and consultation with young people aged 14-24, undertaken by the NSW Office of Regional Youth, has identified that young people are concerned about belonging and social inclusion/exclusion. They also reported that mental health is the second most important issue impacting young people. During workshops, young people discussed feeling lonely and socially isolated from their peers, particularly in regional NSW. The increased rate of loneliness among young people is often associated with life transitions, such as moving away from home, having more independence, or making critical decisions about their professional and/or personal lives and relationships.

### Loneliness in people from low-income and more disadvantaged backgrounds

The NSW LSS data<sup>50</sup> shows a high rate of loneliness in people with poorly met financial needs (2.8 times more likely to be lonely) and people from more disadvantaged neighbourhoods (39%), supported by findings in the *State of the Nation Report: Social Connection in Australia 2023* report.<sup>51</sup> Survey data collected from NSW government school students indicates that a smaller proportion of students from low socioeconomic backgrounds report a positive sense of belonging or friendships at school, compared with their counterparts.<sup>52</sup>

### Aboriginal and Torres Strait Islander people

For Aboriginal and Torres Strait Islander people, the experience of loneliness cannot be separated from the experience of social connection, supports and belonging within collective social structures and systems. The BCEC *Stronger Together: Loneliness and social connectedness in Australia report*<sup>53</sup> found that Aboriginal and Torres Strait Islander people score lower on all dimensions of social connectedness, with an overall index score 39% lower than that of non-Indigenous Australians. The report suggested that trust explains nearly half of the gap in social connectedness between Indigenous and non-Indigenous people.

This is further supported by data from the *2023 Youth Survey* by Mission Australia, which, using 2021 data, found that 29.7% of young Aboriginal and Torres Strait Islander people (aged 15-19) reported feeling lonely most or all of the time in the previous four weeks.<sup>54</sup> Survey data collected from NSW government school students indicates that a smaller proportion of Aboriginal and Torres Strait Islander students report a positive sense of belonging or friendships at school, compared with their counterparts.<sup>55</sup>

### Seniors and older Australians

Data from the HILDA survey has found that the number of people aged 65 and over that report loneliness has been on the decline since 2001.<sup>56</sup> This matches up with NSW LSS data that shows that older people and those who are retired, experience lower rates of loneliness than the general NSW population.<sup>57</sup> Despite this improvement, older Australians may be particularly vulnerable to social isolation.

### Loneliness in regional and rural areas

<sup>49</sup> M Lim et al., *State of the nation report: Social connection in Australia 2023*.

<sup>50</sup> NSW Government, *NSW life satisfaction survey*.

<sup>51</sup> M Lim et al., *State of the nation report: Social connection in Australia 2023*.

<sup>52</sup> NSW Department of Education (DoE), *Tell them from me student survey*, NSW Department of Education, NSW Government, unpublished, accessed 1 October 2024.

<sup>53</sup> Duncan et al., *Stronger together: Loneliness and social connectedness in Australia*.

<sup>54</sup> McHale et al., *Youth survey report 2023*.

<sup>55</sup> DoE, *Tell them from me student survey*.

<sup>56</sup> AIHW, *Australia's welfare 2023 Social isolation, loneliness and wellbeing*.

<sup>57</sup> NSW Government, *NSW life satisfaction survey*. **Error! Bookmark not defined.**

The *State of the Nation Report: Social Connection in Australia 2023*, outlines that there are more Australians experiencing loneliness living in rural areas (35% of people) than the metropolitan areas (30% of people).<sup>58</sup> This is not supported by the NSW LSS which shows that those living in regional NSW experience the same rate of loneliness as the NSW average (41%).<sup>59</sup> This is also true for young people with survey data collected from NSW government school students indicating that a smaller proportion of students from regional and remote locations report positive sense of belonging or friendships at school, compared with their counterparts.

### Victim-survivors of domestic and family violence (DFV)

Victim-survivors of DFV are at a higher risk of experiencing loneliness and social isolation. This may be where they are living, seeking to leave or have left a situation involving DFV.

It is also important to recognise that social isolation is not always the result of loneliness or a person's lack of social connectedness. Social isolation may also be intentionally inflicted upon individuals. People who use violence and control may deliberately seek to isolate victim-survivors from their families, friends and broader social network. This imposed isolation enables the person using violence to 'control' or limit a victim-survivors' autonomy, environment and relationships with others. This reduces the victim-survivors ability to seek support and build connections and can have serious and lasting impacts on their social, emotional and physical wellbeing and safety.

The NSW Government recognises that intentionally harming a person's mental health and inflicting social isolation on victim-survivors are forms of domestic abuse. On 1 July 2024, coercive control in current and former intimate partner relationships became a criminal offence in NSW under the *Crimes Legislation Amendment (Coercive Control) Act 2022*. The NSW Government is committed to ensuring that all victim-survivors of domestic and family violence are supported. In 2024, as part of its \$245.6 million emergency package responding to domestic and family violence, the NSW Government expanded a number of frontline services and programs, as well as strengthening legal protections to better support victim-survivors.

### Carers

Caring for family members or members of the community can be both a rewarding and challenging experience. At times, carers can experience loneliness, feel stressed and overwhelmed. The 2022 National Carers Survey<sup>60</sup> highlighted that 56.3% of carers reported being socially isolated or highly socially isolated. The *State of the Nation Report: Social Connection in Australia 2023* reported that more carers (37%) are lonely than Australians who are not carers (30%).<sup>61</sup> The NSW Government recognises that our carers require increased recognition and support.

### People with a disability

According to the BCEC report, people with a disability are more likely to feel lonely than people without a disability. The gap between experiences of loneliness for people with a disability and those without a disability was found to be at its greatest for those between 35-44 years of age.<sup>62</sup>

Despite an overall decrease in experiences of loneliness for the general population between 2003 and 2020, this did not hold true for people with a disability. People with intellectual or learning disabilities, psychological disability and brain injury or stroke experience more significant inequality when it comes to experiences of loneliness.<sup>63</sup>

<sup>58</sup> M Lim et al., *State of the nation report: Social connection in Australia 2023*.

<sup>59</sup> NSW Government, *NSW life satisfaction survey*.

<sup>60</sup> Carers NSW Australia, *2022 National carer survey full report*, Carers NSW, 2023, accessed 2 October 2024.

<sup>61</sup> M Lim et al., *State of the nation report: Social connection in Australia 2023*.

<sup>62</sup> Duncan et al., *Stronger together: Loneliness and social connectedness in Australia*.

<sup>63</sup> GM Bishop, G Llewellyn, AM Kavanagh, et al., 'Disability-related inequalities in the prevalence of loneliness across the lifespan: trends from Australia, 2003 to 2020'. *BMC Public Health*, 2024, 24:621, <https://doi.org/10.1186/s12889-024-17936-w>

## Refugees and humanitarian migrants

NSW has been a leading jurisdiction in settling Australia's humanitarian entrants. Between 1 July 2015 and 30 June 2020 more than 79,500 humanitarian entrants settled in Australia. In 2022, NSW had settled around 38 per cent of the total national humanitarian intake.<sup>64</sup>

Loneliness is known to be prevalent in the refugee population and has been linked to physical and mental health conditions.<sup>65</sup> A recent systematic review found that the following risk factors were associated with loneliness and social isolation; family separation, acculturative stress, being female or a parent and a current diagnosis of a mental illness. In addition, 73% of refugees settling in NSW reported no English oral proficiency. This creates a language barrier, which may affect an individual's experiences of loneliness, as it limits a person's ability to form stronger social connections and participate more fully in society.

## LGBTQIA+ people

LGBTQIA+ people may be at higher risk for experiencing loneliness and social isolation. A report from ReachOut found that 70% of LGBTQIA+ young people report feeling lonely, compared to 51% of non-LGBTQIA+ young people.<sup>66</sup> Feelings of loneliness may be driven by historical social exclusion, particularly for older LGBTQIA+ people. Experiences of stigmatisation may cause people to withdraw and become socially isolated.

Intersectionality may further exacerbate feelings of loneliness and increase the risk of social isolation, with LGBTQIA+ people who are also Aboriginal and Torres Strait Islander people, from culturally and linguistically diverse backgrounds, refugees and asylum seekers, and/or living with disability, often experiencing higher rates of both.

## COVID-19 pandemic and experiences of loneliness

Prior to the onset of the COVID-19 pandemic, feelings of loneliness and social isolation were already rising around the world, to the extent it had been described as a "behavioural epidemic" in Europe and the USA<sup>67</sup> and "one of the most pressing public health priorities in Australia."<sup>68</sup> The Living Well in Focus 2020-2024 identifies loneliness as the most common personal stressor resulting from COVID-19.<sup>69</sup>

The onset of the pandemic and subsequent responses to it significantly changed people's day-to-day lives and interactions with others. While policies and measures taken by Governments across Australia may have limited the transmission of the virus, these measures also inadvertently created an environment where individuals and particular cohorts were more susceptible to experiences of loneliness or social isolation by their very nature. The promotion of social distancing and restrictions regarding social gatherings reduced people's social connectedness; a significant protective factor against experiences of loneliness and isolation. In April 2020, during a national lockdown, the COVID-19 Impact Monitoring Survey reflected that almost half (46%) of respondents reported feeling lonely at least some of the time in the past week.<sup>70</sup>

<sup>64</sup> Professor Peter Shergold AC, *NSW Coordinator General for refugee resettlement 5 years in review*, NSW Government, n.d., accessed 8 October 2024.

<sup>65</sup> T Nguyen, M Al Asaad, M Sena and S Slewa-Younan, 'Loneliness and social isolation amongst refugees resettled in high-income countries: A systematic review', *Soc Sci Med*, 2024, 13:360:117340. doi: 10.1016/j.socscimed.2024.117340.

<sup>66</sup> ReachOut, '1 in 2 young people stressed about loneliness & mental health impacts according to a new report by ReachOut on International Day of Friendship', 30 July 2023, accessed 8 October 2024.

<sup>67</sup> DV Jeste, EE Lee and S Cacioppo, 'Battling the modern behavioral epidemic of loneliness: suggestions for research and interventions', *JAMA Psychiatry*, 2020, doi: 10.1001/jamapsychiatry.2020.0027.

<sup>68</sup> Ending Loneliness Together, *Social connection to accelerate social recovery white paper*, Ending Loneliness Together, 2022, accessed 15 October 2024.

<sup>69</sup> Mental Health Commission of NSW, *Living well in focus 2020-2024 [PDF 7.4MB]*, Mental Health Commission of NSW, 2020, accessed 7 October 2024.

<sup>70</sup> AIHW, *Australia's welfare 2023 Social isolation, loneliness and wellbeing*.

In comparison to before the COVID-19 pandemic, the AIHW reported:

- the proportion of young people aged 15–24 experiencing social isolation increased over 2020 and 2021.
- From 2021 to 2022, the proportion of young females (15–24 years) experiencing social isolation decreased (23% in 2021 down to 17% in 2022), while the proportion of young males continued to increase (from 22% to 25% over this time).
- The 35–44 year age group was the only one for whom social isolation continued to increase from 2021 (16% in 2021 to 17% in 2022).<sup>71</sup>

The long-term impact of these measures on the prevalence of loneliness is not yet known.

### Social media and experiences of loneliness

The ubiquity of social media has undoubtedly changed the way in which people connect, particularly younger Australians. The relationship between social media and experiences of loneliness or social isolation is complex, with research into this area still relatively new and inconclusive.

Some international research suggests that while young people experiencing loneliness may use social media to bolster social connection, resulting in positive experiences, those using social media without other forms of social connection also advise that their feelings of loneliness increased.<sup>72</sup> Healthy and readily accessible sources of social connection are important for young people in their personal development, particularly in the context of growing concerns about the impact of connecting solely or mainly through social media.

Social media can play a role in enhancing identity and belonging, and providing access to supports and communication. This is especially true for vulnerable cohorts who rely on social media for connection, communication, and confidential access to support services (including health and mental health services). For example, LGBTIQ+ young people have indicated that access to social networks through social media can be a lifeline for isolated young people seeking community and identity. It is crucial that in depth consultation with LGBTIQ+ and other marginalised youth cohorts is undertaken to identify how to meet this need in different ways.

Community consultation suggests that social media plays an important role in maintaining connection with kin, community and culture for young Aboriginal and Torres Strait Islander people. There are documented benefits where access to social media facilitates improved mental health and social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander people.

There is also evidence that indicates that Aboriginal and Torres Strait Islander people use social media platforms to build digital records that fill gaps in mainstream archives. This can also offer opportunities for truth-telling, collective action and reframing identities through the lens of self-determination and empowerment.

NSW is currently working with other jurisdictions towards a national approach on strengthened social media regulation. NSW's approach and discussions with the Australian Government will be informed by evidence of both risks and some benefits of social media.

### Summary

The data and trends explored in this section illustrate that there is evidence of loneliness and social isolation in NSW and Australia more broadly, however this data generally comes from standalone

<sup>71</sup> AIHW, *Australia's welfare 2023 Social isolation, loneliness and wellbeing*.

<sup>72</sup> T Bonsaksen, M Ruffolo, D Price, J Leung, H Thygesen, G Lamph, I Kabelenga and A Geirdal, 'Associations between social media use and loneliness in a cross-national population: Do motives for social media use matter?' *Health Psychology and Behavior Medicine*, 2023, 11(1). doi: 10.1080/21642850.2022.2158089.



research projects that are not readily comparable and may be subject to specific constraints. Consequently, the data available is of limited value when trying to understand loneliness in different population groups, in different parts of NSW, over time.

The data presented above is subject to a range of limitations. Surveys mostly rely on self-reported data, which may be influenced by bias or rely on single measures which may lead to underreporting of loneliness, especially due to associated stigma.<sup>73</sup> Additionally, surveys are conducted at a single point in time without longitudinal data available to observe trends over longer periods, however the large population data sets like that created by the HILDA survey assist in addressing this issue.

Finally, surveys and reports utilise different sampling methods and may group or organise sub-populations in different ways (e.g. different age groupings) which can make it difficult to generalise or compare results and may explain some of the reason why different research yields different rates of loneliness or social isolation. This is the case with Australian data which the AIHW and other researchers have noted does not currently allow for international comparison<sup>74</sup>.

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## Opportunities for improving the evidence base

The Groundswell Foundation Loneliness Literature Review conducted by KPMG in 2022 outlined critical actions for both the prevention and treatment of loneliness in Australia. The report finds that currently, the evidence base on loneliness is emerging and more research is required to understand how loneliness affects a wide variety of populations.<sup>75</sup>

There are opportunities to improve NSW and Australian data collection regarding the prevalence and impact of loneliness and social isolation, including:

- screening for loneliness in the general community
- improved design for data collection to understand experiences of people in specific sub-groups that considers intersectionality. Including but not limited to, young people aged 12-14, people in institutional settings (e.g. correctional environments), refugees and humanitarian migrants, people in metropolitan and regional areas
- establishing standards for data collection, management and sharing to enable comparison
- routine measurement of loneliness and social isolation in mental health services using existing tools (e.g. Life Skills Profile LSP-16 and Recovery Assessment Scale)
- research to quantify the impact of loneliness and social isolation on health and other social care usage and related costs, and
- investigating the potential for linked human services data to enable new insights into loneliness and its impacts.

For example, in the UK, the National Office of Statistics tracks loneliness indicators, as outlined in the 2018 policy paper *A connected society: a strategy for tackling loneliness*.<sup>76</sup> The strategy notes where specific questions on loneliness and social isolation will be included across existing UK Government surveys. A 2023 report “Tackling Loneliness annual report March 2023: the fourth year” notes that work in this area continues to be guided by the three objectives set out in the original 2018 strategy, one of which was “playing our part in improving the evidence base on loneliness.”<sup>77</sup>

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<sup>73</sup> MH Lim, KE Manera, KB Owen, et al., ‘The prevalence of chronic and episodic loneliness and social isolation from a longitudinal survey’, *Sci Rep*, 2023, 13, 12453, <https://doi.org/10.1038/s41598-023-39289-x>.

<sup>74</sup> AIHW, *Australia’s Welfare 2023 Social isolation, loneliness and wellbeing*.

<sup>75</sup> Groundswell Foundation and KPMG, *Connections matter*.

<sup>76</sup> UK Government, *A connected society*.

<sup>77</sup> UK Government, *Tackling loneliness annual report March 2023: the fourth year*, UK Government, 2023, accessed 15 October 2024.

## Supporting future and more targeted interventions

At present, there is limited evidence to support specific programs or interventions to address loneliness and social isolation, but the evidence base is continuously growing.

The opportunities explored above can better support understanding of loneliness and social isolation in the following ways:

- identify populations most at risk and inform the need for new, additional or integrated services aimed at reducing social isolation and loneliness
- provide better targeted, more effective services and interventions to enhance social connectedness and improve outcomes
- improve comparability of NSW and Australian data with international prevalence data, as identified by a recent systematic review<sup>78</sup>
- provide a foundation for measuring changes in loneliness or social isolation because of targeted programs or other interventions.

In 2023-24, NSW Health provided funding to the UNSW Social Policy Research Centre to conduct a Youth Mental Health Social Connectedness Evidence Check. The Evidence Check, due for completion in December 2025, aims to identify populations at risk of social disconnection, particularly among young people. It will examine how developmental transitions impact social connectedness in youth and investigate critical times when young people are likely to experience social disconnection. In addition, it will explore early identification methods for youth at risk of social disengagement, analyse connections between youth mental health services and other systems (e.g., education, criminal justice), and examine approaches to promote social connectedness across the service landscape.

## Cost of loneliness in NSW

### Estimating the economic cost of loneliness

Calculating the cost of loneliness is challenging. The costs of loneliness extend beyond the individual, to the health system, those providing care, and to broader society. The associated costs of loneliness, therefore, are often indirect, and reliable data calculating economic impacts is scarce, particularly across different demographics.<sup>79</sup> The relationship between experiences of loneliness and health and mental health conditions makes it difficult to isolate the effect of loneliness from other related factors. For example, loneliness can be a cause of poor mental health, but poor mental health can also cause loneliness.<sup>80</sup> This could lead to difficulties in accurately estimating the specific impact of loneliness. The potential harmful effects of loneliness are not confined to health impacts alone, but also on educational outcomes and the broader labour market.

NSW Government has not provided its own estimate of the economic cost of loneliness as it has not been able to identify a methodology that is sufficiently robust. To support the Inquiry, however, the NSW Government has calculated an apportionment of BCEC 2021 national estimate of the economic cost of loneliness to NSW by population. As of November 2021, BCEC estimated the total cost of loneliness for Australia as \$2.7 billion per year.<sup>81</sup> Accounting for inflation between November 2021 and July 2024, the estimate increases to \$3.1 billion per year. Based on population proportion, BCEC's

<sup>78</sup> DL Surkalim, M Luo, R Eres, K Gebel, J van Buskirk, A Bauman and D Ding, 'The prevalence of loneliness across 113 countries: systematic review and meta-analysis- external site opens in new window', *BMJ*, 2022, 376:e067068, doi:10.1136/bmj-2021-067068.

<sup>79</sup> C Burlina and A Rodríguez-Pose, 'Alone and lonely, The economic cost of solitude for regions in Europe', *Environment and Planning A: Economy and Space*, 2023, 55(8), 2067-2087, <https://doi.org/10.1177/0308518X231169286>.

<sup>80</sup> UK Government Department for Digital, Culture, Media & Sport, *Loneliness monetisation report*.

<sup>81</sup> Duncan et al., *Stronger together: Loneliness and social connectedness in Australia*.

methodology would result in an estimated economic cost of loneliness to NSW of approximately \$971 million per year. For the reasons outlined in this submission, this figure should be treated with caution.

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## Limitations

To assist the Inquiry, the NSW Government has calculated an apportionment of the BCEC estimate to NSW, as this estimate appears to be one of the most widely cited figures for Australia.

However, other studies take different approaches to BCEC and the approach taken should not be regarded as definitive. The approach is subject to uncertainty and methodological challenges. Further research is needed to develop a more robust methodology, to better isolate the economic cost of loneliness from other potential factors.

The following section summarises some limitations of the approach, which any alternative or improved methodology would also need to overcome.

### Determining the impact of loneliness

Loneliness is associated with a range of mental and physical health issues. While loneliness can be the cause of these issues, the reverse may also be true. For example, a study found that there could be a bi-directional relationship between mental health conditions and loneliness amongst children.<sup>82</sup> The relationship between loneliness and adverse health behaviours could be complex and difficulty isolating the impact of loneliness could lead to inaccurately estimating costs as other explanatory factors are not considered. Further research is recommended to better understand the impact of loneliness on various mental and physical health conditions and vice versa. This could include utilisation of econometric techniques to isolate the impact of loneliness.

### Impact of loneliness on different demographics

Additionally, the effect of loneliness can vary depending on the underlying characteristics of an individual. The BCEC study finds that the association between loneliness and work absences changes with age.<sup>83</sup> Middle-aged cohorts tend to take more sick days than those aged 55 and over. It is unclear whether the BCEC study accounts for demographical differences in their cost estimations. Further research is required to better understand the impact of loneliness on different demographics. These differences should be incorporated into the calculation of economic costs.

### Intensity of loneliness

The BCEC study classifies individuals as either lonely, or not, using HILDA Survey data. This binary classification of loneliness does not account for different intensities of loneliness. As loneliness is not a binary concept, an alternative methodology might incorporate different intensities of loneliness with an escalating scale of economic costs associated with higher intensities of loneliness.

### Measures of loneliness

The BCEC study measures loneliness using the response to a single-item statement from the HILDA survey - "I often feel very lonely". Reliance on a single measure could lead to underestimating the number of people feeling lonely, especially as stigma may prevent some people to report feelings of loneliness. The methodology could be refined to use additional items from the HILDA survey to

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<sup>82</sup> Hards et al., 'Loneliness and mental health in children and adolescents with pre-existing mental health problems: A rapid systematic review.'

<sup>83</sup> Duncan et al., *Stronger together: Loneliness and social connectedness in Australia*.

construct a more comprehensive measure of loneliness.<sup>84</sup> Such measures could also capture the intensity of loneliness, leading to more accurate estimates.

### Transient nature of loneliness

It is unclear whether the BCEC methodology captures past experiences of loneliness or whether the loneliness being experienced is transient or chronic. In theory, these effects could influence the resulting estimates in either direction.

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## Types of costs associated with loneliness

Based on existing literature, costs associated with loneliness may include the following:

- **Cost to individual health and premature death:** loneliness has been linked to a range of poor physical and mental health issues including depression, alcoholism, cardiovascular problems, Alzheimer's disease and other adverse health outcomes.<sup>85</sup> Given the association with health outcomes, loneliness also significantly increases an individual's risk of premature death.<sup>86</sup>
- **Cost to the healthcare system:** people with loneliness report higher rates of accessing healthcare services, such as GP, emergency services and residential care leading to costs for both individuals and service providers.<sup>87</sup>
- **Cost to those providing informal care:** caring for individuals experiencing loneliness can create significant costs for family and friends providing caring duties.<sup>88</sup>
- **Cost to economy through lost productivity:** loneliness and isolation are associated with lower academic achievement, lower productivity at work and higher unemployment.<sup>89</sup>

The BCEC methodology captures some, but not all, the above factors.

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## NSW Government strategies and initiatives

The NSW Government funds and delivers coordinated services to mitigate the impacts of loneliness and social isolation by enhancing protective factors and supporting greater social connectedness and cohesion across NSW.

Addressing the growing issue of loneliness requires a coordinated approach from individuals, communities, organisations, and Government. The objectives of relevant NSW Government strategies inform community consultation and co-design models to ensure protective factors are embedded in services and initiatives targeting people at risk of loneliness.

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<sup>84</sup> KE Manera et al., 'Psychometric assessment of scales for measuring loneliness and social isolation: an analysis of the household, income and labour dynamics in Australia (HILDA) survey', *Health and Quality of Life Outcomes*, 2022, 20(40); MH Lim et al, The prevalence of chronic and episodic loneliness and social isolation from a longitudinal survey, *Scientific Reports*, 2023, 13(1).

<sup>85</sup> L Rico-Urbe et al., 'Association of loneliness with all-cause mortality: A meta-analysis', *PLoS One*, 2018, 13(1), <https://pubmed.ncbi.nlm.nih.gov/29300743/>.

<sup>86</sup> The Lancet, *The epidemic of loneliness*, The Lancet, 2023, accessed 9 October 2024.

<sup>87</sup> L Fulton and B Jupp, *Investing to tackle loneliness*, Social Finance, 2015, accessed 15 October 2024.

<sup>88</sup> New Economics Foundation, *The cost of loneliness to UK employers*, 2017, accessed 9 October 2024.

<sup>89</sup> F Guay, M Boivin and E Hodges, 'Predicting change in academic achievement: A model of peer experiences and self-system', *American Psychological Association*, 1999, <https://doi.org/10.1037/0022-0663.91.1.105>; H Ozcelik, S Barsade, 'No employee an island: workplace loneliness and job performance', *Academy of Management Journal*, 2018; N Morrish, A Medina-Lara, 'Does unemployment lead to greater levels of loneliness? A systematic review', *Social science & medicine*, 2021, Volume 287.

Creating social connection in the community through social and built environments has the potential to positively influence loneliness outcomes.<sup>90</sup> Urban planning, community interventions and educational programs focusing on social networks and skills are all key factors in mitigating loneliness. These community level interventions require collaboration across various levels of government and sectors, including planning and environment, health, mental health and aged care.

A selection of relevant strategies has been included below for the Committees consideration.

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## Health

The NSW Government acknowledges the value of public health strategies that promote social engagement and support.

NSW Health Local Health Districts (**LHDs**) and Specialty Health Networks (**SHNs**) offer a range of programs that directly or indirectly seek to address issues relating to loneliness and social isolation. Allied health clinicians can conduct social prescribing to address the needs of at-risk populations, where it is indicated for an individual. These may include group interventions and programs that provide an opportunity to incorporate social or peer support into existing therapies to address both physical health and psychosocial issues which are impacting their health and recovery, including loneliness. For example, group exercise programs such as Sydney LHDs Strategies may include enhancing community support; creating inclusive programs; providing mental health resources; and fostering environments that facilitate social interactions and connections.

In addition, NSW Health works with or links consumers to Australian Government, local government and community-based organisations including:

- Community social groups (e.g. Probus, Men's Shed, Country Women's Association, and local council social connections and community garden groups)
- Community mental health programs (e.g. [One Door Mental Health](#), [Addi Moves](#) group exercise programs)
- [Aged Care Volunteer Visitors Scheme \(ACVVS\)](#)
- Community supported accommodation and homelessness services, including the Wollongong Homeless Hub, Supported Accommodation & Homelessness Services Shoalhaven Illawarra (SAHSSI), Vinnies, and Wayside Chapel, who work with people experiencing social isolation as a result of homelessness.
- Community multicultural services such as Illawarra Multicultural Services and the Multicultural Communities Council of Illawarra who work to build community connection for people from culturally/linguistically diverse backgrounds; and [CanRevive](#), which provides community cancer support programs to people who speak Cantonese in NSW.
- Primary Health Network (**PHN**) funded social prescribing programs including Social RX®.

## Suicide Prevention

The NSW Government has previously engaged with the concept of loneliness in the NSW Strategic Framework for Suicide Prevention in NSW 2022-2027, identifying chronic loneliness and social isolation as a risk factor of suicidality.

In August 2024, the Hon. Rose Jackson MP, Minister for Mental Health hosted a Men's Mental Health Forum: Suicide Prevention, attended by 84 participants, including professionals, researchers, individuals with lived experience, and advocates, from 61 mental health and suicide prevention organisations. The forum identified loneliness as a significant driver of distress, and discussed effective programs and interventions, future strategies for male suicide prevention. A report from the

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<sup>90</sup> J Lam and S Wang, 'Built environment and loneliness among older adults in South East Queensland, Australia', *Journal of Applied Gerontology*, 2022, 41(11):2382-2391, doi:10.1177/07334648221114345.

Forum is expected in October 2024, likely containing recommendations focused on reducing loneliness and social isolation among men.

NSW Health also provides funding to:

- Black Dog Institute Clinic, which offers psychiatric assessments and comprehensive treatment plans for difficult mood disorders. Treatment may include social prescribing for engagement in social activities (e.g. gardening, art clubs).
- Lifeline Australia to provide Crisis Support Services, including crisis phone, text, and chat services. Webchat services are also available to offer short-term support for those feeling overwhelmed.

### Aboriginal and Torres Islander Health

The *NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025* supports and assists NSW Health services in delivering respectful and appropriate mental health services in partnership with Aboriginal services, people and communities. The importance of connection to help increase social and emotional wellbeing for Aboriginal people, families and communities is embedded within the strategy and related programs.

NSW Health delivers two initiatives in partnership with the Aboriginal Health and Medical Research Council (**AHMRC**) aimed to improve mental health and wellbeing outcomes and reduce suicide rates in Aboriginal and Torres Strait Islander communities. These two initiatives address Target 14 of the National Agreement on Closing the Gap:

- The Building on Aboriginal Communities' Resilience (BACR) initiative supports 25 Aboriginal Community Controlled Health Organisations (ACCHOs) to deliver culturally appropriate community-led suicide prevention and social and emotional wellbeing (SEWB) activities in NSW Aboriginal communities.
- The Models of Care initiative supports knowledge sharing and connected care between Aboriginal health services, NSW Health and people and families accessing services and ultimately improve service access and pathways for Aboriginal people and communities needing mental health and SEWB support.

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### Domestic and family violence

The NSW Government takes an intersectional approach to responding to DFV in our communities and supporting victim-survivors of DFV. This includes providing specific supports, which may enhance an individual's protective factors against experiences of social isolation.

The *NSW Domestic and Family Violence Plan 2022-2027*, along with the *NSW Sexual Violence Plan 2022-2027*, set out the NSW Government's strategic direction to prevent and respond to domestic, family and sexual violence and are focused on ensuring victim-survivors are well supported by trauma-informed services that enable long-term recovery and healing. The NSW Government is committed to ensuring that the responsibility for violence and control always sits clearly with the person using violence, and not with the victim-survivor.

NSW continues to work with the Australian Government and other States and territories on a national approach to end gender-based violence, including violence against women and children. A five-year National Partnership Agreement on Family, Domestic and Sexual Violence Responses will commence on 1 July 2025, delivering over \$700 million in new matched investments from the Australian Government and States and territories.

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## Social cohesion

The NSW Government recognises and celebrates the strength of diversity and values the different backgrounds of all people across NSW. These are fundamental objects and principles of the *Multicultural NSW Act 2000*. The NSW Government is working with communities, local government and non-government organisations to deliver initiatives and strategies that foster stronger social cohesion and connection in local communities and ensure all people have opportunities to participate and contribute to our society.

The NSW Social Cohesion Grants for Local Government programs has provided more than \$1.4 million in funding to 20 projects across NSW since the first round in 2022. This grants program aims to create stronger, more resilient, and cohesive communities in partnership with local councils. Through the program, local councils can work with communities to strengthen connection and belonging between local communities and institutions. Throughout the three rounds of funding, two specific initiatives that specifically targeted loneliness include the *ReConnect Bathurst* social cohesion project and *Meet Your Neighbours* project.

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## Aboriginal and Torres Strait Islander people and communities

Working in partnership with communities, supporting better outcomes and increasing social and economic opportunities for Aboriginal and Torres Strait Islander people in NSW are foundational to mitigating adverse experiences, such as experiences of loneliness and social isolation.

In February 2024, the NSW Government re-affirmed its commitment to the National Agreement on Closing the Gap by signing a Closing the Gap partnership agreement to help improve Aboriginal health, education and social outcomes. The NSW Closing the Gap Implementation Plan 2022-24 includes commitments to increase knowledge of digital technologies, to increase access to digital devices, and skills to use digital technologies for Aboriginal people in NSW (including young people in regional and remote areas).

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## Seniors

A range of strategies exist that support NSW ageing population in specific areas, including planning, transport, health and mental health, housing and homelessness, women, disability inclusion, carers, and volunteering, and government agencies work together to co-ordinate these efforts and maximise the benefit for older members of our community.

The *Ageing Well in NSW: Seniors Strategy 2021–2031* outlines several objectives to address the issue of loneliness and social isolation among seniors in New South Wales, ensuring measures to reduce feelings of loneliness and promotion of overall well-being is embedded across services targeting this cohort.

Under the Connecting Seniors Grant Program and the NSW Senior Festival Grant program, older people are supported to connect with others and address the challenges that contribute to isolation for older people. The NSW Government so also provides seniors with the NSW Seniors Card which helps them access initiatives for a more affordable life in retirement. For example, the Gold Opal Card for Seniors Card holders provides access to travel for no more than \$2.50 a day, when using public transport services across the Opal network.

The NSW Ministerial Advisory Council on Ageing is the official advisory body to the NSW Government on matters of interest to older people, consistent with the NSW whole-of-government Ageing Strategy.

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## Young people

### In our schools

The NSW Education Standards Authority (**NESA**) is responsible for developing all syllabuses that are taught in NSW schools. Students in the early years of primary school (Kindergarten to Year 6) are provided with foundational opportunities to develop knowledge and skills that contribute to reducing loneliness and social isolation. This is further developed in secondary school (Years 7-10).

In addition, the Department of Education (**DoE**) works with NSW Health to provide increased access to mental health and wellbeing supports for students and school communities. Ongoing support is provided through SchoolLink Coordinators. Education settings implement strategies that increase student engagement and work to maintain strong connections for young people during times of life changes.

### In our communities

The NSW Government recognises that consulting and co-designing strategies with young people, government and non-government organisations is important to strengthen an environment that promotes social cohesion in the realm of urban planning, accessibility, programs and service design. The Family Connect and Support program, administered by DCJ, works with children, young people and families who need practical support and referral to ensure they connected to a support provider. From 1 July 2022 to 30 June 2023, a total of 20,465 individuals accessed the service across NSW.

DPIRD also delivers the Holiday Break Program, providing funding to local councils and youth service providers to deliver free recreational activities for young people during school holiday periods. One of the outcomes of this program is supporting young people to develop and sustain positive relationships with peers.

### Social Media Summit

On 10 and 11 October 2024, the NSW Government and South Australian Governments partnered to deliver a two day Social Media Summit. The Summit brought together a diverse group of experts, policymakers, academics, young people and the wider community.

The outcomes of the Summit will inform the design and delivery of policies, programs and resources to address the challenges posed by social media.

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## Rural, regional and remote communities

### Building connection

'Community connection and capacity building' is a key pillar under the NSW Government's \$400 million Regional Development Trust. Through this pillar, the Trust aims to lift the overall quality of community wellbeing in regional areas, which will have a positive effect on experiences of loneliness and social isolation.

### Supporting essential workers

The NSW Government recognises the importance of supporting our essential workers to live and work in our regional, rural and remote communities. The Essential Worker Attraction Program, delivered by the NSW Department of Primary Industries and Regional Development (**DPIRD**), includes a personalised local concierge service (The Welcome Experience) to supports workers to settle into new communities and form social connections, which may reduce their experiences of



loneliness and foster an ongoing connection to their new communities. The Welcome Experience is currently being rolled out in 52 local government areas (LGA) across regional NSW.

### The Rural Women's Network

Supported by Women NSW in TCO, the Rural Women's Network aims to link women living in rural, regional and remote communities to information and services that foster greater social connection. The Rural Women's Network creates opportunities that build personal and business resilience and works to strengthen our communities.

Women NSW delivered the Rural Women's Gathering on 19 October 2024, encouraging women living in regional and remote areas of NSW to come together, connect and learn new skills.

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## Carers

The significant contribution of carers across NSW make to the lives of others and our communities is formally recognised in the *NSW Carers (Recognition) Act 2010*. The NSW Government is committed to supporting carers across NSW, with the Department of Communities and Justice (DCJ) delivering the *NSW Carers Strategy: Caring in NSW 2020-2030*. The Strategy outlines the Government's ten-year plan for supporting and recognising carers in NSW. The NSW Carers Advisory Council also acts to support carers through its role in providing advice to the NSW Government on legislation, policy and other matters relating to carers.

In addition, the *Ageing Well in NSW: Seniors Strategy 2021-2031* further builds on this, also acknowledging the foundational role carers and families play in supporting seniors and recognises the importance of also providing them with support and resources they need.

Carers are also supported by the NSW Health system. The NSW Family and Carer Mental Health Program is delivered across LHDs and the Justice and Forensic Mental Health Network in collaboration with five community-managed organisations. The program provides training, education, support, and advocacy for carers.

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## People with a disability

The *NSW Disability Inclusion Plan* provides a comprehensive strategy to enhance social and economic participation of people with disabilities across NSW. The plan focuses on key areas including creating liveable communities and developing positive community attitudes and behaviours. The Plan also supports the objects of the *NSW Disability Inclusion Act 2014*, enhancing the independence and social and economic inclusion of people with a disability throughout NSW.

The Disability Council NSW is the official advisory body to the NSW Government on matter relating to people with disability and disability inclusion.

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## LGBTQIA+ individuals

The NSW Government is establishing a new advisory council designed to improve understanding of issues affecting LGBTQIA+ people across the state. Fulfilling an election commitment, the LGBTQIA+ Advisory Council will provide a mechanism for ongoing community consultation and contribute to the development of a NSW Government LGBTQIA+ Inclusion Strategy.

The development of the NSW LGBTQIA+ Inclusion Strategy (will explore barriers and identify opportunities for LGBTQIA+ people to mitigate experiences of loneliness through enhancing social

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connection through LGBTIQ+ inclusive sporting clubs, recreational events/groups, arts and cultural initiatives and volunteering through community-based organisations.

The Advisory Council will provide ongoing advice to the NSW Government as it delivers on a range of initiatives and commitments designed to promote equality and inclusion for LGBTIQ+ communities.

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## Refugee and humanitarian entrants

Launched in 2023, the *NSW Settlement Strategy*<sup>91</sup> was developed in consultation with government and non-government stakeholders, including people with lived experience, to deliver a framework for the NSW Government to:

- have a shared understanding of what successful settlement means
- continue to deliver services and programs that are working well
- collaboratively address areas for attention
- evaluate and apply learnings to improve settlement outcomes in NSW.

The Strategy captures NSW Government initiatives working to improve settlement outcomes, including improving opportunities for those settling in NSW to participate socially and economically and fostering social connection. The Strategy will be updated regularly to ensure it is responsive to both the needs of refugees in NSW as well as to changes policy changes. Adopting a whole-of-community approach, initiatives under the strategy build strong social connections which have practical benefits for refugees.

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<sup>91</sup> NSW Government, *NSW settlement strategy*, NSW Government, 2024, accessed 18 October 2024.