BANKWEST CURTIN ECONOMICS CENTRE

STRONGER TOGETHER

Loneliness and social connectedness in Australia

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About the Centre

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 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.

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FOREWORD

Our society is changing rapidly and there is growing concern over loneliness, social isolation and disconnection.

Which sections of our society are at greatest risk of loneliness or isolation? What drivers can mitigate loneliness, and build our sense of inclusion? Has technology and social media improved our sense of connectedness, or has it left some with greater feelings of separation or isolation?

This eighth report in BCEC's Focus on the States series seeks to provide insights into these questions and many more. The report examines trends in social connectedness in Australia through a unique index that captures social interactions, social support, interpersonal trust and socio-economic advantage.

Through this report we also explore the breadth and variety of people's experiences through the COVID-19 pandemic, and ask: what has the pandemic revealed about the state of Australia's social capital, the connectedness of our communities, and our sense of trust and belonging?

The pandemic has changed the way we interact with each other in society. A new norm is emerging. As this occurs, it is important to find ways for all in our society to re-connect and re-engage with community in a way that increases sense of belonging and addresses issues of isolation, loneliness and wellbeing.

The findings from this report are intended to increase public understanding around key issues of loneliness, social inclusion and connectedness, and identify actionable policies and strategies that can help strengthen Australia's social fabric.

Professor Alan Duncan
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EXECUTIVE SUMMARY

This eighth report in the BCEC's *Focus on the States* series report examines the patterns of social connectedness in Australia and provides an assessment of connectedness among different segments of the society. The report also sheds light on the patterns of loneliness and identifies the groups at greatest risk of loneliness and social isolation. The breadth of people's social experiences through the COVID-19 pandemic is a special focus of the report and we track changes in social connectedness, participation and trust before and after the pandemic.

The report includes important insights from the new **BCEC Social Connectedness Index**. Among the main findings, we find 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 reveal 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 show 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 quantify 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 have 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 young women, have struggled to adjust to a way of life with long periods of confinement to the 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. 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.

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

The pandemic has given 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 from 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 at 6%. 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 goes down from 59% to 45% between the two age groups. Our analysis also highlights the significance of friendships for the wellbeing of young people aged 15-24, showing that having many friends reduces the likelihood of reporting loneliness by nearly 40 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 an increase in feelings of isolation and loneliness, with young women twice as likely to feel often or always lonely than young men during the restriction period. The amount 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.

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 lifecourse. 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.

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.

Key Findings

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.

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.

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.

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.

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.

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.

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.

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.

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%.

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.

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.

- Generally 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.

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 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.

- 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.

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.

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 civil 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).

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).

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).

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.

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.

INTRODUCTION

Humans are social beings. Some of the happiest episodes in our lives are associated with sharing time with family, friends, neighbours and community. Conversely, in times of crises, our social connections often serve as safety nets. The relationships we develop over time are also seen as a form of investment that can be leveraged for material benefits. A large literature in social sciences shows that there are significant positive returns to being socially connected. Social networks are associated with better labour market outcomes (Ioannides and Loury, 2004; Piracha *et al.* 2016), higher cognitive functioning (Zunzunegui et al. 2003; Cai 2021), superior health (Nieminen *et al.* 2013; Meng and Xue 2020) and subjective wellbeing (Helliwell and Putnam 2004; Lamu and Olsen 2016).

Yet our society is undergoing rapid changes with growing concerns in place over social 'disconnectedness'. We spend less time socialising with family, friends and neighbours, and taking part in the community, particularly following the social distancing and isolation imposed in an effort to mitigate the spread of COVID-19. The problem of social isolation is growing and there are mounting concerns over social and economic costs associated with increased prevalence of loneliness in our society. Such concerns are consistent with research evidence that links loneliness to a range of risky health behaviour and poorer health outcomes (Stickley *et al*. 2013; Shankar 2017).

Against this background, this eighth report in the BCEC's *Focus on the States* series examines the trends in social connectedness and loneliness in Australia and undertakes a comprehensive assessment of their implications for the wellbeing of the members of our society. We explore the patterns of evolution of community participation, social support and trust over time and ask: who is at risk of social disconnectedness and disengagement?

The report devotes some much needed attention to the issue of loneliness and offers a comprehensive evaluation of its magnitude and significance. Are there particular groups of our society experiencing heightened sense of loneliness and what are some of the factors and circumstances that ameliorate it? Our analysis takes a close look at patterns of loneliness experienced by some of the most vulnerable groups in our society defined by age cohort, health status, ethnicity and exposure to adverse life transitions. Moreover, we ask whether economic disadvantage experienced by many in our society induces social isolation and loneliness.

Our analysis provides a direct engagement with some of the consequences of loneliness and asks whether lonely people are more likely to engage in risky health behaviours such as smoking or exercising less? We build on this analysis to derive further implications for the consequences of loneliness for physical and mental health and overall wellbeing of individuals.

The new rules and barriers to social interaction associated with COVID-19 have led to renewed concerns around decreased physical interactions and increased social isolation. So how has the pandemic shaped and altered social connectedness in Australia? Have there been changes in the patterns of our interactions with friends and family, participation in community, social support and trust to others? We engage with the implications of such changes for the wellbeing of the members of our society and identify actionable policies and strategies that can help strengthen Australia's social fabric.

"WHAT IS THE **STATE OF SOCIAL CONNECTEDNESS IN AUSTRALIA?** HAVE WE GROWN TO BE MORE DISCONNECTED, AND IF SO, HOW CAN WE REBUILD THE FRAYING SOCIAL FABRIC?"
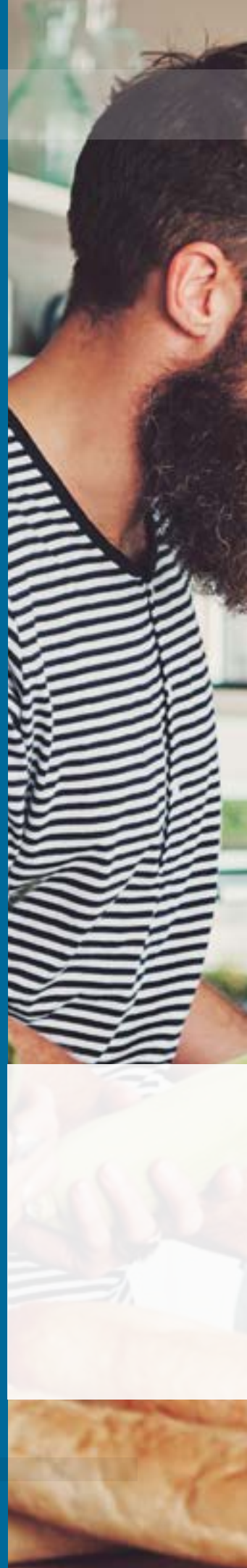
SOCIAL CONNECTEDNESS
IN AUSTRALIA

INTRODUCTION

What is the state of social connectedness in Australia? Have we grown to be more disconnected, and if so, how can we rebuild the fraying social fabric? This chapter engages with these questions by constructing a composite index of social connectedness in Australia – the BCEC Social Connectedness Index – and using it to consistently assess the extent to which social connectedness has changed in Australia over the past decade. We additionally look at the ways social connectedness differs across different segments of the society, and whether and how different life transitions affect it.

Our work relates to the literature on social capital which regards it as one of the four major types of capital (human, physical and financial capital) in view of the fact that it can facilitate productivity and translate to prestige and income (Piracha et al. 2014, p2). There is no consensus on the exact definition of social capital. In the book "Disconnected" published in 2010, Andrew Leigh simply defines social capital as the networks of trust that link multiple individuals together (Leigh 2010, p. 3). The academic literature has defined social capital in numerous ways, but consistently alluded to social networks and civic engagement together with tangible and intangible forms of social resources (Ding et al. 2015). Some of the key ingredients of social capital analysed in the literature include informal social connectedness, civic engagement, community participation, sense of belonging, social support, general trust, reciprocity and relationship with neighbours (Onyx and Bullen 2000; Woodhouse 2006; Berry and Welsh 2010; Ziersch et al. 2009; Piracha 2014; Clark and Lisowski 2018; Miranti and Evans 2018; Yiengpruhsawan et al. 2018).

The data used in this chapter come from the Household, Income and Labour Dynamics in Australia (HILDA) Survey conducted in 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS from 2016, 2011-2020. The HILDA survey is a longitudinal study of Australian households and captures various economic and social aspects of the lives and family dynamics of Australians including a wide range of measures of social interactions, support and trust. The ABS data by region presents a range of variables for regions across Australia sourced from a wide variety of collections, both ABS and non-ABS[1], including a wide range proxied for the level of socio-economic advantage by region.

It is important to note that the data used in this chapter was collected prior to the COVID-19 pandemic thereby limiting our ability to make inferences around social development post-COVID-19 – the focus of the last substantial chapter of this report.

SOCIAL CONNECTEDNESS INDEX

There are a myriad of potential factors that influence the degree to which people feel socially connected, or isolated, within their communities. This presents something of a challenge in capturing the underlying dimensions of social connectivity or loneliness.

For this *Focus on the States* report, we use statistical methods to resolve this challenge, through the development of a unique composite index. The **BCEC Social Connectedness Index** seeks to capture the most important aspects and attributes of social connectedness. These include interactions with family, relatives, friends and neighbours, participation in community and volunteering, being able to find someone to talk to, confide in, lean on and support in times of trouble, frequency of loneliness, interpersonal trust, and perceived reciprocity.

The index also captures those socio-economic factors that are most likely to affect social connectedness such as disability status, ethnicity, family type, English proficiency, phone and internet access, education, employment, income, and the density and composition of the communities in which people live and work.

We use a method of Principal Component Analysis (PCA)[2] to aggregate this broad set of (often highly correlated) factors into a smaller number of domains that capture underlying dimensions of social connectivity. The Principal Components approach attributes a series of data-driven weights (or "loadings") to component indicators that can be used to infer underlying patterns and relationships.

Plotting the first two loadings from the PCA reveals some identifiable groupings or themes among component indicators (Figure 1) that provide an informative structure to our composite index. For example, the social interactions domain covers a number of interactions with family, relatives, friends, neighbours and local community and engagement in volunteer and charity activities. The mapping of the variables and their grouping into four dimensions is both clear and logical, and forms a sound basis for a more detailed analysis of social capital and connectedness.

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[2]   The Glossary to this report includes a fuller description of the method of Principal Components, and its application to the construction of social indicators.

FIGURE 1

A visualisation of the BCEC Social Connectedness Index
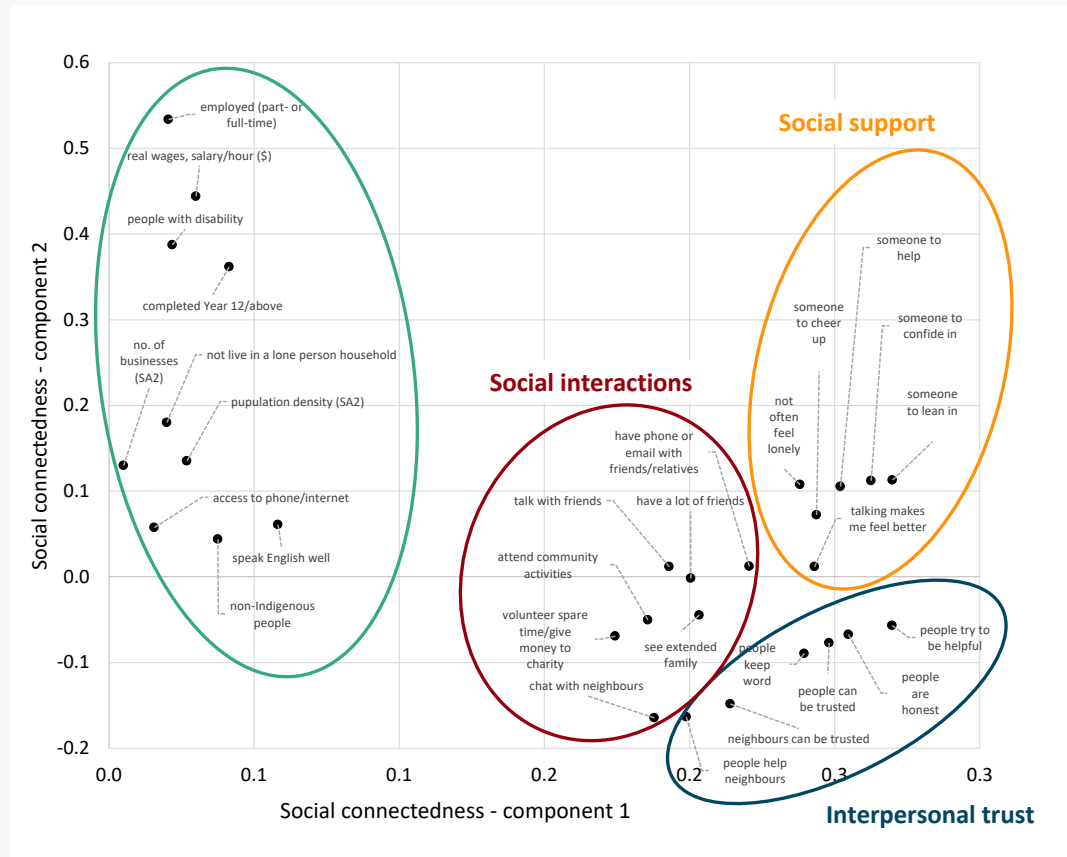
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

This analysis lends itself to categorisation of indicators underlying the BCEC Social Connectedness Index into four dimensions of (1) Social interactions, (2) Social support, (3) Interpersonal trust, and (4) Socio-economic advantage as presented in Table 1. The dimension scores are then standardised to take on a value of 0-1 where a higher score means greater social connectedness. Finally, we combine the dimensions into a composite index - the Social Connectedness Index - using simple summation. That is, we assume that the dimensions contribute the same level of importance towards identifying the level of social connectedness of an individual. The composite Social Connectedness Index takes on a value of 0.02-3.57,[3] and the larger the index, the greater the social connectedness.

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3   The dimension indices take on a value of 0-1, but no individual achieves the maximum score for all the dimensions.

TABLE 1

Dimensions of Social Connectedness Index

Social interactions	Social support
· I often have telephone/email with friends and relatives (Yes/No)	· There is someone to cheer me up (Yes/No)
· I often chat with neighbours (Yes/No)	· Talking with others makes me feel better (Yes/No)
· I often talk about current affairs with friends (Yes/No)	· I have someone to confide in (Yes/No)
· I often see extended family (Yes/No)	· I have someone to lean on in troubled times (Yes/No)
· I often attends events, worship meetings or other community activities (Yes/No)	· I do not often feel very lonely (Yes/No)
· I often volunteer spare time or give money to charity (Yes/No)	· I often can find someone if I need help (Yes/No)
· I have a lot of friends (Yes/No)	

Interpersonal trust	Socio-economic advantage
· I agree that people keep their word (Yes/No)	· Not of Indigenous origin (Yes/No)
· I agree that people make agreements honestly (Yes/No)	· Not have any long-term health condition, impairment, or disability (Yes/No)
· I agree that generally most people can be trusted (Yes/No)	· Not live in a lone person household (Yes/No)
· I agree that people in this neighbourhood can be trusted (Yes/No)	· Speak English well (Yes/No)
· I agree that most of the time people try to be helpful (Yes/No)	· Have access to phone/internet at home (Yes/No)
· I agree that people are willing to help neighbours (Yes/No)	· Completed Year 12 or above (Yes/No)
	· Employed, part or full-time (Yes/No)
	· Real wages, salary per hour ($)
	· Population density in Statistical Areas Level 2 (SA2) (000 persons/km^2)
	· Number of thousands of businesses in SA2

Notes: Real wages/salary per hour ($) has been firstly calculated by dividing the current weekly gross wages/salary by the number of hours people usually work per week collected by the HILDA Survey, then deflated by using the Consumer Price Index (CPI) provided in the ABS Cat No 6401.

Source: Bankwest Curtin Economics Centre | HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

The Social Connectedness Index has fallen by nearly 10% from 2010 to 2018.

Looking at the index overall in Figure 2, we see that it takes an average value of 1.91 and a decreasing trend of the index has been observed from 2010 to 2018. In particular, the index has fallen by nearly 10% from 2.06 to 1.87 in this period. The reduction has been driven by a worsening in all four dimensions, in which the social interactions dimension has seen the largest decrease of 15 percentage points from 0.56 to 0.48.

FIGURE 2

Dimensions of Social Connectedness Index, 2010, 2014 and 2018
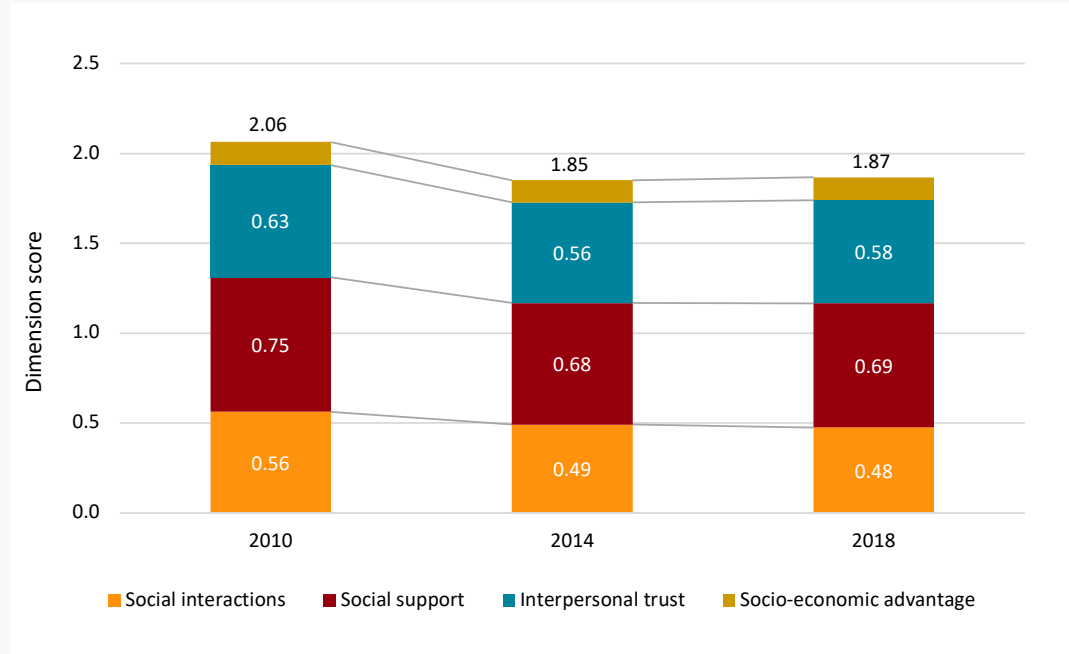
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

SOCIAL CONNECTEDNESS ACROSS GEOGRAPHICAL REGIONS

Location can play a significant role in determining and facilitating how people build and maintain social connections. People living in remote areas across Australia typically have lower levels of access to education, public facilities and services than those living in major cities and urban areas. Figure 3 illustrates that the Social Connectedness Index is the highest in major cities as expected, followed by regional areas and lowest in remote areas.

A closer look at the four dimensions reveals that major cities have greater socio-economic advantages compared to regional and remote areas. We observe the highest scores of social interactions and social support in major cities however interpersonal trust score is slightly higher in remote areas (Figure 3).

FIGURE 3

Dimensions of Social Connectedness Index by area of residence, 2010, 2014 and 2018
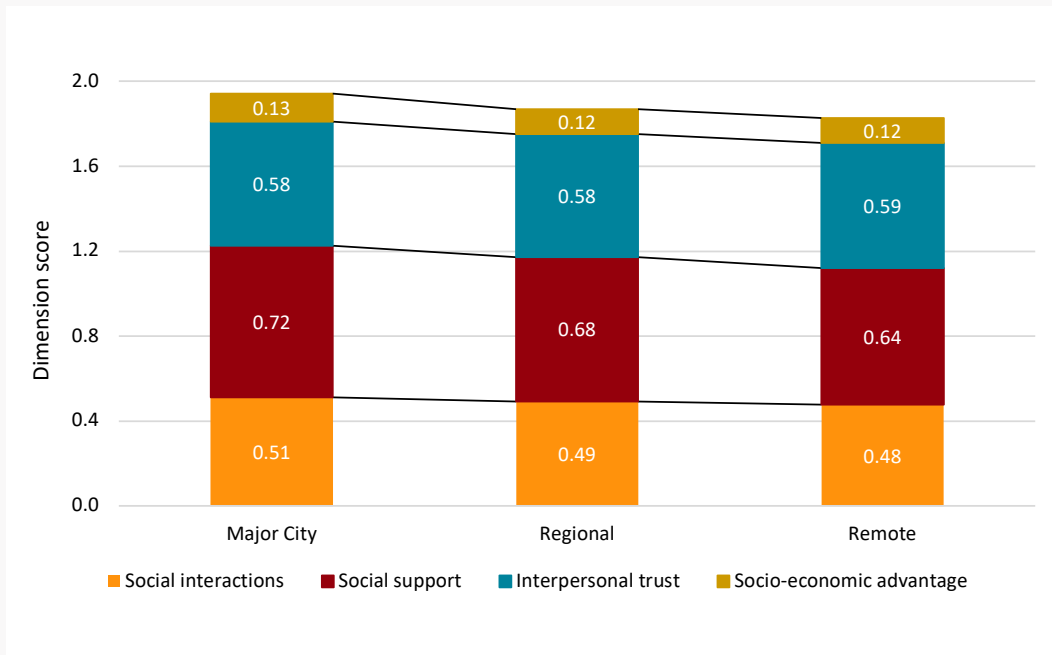
Remote areas have the lowest Social Connectedness Index compared to major cities and regional areas. However, interpersonal trust score is highest in remote areas.

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.

People are 12 ppts more likely to help neighbours in remote areas compared to major cities.

To have a better understanding of why interpersonal trust is higher in remote areas, we compare individual indicators of this dimension by areas of residence and find that the relationships with neighbours are better in remote areas compared to major cities and regional areas (Figure 4). The proportion of people living in remote areas who trust that people are willing to help neighbours is 57 per cent, which is 12 percentage points higher than that in major cities. Similarly, around 57 per cent of people living in remote areas trust their neighbours, while this number is 53 per cent in major cities. One possible reason to explain the geographical differences in neighbour trust is that people living in major cities are less likely to chat with their neighbours.

FIGURE 4

Neighbour relationships by area of residence, 2010, 2014 and 2018

	Major city	Regional	Remote
I agree that people in this neighbourhood can be trusted	53%	56%	57%
I agree that people are willing to help neighbours	45%	51%	57%
I often chat with neighbours	43%	47%	50%

Share of people (%)

Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

Differences in Social Connectedness Index are evident across the nation, with a decline of the index being observed across all states and territories. Figure 5 shows that Australian Capital Territory has the highest index (2.07), averaging nearly 0.16 points higher than the national average (1.91). Western Australia and the Northern Territory rank second and third with an average index of 1.99 and 1.95 respectively, closely followed by New South Wales and Victoria (1.93 each). Queensland and South Australia sit significantly below the national average index.

FIGURE 5

Social Connectedness Index by state, 2010, 2014 and 2018
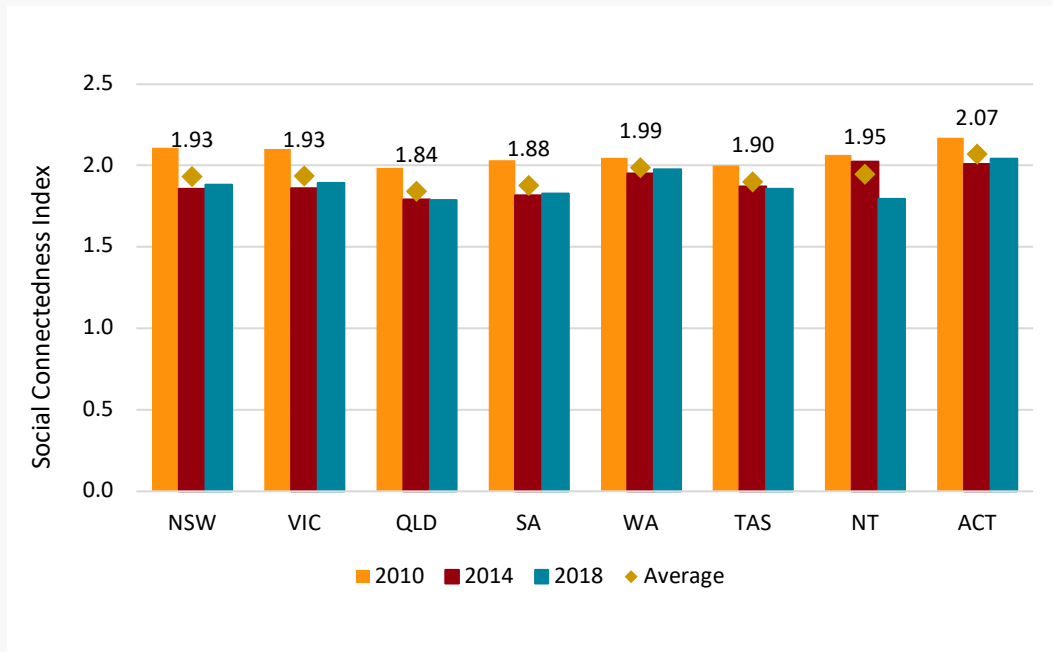
ACT and WA have the highest Social Connectedness Index in Australia.

Social Connectedness Index declined in all states and territories from 2010-2018.

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.

All states and territories have experienced a decline in the Social Connectedness Index from 2010 to 2018, with Northern Territory seeing the largest decline from 2.06 to 1.80. Western Australia and Australian Capital Territory have seen the smallest decline in the Index in this period.

To understand why the Index is highest in Australian Capital Territory and Western Australia, we take a closer look at the four dimensions of the Index (Figure 6). The score for social interactions is greater in ACT (0.55) and Western Australia (0.53) compared to other states and territories. Similarly, the interpersonal trust score is also highest in the ACT (0.62) and Western Australia (0.61).

FIGURE 6

Dimensions of Social Connectedness Index by state, 2010, 2014 and 2018
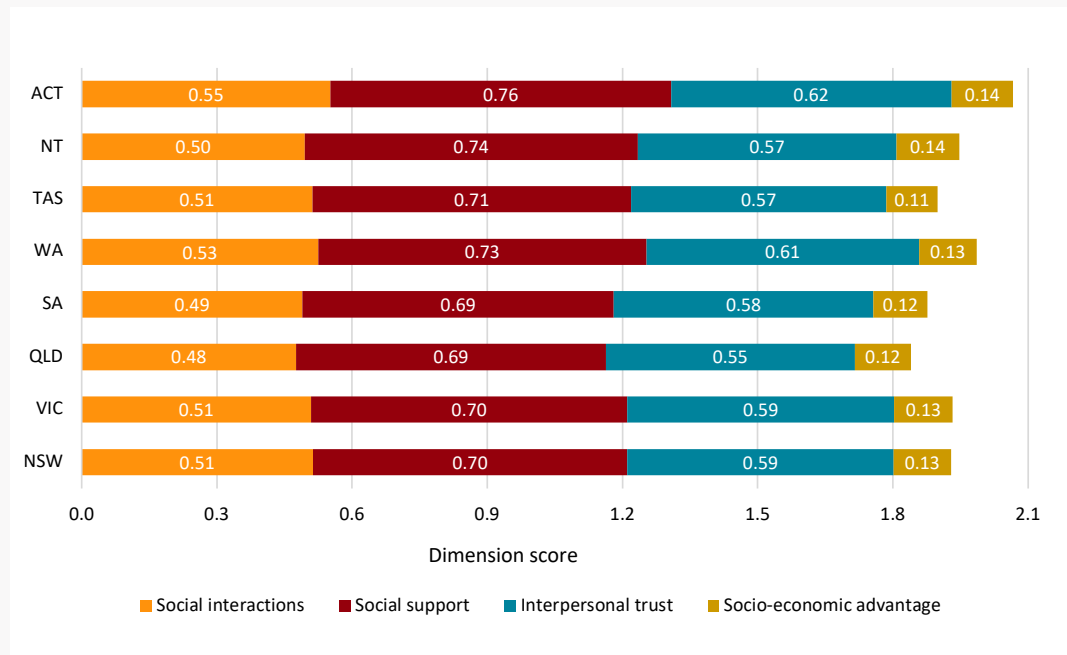
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

Table 2 looks more closely at variations in these two dimensions across states and territories. The table firstly shows the proportion of people who respond 'yes' to each indicator within each state and territory, and then ranks all the states and territories by each indicator. For example, the proportion of people who agree that people keep their word is 58 per cent in the Australian Capital Territory and 57 per cent in Western Australia, which is higher than all other states and territories. In general, the Australian Capital Territory and Western Australia rank first and second across all the indicators, indicating that social interactions and interpersonal trust are highest in these two states.

ACT and WA rank first and second on all social interactions and interpersonal trust indicators.

TABLE 2

Social interactions and interpersonal trust by state, 2010, 2014 and 2018

Share of people (%)	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
I often attend events, worship meetings and community activities	48	47	44	46	48	47	50	48
I often volunteer spare time or give money to charity	48	50	45	47	52	48	49	57
I agree that people keep their word	55	56	51	55	57	52	55	58
I agree that people make agreements honestly	61	62	58	61	64	58	63	67
I agree that generally most people can be trusted	60	62	56	60	63	58	59	67
I agree that most of time people try to be helpful	71	72	69	70	73	70	72	78
Ranking states in each indicator (1=highest, 8=lowest)	**NSW**	**VIC**	**QLD**	**SA**	**WA**	**TAS**	**NT**	**ACT**
I often attend events, worship meetings and community activities	2	5	8	7	2	5	1	2
I often volunteer spare time or give money to charity	5	3	8	7	2	6	4	1
I agree that people keep their word	6	3	8	5	2	7	4	1
I agree that people make agreements honestly	5	4	8	6	2	7	3	1
I agree that generally most people can be trusted	4	3	8	5	2	7	6	1
I agree that most of time people try to be helpful	5	3	8	6	2	7	4	1

Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

FIGURE 7

Social Connectedness Index by SA2, Australia and major cities, 2018
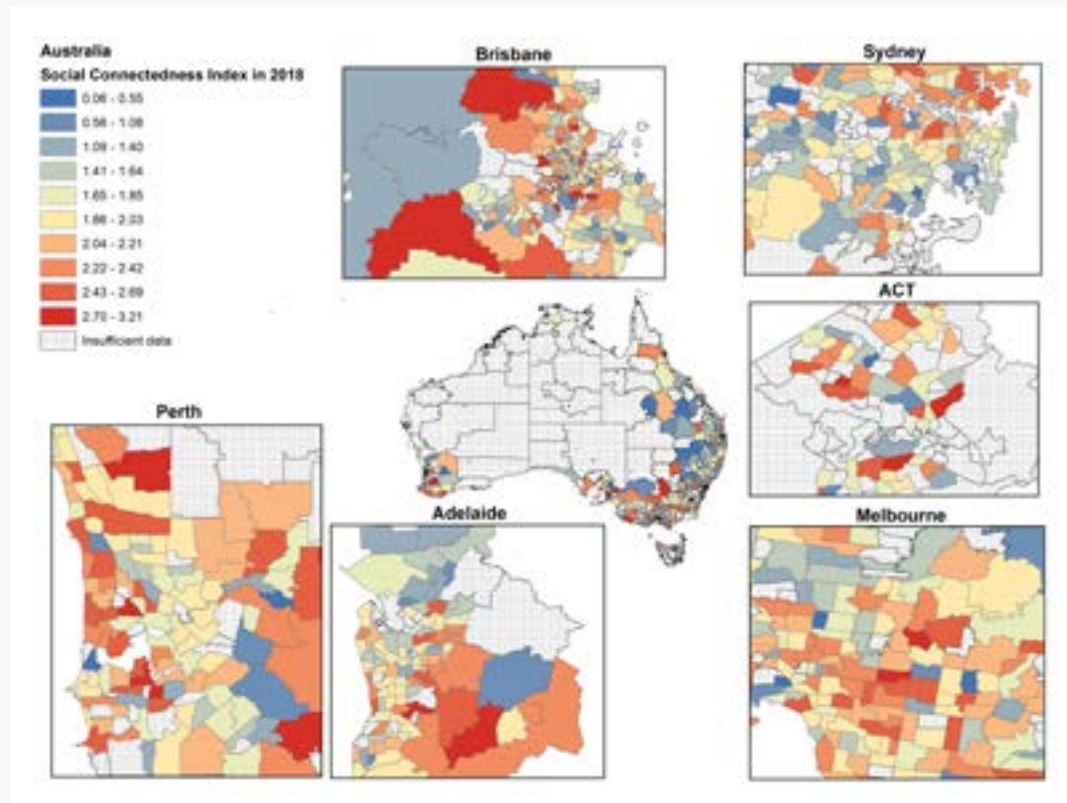
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

Social Connectedness Index has been mapped to small areas across each of Australia's states and territories using the Statistical Area Level (SA2) geographical classification. SA2 have been designed to reflect functional areas that represent a community that interacts together socially and economically. Mapping the index gives us a strong visual perspective of the relative social connectedness level gained by people in different areas of the country. Figure 7 shows that the index seems to be highest in cities' CBD. Among the major cities, Perth, Melbourne and Sydney are the cities where we can see higher levels of social connectedness. A majority of areas in the Australian Capital Territory show medium to high index even though many areas have insufficient data.

SOCIAL CONNECTEDNESS BY GENDER AND AGE COHORT

Are there gender- and age-based differences in social connectedness? The descriptive statistics presented in Table 3 suggest that in general, women have a higher index (1.99) compared to men in the same age group (1.83) across the entire lifecycle. We can see that women start at a higher index at the age of 15-17, and preserve this advantage relative to men across all age groups. The largest gender gap is observed in the age group 45-

54 when men have an average index of 1.83 while women's index is 2.05 – a difference of 0.23 points (Table 3). After that, men's index goes up significantly reaching 2.03 when they are aged 55-64, while the index for women at the same age rises only slightly to 2.12. At the age of 65 and above, men see another increase in the index while women index remains unchanged.

TABLE 3

Social Connectedness Index by gender and age group, 2010, 2014 and 2018

Age group	Men	Women	Difference - women vs men
15-17	1.69	1.80	0.11
18-24	1.59	1.78	0.19
25-34	1.66	1.89	0.22
35-44	1.80	1.99	0.19
45-54	1.83	2.05	0.23
55-64	2.03	2.12	0.09
65+	2.09	2.12	0.03
All age groups	1.83	1.99	0.16

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.

Women have an advantage in social connectedness relative to men at all ages.

Men's Social Connectedness Index rises by nearly one-third from age group 15-17 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%.

Social interactions and interpersonal trust among men aged 18-24 is the poorest across all gender and age groups.

Figure 8 illustrates four dimensions of Social Connectedness Index for men and women across seven age groups. Overall, social interactions, social support and interpersonal trust scores of women are mostly higher compared to men across all the age groups. Both men and women have better scores as they grow older, except when transitioning from 15-17 to 18-24 age group. Men and women aged 18-24 have much lower social interactions and interpersonal trust compared to younger men and women.

FIGURE 8

Dimensions of Social Connectedness Index by gender and age group, 2010, 2014 and 2018
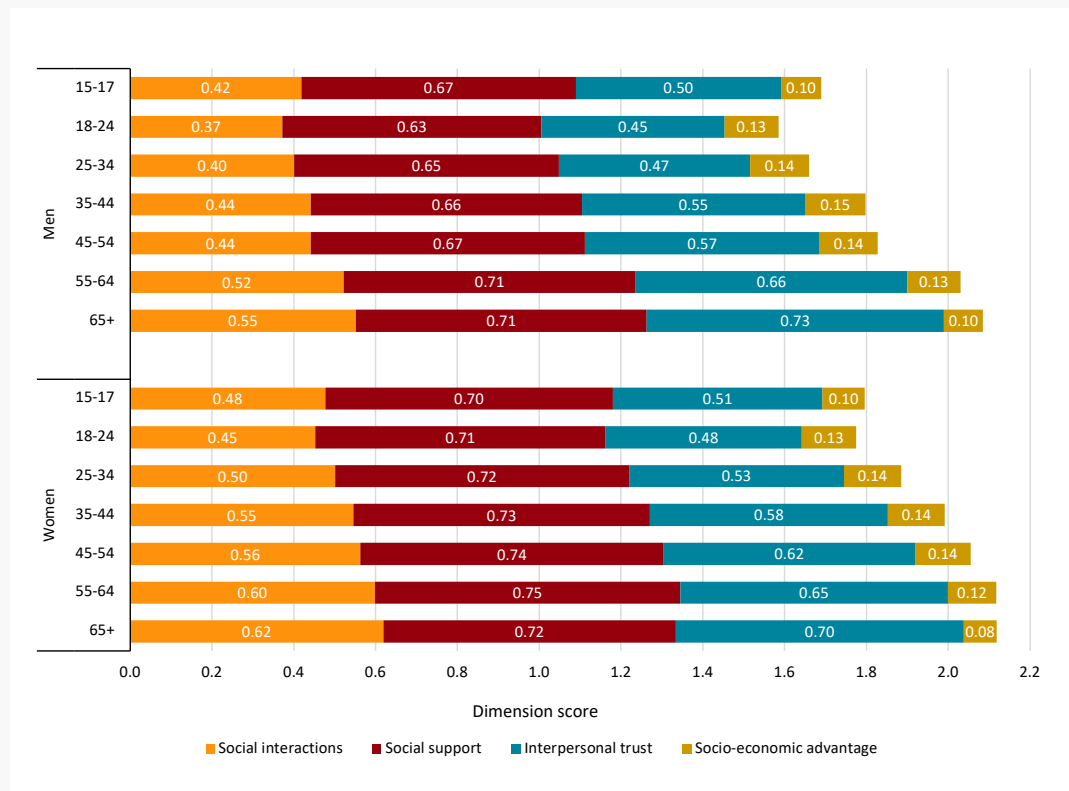
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.
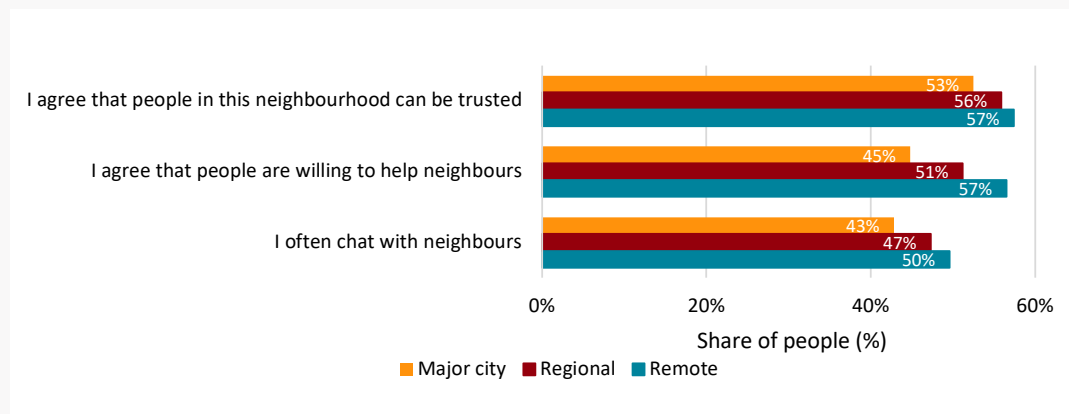
Figure 9 suggests that the differences in social interactions are mainly driven by the changes in friendships. The proportion of men having many friends falls from two-thirds in the age group 15-17 to around half in the age group 18-24. Women experience a similar decrease with the proportion of women who have many friends going down from 59 per cent to 45 per cent between the two age groups. Notably, we observe that a higher share of men aged 15-24 report having many friends relative to women in the same age group. Although young women have a higher Social Connectedness Index through having a greater score of social interactions (Figure 8), they are less likely to have many friends than men in the same age group.

FIGURE 9

Friendships among people aged 15-17 and 18-24, 2010, 2014 and 2018

The proportion of men having many friends falls from two-thirds in age group 15-17 to around half in age group 18-24.

Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

Figure 10 provides a better understanding of why the interpersonal trust score of people aged 18-24 is lower than the score of people in the younger age group. We can see that the difference is mainly caused by the difference in trust of neighbours.

For example, people aged 18-24 are 9 percentage points less likely to trust neighbours or 7 percentage points less likely to agree that people are willing to help neighbours compared to the younger people aged 15-17.

FIGURE 10

Interpersonal trust of people aged 15-17 and 18-24, 2010, 2014 and 2018
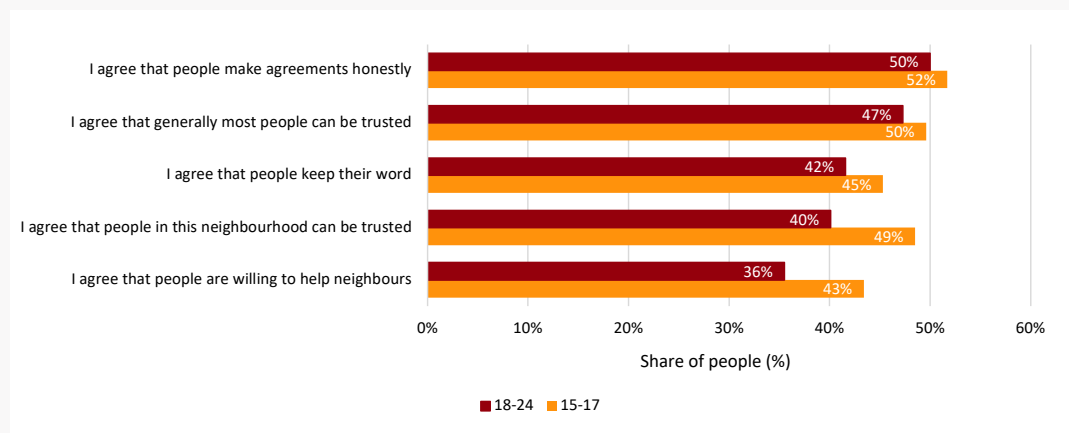
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

TABLE 4

Implications of friendships for social support and interpersonal trust for people aged 15-24, 2010, 2014 and 2018

	People do not have many friends (1)	People have many friends (2)	Percentage point difference between (2) vs (1)
Social support			
There is some one to cheer me up	48%	87%	+38.7
Talking with others makes me feel better	49%	82%	+32.7
I have some one to confide in	50%	85%	+35.1
I have some one to lean on in troubled times	55%	91%	+35.6
I do not often feel very lonely	39%	79%	+39.7
I often can find some one if I need help	51%	87%	+36.5
Interpersonal trust			
I agree that people keep their word	26%	58%	+31.7
I agree that people make agreements honestly	33%	67%	+33.1
I agree that generally most people can be trusted	31%	64%	+32.1
I agree that people in this neighbourhood can be trusted	29%	55%	+25.8
I agree that most of time people try to be helpful	45%	79%	+34.0
I agree that people are willing to help neighbours	27%	48%	+20.8

Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

Friendships appear to be an important part of young people's lives. Friendships are a source of support in managing social and emotional difficulties, provide protection from bullying, and can provide a mitigation against depression, especially for women (Rueger *et al*. 2010; Goswami 2012; Sterrett *et al*. 2011; Gorrese 2015). Table 4 demonstrates the importance of having friendships for feelings of social support and trust experienced by young people aged 15-24. Among people who have many friends, approximately 90 per cent of them can find someone to cheer them up, confide in and provide support if they need help while the share for those who do not have many

friends is significantly lower at around 48 to 51 per cent.

In addition, having many friends reduces the likelihood of reporting loneliness by nearly 40 percentage points among young people aged 15-24. Friendships can also significantly improve interpersonal trust of people in this age group. Compared to young people with many friends, those who do not have many friends are more than one-third less likely to believe that people keep their word, make agreements honestly, can be trusted, and most of time try to be helpful.

Friendships are crucial to young people aged 15-24. Having many friends reduces the likelihood of reporting loneliness by nearly 40 ppts.

FIGURE 11

Change in Social Connectedness Index in 2018 vs. 2010 by gender
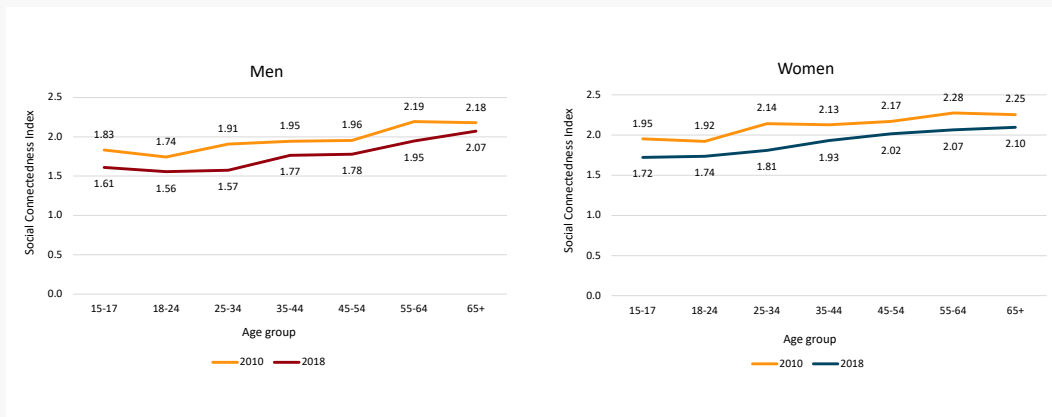
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

Social Connectedness Index of men and women aged 25-34 declined by 18% and 15% between 2010 and 2018 respectively.

A decrease in social interactions and support accounts for nearly 80% of the decline in Social Connectedness Index of people aged 25-34 between 2010 and 2018.

We have shown that social connectedness, as captured through our Social Connectedness Index, has been deteriorating in Australia over the last decade (Figure 2). But how does this decline vary across gender and age groups?

Figure 11 reveals that women and men have experienced a similar decrease in the index in 2018 compared to 2010 across all age groups. This indicates the gap in social connectedness between women and men is quite consistent over all stages of life, with women always having a higher index relative to men in the same age group. Notably, people aged 15-17, 25-34 and 55-64 have experienced the largest worsening in the index between 2010 and 2018. For example, both men and women aged 25-34 have seen a decline of 0.33 points in the index in this period.

Figure 12 shows that the changes in social interactions and social support have been primarily responsible for this decline. Men and women have mostly experienced similar degree of worsening across the four dimensions, except for the social support dimension. In the age groups 15-17 and 25-34, women had a greater reduction in social support, while men reported a larger decrease in the age group 55-64.

FIGURE 12

Change in dimensions of Social Connectedness Index in 2018 vs. 2010 of people aged 15-17, 25-34 and 55-64
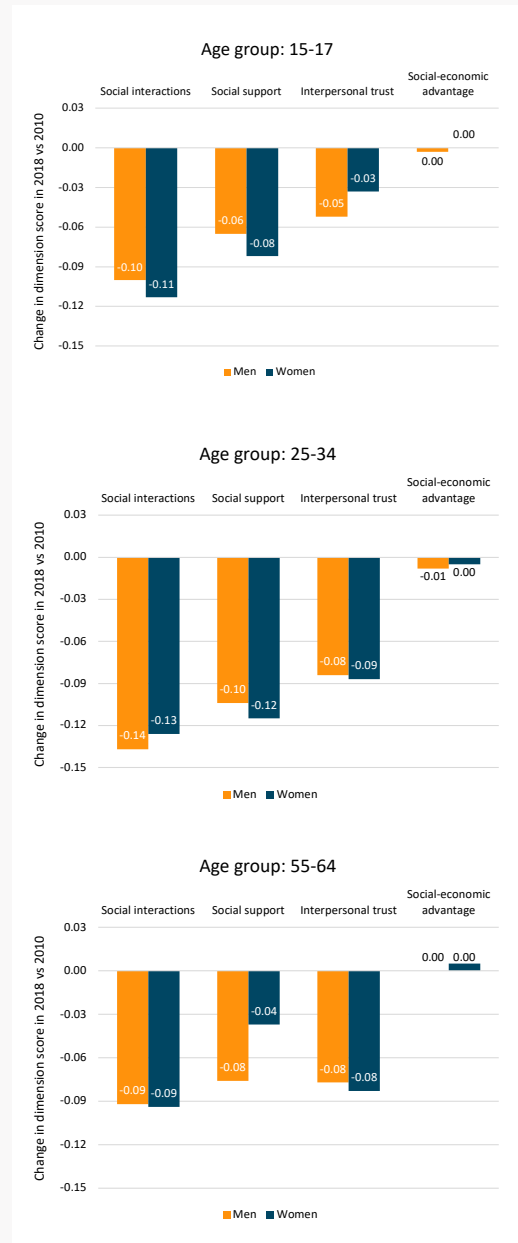
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

FIGURE 13

Change in social support in 2018 vs. 2010, women aged 15-17
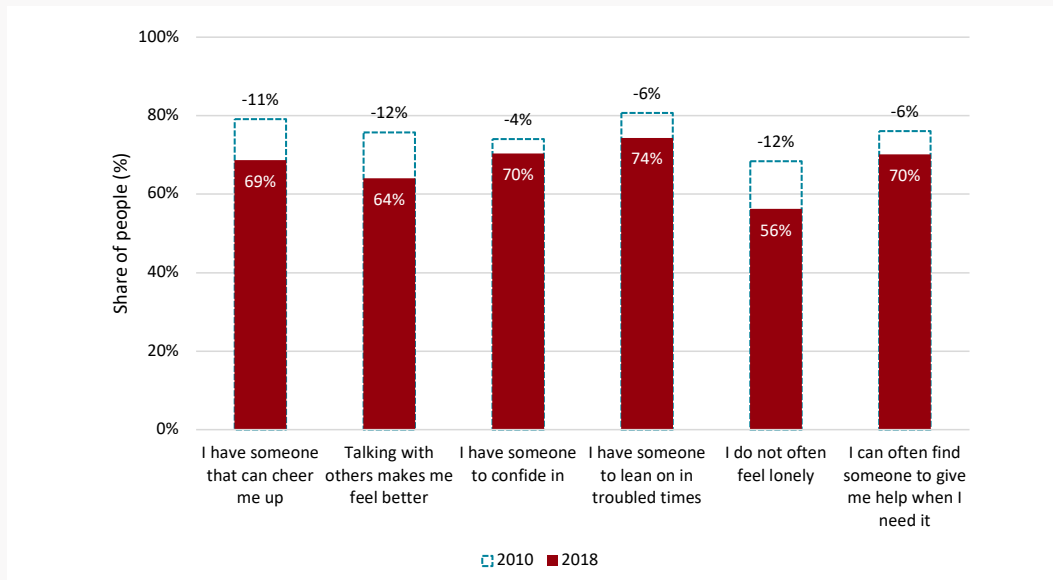
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

FIGURE 14

Change in social support in 2018 vs. 2010, women aged 25-34
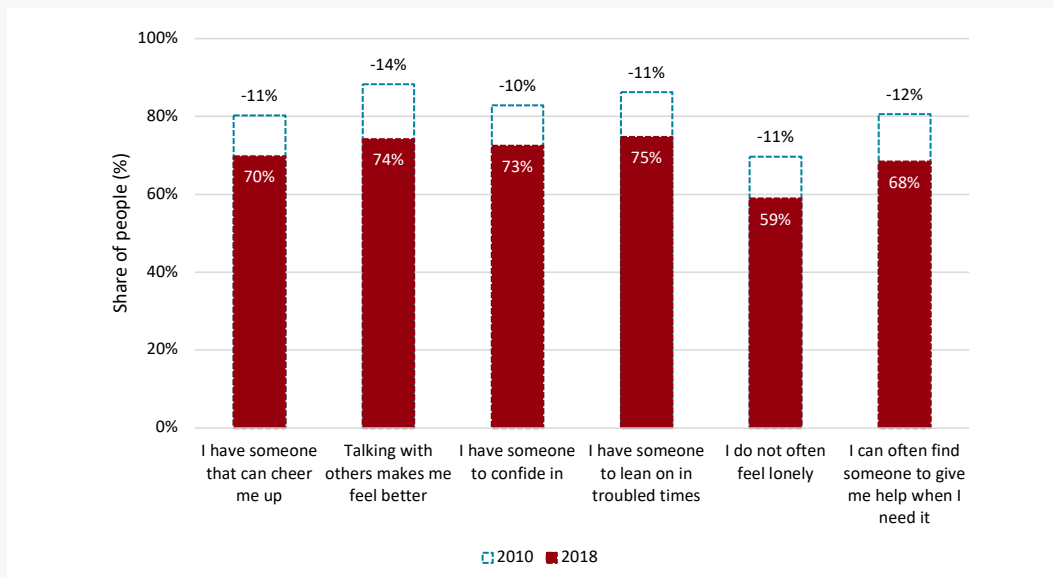
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

FIGURE 15

Change in social support in 2018 vs. 2010, men aged 55-64
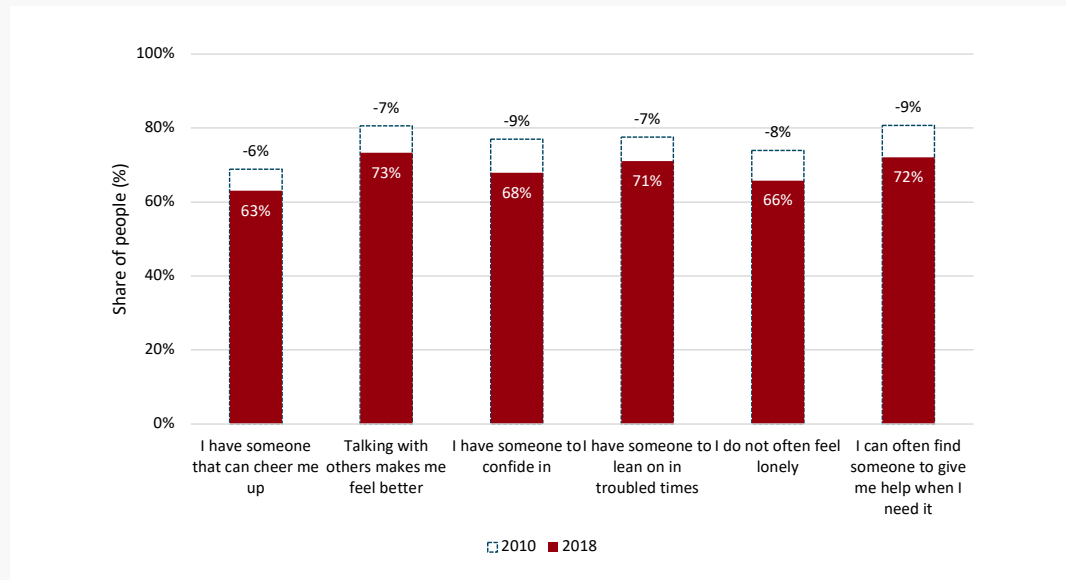
Women aged 15-17 experienced the largest decline in social support from 2010 to 2018.

Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

Figure 13, Figure 14, and Figure 15 provide further insights into the changes of social support within these three groups. Among women aged 15-17, the proportion of those who could not find anyone to cheer them up, talk with and receive support from fell by around 11-12 percentage points. As a result, women aged 15-17 were 12 percentage points more likely to feel very lonely between 2010 and 2018 (Figure 13). Similarly, approximately 14 percentage points fewer women aged 25-34 reported that talking with others makes them feel better in 2018 compared to 2010. These women were also 11 percentage points less likely to find someone to cheer them up, lean on in times of trouble or provide support when they needed help in this period (Figure 14). Similar findings are observed among men aged 55-64 in Figure 15.

SOCIAL CONNECTEDNESS AMONG PEOPLE WITH DISABILITY

Being socially connected may be challenging, especially for vulnerable and minority groups. This section focuses on social connectedness among people with disability. Figure 16

shows that the Social Connectedness Index of people with disability is 1.94, which is around 10 per cent lower compared to the Index of people without disability (1.76).

FIGURE 16

Change in social support in 2018 vs. 2010, women aged 15-17 Dimensions of Social Connectedness Index of people with and without disability, 2010, 2014 and 2018

Social Connectedness Index of people with disability is about 10% lower compared to that of people with no disability.
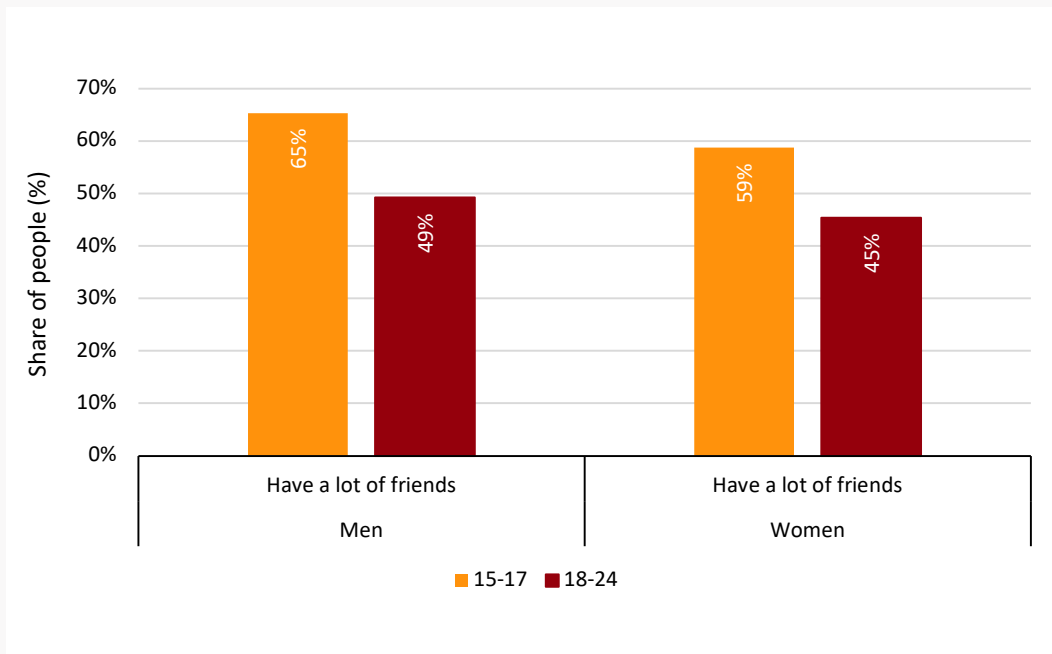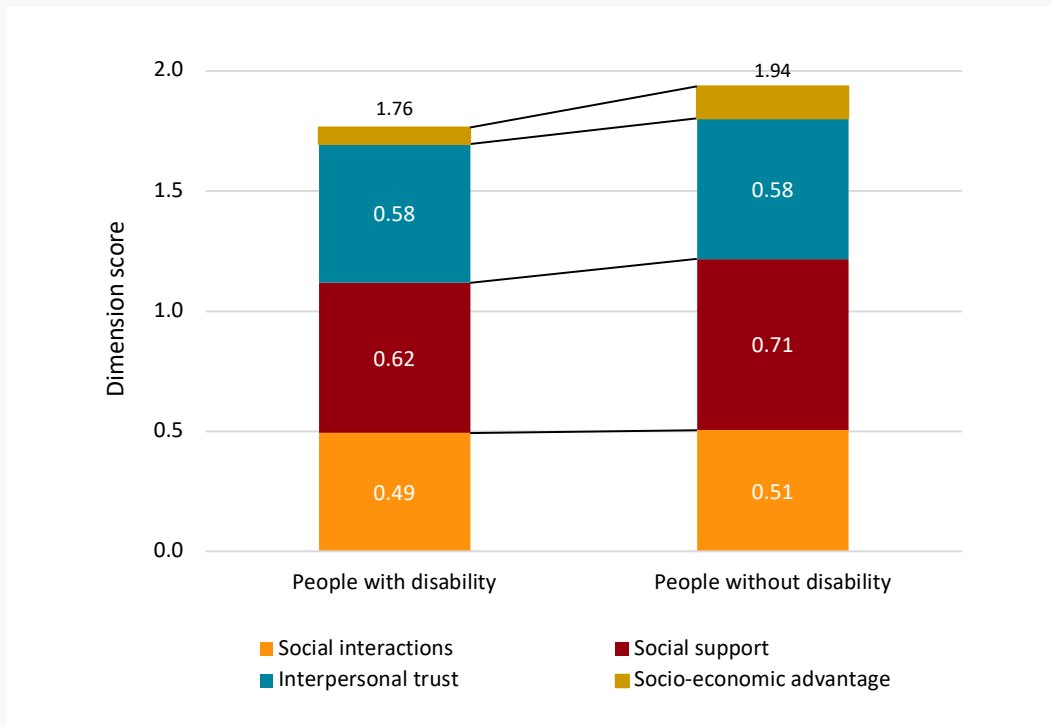
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

All four dimensions of the Index contribute to the overall gap with the differences in socio-economic advantage and social support scores contributing the most. As can be seen in Table 5, people with disability are around one-fifth less likely to complete Year 12 or above compared to people without disability. Being more educationally disadvantaged may be one reason why people with disability are significantly less employed. The employment rate among

people with disability is 43 percentage points lower than people without disability. Accordingly, the average hourly wage of people without disability is around $5 higher than the hourly wage of people with disability. The differences in educational attainment and employment contribute significantly to the gap in social connectedness between people with and without disability.

TABLE 5

Educational attainment and employment of people with and without disability, 2010, 2014 and 2018

	People with disability	People without disability	Difference between people with vs without disability
Completed Year 12 or above	55%	74%	-19%
Employed (part or full-time)	26%	69%	-43%
Real wages, salary per hour ($)	27.79	33.13	-5.33

Notes: Real wages, salary per hour ($) is calculated using a sample of employed people.
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

FIGURE 17

Social interactions and social support of people with and without disability, 2010, 2014 and 2018
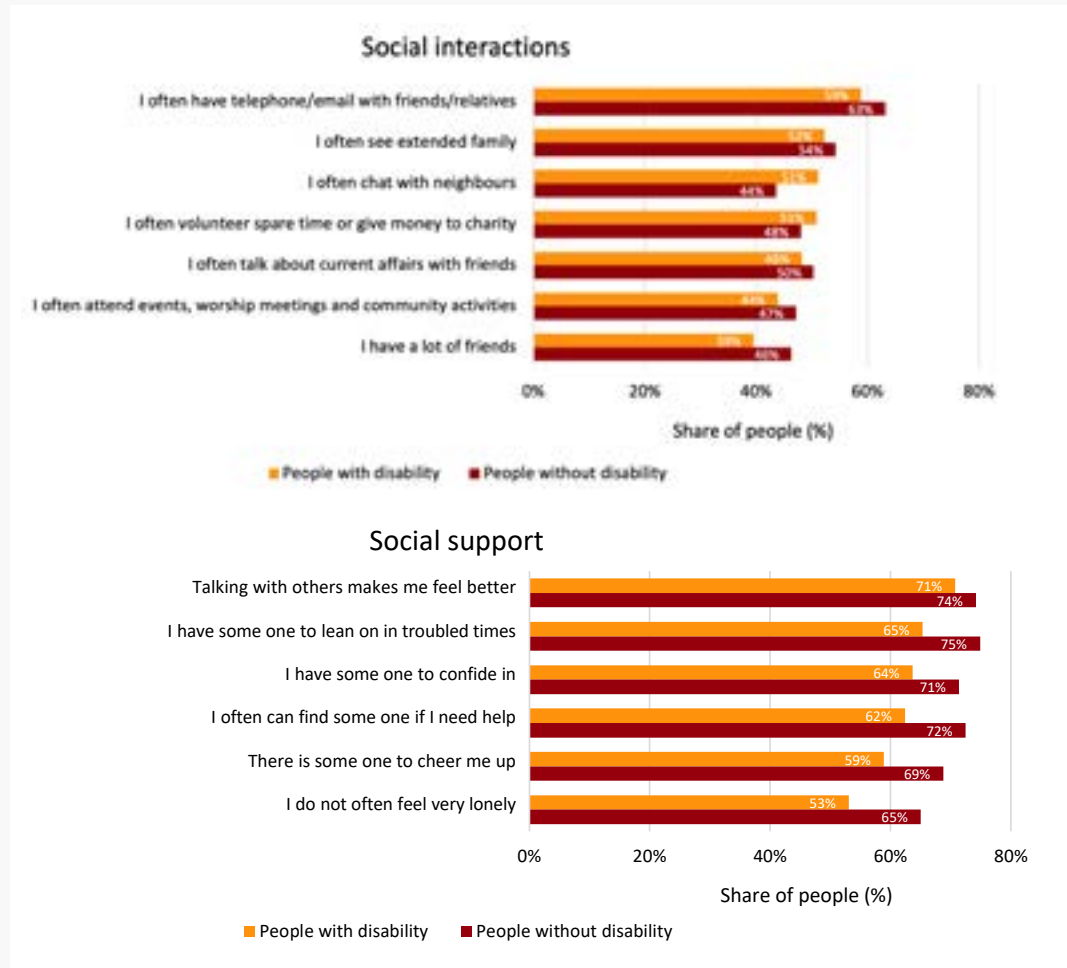
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

Although Figure 16 shows that the social interactions score of people with disability is slightly lower than the score of those without disability, a closer look at this dimension in Figure 17 brings some interesting findings. For example, people with disability are more likely to chat with neighbours, volunteer spare time and give money to charity.

As expected, people without disability connect with friends and relatives more frequently, and they also are more likely to attend events, worship meeting or community activities. Similarly, the proportion of people with disability who have many friends is 39 per cent while this share among people without disability is 46 per cent.

People without disability receive a poorer level of social support compared to those without disability (Figure 17). Accordingly, people with disability are around 10 percentage points less likely to find someone to cheer them up, lean on in times of trouble and provide support when they need help compared to people without disability. As a result, only half of people with disability do not often feel lonely, while this number reaches approximately 65 per cent among those without disability.

Figure 18 illustrates the changes in the Social Connectedness Index of people with and without disability from 2010 to 2018. The index of people with disability has been significantly lower than those without disability and both groups reported a decline in the index in this period. In particular, the index of people with disability reduced from 1.94 to 1.70 while the index of those without disability fell from 2.08 to 1.89. We can see that the change in social connectedness of people with disability was higher (0.24 points). As a result, the gap in the Social Connectedness Index between people with and without disability has widened over time.

The decline in the index has been mainly driven by the social interactions dimension, with people with disability experiencing the biggest decrease in this dimension (Table 6). People with disability have also seen a larger decrease in the four dimensions compared to those without disability. Notably, the social interactions score of people with disability has fallen by nearly one-fifth between 2010 and 2018. Social support and interpersonal trust scores of people with disability have also reduced in this period, by about 10 percentage points.

People without disability receive a poorer level of social support compared to those without disability.

People with disability are 12 ppts more likely to feel lonely compared to those without disability.

The gap in Social Connectedness Index between people with and without disability has widened over time.

FIGURE 18

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.

TABLE 6

Dimensions of Social Connectedness Index of people with and without disability, 2010 and 2018

	2010	2018	Percentage point change in 2018 vs 2010
People with disability			
Social interactions	0.56	0.45	-19.7
Social support	0.68	0.61	-9.7
Interpersonal trust	0.62	0.56	-9.3
Socio-economic advantage	0.07	0.07	-5.5
Interpersonal trust			
Social interactions	0.56	0.48	-14.8
Social support	0.76	0.70	-7.1
Interpersonal trust	0.63	0.58	-7.7
Socio-economic advantage	0.14	0.14	-0.7

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 interactions score of people with disability has fallen by nearly one-fifth between 2010 and 2018.

The social interactions score of people with disability has worsened over the last decade due to a decline in all social interactions indicators (Table 7). The proportion of people with disability reporting having many friends has decreased from 47 per cent to 35 per cent. People with disability have been approximately 10-12 percentage points less likely to have contact with friends, chat with neighbours, or attend community activities. Above all, the largest decline has been observed in their engagement in charity and volunteer activities (Table 7). The proportion of people with disability volunteering their spare time or giving money to charity reduced by 15 percentage points between 2010 and 2018.

TABLE 7

Social interactions of people with disability, 2010 and 2018

	2010	2018	Percentage point change in 2018 vs 2010
I often have telephone/email with friends/relatives	65%	56%	-9.5
I often chat with neighbours	58%	47%	-11.1
I often talk about current affairs with friends	54%	44%	-10.3
I often see extended family	60%	48%	-12.2
I often attend events, worship meetings and community activities	48%	41%	-7.4
I often volunteer spare time or give money to charity	60%	45%	-15.3
I have a lot of friends	47%	35%	-11.8

Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

We have observed in Table 5 that people with disability are nearly one-fifth less likely to complete Year 12 or above compared to those without disability. To understand how educational attainment may affect social connectedness of people with and without disability differently, we look further at the difference in Social Connectedness Index between the two groups by level of highest qualification (Figure 19).

Overall, people with disability have a lower index compared to those without disability across all levels of educational attainment. Interestingly, the gap is the largest among people who completed a Diploma, while it is the smallest among those with Year 11 education or below.

The gap in Social Connectedness Index between people with and without disability is the smallest among those who completed Year 11 education or below.

FIGURE 19

Social Connectedness Index of people with and without disability by highest qualification, 2010, 2014 and 2018
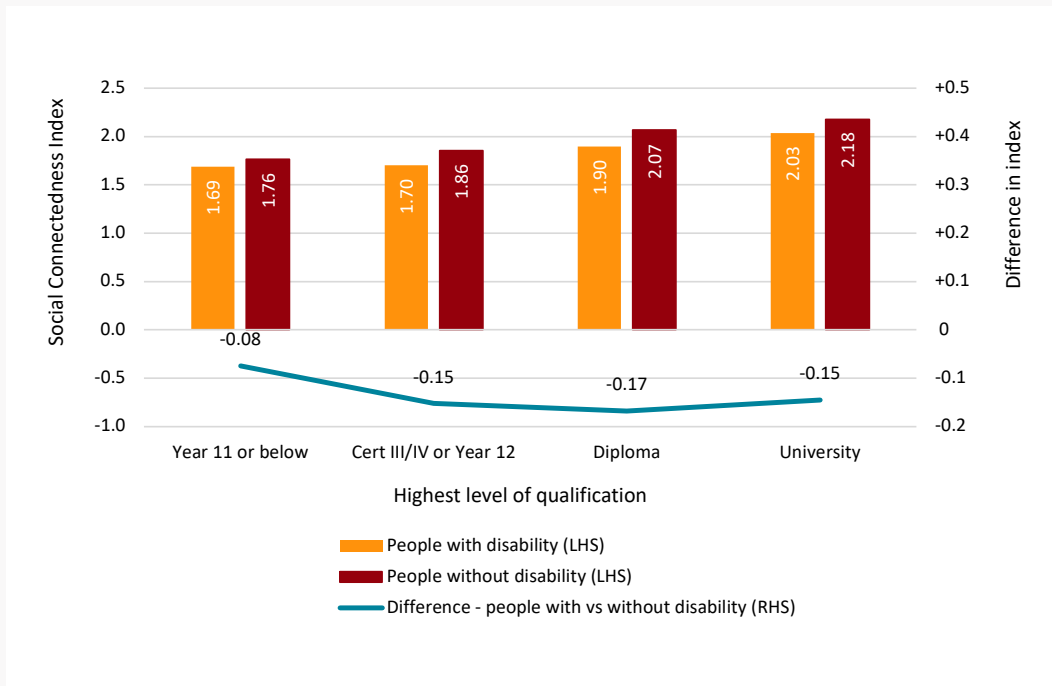
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

Among people completed Year 11 or below, people with disability have higher interpersonal trust compared to those without disability.

We take a closer look at the dimension scores of people with and without disability by highest qualification in Table 8. Among those with the same level of highest qualification, people with disability mostly have the lower index compared to people without disability. However, the social interactions and interpersonal trust scores of people with disability who completed Year 11 education or below are surprisingly higher than the scores of people without disability with the same qualification.

For example, the trust score of people with disability is 0.56 while this number is 0.53 for people without disability at the same educational qualification level. The social interactions score of people with disability in this group is also slightly higher than that of those without disability. This can be used to explain why the gap in the Social Connectedness Index between people with and without disability with the lowest level of qualification is the smallest.

TABLE 8

Dimensions of Social Connectedness Index of people with and without disability by highest qualification, 2010, 2014 and 2018

	Year 11 or below	Cert III/IV or Year 12	Diploma	University
People with disability				
Social interactions	0.47	0.47	0.54	0.59
Social support	0.60	0.60	0.65	0.71
Interpersonal trust	0.56	0.55	0.62	0.65
Socio-economic advantage	0.05	0.08	0.09	0.09
People without disability				
Social interactions	0.46	0.47	0.55	0.58
Social support	0.66	0.70	0.74	0.78
Interpersonal trust	0.53	0.55	0.63	0.67
Socio-economic advantage	0.10	0.14	0.14	0.15

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 20 provides more details to explain this finding. Surprisingly, people with disability fair better in almost all indicators compared to people without disability among those who completed Year 11 or below. For example, people with disability are more likely to chat with neighbours, volunteer spare time or give money to charity. Similarly, a higher share of people with disability who completed Year 11 or below believe that most of the time people try to be helpful and keep their word, neighbours can be trusted and are helpful (Figure 20). In general, a greater involvement in volunteering activities and better interactions with neighbours significantly improve social connectedness of people with disability compared to people without disability among those who completed Year 11 or below.

FIGURE 20

Social interactions and interpersonal trust of people with and without disability who completed Year 11 or below, 2010, 2014 and 2018

Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

HOW SOCIALLY CONNECTED ARE INDIGENOUS AUSTRALIANS?

Trust score of Indigenous people is about 64% lower than non-Indigenous people.

This section explores the patterns of social connectedness among Indigenous Australians.[4] Figure 21 shows that the Social Connectedness Index of Indigenous people is 1.39, which is around 39 per cent points lower compared to the index of non-Indigenous people (1.93). This is by far the lowest index score of any disadvantaged cohort. All the four dimensions contribute to the overall gap, to which the difference in the interpersonal trust score adds the most. The trust score of non-Indigenous people is about nearly two-thirds higher than that of Indigenous people. The trust score is 0.59 for non-Indigenous people and 0.36 for Indigenous people.

In reflecting upon this index score it is important to be clear about what it is and is not measuring. The score is based on responses to survey questions that primarily reflect on their level of engagement and trust with the wider Australian community within which they live. The survey questions do not meaningfully measure their strong cultural connections to their families, their people and culture and the land.

FIGURE 21

Dimensions of Social Connectedness Index of Indigenous and non-Indigenous people, 2010, 2014 and 2018
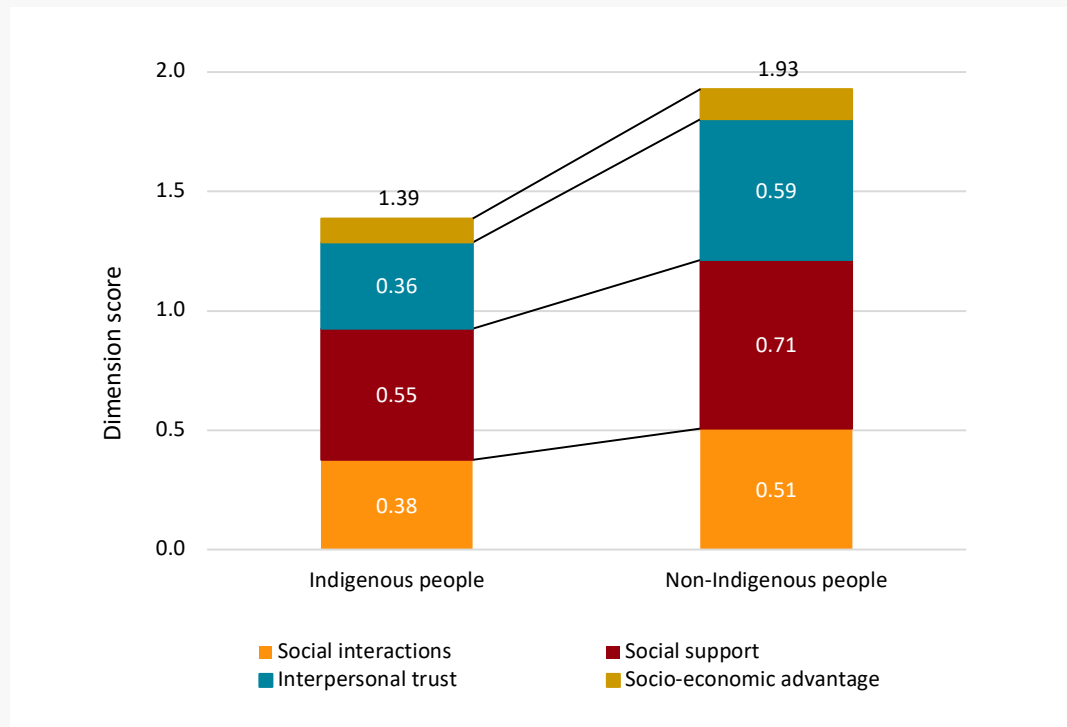
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

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4   In this report, 'Indigenous' is used to refer to people of Aboriginal and/or Torres Strait Islander descent, the First Nations peoples of the Australian continent.

As shown in Figure 22, trust indicators of Indigenous people are around 17-26 percentage points lower than those of non-Indigenous people, in which the highest difference is observed in the proportion of people who agree that most people can be trusted and people make agreements honestly.

FIGURE 22

Interpersonal trust of Indigenous and non-Indigenous people, 2010, 2014 and 2018

Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

Figure 23 shows the difference in Social Connectedness Index between non-Indigenous and Indigenous people by level of highest qualification. Overall, Indigenous people have a lower index compared to non-Indigenous people across all levels of qualification.

Interestingly, the gap is smallest among people who completed university education and biggest among those who completed Year 11 or below.

The gap in Social Connectedness Index between non-Indigenous and Indigenous people is largest among those who completed Year 11 or below.

FIGURE 23

Social Connectedness Index of non-Indigenous and Indigenous people by highest qualification, 2010, 2014 and 2018
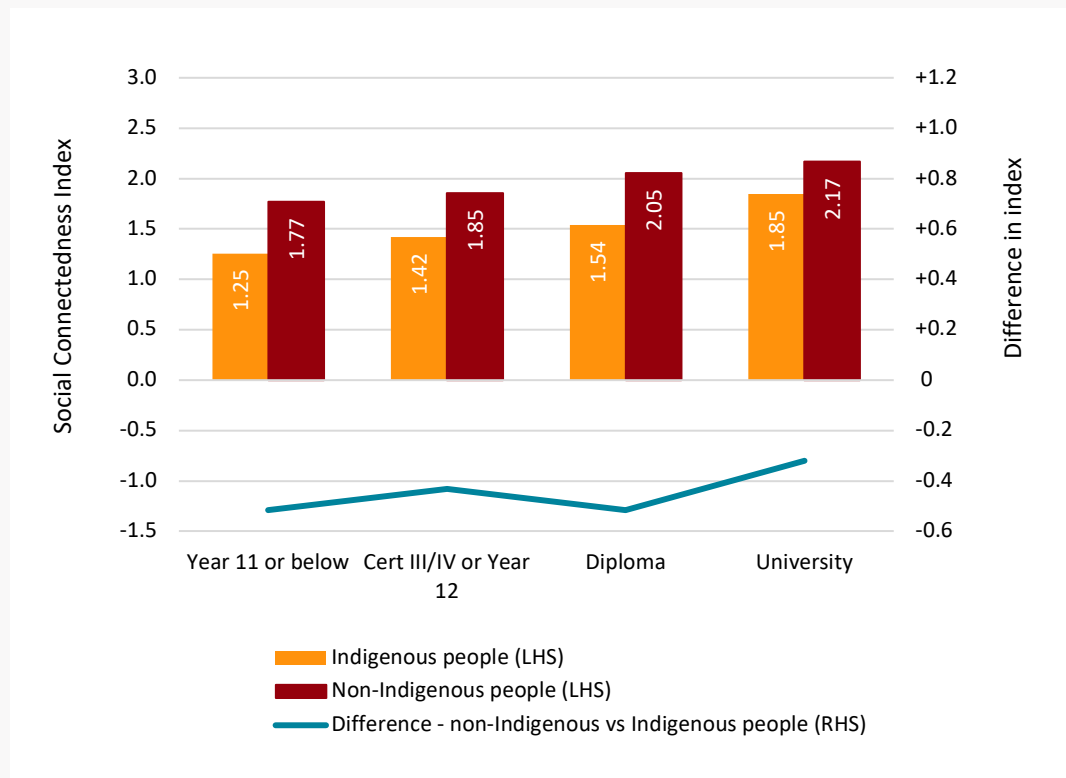
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

TABLE 9

Dimensions of Social Connectedness Index of Indigenous and non-Indigenous people by highest qualification, 2010, 2014 and 2018

	Indigenous people	Non-Indigenous people	Difference between non-Indigenous vs Indigenous
Highest qualification: Year 11 or below			
Social interactions	0.35	0.47	0.12
Social support	0.50	0.66	0.15
Interpersonal trust	0.32	0.55	0.23
Socio-economic advantage	0.08	0.09	0.01
Highest qualification: Cert III/IV or Year 12			
Social interactions	0.38	0.48	0.10
Social support	0.56	0.69	0.13
Interpersonal trust	0.37	0.55	0.18
Socio-economic advantage	0.12	0.14	0.02
Highest qualification: Diploma			
Social interactions	0.39	0.55	0.17
Social support	0.61	0.73	0.12
Interpersonal trust	0.42	0.63	0.21
Socio-economic advantage	0.13	0.14	0.01
Highest qualification: University			
Social interactions	0.49	0.58	0.09
Social support	0.70	0.77	0.07
Interpersonal trust	0.52	0.67	0.16
Socio-economic advantage	0.13	0.15	0.02

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.

Trust explains nearly half of the gap in Social Connectedness Index between non-Indigenous and Indigenous people.

We take a closer look at the dimension scores of non-Indigenous and Indigenous people by highest educational qualification in Table 9. Among those having the same level of highest qualification, Indigenous people have lower scores compared to non-Indigenous people. However, the difference in the interpersonal trust score is the largest across all levels of educational attainment compared to the differences in the other dimensions. For example, among those who completed Year 11 or below, the trust score of non-Indigenous people is 0.55 while the number for Indigenous people is only 0.32. In general, interpersonal trust appears to be primarily responsible for the difference in the Social Connectedness Index between non-Indigenous and Indigenous people.

HOW DO LIFE EVENTS CONTRIBUTE TO SOCIAL CONNECTEDNESS INDEX?

Different life events can have implications for the social connectedness of individuals. The HILDA Survey collects information on life events that have happened in the last year prior to the survey time. In this section, we examine the differences in Social Connectedness Index of people who have and have not been affected by life events, including having had a serious personal illness and injury, getting married, getting separated and having or adopting a child.

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

FIGURE 24

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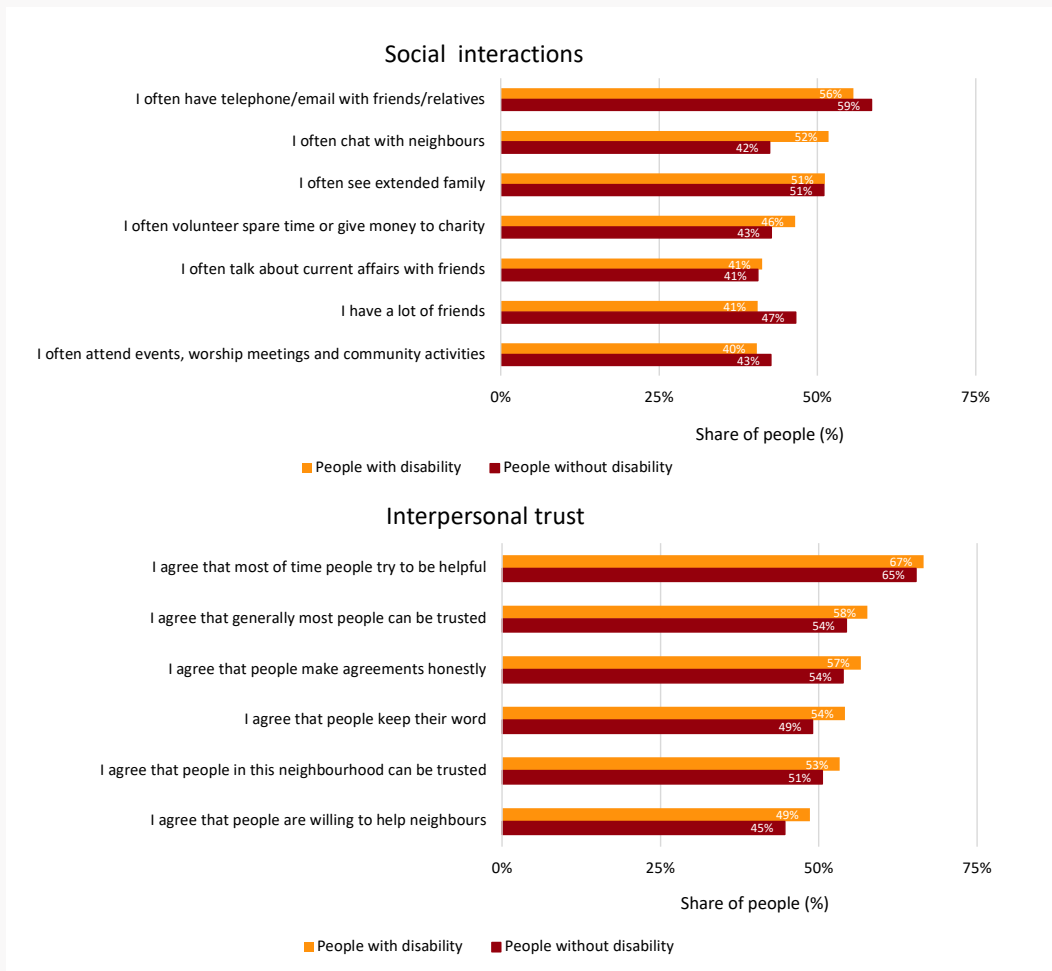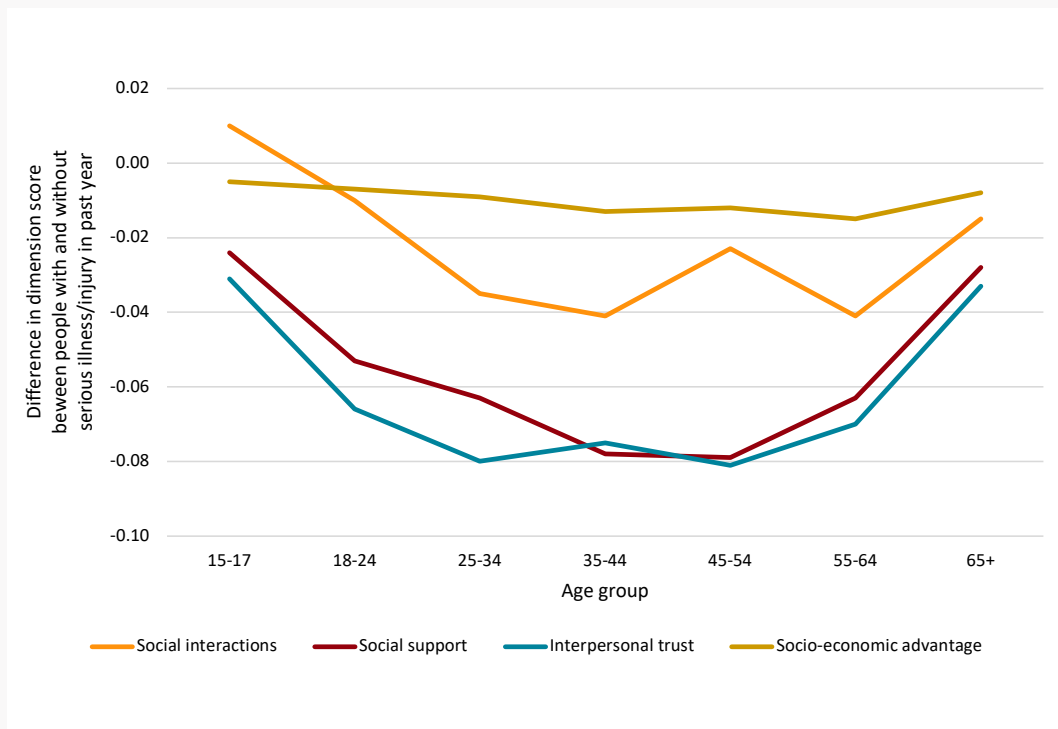

Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

Serious personal illness and injury can happen to people across all gender and age groups. Figure 24 illustrates how this health shock changes the four dimension scores at different stages of life. We can observe that serious illness and injury has negative impacts on the Social Connectedness Index. In particular, social support and interpersonal trust are most affected with people aged 35-44 most affected by this life event.

TABLE 10

Impacts of serious personal illness/injury on Social Connectedness Index of people aged 35-44, 2010, 2014 and 2018

	Serious personal injury/illness in past year		
	No	Yes	Difference - Yes vs No
I often have telephone/email with friends/relatives	67%	60%	-6%
I often see extended family	59%	53%	-6%
I have a lot of friends	47%	41%	-6%
There is some one to cheer me up	74%	67%	-7%
I do not often feel very lonely	69%	56%	-13%
I often can find some one if I need help	77%	64%	-13%
I agree that people keep their word	57%	46%	-11%
I agree that people make agreements honestly	65%	57%	-8%
I agree that generally most people can be trusted	63%	54%	-9%
Employed, part or full-time	84%	67%	-16%
Real wages, salary per hour ($)	37.25	36.20	-1.05

Notes: Real wages, salary per hour ($) is calculated using a sample of employed people.
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

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

People aged 35-44 are most affected by serious personal illness and injury.

Table 10 provides more details about how serious personal illness and injury can affect people aged 35-44 in such a significant way. In particular, employment participation reduces significantly by 16 percentage points. Notably, compared to people who do not report this event, those who do report are less likely to talk with friends and relatives, less likely to see extended family and have less friends. Especially, they feel lonely more often and have difficulty finding someone to help. Accordingly, their interpersonal trust also gets worse. The proportion of people experiencing serious illness in the past year who agree that people keep their word is lower by 11 percentage points. On average approximately 77 per cent of people can find someone if they need help, but this number falls to 64 per cent among those who experience this life event. In general, serious personal illness and injury does not only affect employment and income, but also significantly worsens social interactions and interpersonal trust.

People aged 35-44 reporting serious illness in past year are 13 ppts more likely to feel lonely.

FIGURE 25

Impacts of marriage and separation on Social Connectedness Index of people aged 18-54, 2010, 2014 and 2018

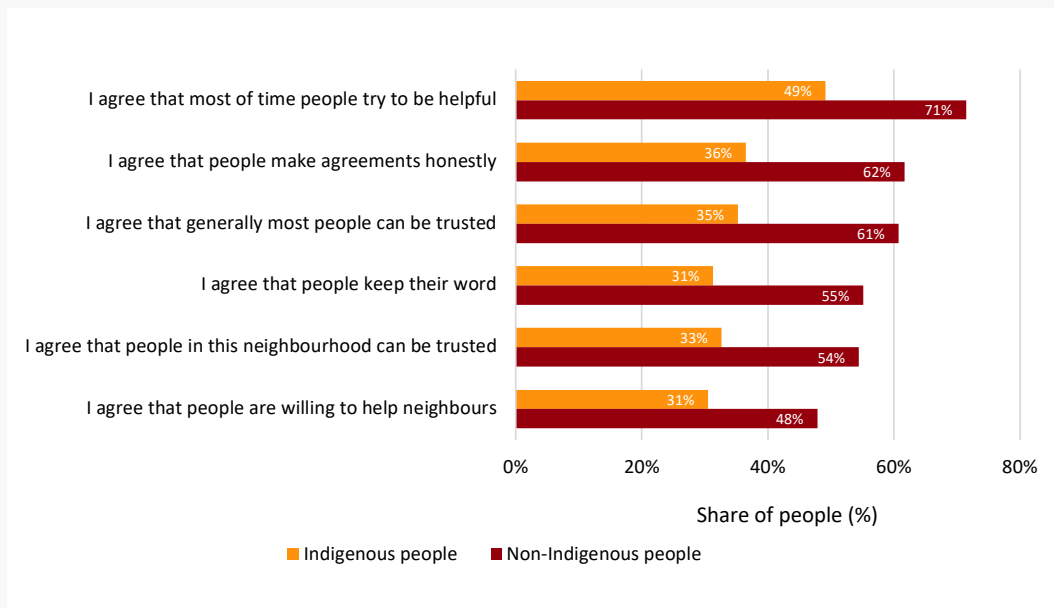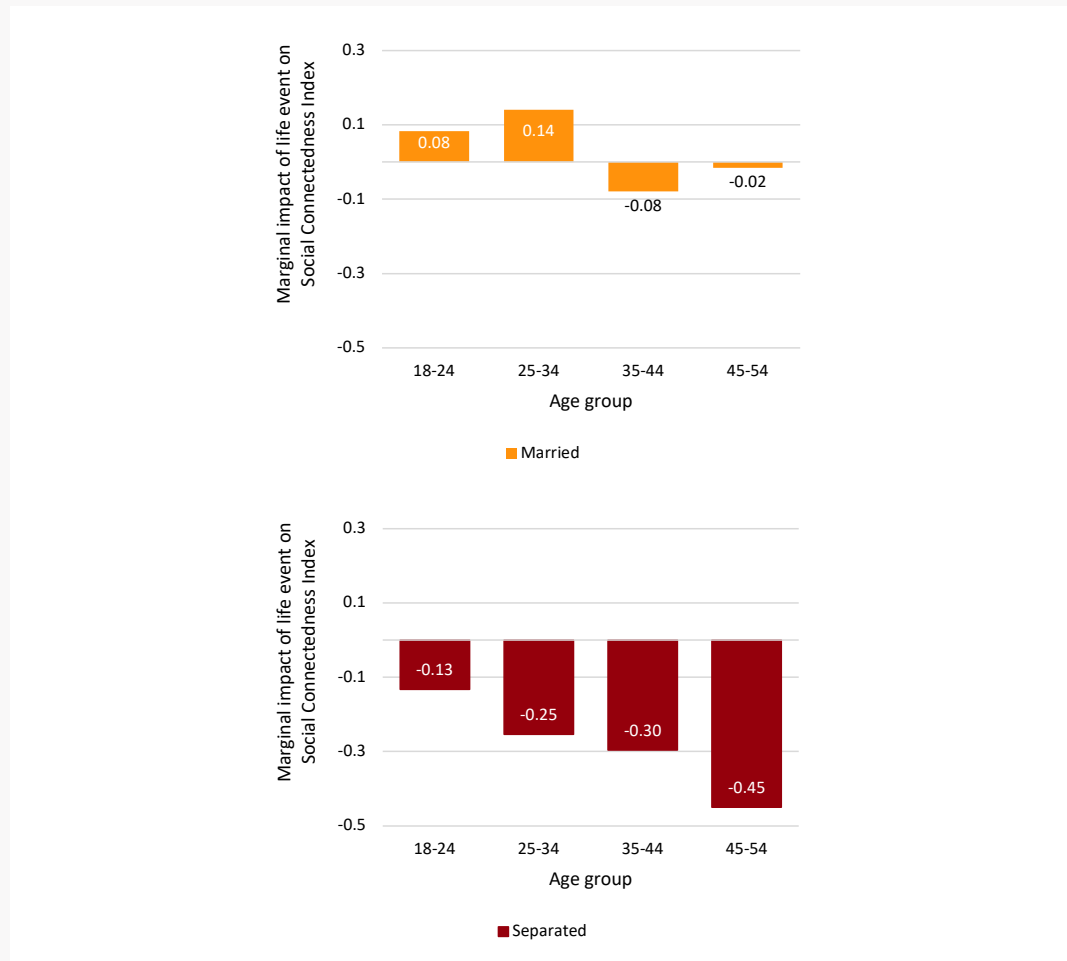Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

In Figure 25 we turn to how marriage and separation can affect social connectedness of people aged from 18 to 54. We do not include the youngest and oldest people as these events are less likely to happen at those stages of life. In general, marriage has positive impacts on Social Connectedness Index when people are aged between 18 and 34 but the impacts are slightly negative for people in the older age groups. Separation has negative impacts on people's social connectedness consistently across all age groups between 18 and 54. In addition, people aged 45-54 seem to be most affected by separation, with a reduction of Social Connectedness Index by around one-fifth from 2.15 to 1.7. One possible reason is that people at this stage of life appear to have a long-term relationship, so the impacts of separation may be stronger compared to younger people.

FIGURE 26

Impacts of birth/adoption of a child on Social Connectedness Index of people aged 18-54, 2010, 2014 and 2018

People aged 45-54 are most affected by partner separation which reduces Social Connectedness Index by around one-fifth.

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.

We illustrate the impacts of birth or adoption of a child on Social Connectedness Index in Figure 26. Interestingly, this life event has positive impacts when people are older than 25 years old, but the impacts are negative for younger people aged 18-24.

In particular, the index of people in this age group experiencing a birth or adoption of a child is 13 percentage points lower than those who do not report this event.

Birth/adoption of a new child reduces employment participation of people aged 18-24 by 30 ppts.

People aged 18-24 are nearly one-fourth less likely to have many friends if they have a new child.

TABLE 11

Impacts of birth/adoption of a new child on social connectedness of people aged 18-24, 2010, 2014 and 2018

	Birth/adoption of a new child in past year		
	No	Yes	Percentage point difference - Yes vs No
I often chat with neighbours	27%	33%	+6.3
I often see extended family	49%	58%	+9.5
I often attend events, worship meetings and community activities	45%	37%	-8.2
I often volunteer spare time or give money to charity	35%	29%	-6.4
I have a lot of friends	55%	33%	-21.3
I have some one to confide in	78%	65%	-12.8
I have some one to lean on in troubled times	83%	75%	-8.1
I often can find some one if I need help	79%	67%	-12.3
Employed, part or full-time	74%	44%	-29.7

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.

From Table 11, we can see how people having a child when they are aged 18-24 are affected. They are more likely to chat with neighbours and see extended family, but are also negatively affected in other aspects of their lives. In particular, the proportion of people being employed decreases substantially by around 30 percentage points. These people are also less likely to attend community events and spend less time in volunteering activities. In addition, they are 21 percentage points less likely to have many friends, meet difficulty in finding someone to confide in, lean on in troubled times, and provide support if they need help. In general, having a child appears to change the young people's lives significantly.

SOCIAL CONNECTEDNESS INDEX BY EMPLOYMENT AND OCCUPATION

Employment plays a big role in the patterns of our social connectedness.

Figure 27 shows Social Connectedness Index of people by employment status. The index of part-time employed people (2.03) is significantly higher than the index of full-time employed people (1.92) and those not in the labour force (1.88). The index is lowest among unemployed people (1.47).

All the four employment status groups have reported a decline in the Social Connectedness Index between 2010 and 2018. In particular, the index of unemployed people has fallen from 1.69 to 1.41, which is the largest decline among the four groups in this period.

Part-time employed people's Social Connectedness Index is 38% higher compared to unemployed people's index.

FIGURE 27
Social Connectedness Index by employment status, 2010, 2014 and 2018
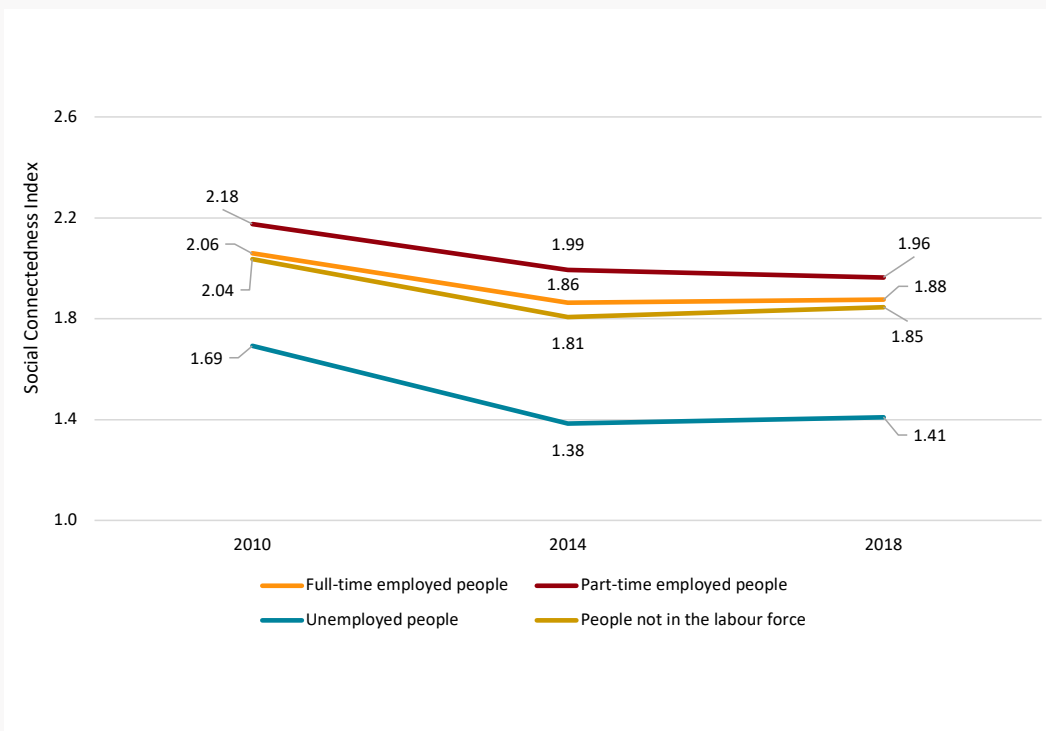
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

Figure 28 illustrates how the four dimensions of Social Connectedness Index vary across people with different employment status. The highest Social Connectedness Index of part-time employed people is mainly driven by social interactions and social support. Notably, all the dimension scores of unemployed people are significantly lower compared to other people, including those who are not in the labour force. The difference in the index between unemployed people and others mainly comes from social support and interpersonal trust.

Trust score of unemployed people is 45% lower than the score of part-time employed people.

FIGURE 28

Dimensions of Social Connectedness Index by employment status, 2010, 2014 and 2018
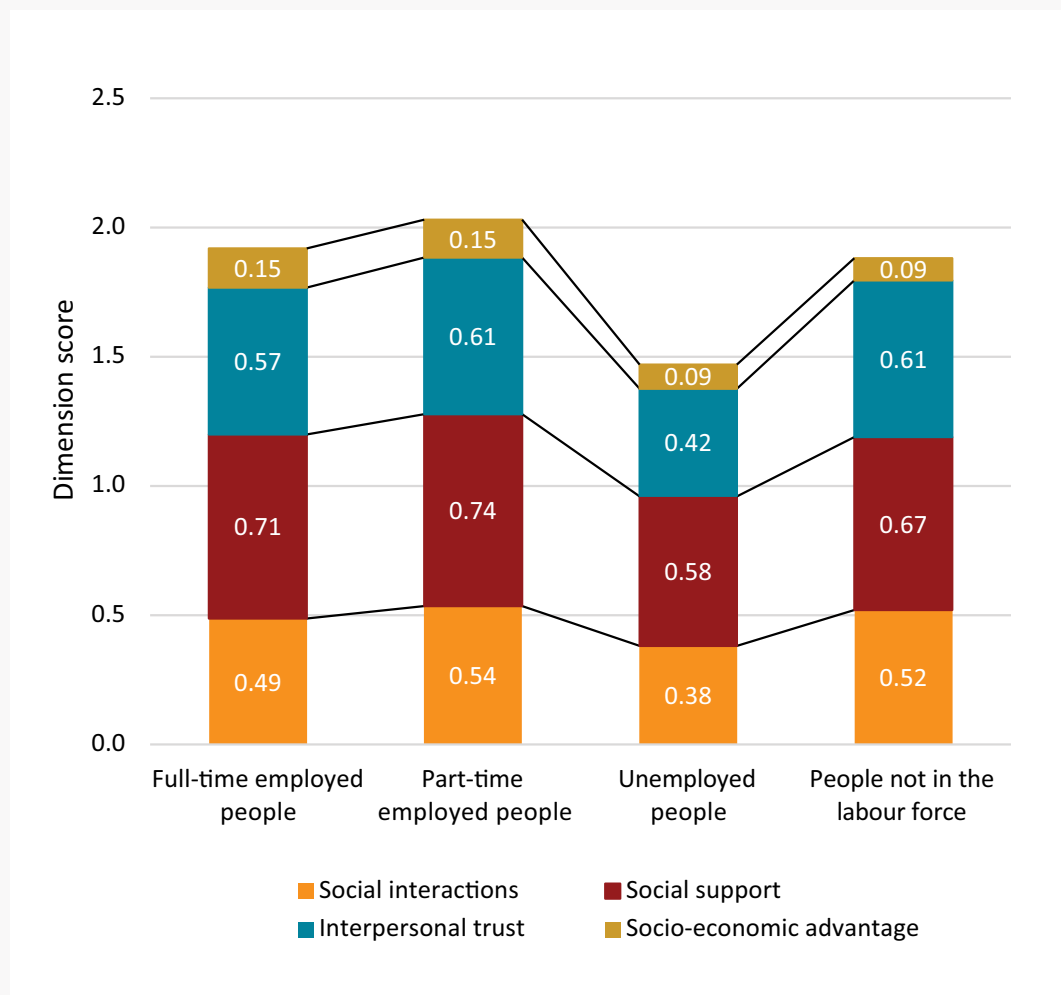
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018.

We take a closer look at these two dimensions by gender, age and employment status in Figure 29. Interestingly, women have a stable social support score across all age groups and employment status. Women also have a higher interpersonal trust score when they get older, and this finding seems to hold true across different employment status.

Notably, men's outcomes are significantly affected by their employment status, and

the impacts are more evident in the case of interpersonal trust (Figure 29). Among full-time employed men, the trust score rises steadily by age with this score lowest in the age group 25-35 if men are part-time employed, unemployed or not in the labour force. In particular, the trust score is lowest among unemployed men aged 25-34.

FIGURE 29

Social support and interpersonal trust by gender, age group and employment status, 2010, 2014 and 2018

Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018..

Social connectedness can vary across occupations due to different skills and networks, therefore in this section we also look at different patterns of Social Connectedness Index across major occupational groupings. Labourers, machinery operators and drivers have the lowest index, and professionals and managers have the highest index (Figure 30). The index has fallen between 2010 and 2018 across all occupation groups, except managers who have seen an increase in the index from 2.03 to 2.10 in this period. The largest decline in the index has been observed among sales workers, machinery operators, drivers and labourers.

Labourers have the lowest Social Connectedness Index among all occupations.

Social Connectedness Index has fallen between 2010 and 2018 across all occupation groups, except managers.

FIGURE 30

Social Connectedness Index by occupation, 2010 and 2018
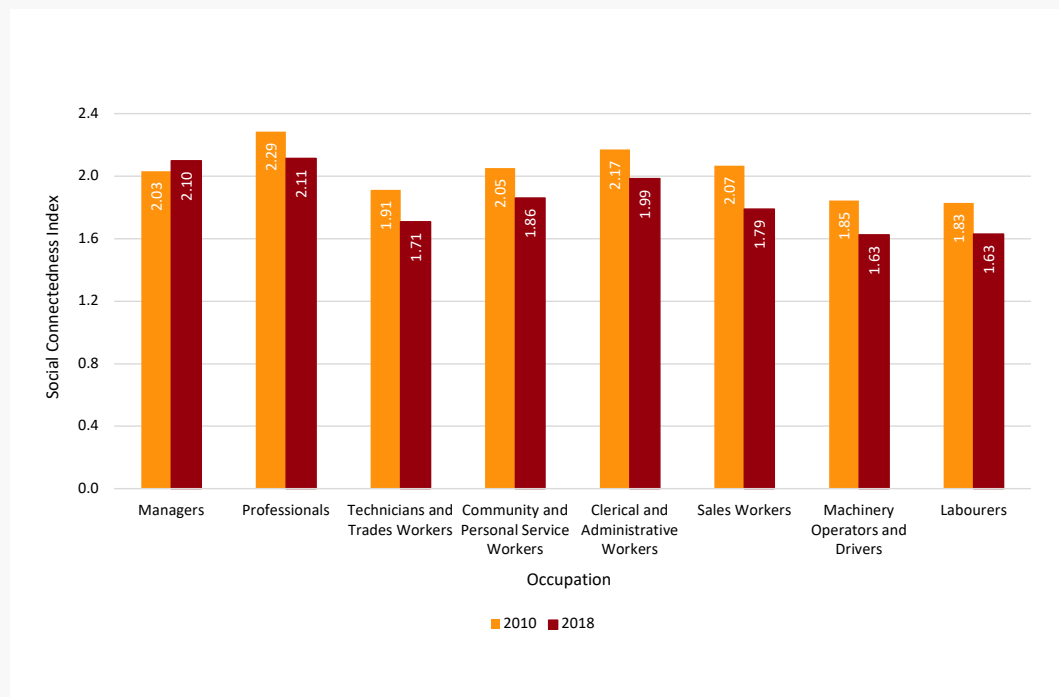
Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

FIGURE 31

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

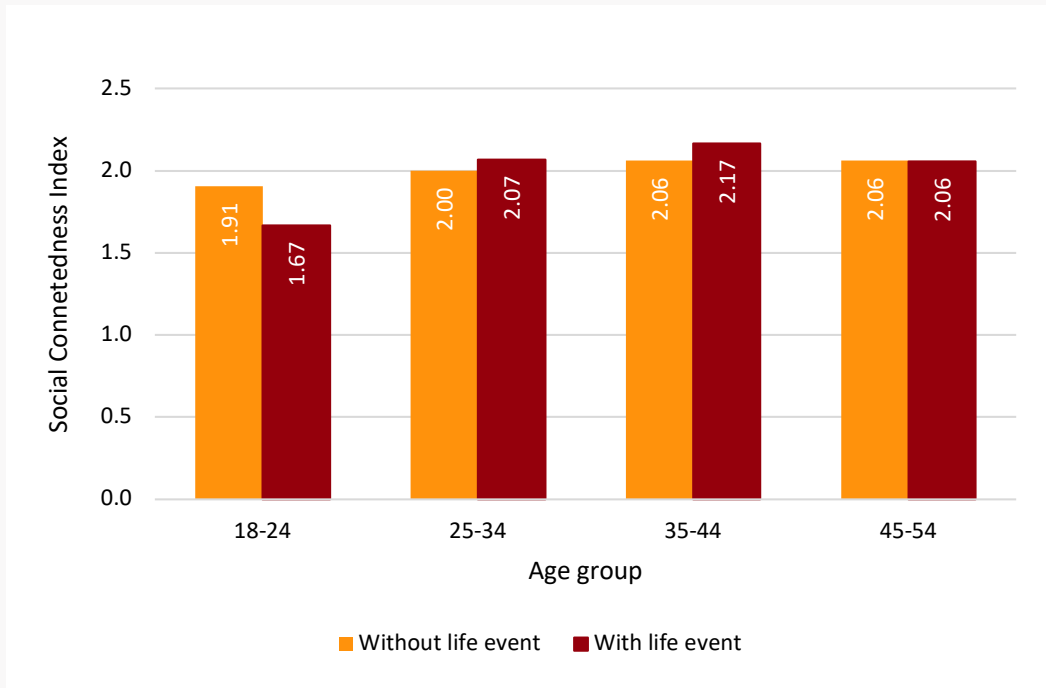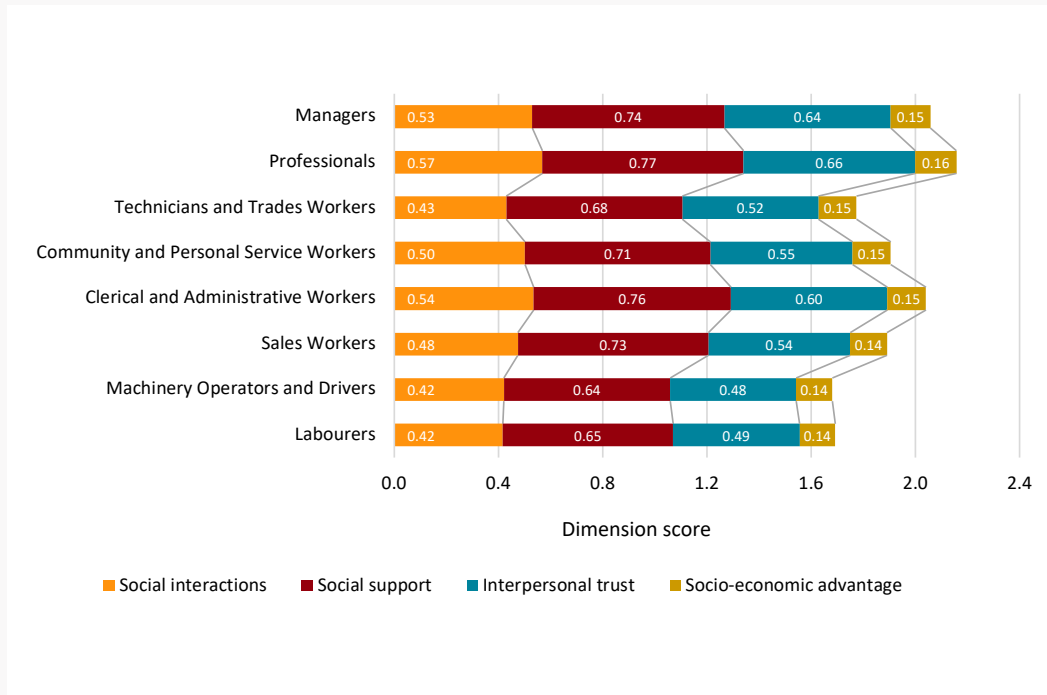Source: Bankwest Curtin Economics Centre | Authors' estimates based on HILDA 2010, 2014 and 2018 and ABS Data by region - Regional Statistics, ASGS 2016, 2011-2020.

Figure 31 provides a deeper insight into the differences in dimension scores across occupations. Labourers, machinery operators and drivers have consistently the lowest score of social interactions, social support and interpersonal trust. These occupations contain the most disadvantaged people in terms of social connectedness.

CONCLUSION

The extent to which social connectedness varies across different population groups and how it has changed over the last decade are emerging issues with significant implications for the productivity and cohesion of our society. We developed a Social Connectedness Index using HILDA and ABS data based on four critical dimensions of social connectedness: social interactions, social support, interpersonal trust, and socio-economic advantage.

The index showed that social connectedness has decreased from 2010 to 2018 across Australia, and the geographical difference in social connectedness is evident. People living in remote areas have a significantly lower level of social connectedness overall compared to those in major cities and regional areas, but slightly higher interpersonal trust due to better relationships with neighbours. The Australian Capital Territory and Western Australia have higher index scores than other states and territories, mainly explained by better scores on social interactions and interpersonal trust.

We show that there are significant differences in social connectedness by gender and age, with women being more connected than men across all ages. Social connectedness increases with age, with the index for men improving by nearly one-third from age 15 to 65+. Notably, the index drops significantly for young men and women between ages 15-17 and 18-24, and the decline is greater for young men. The decline is linked to a reduction in the share of people who report having many friends. Interestingly, young women aged 15-17 have a higher level of social connectedness, but they are less likely to have as many friends as men in the same age group. Our findings show that friendships are crucial to feelings of social support and trust among young people aged 15-24. Clearly friends are an important protective factor for the transition from school to adult life.

This chapter also documents the differences in social connectedness between people with and without a disability, finding that people with a disability have much lower levels of social support. This gap has widened over the last decade due to a significant worsening in social interactions of people with a disability. Interestingly, the gap also increases with educational attainment, meaning that achieving higher qualifications provides less of a benefit to people with a disability in terms of their social connectedness and income.

Indigenous people score much lower in terms of social connectedness than non-Indigenous people, and trust explains nearly half of this gap. It is important to note, however, that the score is based on responses to survey questions that primarily reflect Indigenous people's level of engagement and trust with the wider Australian community. The survey questions do not meaningfully measure their strong cultural connections to their families, their people and culture and the land. Educational attainment provides a greater benefit to Indigenous people, helping to close but not bridging the gap in social connectedness.

Our analysis also suggests that social connectedness varies by exposure to major life events, such as serious illness and injury, marriage, separation, and having a new child. Serious illness and injury significantly reduce social support and interpersonal trust, with people aged 35-44 are most affected. Marriage is positively associated with the social connectedness of young people, and the effects appear to reduce with age. Separation negatively impacts couples across all age groups, with those aged 45-54 most affected. Birth or adoption of a new child

matters too, and the impacts of this life event vary across age groups. Young people aged 18-24 are negatively affected, as they are less likely to work and attend community activities when they have a new child. Financial and other social support is crucial for young parents.

The distribution of social connectedness across employment status and occupations is as expected. Interestingly, part-time workers have greater social connectedness than those employed full-time. Unemployed people have by far the lowest level of social connectedness. Men aged 25-34 see a significant worsening in interpersonal trust when unemployed. Higher skill occupations such as professionals and managers have higher levels of connectedness, while labourers score lowest on social connection.

"LONELINESS IS AN **INCREASINGLY COMMON EXPERIENCE ACROSS SOCIETIES** WITH RECENT COMMENTARIES NOTING AN EPIDEMIC OF LONELINESS IN AUSTRALIA (RELATIONSHIPS AUSTRALIA 2018)."

LONELINESS

INTRODUCTION

Loneliness is an increasingly common experience across societies with recent commentaries noting an epidemic of loneliness in Australia (Relationships Australia 2018). COVID-19 has further added to concerns around loneliness due to the physical distancing policies introduced to control the disease.

What exactly is loneliness? Perlman and Peplau (1981) describe loneliness as "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively" (p. 31). What this definition implies is that (i) loneliness results from deficiencies in social relations; (ii) it is a subjective state and not necessarily identical to the objective state of social isolation; and (iii) it is unpleasant and potentially distressing (Perlman and Peplau 1981).

How significant is the issue of loneliness in Australia and who is at risk? What are the consequences of loneliness and how can some of these be mitigated? This chapter engages with these questions in detail in a comprehensive analysis of loneliness, its drivers and its key effects in Australia.

We use unit record data from the HILDA survey. In HILDA, the degree of a person's loneliness is measured based on their response to the statement "I often feel very lonely", with responses ranging for 1 (strongly disagree) to 7 (strongly agree).

For the purposes of analysis in this chapter, a person's loneliness status is measured either as a loneliness score ranging from 1 to 7, or as a binary variable distinguishing between very lonely vs. not lonely individuals. Individuals are considered as very lonely if they selected 5, 6, or 7 in response to the statement "I often feel very lonely".

First, we examine the evolution of loneliness over life stages and the extent to which different life events shape the patterns of loneliness experienced by individuals. Next, we ask whether being in certain circumstances increases the propensity to experience loneliness. We study the patterns of loneliness experienced by some of the vulnerable groups in our society defined by age cohort, ethnicity, health, employment and income status.

The report then turns to an analysis of consequences of loneliness. We study whether lonely individuals are at a higher risk of engaging in risky health behaviours such as drinking more alcohol and smoking as well as exercising and socialising less. We also evaluate the implications of loneliness for a range of health outcomes and subjective wellbeing of individuals.

The chapter concludes with a discussion of policy implications associated with our findings.

LONELINESS OVER THE LIFE COURSE

How does loneliness change over an individual's life course? Are there systematic differences in men's and women's experiences of loneliness? Across different stages of life, the self-reported likelihood of feeling lonely is consistently higher among women relative to men (Figure 32). The gender loneliness gap is particularly large for the very young and very old cohorts. Among individuals under the age of 17, 14 per cent of young men and 22 per cent of young women report being very lonely – a

difference of 8 percentage points. With increase in age we see a decrease in gender loneliness gap which reaches a low of just over 1 percentage points for those aged 45-54 years before increasing again over the subsequent stages of individual's life. Among individuals aged 65 and over, 17 per cent of men and 21 per cent of women report being very lonely. Potentially, this stage of life coincides with changes in family circumstances such as losing a partner which may induce loneliness.

FIGURE 32

Likelihood of feeling lonely by age cohort and gender, 2001-2019

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

Among individuals under the age of 17, 14% of young men and 22% of young women report being very lonely – a difference of 8 percentage points.

Among individuals aged 65 and over, 17% of men and 21% of women report being very lonely.

Indeed, life is marked by transitions such as changes in family circumstances. Such transitions lead to new experiences and a need for new coping approaches which, as the literature suggests, may put significant pressure on our cognitive and non-cognitive resources (Healey 1989). What are the implications of life transitions for loneliness?

Among all life events, bereavement is the one that has the greatest potential implications for loneliness. Figure 33 shows this is indeed the case. The prevalence of very lonely individuals among those who had lost their partner a year ago is 48 per cent for men and 39 per cent for women. The effect of losing your life partner on loneliness persists over subsequent years with a quarter of women and a third of men still experiencing a heightened sense of loneliness four years after the death of their partner. The loss of a partner appears to affect men at higher rates.

> The prevalence of very lonely individuals among those who had lost their partner a year ago is 48% for men and 39% for women.

FIGURE 33

Partner death and loneliness by gender, 2006-2019

	Men	Women
Not separated	16.3	18.8
Separated in last 12 months	33.5	32.6
Separated one year ago	33.0	30.1
Separated two years ago	34.1	28.7
Separated three years ago	31.4	28.2
Separated four years ago	28.7	27.4

Y-axis: Share of people feeling very lonely most of the time (%)
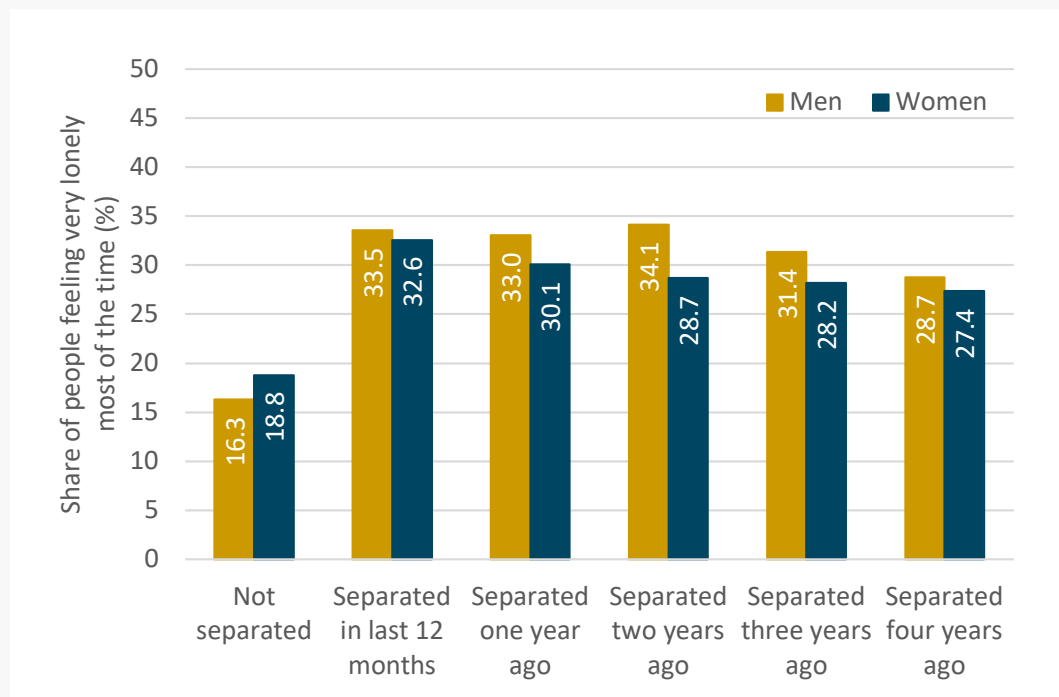
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA waves 1-19.

FIGURE 34

Relationship breakdown and loneliness by gender, 2006-2019

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.

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

In Figure 34 we present an analysis of the implications of a relationship breakdown for loneliness. Several important patterns emerge. Overall, prevalence of loneliness increases significantly following a relationship breakdown. Men are 17 percentage points more likely to be very lonely most of the time within the first year of separation and women 14 percentage points more likely compared to those still in partnered relationships. Furthermore the increased risk of loneliness persists for a number of years following a relationship breakdown. Among those who have been separated for four years, 29 per cent of men and 27 per cent of women are still very lonely most of the time.

Additionally, interesting gender-based patterns in the way relationship breakdown shapes loneliness emerge. Among the individuals in partnered relationships, prevalence of loneliness is higher for women (19%) relative to men (16%). However, relationship breakdown changes this pattern with the prevalence of very lonely individuals slightly higher among men than women, especially from the second year of separation onwards. Among those who had separated from their partner a year ago, 33 per cent of men and 30 per cent of women report feeling very lonely most of the time. One possible explanation for this pattern is the key role played by women in mediating the social interactions of the household.

Among those who had separated from their partner a year ago, 33% of men and 30% of women report feeling very lonely most of the time.

Children leaving home has little impact on the loneliness of their parents – empty nesters do not appear worse off.

FIGURE 35

Dependents moving out of home and parental loneliness by gender, 2006-2019
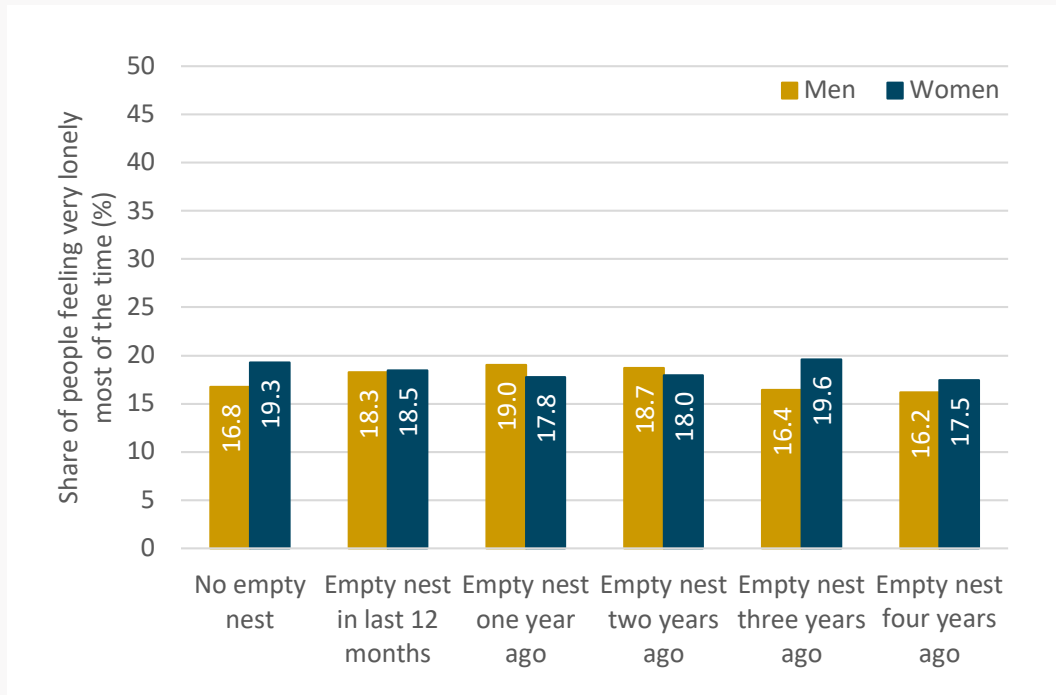
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA waves 1-19.

For parents, children moving out of the house is a life event that could have implications for their loneliness. That doesn't seem to be the case, however, based on the analysis reported in Figure 35. The data suggests that children leaving home has little impact on the loneliness of their parents – empty nesters do not appear worse off. The prevalence of loneliness among parents whose dependents haven't moved out is 17 per cent for men and 19 per cent for women. Turning to parents whose dependents had left the house a year ago, 19 per cent of men and 18 per cent of women report feeling very lonely most of the time.

WORK AND LONELINESS

Does the way we work have implications for loneliness? The nature of work has changed over the last decade with an increase in levels of casualisation and precarious employment. Workers within the 'gig economy' are less likely to develop enduring work relationships and may be at risk of increased social isolation. There has been a big shift to working from home over the past years, especially since the onset of the COVID-19 pandemic. Predominantly working from home remains the new normal state for many organisations and workers. However physical workplaces are a place where many individuals socialise. Working from home, therefore, may limit the scope for that particular type of socialisation although it may also create more space for socialising within the family or with neighbours.

So does the extent of working from home matter for loneliness?

Figure 36 shows that it clearly does. With an increase in the share of hours usually worked from home there is an increase in the share of individuals who report being 'often lonely'. The share of individuals who are often lonely is over 19 per cent among those working over 80 per cent of their time from home, almost twice that of the 10 per cent often lonely among those working up to 10 per cent of their time from home. This is consistent with the possibility that physical workplaces and face-to-face contact may mitigate social isolation and loneliness.

Working from home can make you lonely. 19% of those working over 80% of their time from home say they are 'often lonely', compared to only 10% of those working less than 10% of their time from home.

FIGURE 36
Working from home and loneliness, 2019

Share of hours usually worked from home (%)	Not lonely	Sometimes lonely	Often lonely
Hours vary	60.9	19.5	19.6
81-100%	62.7	18.2	19.2
51-80%	62.6	21.1	16.3
31-50%	67.2	17.8	15.0
21-30%	69.3	17.0	13.6
11-20%	65.6	24.5	10.0
Up to 10%	69.3	20.3	10.4

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

Figure 37 provides additional insights on the implications of working from home for loneliness by gender. For men (Panel A), as the share of hours worked from home increases, there is an increase and then a decrease in the share of frequently lonely individuals reaching a high of 20 per cent for those who work 31-50 per cent of their time from home.

On the other hand, for women we actually see a decrease in the share of those feeling sometimes or often lonely as the share of hours usually worked from home goes up to 21-30 per cent (Panel B of Figure 37). The share of women reporting experiencing loneliness sometimes or on a frequent basis reaches a low of 27 per cent for those who work 21-30 per cent of their time from home, before it starts to increase as the number of hours worked from home increases. These findings suggest that there are gender differences in optimal working from home arrangements.

As the share of hours worked from home increases, there is an increase and then a decrease in the share of frequently lonely individuals reaching a high of 20% for those who work 31-50% of their time from home.

The share of women reporting experiencing loneliness sometimes or on a frequent basis reaches a low of 27% for those who work 21-30% of their time from home before it starts to increase as the number of hours worked from home increases.

FIGURE 37

Working from home and loneliness by gender, 2019
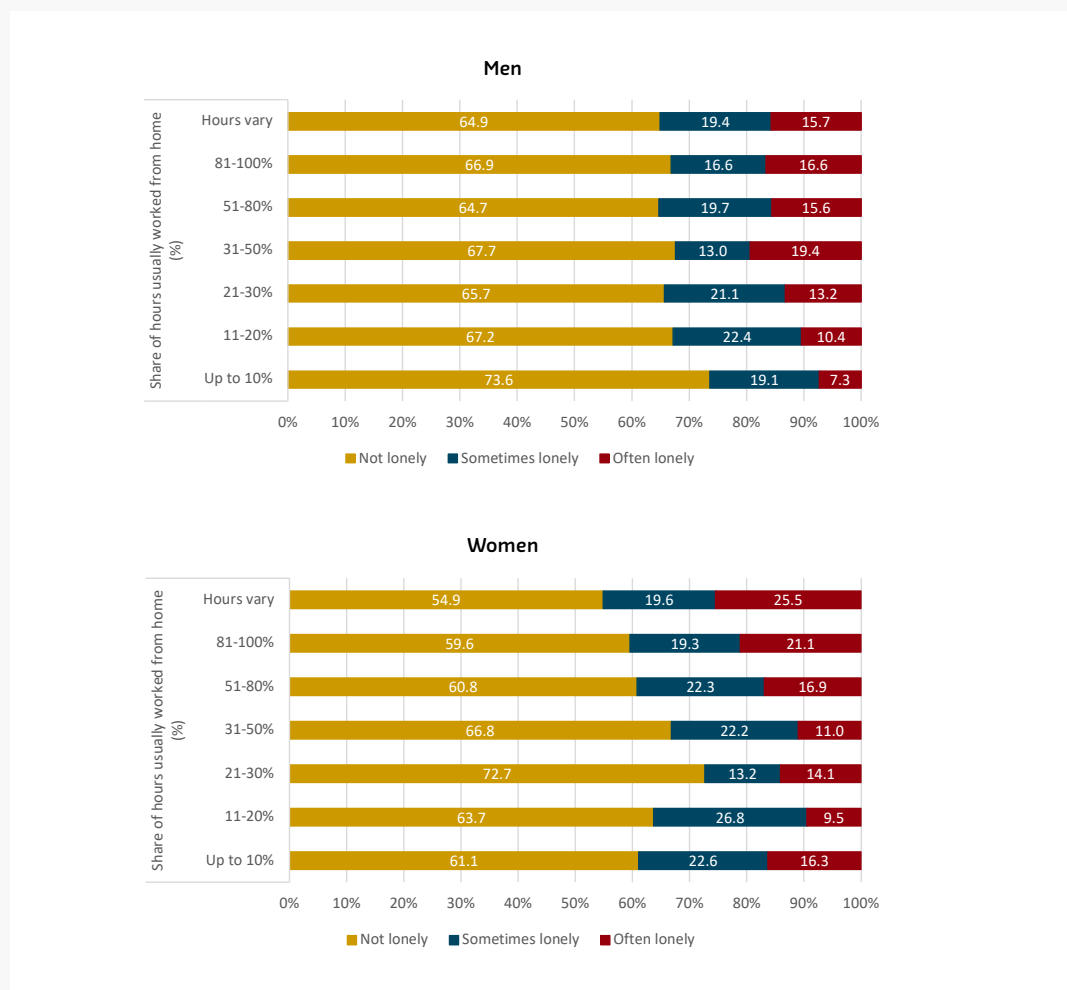
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA waves 1-19.

Next, we turn to an analysis of implications of retiring from work on loneliness presented in Figure 38. We compare patterns of loneliness associated with the retirement of singles (Panel A) vs. couples (Panel B). As expected, the prevalence of loneliness is higher among singles relative to couples across all circumstances studied. Within the first year of retirement, the share of those feeling very lonely most of the time is 23 per cent for men and 24 per cent for women among singles and 11 per cent for men and 12 per cent for women among those in couple relationships. However, in both groups there is a slight decline in the prevalence of loneliness over the period immediately following the retirement and an increase in the prevalence of loneliness with more time passing by.
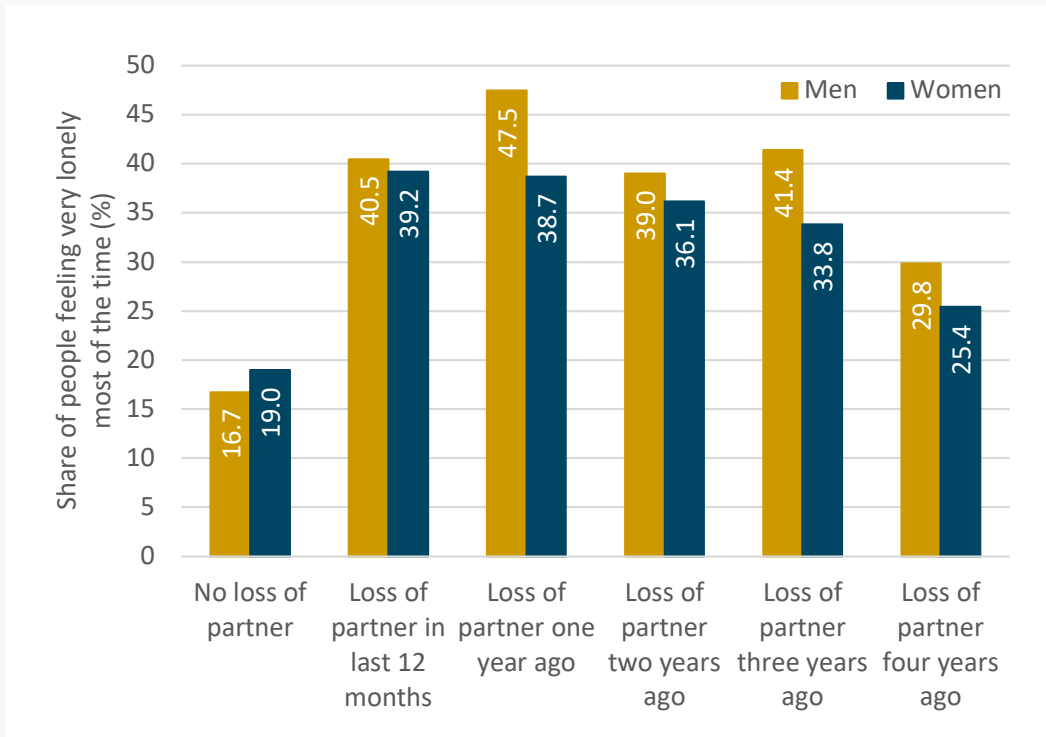
FIGURE 38

Retirement and loneliness by gender and family status, 2006-2019
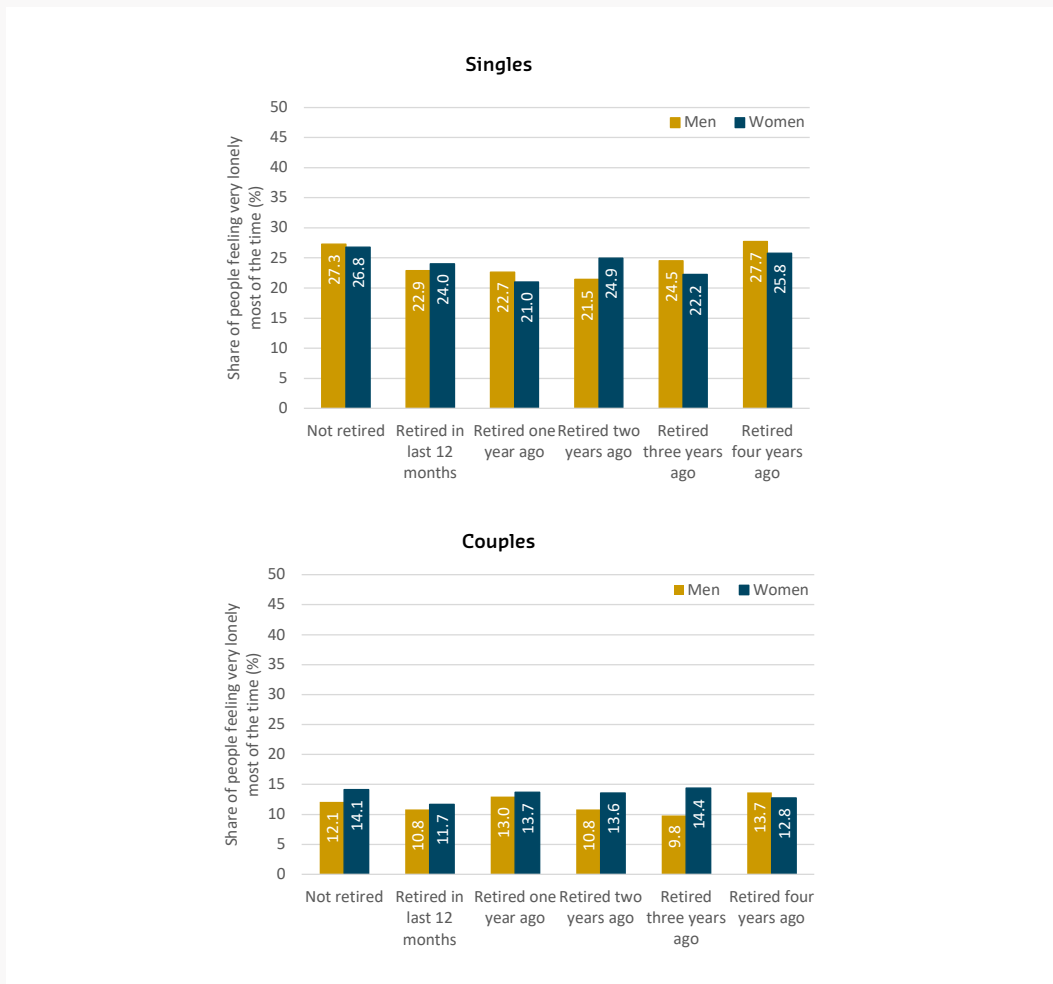
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA waves 1-19.

POVERTY AND LONELINESS

In this section we look at the impact of income on loneliness to better understand how deprivation may affect the wellbeing of individuals and households on lower incomes.

Figure 39 maps loneliness across the income distribution. Individuals 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 poverty 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 loneliness. While rich people of both sexes are consistently less lonely that poor ones, increasing income has less of an impact on loneliness for women than it does for men.

> While rich people of both sexes are consistently less lonely that poor ones, increasing income has less of an impact on loneliness for women than it does for men.

FIGURE 39

Share of people feeling very lonely by gender and poverty deciles, 2019
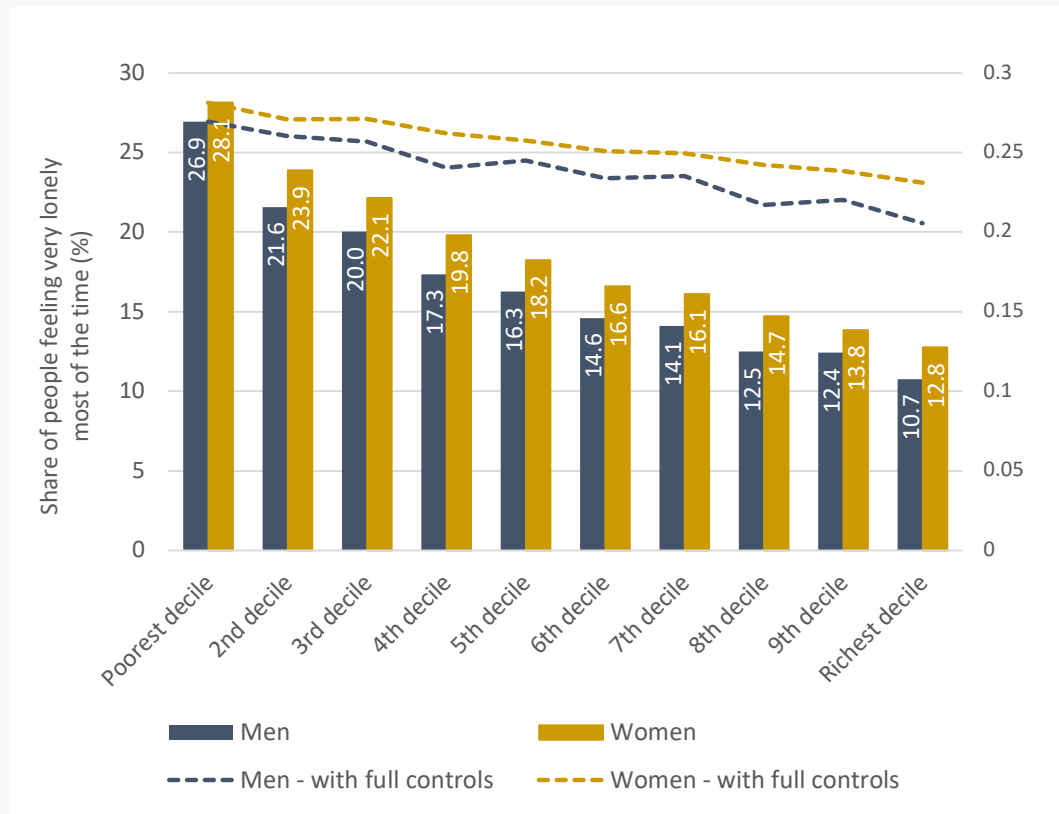
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA wave 19.

Are there systematic differences in the prevalence of loneliness among individuals living in households with different structures? As Figure 40 shows, single parents, especially those in poverty, 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 were half as lonely as single parents. The prevalence of loneliness across different household structures has hardly changed since the start of the century.

FIGURE 40

Incidence of loneliness over time by family type and poverty status, 2001-2019

Single parents, especially those in poverty, are more likely to feel very lonely.

People in poverty

Share of people feeling very lonely most of the time (%)

	Couple only	Couple with children	One parent with children	Lone person	Group household
2001-2004	21.9	20.1	35.5	34.6	21.1
2005-2009	21.1	17.2	37.5	32.1	22.7
2010-2014	17.8	18.2	37.4	31.3	19.6
2015-2019	18.6	18.0	36.2	31.8	20.9

■ 2001-2004 ■ 2005-2009 ■ 2010-2014 ■ 2015-2019

People not in poverty

Share of people feeling very lonely most of the time (%)

	Couple only	Couple with children	One parent with children	Lone person	Group household
2001-2004	17.2	15.4	29.9	27.6	23.0
2005-2009	14.9	13.0	29.1	25.3	18.4
2010-2014	14.3	13.7	27.0	24.4	23.6
2015-2019	13.6	13.6	30.1	24.9	21.3

■ 2001-2004 ■ 2005-2009 ■ 2010-2014 ■ 2015-2019

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

Poverty exacerbates loneliness for single parents increasing the proportion of those feeling very lonely most of the time from 32% to 38%.

Does poverty contribute to social isolation and loneliness? As Panel A of Figure 41 shows, poverty exacerbates loneliness for single parents increasing the proportion of those feeling very lonely most of the time from 32 per cent to 38 per cent. Poverty also increases loneliness for lone persons – increasing the proportion of those feeling very lonely most of the time from 25 per cent to 30 per cent. While couples with or without children face around the same risk of being lonely when they are not in poverty, couples with children living in poverty are less likely to be lonely than those without kids.

We need to take into account the possibility that poorer individuals may differ to wealthier individuals in other ways that contribute to their risk of feeling lonely. To address this possibility to an extent, we additionally draw comparisons across individuals who are identical in terms of their key background characteristics based on a regression analysis framework with a wide range of controls. As we see in Panel B of Figure 41, the significant positive impact of poverty on loneliness persists even after a wide range of background characteristics of individuals have been accounted for.

FIGURE 41

Share of people feeling very lonely by family type and poverty status, 2019

Share of people feeling very lonely

	Couple only	Couple with children	One parent with children	Lone person	Group household
No poverty	14.1	14.3	31.8	25.0	20.5
In poverty	18.2	15.8	37.5	29.9	22.6

Difference in the share of people feeling very lonely among people in poverty

	Couple only	Couple with children	One parent with children	Lone person	Group household
uncontrolled average difference	+3.2	+1.4	+5.1	+3.7	+2.2
difference including controls	+4.0	+2.4	+5.7	+4.9	+2.2

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

EXPERIENCES OF LONELINESS AMONG PEOPLE WITH A DISABILITY

Do people with a disability face a heightened risk of loneliness? The analysis presented in Figure 42 suggests that to be the case. The loneliness gap between people with and without a disability are particularly pronounced among the prime-age population, with a gap of over 14 percentage points reached at 35-44 years of age. The gap in loneliness by disability status are slightly more pronounced among women.

FIGURE 42
Likelihood of feeling lonely by disability status and gender, 2019
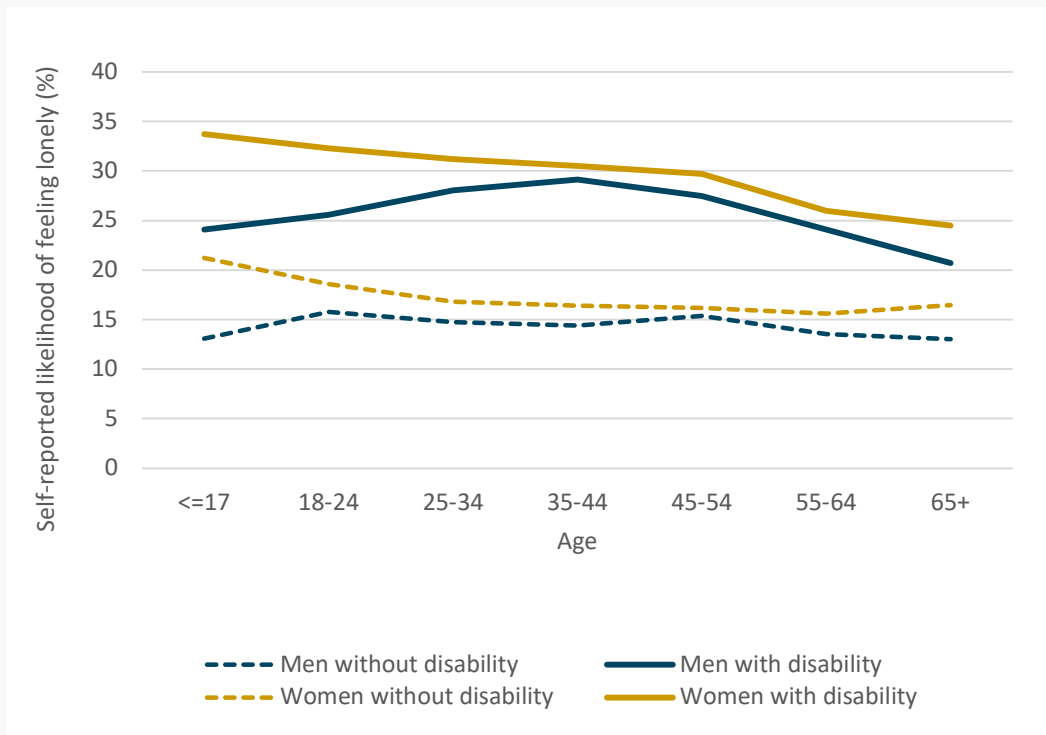
The loneliness gap between people with and without a disability are particularly pronounced among the prime-age population with a gap of 14 percentage points reached at 35-44 years of age.

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

Hearing impairment is the strongest driver of loneliness, with 42% of men and 46% of women with this form of disability experiencing loneliness.

Disability type matters to the experience of loneliness, and those with certain types of disability are at higher risk (Figure 43). Hearing impairment is the strongest driver of loneliness overall, with 42 per cent of men and 46 per cent of women with this form of disability experiencing loneliness. Head injuries, on the other hand, appear to have the lowest impact on the likelihood of feeling lonely, with 24 per cent of men and 29 per cent of women affected. Looking at individuals experiencing mental health problems, 28 per cent of men and 30 per cent of women report feeling very lonely most of the time. Among people with mobility issues, on the other hand, 35 per cent of men and 34 per cent of women are likely to feel lonely.

FIGURE 43
Likelihood of feeling lonely by disability type, age cohort and gender, 2019
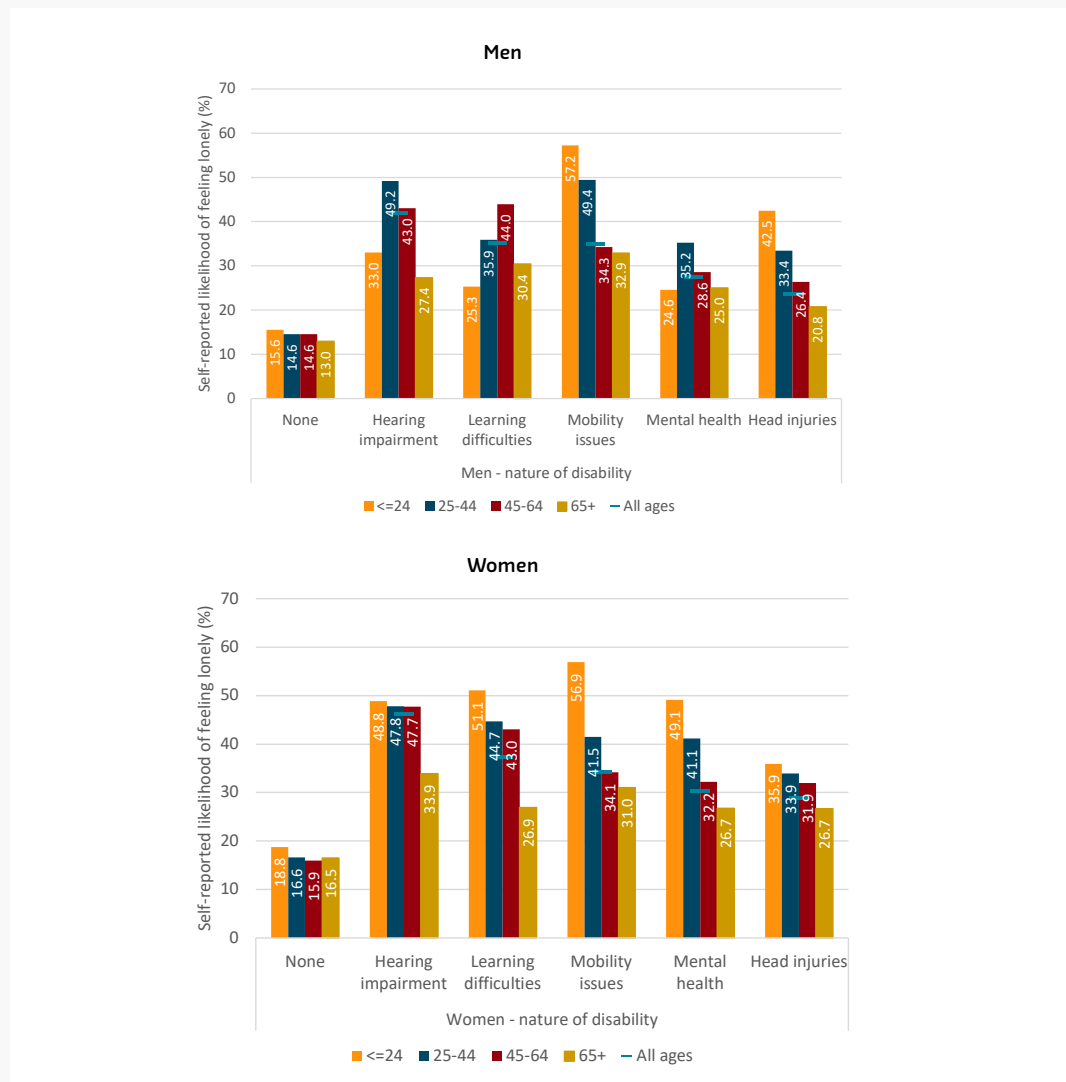
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA wave 19.

LONELINESS AMONG IMMIGRANTS

At the time of the 2016 Census, more than a quarter (26.3%) of Australia's population was born overseas. Social connection may be of particular importance to immigrants trying to adapt to a new country. However, immigrants may also face barriers to participation due to language constraints, cultural differences and discrimination (Dockery *et al*. 2019). As a consequence, some immigrant groups may be potentially more prone to loneliness. Figure 44 shows that it is indeed the case.

Self-reported likelihood of feeling lonely or very lonely varies by country of origin, with migrants from Central Asia, South Eastern Europe, South America, Central and West Africa and the Middle East much more likely to report loneliness than Australians. On the other hand, migrants from culturally and linguistically more similar backgrounds to Australia such as those from North America, New Zealand and the UK tend to have a similar risk of loneliness to Australians. Migrants from some countries are actually less likely to feel lonely in Australia than Australians, including Japan and the Koreas, Central Asia, Ireland and Northern Europe.

While overall women are more likely to report being lonely, as Figure 45 shows, gender differences in loneliness vary by region of origin. 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. In 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.

Self-reported likelihood of feeling lonely or very lonely varies by country of origin, with migrants from Central Asia, South Eastern Europe, South America, Central and West Africa and the Middle East much more likely to report loneliness than Australians.

FIGURE 44

Loneliness by country of birth, 2019
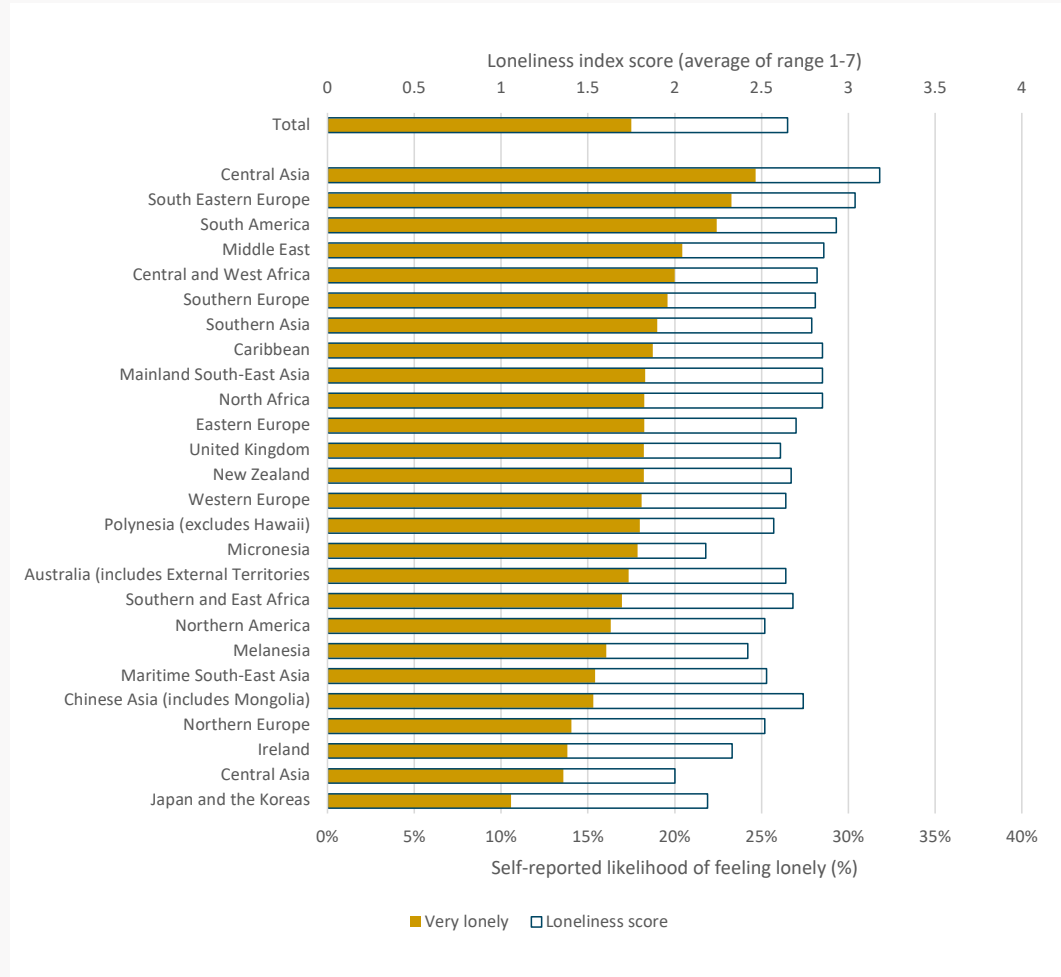
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA wave 19.

FIGURE 45

Loneliness by country of birth and gender, 2019
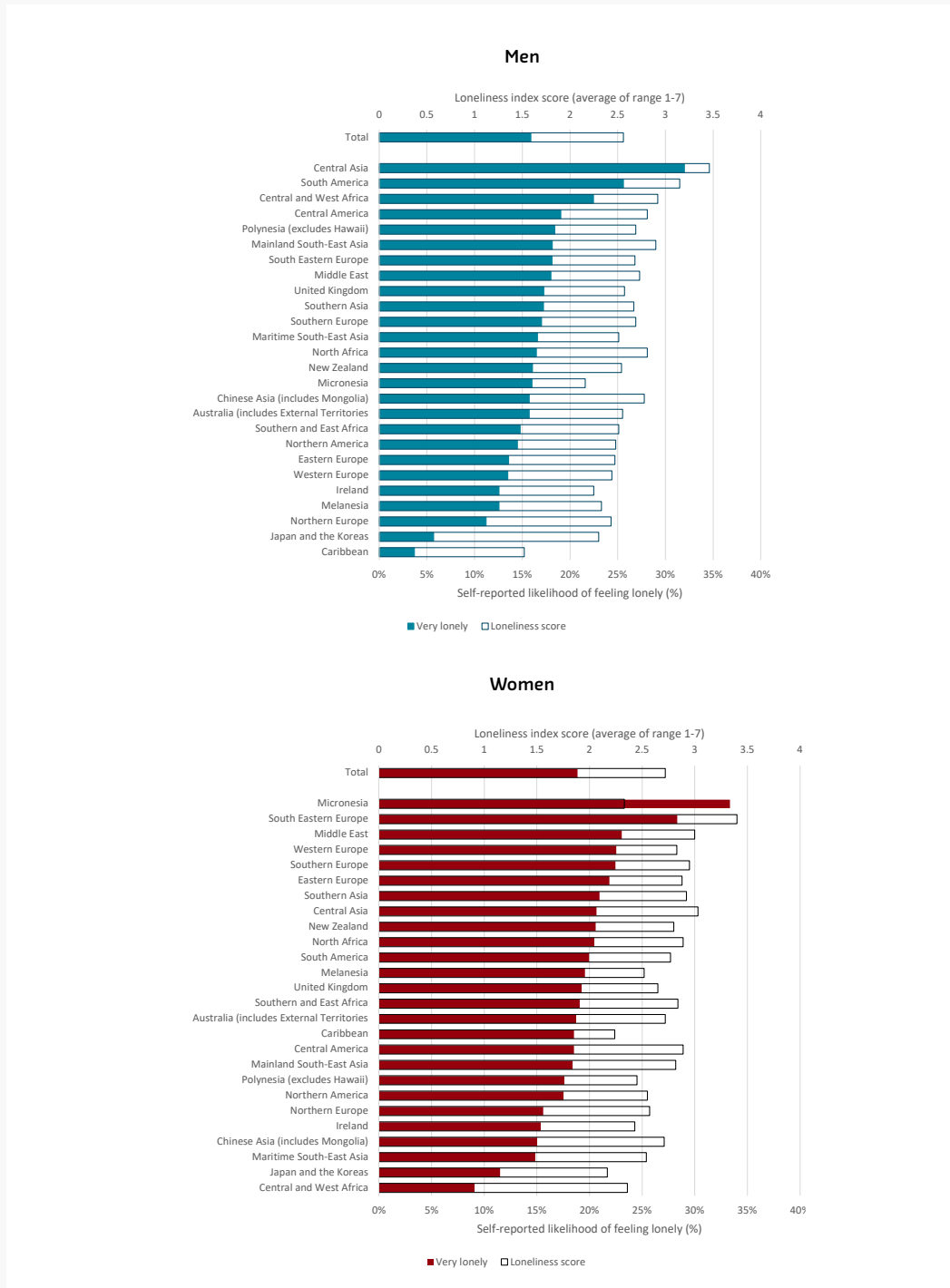
Men

Women

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

FIGURE 46
Gender gaps in loneliness by country of birth, 2019

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

Figure 46 specifically documents the gender gaps in loneliness and suggests that across most regions of origin, women are lonelier than men. Such gender gaps in loneliness are the most pronounced for immigrants from Micronesia, Caribbean and South-East Europe. However, there are exceptions too. Most notably, immigrant men from Central and West Africa, Central Asia, South America feel lonelier than their women counterparts.

The local density of people from one's country of origin can make a difference to the risk of loneliness, especially at younger age and for women. Young migrant women aged under 19 living in areas where there are less than five per thousand from their country of origin are the loneliest, followed by young men aged 20-29. The presence of at least one hundred per thousand people from their country of origin population appears to be a significant protective factor against loneliness for women across most age cohorts. However, this is not always the case for men - in particular, young men aged under 19 appear to be much more at risk of being lonely when there is a high concentration of those from their country of origin (one hundred or more per thousand).

Immigrant men from Central and West Africa, Central Asia, South America feel lonelier than their women counterparts.

Presence of at least 100 per thousand people from their country of origin population appears to be a significant protective factor against loneliness for women across most age cohorts.

FIGURE 47
Loneliness by local density of country of origin population: foreign-born population, 2019
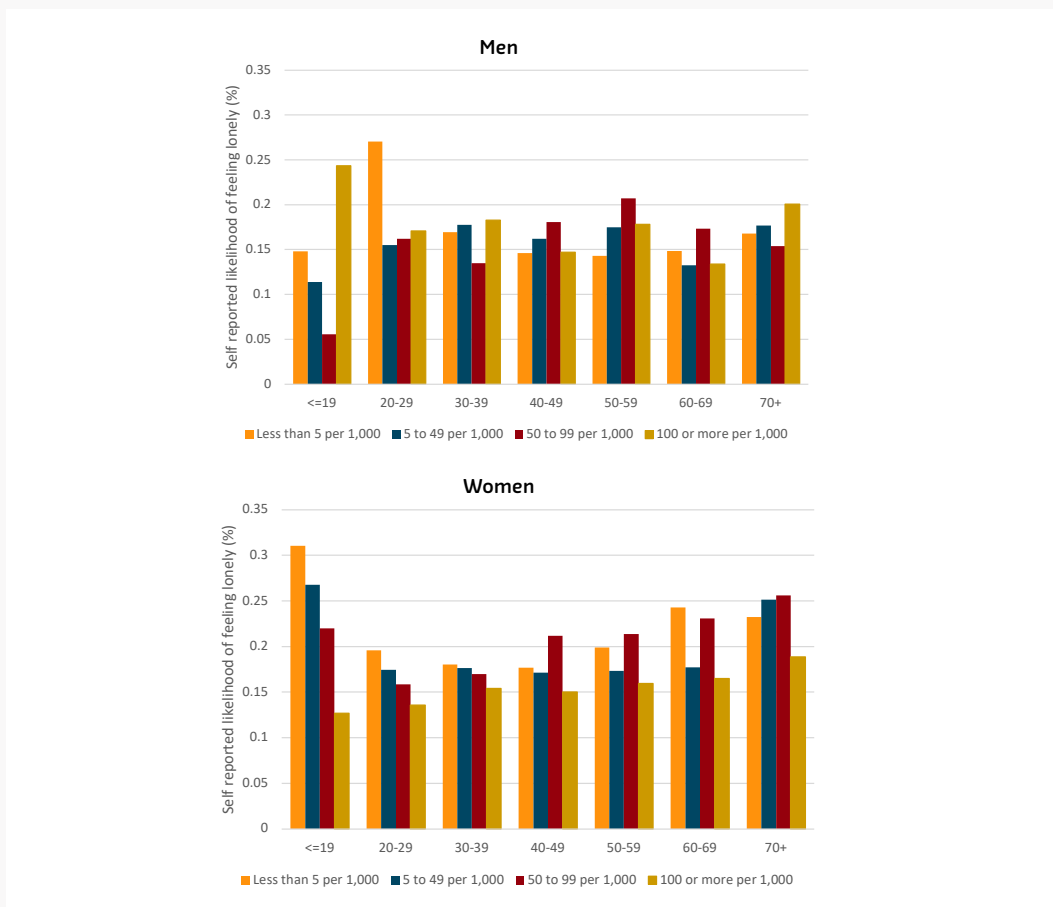
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA waves 1-19.

HEALTH AND WELLBEING CONSEQUENCES OF LONELINESS

Feelings of loneliness and social isolation have the potential to manifest in a poorer sense of general heath, and particularly on mental health and wellbeing. (Lim 2018, Lim *et.al*. 2019). Social isolation may also lead people to adopt unhealthy behaviours, such as decreasing their levels of physical activity and social interaction, smoking more or increasing consumption of alcohol. (AIHW 2021, Lim *et.al*. 2020, Lim *et.al*. 2020a). The adoption of these unhealthy behaviours may, in turn, have an effect on health, wellbeing, and workplace productivity.

But to what extent is loneliness associated with poorer health, wellbeing, and workplace productivity among different groups in Australia? To explore the associations between loneliness and health outcomes, this *Focus on the States* report takes advantage of a series of specific questions

related to self-reported health status and health behaviours among respondents from the Household Income and Labour Dynamics in Australia (HILDA) survey.

In Figure 48 we look at rates of poor or fair general health among women and men in different age categories who report as being lonely most of the time, compared to people who do not feel lonely.

The comparison reveals a rising gradient of poor health among older cohorts who feel lonely most of the time, with more than half of women and men aged 65 reporting poor health – around twice the rate of those who do not feel lonely. We also find that lonely younger women aged less than 34 are more likely to report poor or fair health than men of the same age.

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.

FIGURE 48

Loneliness and self-assessed general health: women and men by age, 2019
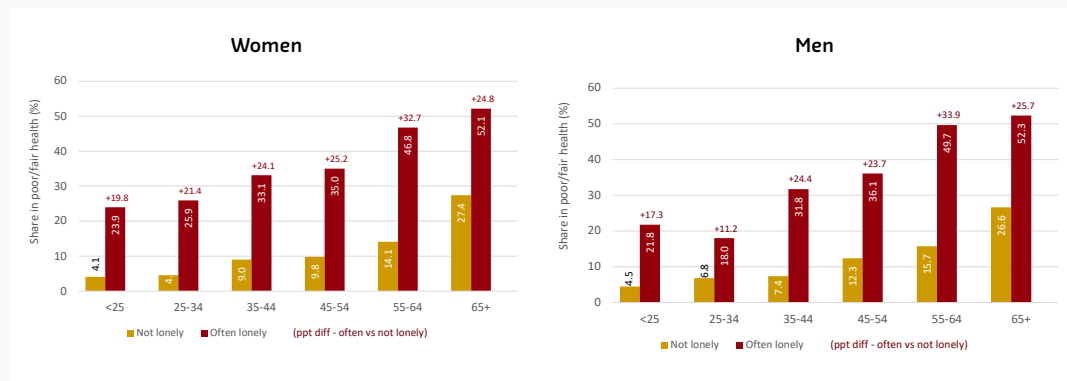
Notes: Young women and men aged 24 and under are grouped into a single age category.
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA wave 19.

People who are lonely are more likely to suffer from relatively poor mental health, and the association is far stronger than the link between loneliness and poor physical health.

A common standard for measuring a person's mental health status uses the Kessler K10 psychological distress index. For this analysis, we use Kessler K10 index scores to identify people experiencing high or very high levels of psychological distress. Figure 49 shows the proportion of women and men in different age ranges who feel lonely who are recorded as being are in poor mental health, compared to those who are not lonely.

The most striking aspect of Figure 49 is the far greater prevalence of poor mental health among younger people who report feeling

lonely most of the time, particularly young women. 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.

The prevalence of poor mental health declines consistently for older age cohorts who suffer from loneliness, although nearly half (46.3%) of women and over a third (36.1%) of men aged 45 to 54 face high or very high psychological distress. It is possible that people develop different perspectives on relationships and loneliness over time as well as adapt and respond less strongly to the circumstances surrounding loneliness.

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.

FIGURE 49
Loneliness and psychological stress: women and men by age, 2019
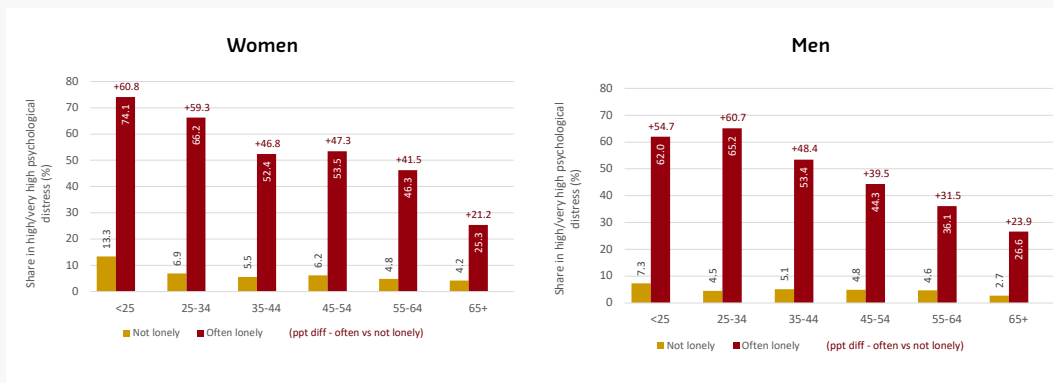
Notes: People are defined as facing high or very high levels of psychological distress based on their responses to ten questions that contribute to the Kessler K10 index. Further details on the Kessler K10 score can be found in the Glossary and Technical notes.
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA wave 19.

Although a clear negative link between loneliness and health outcomes have been established, the mechanisms underlying this relationship are not completely clear. One of the pathways linking loneliness to poor health established in the literature relates to stress and repair of biological mechanisms (see e.g. Cacioppo *et al.* 2002; Steptoe *et al.* 2004). Another pathway may be related to poorer health behaviours associated with loneliness (Lauder *et al.* 2006). Next, we explore the

associations between loneliness and a range of behaviours including physical activity, drinking and smoking.

Women are less likely than men to maintain physical activity across most age cohorts, but regardless of gender, the share of people who engage in little or no physical activity is significantly higher among those who are often lonely compared to those who are not (Figure 50).

FIGURE 50

Shares of women and men engaging in little or no physical activity: by loneliness and age, 2019
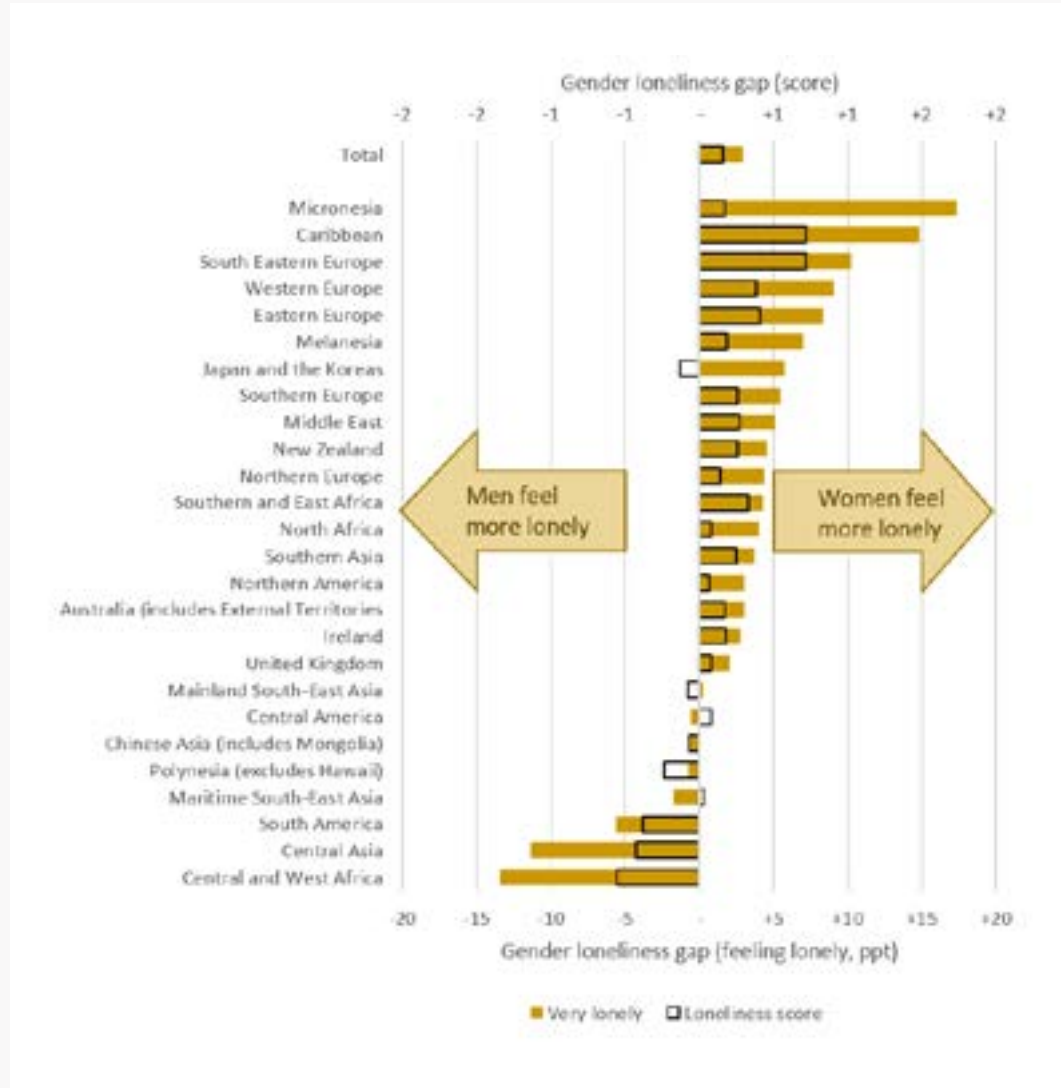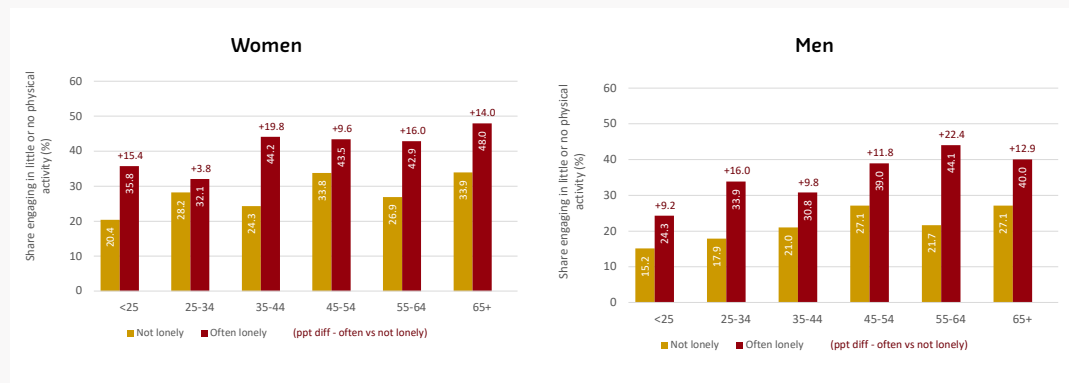

Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA wave 19.

Physical activity drops among older age groups, but 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. Indeed, more than four in ten women in all age groups from 35 and above who are lonely take little or no exercise. Rates of exercise are higher among men, but the gap between those who report feeling lonely and those that don't remains at above 10 percentage points for most age cohorts. Around 40 per cent of men aged 45 and over who report being lonely engage in little or no exercise.

There is also a clear positive association between loneliness and smoking intensity, especially among certain cohorts (Figure 51). 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. On the other hand, for women the difference in the share of daily smokers between those who are and are not lonely is the largest among 45-54 years olds – at 11.5 percentage points. Loneliness is also associated with a larger number of cigarettes smoked on a weekly basis for most but not all cohorts. Men under the age of 25 who report being lonely actually smoke 12 cigarettes less per week compared to their not-lonely counterparts while there is hardly any difference in the number of cigarettes smoked weekly between lonely and not lonely women over the age of 65.

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..

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.

FIGURE 51

Smoking patterns for women and men: loneliness and age, 2019
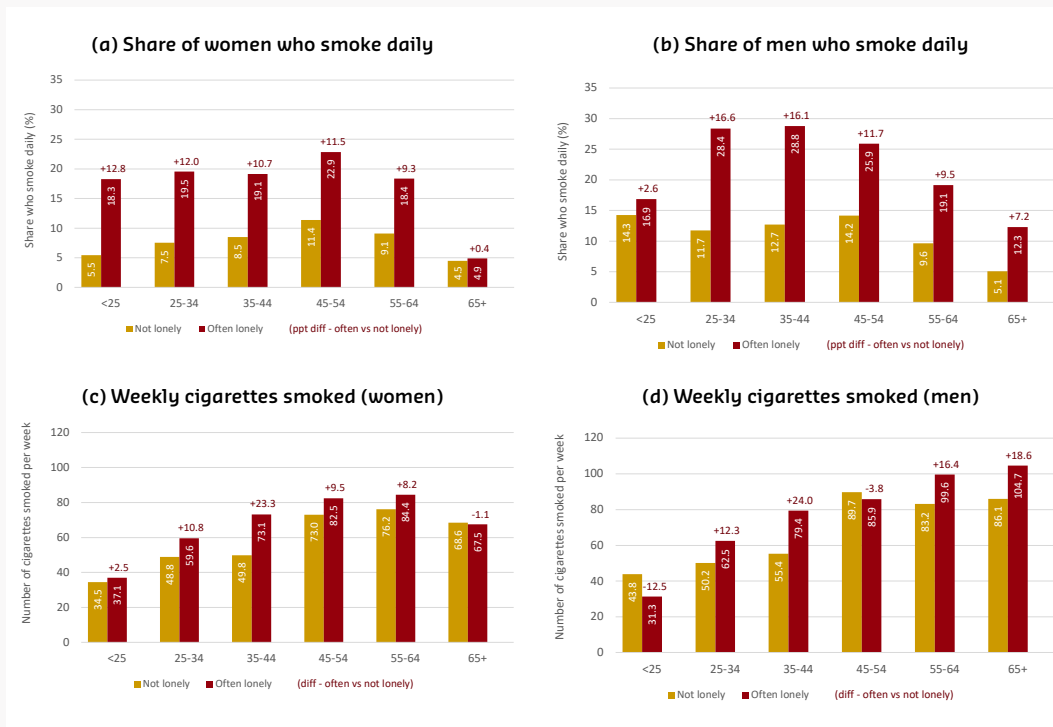
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA wave 19.

Loneliness does not appear to be associated with large differences in the average number of annual paid sick leave days taken.

To investigate the relationship between loneliness and workplace productivity, we look at patterns of paid sick leave days taken per year as a proxy for workplace productivity (Figure 52 and Figure 53). Looking at the breakdown by age and gender in Figure 52, loneliness does not appear to be associated with large differences in the average number of annual paid sick leave days taken. Among those where some such differences exist are men aged 35-44. In this group, those who report feeling lonely take 3.6 days of sick leave per year whereas those who are not lonely take 2.8 days of sick leave per year – a difference of 0.8 days. For women, the difference in the number of days of sick leave per year taken between lonely and not-lonely individuals is most pronounced at ages 25-34 (0.6 days). On the other hand, women under the age of 25 who report feeling lonely take 2.1 days of sick leave per year which is 0.5 days less than the number of days of sick leave taken by women who do not report loneliness.

FIGURE 52

Days of sick leave per year: by loneliness and age, 2019
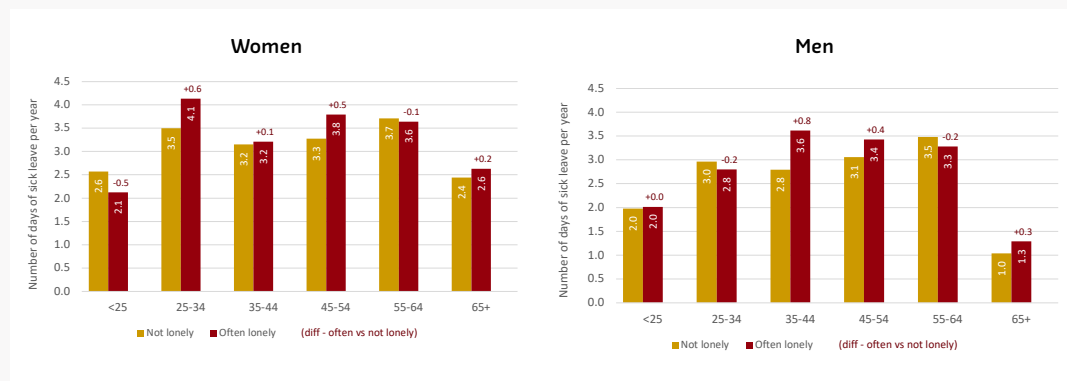
Notes: Young women and men aged 24 and under are grouped into a single age category.
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA wave 19.

Figure 53 shows the average number of paid sick leave days taken according to loneliness status across Australian states and territories in 2019. The greatest difference in average annual paid sick leave days taken was in South Australia, where people who were often lonely took an average of 1.3 more paid sick leave days each year than those that were not lonely. But again, this analysis further highlights that loneliness does not have a great effect on workplace productivity, in terms of productivity lost through additional paid sick leave days taken per year by very lonely people. As discussed earlier, workplaces are a place where many socialise and may be of particular significance for lonely and socially isolated people – perhaps an explanation as to why there is no observation of people taking sick days in response to loneliness.

FIGURE 53

Average paid sick leave days taken per year: by loneliness status and states, 2019

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

FIGURE 54

Number of GP visits per year: by loneliness and age, 2017
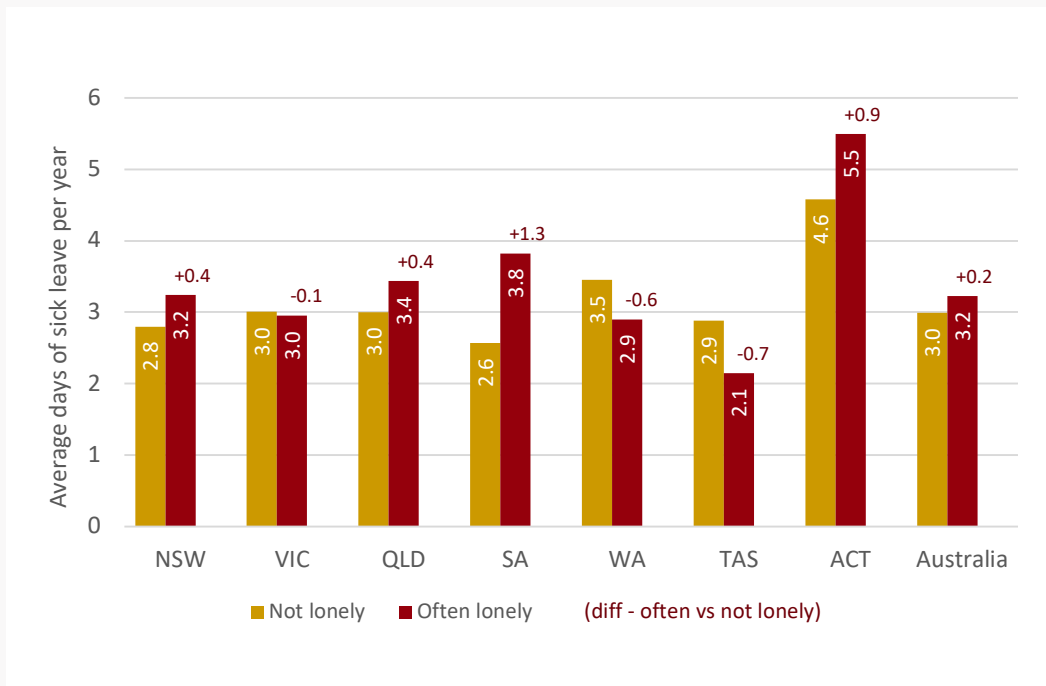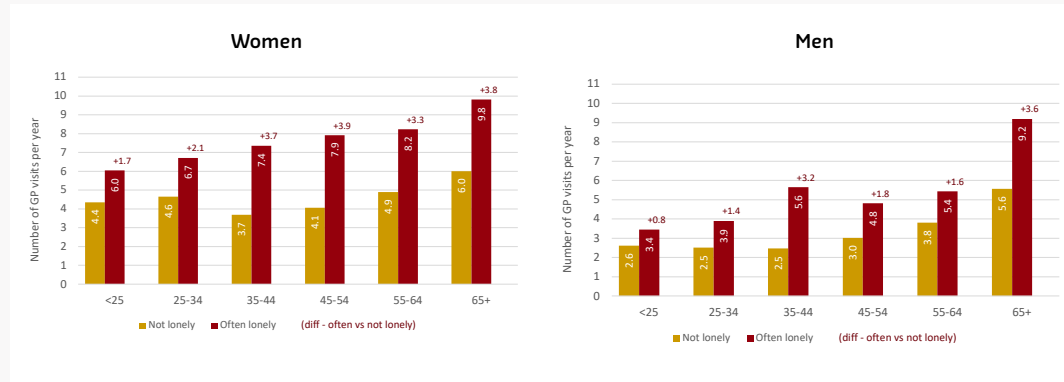
Notes: Young women and men aged 24 and under are grouped into a single age category.
Source: Bankwest Curtin Economics Centre | Authors' calculations based on HILDA wave 19.

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 nearly 5 days increase in GP visits per year for women aged 25-34.

Men under the age of 25 who moved out of loneliness over a 4-year period paid 1.3 less visits to their GP.

While loneliness doesn't appear to significantly alter the number of sick days taken, those who are lonely appear to see their GP more frequently. This is particularly pronounced among women over the age of 35 where we consistently observe over 3 days difference in the annual number of GP visits between lonely and not-lonely individuals (Figure 54). Additionally, we see significant differences in annual GP visits by loneliness status for the oldest cohort. 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.

To understand the links between loneliness and GP visits further, we analyse changes in loneliness status and associated GP visits observed over four-year intervals. As we see in Figure 55 a persistent state of loneliness is consistently correlated with a larger number of annual GP visits across all age cohorts. Persistent loneliness over a 4-year period is associated with nearly 5 days increase in GP visits per year for women aged 25-34. Entering into a state of loneliness yields extra GP visits too, particularly pronounced for women and men aged 35-54 where we see 1.7 additional GP visits for women and 1.9 additional GP visits for men. Conversely, moving out of loneliness is associated with a modest decrease in the annual GP visits. Men under the age of 25 who moved out of loneliness over a 4-year period paid 1.3 less visits to their GP.

FIGURE 55

GP visits and *change* in GP visits over time for women and men: by loneliness transition and age, 2017
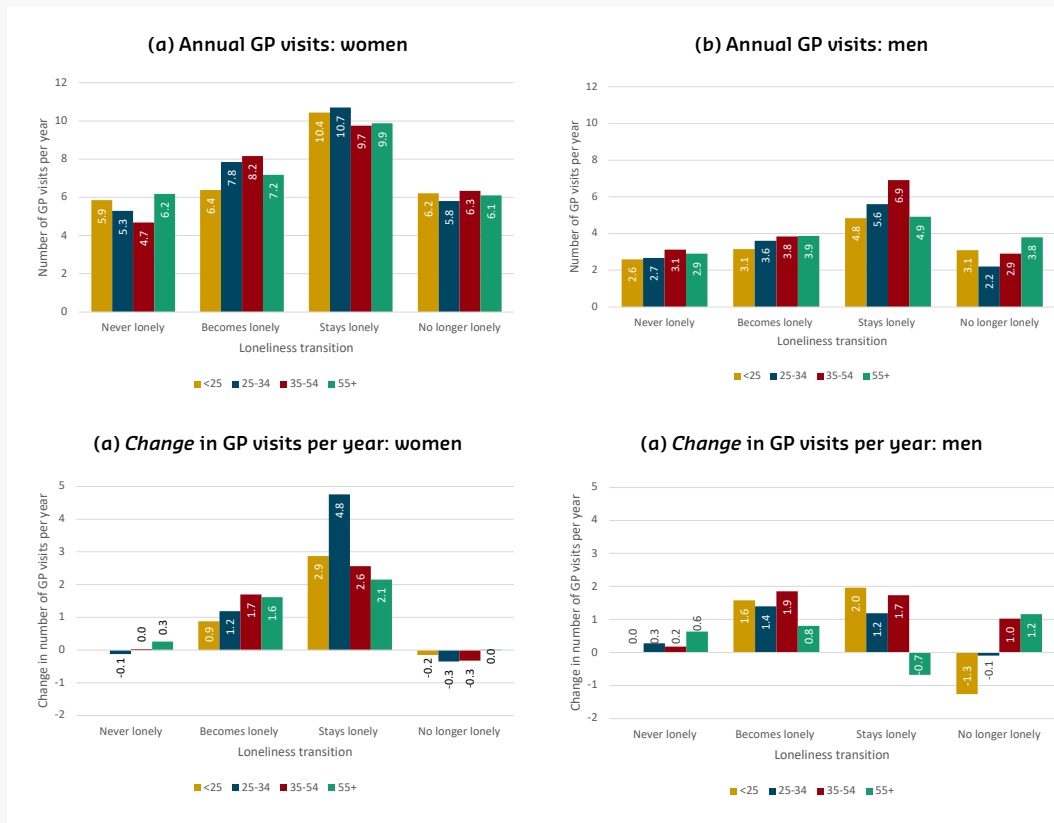
Notes: Data on GP visits are collected in HILDA survey waves 9, 13 and 17 (years 2009, 2013 and 2017).

Change in the number of GP visits and loneliness transitions are assessed over four year intervals between 2009 and 2013, and between 2013 and 2017.

Source: Bankwest Curtin Economics Centre | Author's calculations based on HILDA survey waves 9, 13 and 17.

THE ECONOMIC COST OF LONELINESS

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.

Beyond its social impact, loneliness imposes an economic cost on society through the adverse effects on health behaviours among those affected. 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.

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.

Poorer health behaviours among people experiencing loneliness impose economic costs on society, and to get some indicative sense of their overall magnitudes, **Table 12** presents a series of annual cost estimates[5] for specific behaviours.

The most significant contributions to the overall economic costs of loneliness come from the greater incidence of regular smoking ($863m each year), the higher number of GP visits ($833m), more physical inactivity ($379m) and excessive alcohol consumption ($344m).

A greater share of the overall costs of loneliness (59%) comes from the impact on women, while young women account for more than three quarters (78%) of the costs of loneliness within their cohort (aged less than 25). 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.

Taken together, the estimated annual economic cost of loneliness from these adverse health behaviours comes to around $2.7 billion each year, equivalent to an annual cost of $1,565 for each person who becomes lonely.

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[5] Our approach first estimates the differences in health behaviours between people who either become or remain lonely, and those that don't. The latest data from the HILDA survey are used for each health category. In the case of GP and hospital visits, the most recent data are from 2017. For other health behaviours (days off sick, smoking, excessive alcohol consumption, physical activity), data are available up to 2019. Unit cost estimates are then applied to each variation in health outcome, with costs drawn from a range of recognised health research sources. Finally, we scale up these costs according to the projected numbers of people in the Australian population across different gender and age cohorts who report being lonely.

TABLE 12

The economic cost of loneliness

Age	Estimated annual economic costs of loneliness ($m)							Total costs by gender		Share of total costs by gender	
	GP visits	Hospital visits	Regular smoking	Excessive alcohol	Physical inactivity	Sick leave	Total costs	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%
All ages	833	113	863	344	379	184	**2,716**	1,569	1,146	58%	42%

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.
Source: Bankwest Curtin Economics 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).

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.

While this issue has been recognised in some research studies (Fulton and Jupp, 2015; Kung, Kunz and Shields 2021), there have been relatively few direct evaluations of the effectiveness of specific community initiatives or government programs. 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.

To understand more fully the economic costs of loneliness, there is a pressing need for further research to evaluate programs that are designed to alleviate or protect against loneliness, their cost-effectiveness, and the potential for such programs to be scaled up to improve the health and wellbeing of wider sections of society.

CONCLUSION

The analysis in this chapter suggests that loneliness is prevalent to a degree across most sections of society, but especially among certain groups. We show that poverty is a key source of loneliness, with individuals in the lowest income decile more than twice as likely to report being very lonely most of the time, compared to those with the highest incomes. People with disabilities, particularly those with intellectual, hearing or mobility related disabilities, are more likely to experience loneliness according to our results.

Being an immigrant from certain parts of the world, especially those with relatively large cultural and linguistic distance from Australia can increase your risk of Loneliness. Those from Central Asia, South Eastern Europe, South America, Central and West Africa and the Middle East in particular appear to have a relatively high predisposition to loneliness. However, our analysis also shows the presence of a population from your own country of origin in your local area makes a difference to risk of loneliness, especially for young people and women.

This chapter also engages with individuals' work circumstances and asks whether physical workplaces play a role in mitigating loneliness. To that end, we look at the share of hours worked from home and find evidence that predominantly working from home may significantly increase your risk of loneliness. However, we also show that the impact of different working from home arrangements on loneliness may play out differently for men and women.

Loneliness also varies by stages of life and with exposure to different life events. Looking across the life course, women are on average lonelier than men, and the gender gap is greatest among the youngest and oldest cohorts. People are more likely to be lonely after bereavement or a relationship breakdown, with such events having a long-term persistent effect on wellbeing. On the other hand, children leaving home hardly affects the risk of loneliness of their parents at all.

In addition to studying the determinants of loneliness, our analysis engages thoroughly with its consequences for health and wellbeing. We show that loneliness has tangible effects on the general and mental health of individuals. At least some of this effect may work through behavioural responses to loneliness. Our analysis documents that lonelier individuals are more likely to engage in risky health behaviours such as smoking and exercise less. While we don't observe significant differences in the number of sick days taken by lonely vs. not-lonely individuals, we do show that lonely individuals visit their GP at much higher rates, particularly when their loneliness persists over time.

Taken together, these findings indicate that increasing loneliness comes at a high cost to our society and that mitigating loneliness could reduce demands on our health system, improve community connectedness and enhance personal wellbeing through the life course.

CONNECTEDNESS
AND LONELINESS
DURING COVID-19

INTRODUCTION

COVID-19 imposed constraints on the nature and intensity of our interactions. To minimise the spread of the virus, a range of requirements related to physical distancing and number of people with whom we can interact have been in place since the onset of the virus. How have these changes affected our social connections, participation in groups and communities and sense of trust? Are there any members of our society that are left at heightened risk of social isolation and loneliness following the pandemic?

This chapter will engage with these questions looking at individuals' connections through family and friends and participation in community organisations as well as levels of institutional and public trust in the population. It has a particular focus on changes that have occurred between 2019 and 2020 in an effort to understand how the pandemic affected the way in which we interact and connect to our community. A word of caution however is needed, since changes between 2019 and 2020 cannot be attributed to COVID-19 alone.

The analysis reported in this chapter draws on two major data sources: ABS's General Social Survey (GSS) for Australia and the Longitudinal Study of Australian Children (LSAC). We compare two waves of GSS data: 2019 and 2020 ideally suited for designing a study on making inferences on the potential implications of the pandemic. GSS data for 2019 was collected pre-pandemic, between 29th April and 20th July 2019 whereas the 2020 GSS was conducted over a four month

period from 15th June to 5th September 2020 during the COVID-19 pandemic. During the months of this data collection, various initiatives were put in place to reduce and stop the spread of the virus. These included travel restrictions, border closures, and social distancing arrangements, with various supports such as the JobKeeper payment put in place to support businesses and to keep Australian workers connected to jobs. During the course of the survey, Victoria had a second wave of the virus from mid-June 2020, with further restrictions put in place for the state.

The second dataset used in this chapter, LSAC, is dedicated to following children over time since infancy into adulthood. In 2020, LSAC designed a special questionnaire which involved asking the children and young adults (now aged between 16 and 21) a variety of COVID-19 related questions related to family, friends, social capital and loneliness. In particular, the survey asked the respondents to answer questions based on how they felt at the time of the regular survey period between October and December 2020 and then asked them to answer the same questions whilst reflecting how they felt during the Coronavirus Restriction Period (CRP) from March to May 2020, when the COVID-19 pandemic restrictions were at their peak. This chapter draws on these comparisons between the regular survey period and during the peak of COVID-19 restrictions in 2020, referred to as the non-CRP and CRP, respectively.

INTERACTIONS WITH FAMILY AND FRIENDS

In recent decades the traditional structure of a family has changed, with for example an increase in the incidence of single parenting and shared parenting structures, smaller family sizes, and same sex couples, amongst others. How we engage with family has also evolved, with technological advancements leading to an increase in non-face-to-face contact. Despite these changes, family remains a critical and fundamental category of social connectedness and support. This section looks at how engagement with family and friends has evolved between 2019 and 2020.

The GSS asked respondents if they have had either weekly face-to-face contact or other weekly forms of contact with family or friends living outside of the household in the last 3 months.

Looking at the data by state and territory we see that, while WA and NT had some of the lowest levels of face-to-face contact in 2019, they also saw the lowest level of decline in such forms of engagement with family and friends in 2020 (Figure 56, LHS). It is worth noting that WA and NT are the states with the highest proportion of people living in regional and remote areas and the most geographically dispersed populations.

Victoria, the state most impacted by COVID-19 restrictions during the time of data collection, saw the largest decline in weekly face-to-face contact with family or friends living outside of the household, going from 71 per cent to 34 per cent of persons (a -36.6ppt change). This compares to a 26 percentage point decline nationally (Figure 56, LHS).

Victoria also saw the largest percentage point decline in other forms of weekly contact with family and friends living outside of the home in 2020, with no change in this measure reported for WA (Figure 56, RHS). This suggests that other forms of contact are a complement rather than a substitution for face-to-face contact.

Victoria saw the largest decline in weekly face-to-face contact with family or friends living outside of the household, going from 71% in 2019 to 34% of respondents in 2020.

FIGURE 56
Face-to-face and other forms of weekly contact with family or friends living outside of the household by state, 2019 and 2020
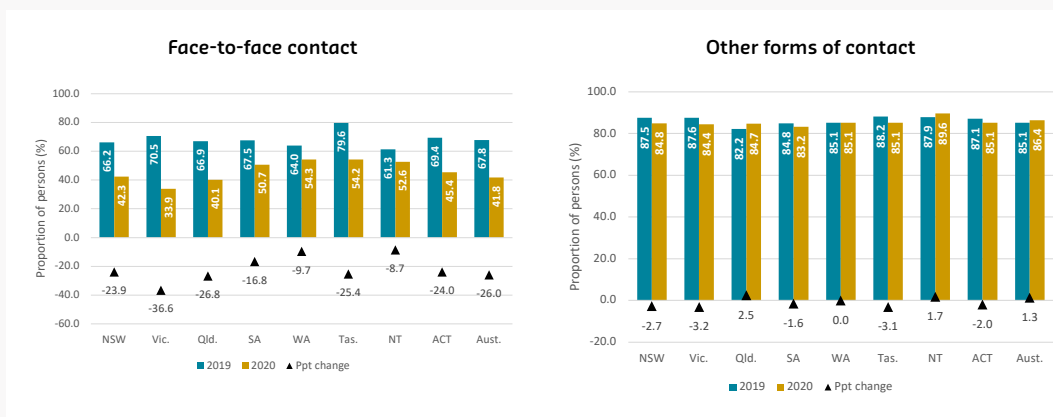
Notes: Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020. Had face to face contact with family or friends living outside the household at least once a week in last 3 months.
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

In 2019, women (72%) were more likely than men (64%) to have face-to-face contact with family and friends living outside the household on a weekly basis.

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 on a weekly basis.

In 2019, women were more likely than men to have both forms of contact with family or friends, with almost 72 per cent of women (64% of men) having face-to-face contact and 92 per cent of women (81% of men) having no face-to-face contact on a weekly basis (Figure 57).

In 2020, weekly face-to-face contact with family or friends living outside of the household declined sharply for both men and women (Figure 57). For women the decline was in the order of 28 percentage points going from 72 per cent of women to 44 percent of women. For men the percentage point decline was of a lower order (24ppts), although starting from a lower base. COVID-19 is most likely the driver of these sharp declines, with various restrictions making face-to-face contact

with family and friends living outside of the household impossible in some cases, while in other cases people may have avoided contact to minimise the spread of the virus and to protect loved ones that may have been more vulnerable to the negative impacts of the virus.

Even more interesting from that data reported in Figure 57 is the fact that people did not switch to other forms of contact with family or friends living outside of the home. In fact, weekly non-face-to-face forms of contact with family or friends remained the same for men, and actually declined for women between 2019 and 2020. This suggests an overall decline in contact with family and friends living outside of the household.

FIGURE 57

Face-to-face and other forms of weekly contact with family or friends living outside of the household by gender, 2019 and 2020
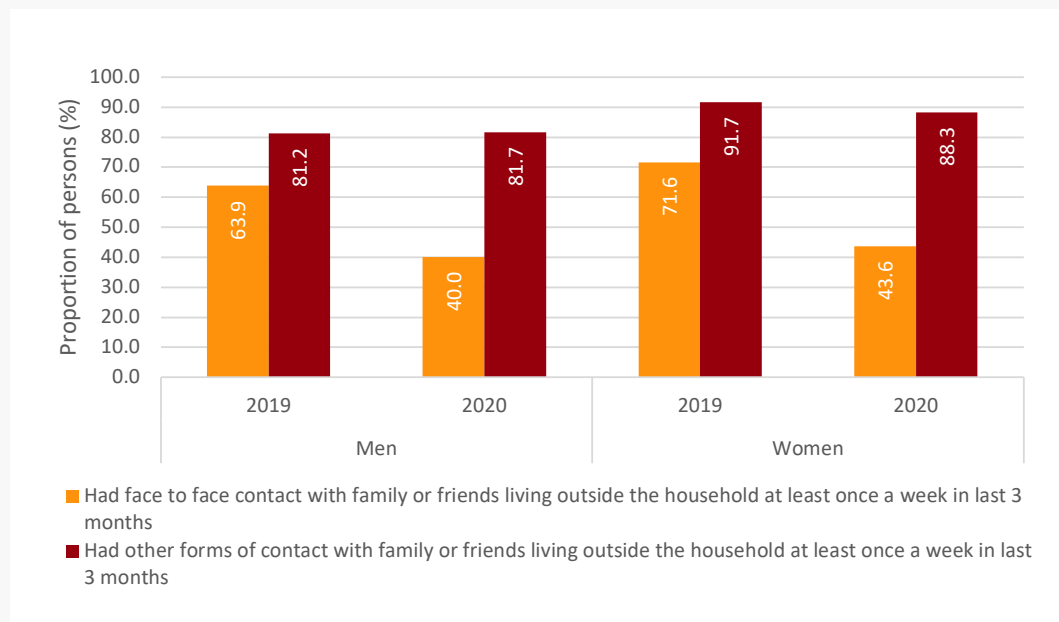
Men: 2019 — 63.9, 81.2; 2020 — 40.0, 81.7. Women: 2019 — 71.6, 91.7; 2020 — 43.6, 88.3.

■ Had face to face contact with family or friends living outside the household at least once a week in last 3 months
■ Had other forms of contact with family or friends living outside the household at least once a week in last 3 months

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. Had 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.

Looking at weekly face-to-face contact with family or friends outside of the household by age and gender (Figure 58) also shows some interesting dynamics. For men, the largest decline was in the 40-54 age cohort (-34.0ppts), followed by 15-24 year olds[5] (-28.8ppts) and 25-39 year olds (-20.1ppts). For women, the 25-39 year old (-32.7ppts) and 40-54 age cohorts (-30.7ppts) saw the largest percentage point declines. What is interesting too is that, for both men and women, the 70 years and older cohort saw some of the lowest percentage point declines in face-to-face contact with family or friends living outside of the household. This is despite the fact that these groups are more vulnerable to the negative effects of contracting the COVID-19 virus.

FIGURE 58

Face-to-face contact with family or friends living outside of the household, by age and gender, 2020 and change on 2019
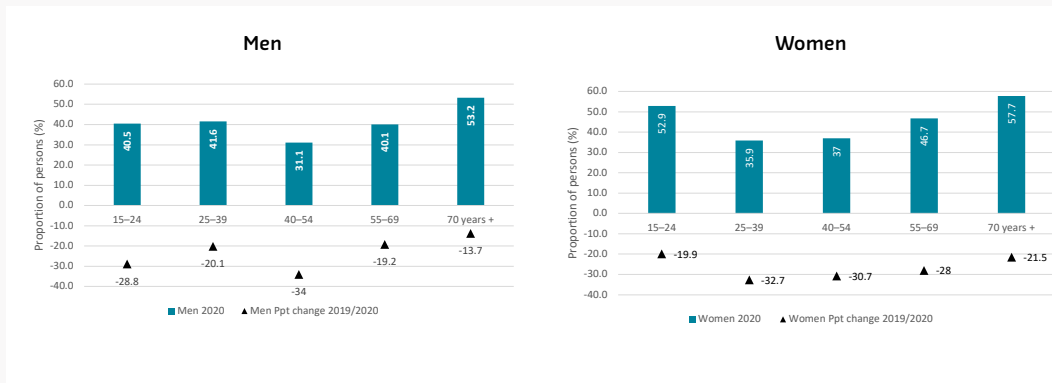
Notes: Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020. The 15-24 age cohort has a high margin of error and should be interpreted with caution. Face-to-face contact with family or friends living outside the household relates to face-to-face contact at least once a week in last 3 months.
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

Some of the largest declines in the share of people engaging in weekly face-to-face contact with family or friends living outside of the household occurred for the 40-54 year old and 25-39 year old cohorts.

Some of smallest declines in the share of people having face-to-face contact with family or friends living outside of the household during the COVID period was for those aged 70 years and above.

6   The 15-24 age cohort has a high margin of error and should be interpreted with caution.

PARTICIPATION IN SOCIAL GROUPS AND COMMUNITIES

COVID-19 restrictions not only impacted engagement with family and friends, but also played out in terms of engagement with social groups, community support groups and civic and political groups. Between 2019 and 2020, there were evident declines in engagement in Australia for both men and women across all three of these (Figure 59).

The level of decline for men and women was of a similar level across the three domains, although slightly higher for men across community support groups (-4.4ppts for women compared to -4.5ppts for men) and civic and political groups (-1.3ppts for women compared to -2.3ppts for men). However, the reported declines in participation in social groups was slightly higher for women than for that of men (-4.9ppts for women compared to -4.6ppts for men).

Relative to Australian born persons, a higher share of immigrants in Australia participated in social groups, community support groups and civic and political groups in pre-pandemic 2019.

In 2020, immigrant engagement across all three domains was lower than that of Australia born individuals.

FIGURE 59

Participation in groups in the last 12 months by gender, 2019 and 2020
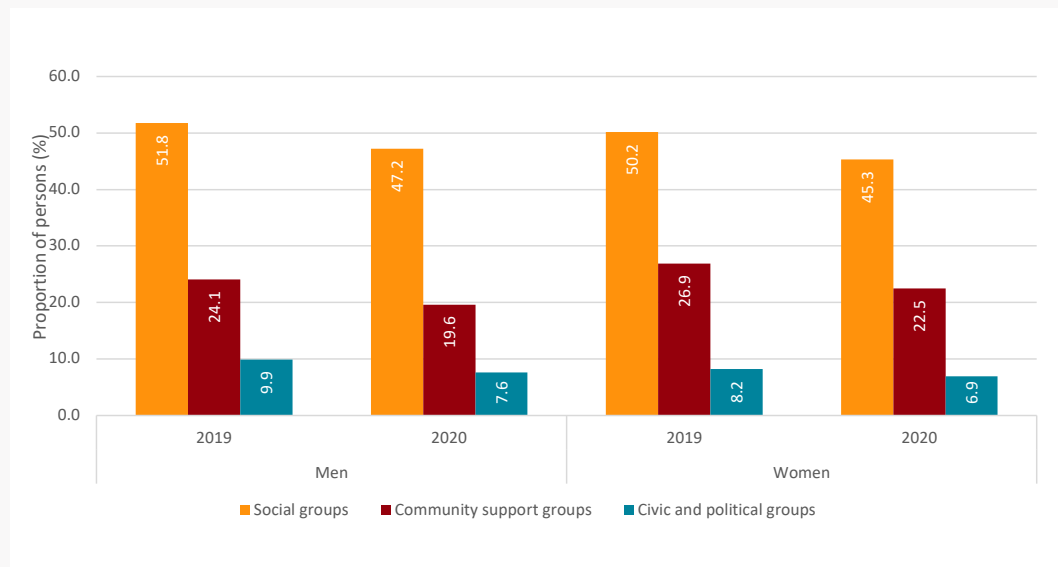
Notes: Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020. Participation in groups in the last 12 months.
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

Interestingly a higher share of immigrants living in Australia participated across social groups, community support groups and civic groups in pre-pandemic 2019 (Figure 60). This larger share of participation amongst immigrants was notably higher for civic and political groups. The reasons for the latter may be an attempt to have a greater voice in society given that many immigrants are likely to be part of minority groups.

In 2020, migrant engagement across all three domains was lower than that of Australian born individuals. For civic and political groups participation dropped substantially from 21.1 per cent of immigrants in 2019 to 5.7 per cent of immigrants in 2020.

This suggests that the pandemic restrictions have impacted immigrants' voice and ability

to engage with society to a larger extent than that of Australian born persons. It is unclear to what extent greater restrictions were imposed on migrant groups overall or on their civic and political activities, or whether migrant groups were more sensitive to community concerns and therefore chose to associate less to avoid public censure.

Anecdotally, significant criticism was directed towards Asian Australians during the COVID-19 outbreak, with reports of racist attacks seeking to blame the Chinese community for the origin and spread of the virus. The question remains as to whether a return to pre-pandemic levels of participation occurs across these three domains for all groups or whether less or new ways of participation emerge.

Immigrant participation in civic and political groups went down from 21.1% in 2019 to 5.7% in 2020.

Pandemic restrictions have impacted immigrants' voice and ability to participate in social, community and civic groups to a larger extent than that of Australian born persons.

FIGURE 60
Participation in groups in the last 12 months by migrant status, 2019 and 2020
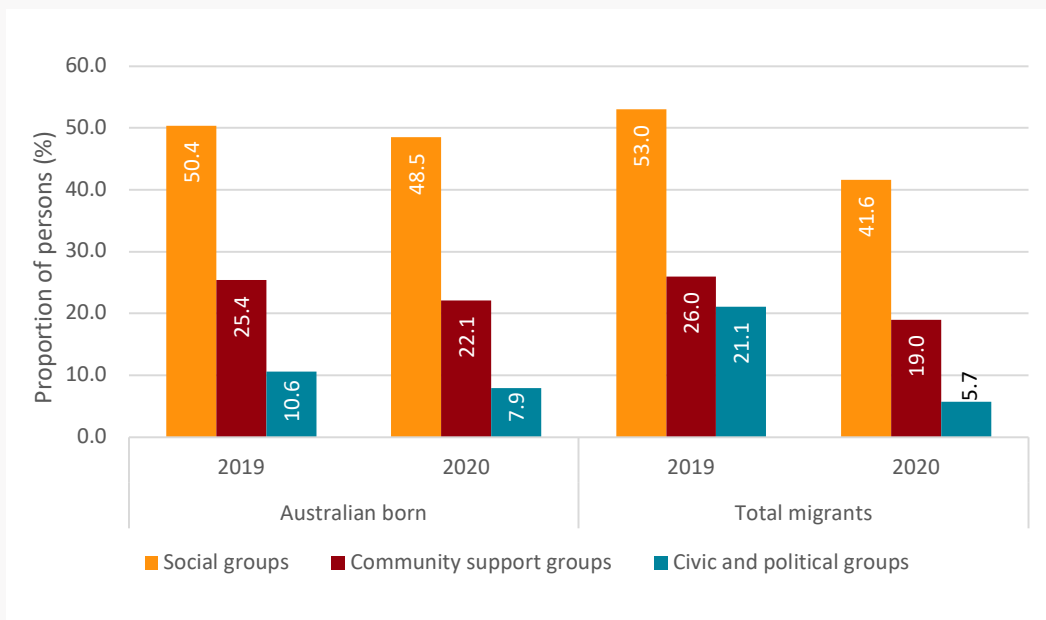
Notes: Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020. Participation in groups in the last 12 months.
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

VIC (-9.3ppts), QLD (-9.7ppts) and NT (-8.1ppts) saw the largest decline in share of people participating in social groups.

Some differences by state can also be observed from 2019 to 2020 (Figure 61). With NSW observing no change in social group participation, VIC, QLD and NT saw the largest decline in share of persons participating in social groups. ACT, meanwhile, saw an increased share of individuals participating in social groups in the year to 2020, and was the only jurisdiction to see an increase in participation in civic and political groups.

VIC, NT and WA saw a decline in the share of persons participating in community support groups. WA had some restrictions in place in the first half of 2020 that limited the ability to participate or volunteer in areas such as health, education and training and emergency services.

FIGURE 61

Participation in groups in the last 12 months by state, 2019 and 2020
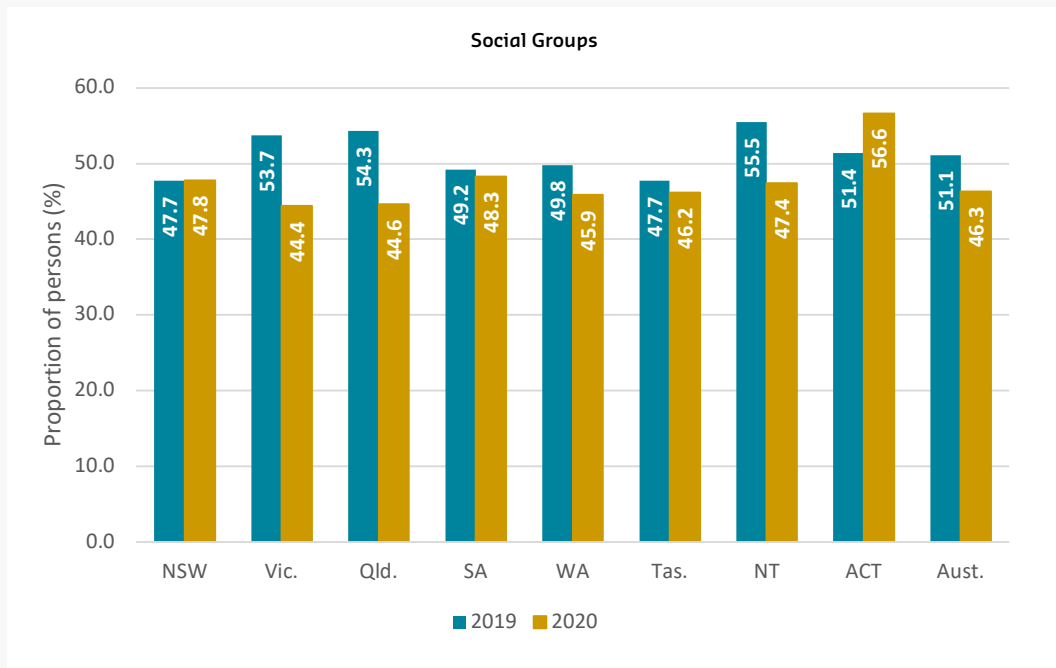
Social Groups

State	2019	2020
NSW	47.7	47.8
Vic.	53.7	44.4
Qld.	54.3	44.6
SA	49.2	48.3
WA	49.8	45.9
Tas.	47.7	46.2
NT	55.5	47.4
ACT	51.4	56.6
Aust.	51.1	46.3

Proportion of persons (%)

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.

FIGURE 61 (continued)

Participation in groups in the last 12 months by state, 2019 and 2020

Community support groups

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. A previous BCEC research report investigated the sustainability of volunteering in WA's rural workforce (Holmes *et al.* 2019), and outlined how volunteering was essential for the delivery of many services in our communities. The report also discussed the importance of volunteering for developing networks and social connections, and in doing so, providing a critical fabric for community wellbeing and identity.

The past two decades have seen an increase in the community services delivered by volunteers and demand on the volunteer workforce has intensified. Yet, ABS data shows that over the same period there has been a decline in volunteer participation across Australia, resulting in a shortage of volunteer labour (Holmes *et al.* 2019).

But what can we say about volunteering in 2020 and the impact of the COVID-19 pandemic and restrictions imposed on individuals and organisations?

First let's look at individuals' reasons for volunteering. People across Australia volunteer for various reasons (Figure 62), with very little change in these factors reported between 2019 and 2020. In 2020, 74 per cent of volunteers pointed to wanting to help others and the community as being their greatest driver to volunteer, up marginally from 2019. This was followed closely by getting some personal satisfaction for doing something worthwhile (66% of respondents). Other reasons included some personal involvement, use of ones skills or experience, with a want for social contact closing out the top five.

Previous BCEC research discussed the importance of volunteering for developing networks and social connections, and in doing so, providing a critical fabric for community wellbeing and community identity.

In 2020, 74 per cent of volunteers stated that to wanting to help others and the community as being their greatest driver to volunteer, up marginally from 2019.

FIGURE 62
Reasons for volunteering, 2019 and 2020
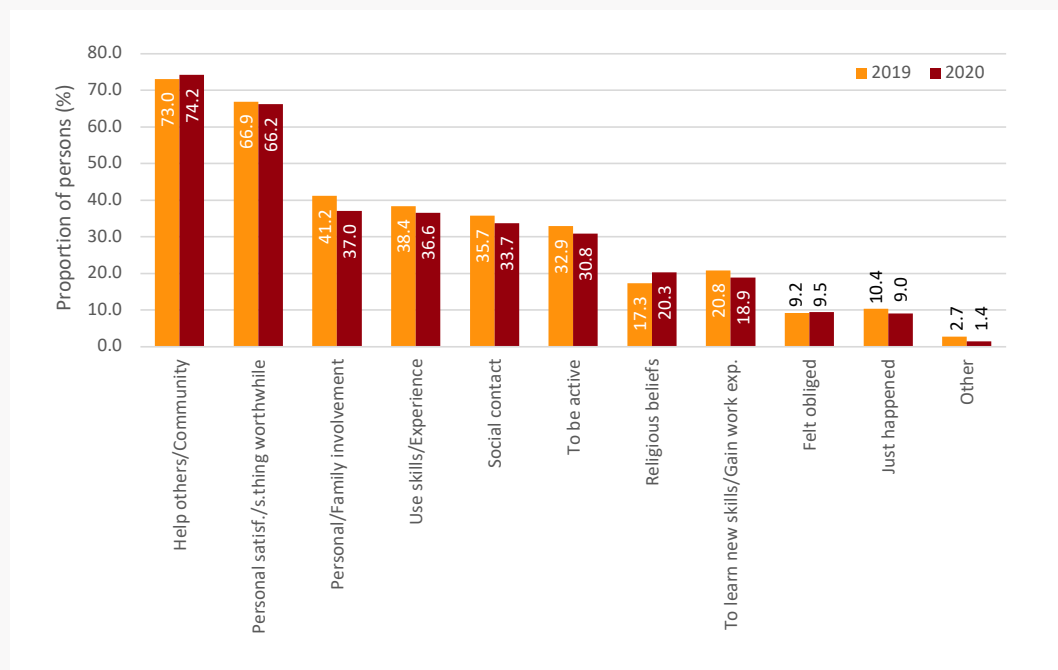
Notes: Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020. Participation in groups in the last 12 months.
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

The 2019 BCEC report examined in more detail the reasons that people in rural communities gave for why they volunteer at such high levels. The reported noted that:

"A fundamental reason people remained involved in volunteering, often taking on multiple volunteering roles in the community, was that they believed volunteering was integral to the survival of the community. The notion of 'survival' extended beyond the value of providing many of the essential services to include the importance of volunteering to the atmosphere and identity of rural communities. Volunteering was characterised by several of the interviewees as an activity that all members of the community should participate in, particularly young people as it was seen to increase the likelihood that they would continue to volunteer, thus ensuring the sustainability of the community." (Holmes *et al.* 2019, p. 23).

In Figure 63 participation in unpaid voluntary work through an organisation in the last 12 months is reported[7]. Unpaid voluntary work through an organisation includes the provision of unpaid help willingly given in the form of time, service or skills, to an organisation, club, or association[8].

We can observe a general trend with rates of unpaid voluntary work dropping in most states between 2019 and 2020 (except the ACT). The drop is largest in VIC and NSW – larger states that had higher rates of voluntary work pre-pandemic and also saw higher rates of community transmission during the survey period.

Rates of unpaid voluntary work dropped across all states between 2019 and 2020.

FIGURE 63

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

State	2019	2020
NSW	28.9	23.1
Vic.	32.1	24.4
Qld.	26.5	25.4
SA	27.1	26.2
WA	27.1	25.6
Tas.	34.2	30.2
NT	28.7	28.4
ACT	29.8	30.9
Aust.	29.5	24.8
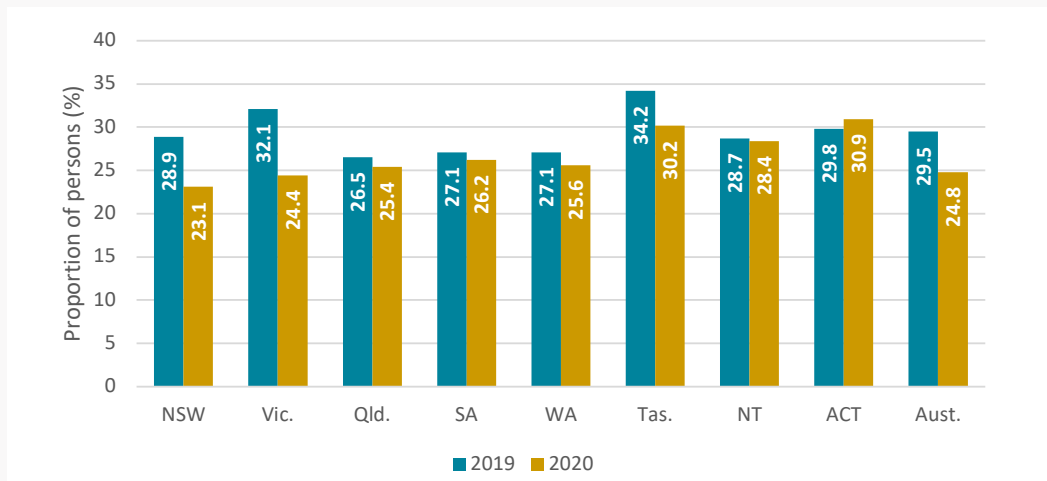
Notes: Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020. Participation in groups in the last 12 months.
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

7   In this report only unpaid voluntary work through an organisation is reported on. Informal volunteering and unpaid work/support to non-household members is not reported on. This is based on the fact that data relating to the latter relates to questions relating to volunteering 'over the last 4 weeks' only, and therefore, seasonality issues may be at play in terms of any variation in results between 2019 and 2020. For further discussion on this, refer to the ABS GSS survey methodology.

8   See the Glossary of terms for further information on ABS definitions.

Rates of unpaid work show similar patterns of participation across the life course by gender, with men having marginally higher rates overall, and participation rising to a peak in the middle years (40-54) then declining with age

The change in participation rates between 2019 and 2020 varies with gender, with the drop-off being more pronounced for men than women, particularly in the younger age groups.

Curiously, the exception to the rule of declining participation under COVID-19 is an increase in voluntary work in those aged 70 or older, particularly among men. This coincides with a lower decrease in rates of face-to-face contact with family and friends outside of the household for this age cohort as reported earlier (Figure 58).

Between 2019 and 2020, men's participation in unpaid voluntary work through an organisation declined by 7.6ppts (to 23% of men), compared to a decline of 2.2ppts for women (to 26%).

FIGURE 64

Participation in unpaid voluntary work through an organisation in the last 12 months, by age and gender, Australia, 2019 and 2020
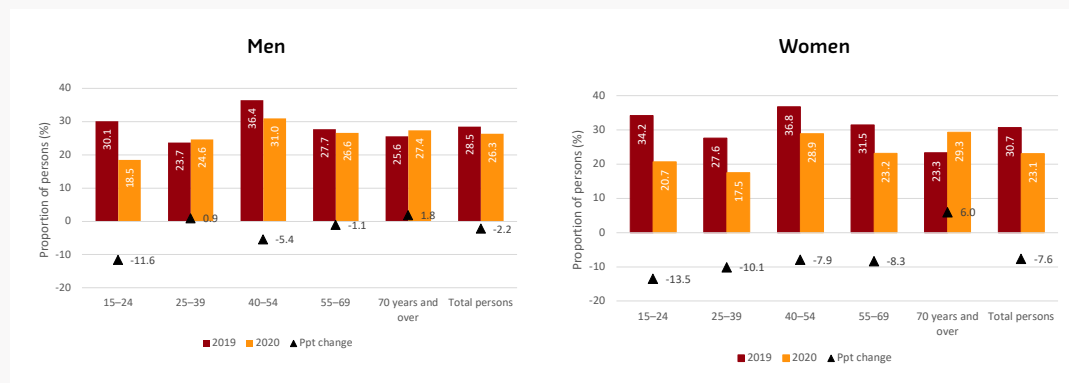
Notes: Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020 (ABS). The 15-24 age cohort has a high margin of error and should be interpreted with caution.
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

These differences in unpaid volunteer work through an organisation has led to some changes in the share of volunteers by age for both men and women. Those aged 70 or older now account for a larger share of volunteers by age for both men and women, with a declining share for those in the 15-24 age group. However, the majority of volunteers continue to come from the 25 to 69 age groups, albeit with some change between 2019 and 2020.

FIGURE 65

Distribution of individuals participating in unpaid voluntary work through an organisation in the last 12 months, by age and gender, 2019 and 2020

Share of persons (%)	Men		Women	
	2019	2020	2019	2020
70 years and over	10.0	16.4	11.5	14.5
55-69	20.1	20.1	20.6	20.9
40-54	28.9	29.2	30.1	28.9
25-39	25.0	21.3	23.6	24.5
15-24	16.6	13.9	15.0	10.0

Legend: 15-24 · 25-39 · 40-54 · 55-69 · 70 years and over

The share of people aged 70 years and above volunteering through an organisation increased for both men (+6.0ppts) and women (+1.8ppts) between 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. The 15-24 age cohort has a high margin of error and should be interpreted with caution. Shares may not sum to 100 per cent due to ABS population weightings applied to the survey data.
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

Sports and recreational organisations saw the largest decline in volunteer numbers, with restrictions on sporting activities and limits on numbers allowed in sporting venues undoubtedly playing a part. Rates of participation dropped from 39 per cent in 2019 to 31 per cent in 2020, representing a decline of around 764,000 volunteers (Figure 66 and Table 13).

Sports and recreational organisations saw the largest decline in volunteer numbers (down 764,000 nationally) due to COVID-19 restrictions on sporting activities and limits on numbers allowed in sporting venues.

FIGURE 66

Proportion of persons that volunteer for an organisation by organisation type, 2019 and 2020
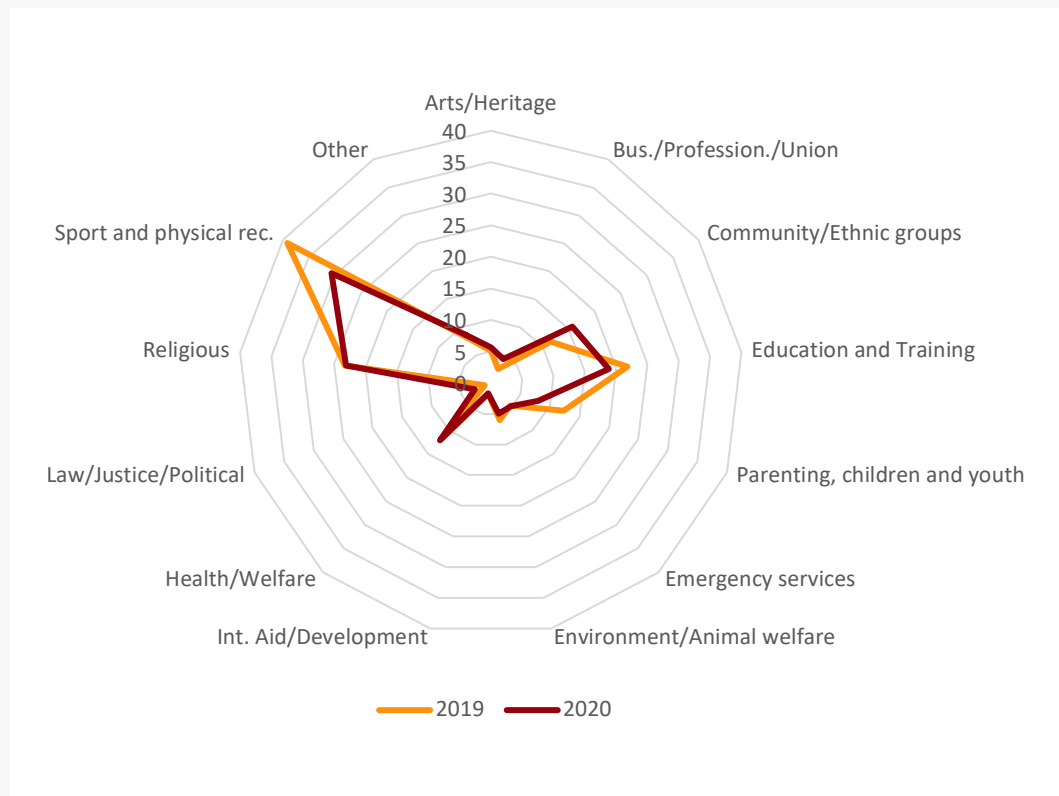
Notes: Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020. Volunteers can volunteer for more than one organisation. Therefore, volunteer numbers do not sum to the total number of persons volunteering. For the table, organisations are ranked by count of people in 2020. All types of organisations volunteered for have a high margin of error in 2019 and should be interpreted with caution.
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

Declines in volunteering were also observed for: parenting, children and youth (down 44% or 319,000 fewer volunteers), education and training (down 26% or 338,000 fewer), religious (down 15% or 209,000 fewer) and environmental/ animal welfare organisations (down 28% or 100,000 fewer) (Table 13).

Curiously, we observe a 15 per cent increase in volunteering in community and ethnic groups (an extra 102,000 volunteers). The 125 per cent increase in participation in political organisations is likely to be skewed by the electoral cycle, as the majority of political activity is doorknocking and handing out how to vote cards at the time of an election.

TABLE 13

Number of volunteers by type of organisation volunteered for, Australia, 2019 and 2020

Type of organisation volunteered for	Number of people ('000)			
	2019	2020	change ('000)	% change
Sport and physical rec.	2,306	1,542	-764.5	-33.1
Religious	1,373	1,163	-209.8	-15.3
Education and Training	1,284	946	-338.1	-26.3
Community/Ethnic groups	686	788	102.5	15.0
Health/Welfare	685	607	-78.3	-11.4
Other	477	439	-38.6	-8.1
Parenting, children and youth	722	403	-319.2	-44.2
Arts/Heritage	304	280	-23.9	-7.9
Environment/Animal welfare	353	253	-99.9	-28.3
Emergency services	276	247	-28.8	-10.4
Bus./Profession./Union	149	214	65.0	43.7
Law/Justice/Political	60	136	75.7	125.7
Int. Aid/Development	108	83	-25.2	-23.3

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. Volunteers can volunteer for more than one organisation. Therefore, volunteer numbers do not sum to the total number of persons volunteering. Organisations are ranked by count of people volunteering 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 that is no different for our relationship with the broader community and society in which we live. In that regard, the level of trust placed in people and institutions is an important metric for belonging, welfare and happiness. As well as looking at levels of trust between people in general, here, we also look at levels of trust placed in institutions including the police force, the justice system, and the healthcare system.

The COVID-19 pandemic has placed new and additional stress on our healthcare and police systems. Both the public and government have relied heavily on these institutions to provide information on the virus, its implications for public health and

to ensure public adherence to restrictions imposed due to the virus. An overview of the public's perceptions of these institutions is therefore critical, with the GSS data allowing for an assessment in the early phases of the pandemic.

In Australia, the pandemic led to increased trust overall, with the proportion of people agreeing that most people in society can be trusted rising from 53 per cent in 2019 to 61 per cent in 2020 (Figure 67). Trust in our healthcare system rose 10 percentage points (from 67% to 76%), while trust in our justice system rose 4 percentage points (58% to 62%) and trust in the police rose 2 percentage points (from 77% to 79%).

Trust in people and institutions is an important metric for belonging, welfare and happiness.

The share of the population who state that most people in society can be trusted rose from 53% in 2019 to 61% in 2020.

In 2020, trust in the healthcare system rose 10ppts (to 76%), trust in our justice system rose 4ppts (to 62%) and trust in the police rose 2ppts (to 79%).

FIGURE 67

Level of trust in people and institutions, 2019 and 2020
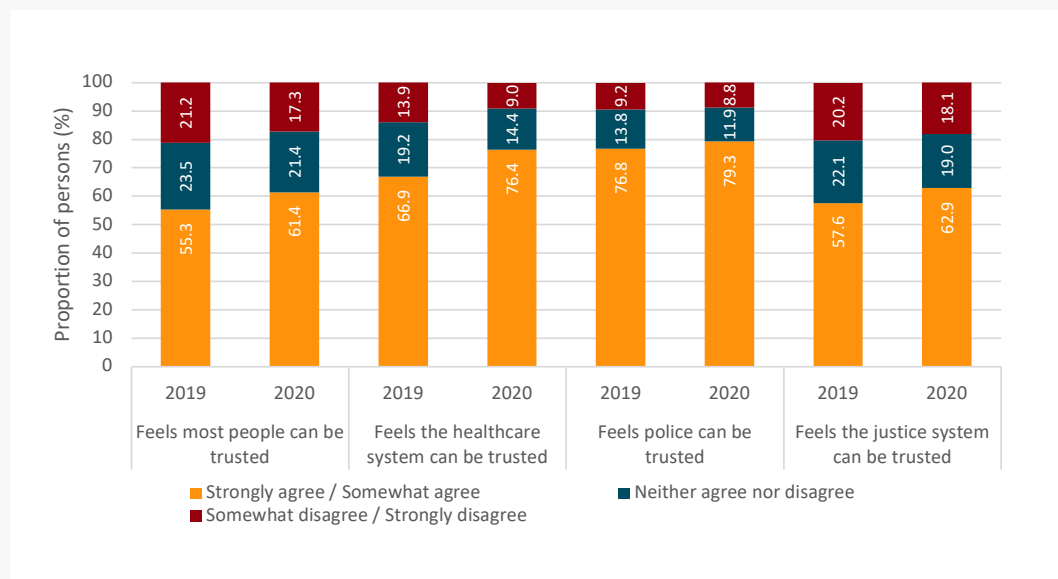
Notes: Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020.
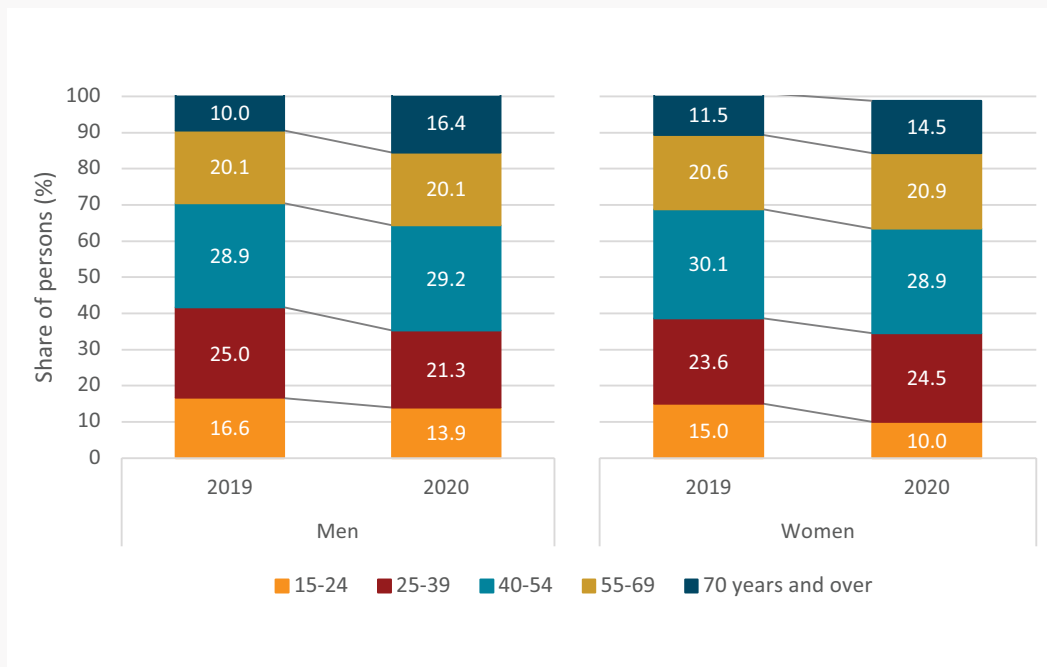Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

These increased levels of trust were observed across states and territories. The proportion of individuals stating that they strongly or somewhat agree that people and institutions can be trusted increased or remained consistent across all states and territories between 2019 and 2020 (Figure 68), with a few exceptions. These exceptions include a decline in the share of people reporting such in relation to the justice system in SA, and for the police in ACT.

FIGURE 68

Proportion of people that strongly or somewhat agree that people and institutions can be trusted, 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. Those persons that strongly agree / somewhat agree that institutions can be trusted are reported here. States and territories are ranked by 2020 share.
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

Across Australia,
trust is higher for
the healthcare and
justice systems in
major cities and
lower in regional and
remote areas.

Looking at trust in public institutions by
location, trust is higher for the healthcare
and justice systems in major cities and
lower in regional and remote areas (Figure
69). Trust in the police is higher overall, but
lowest in the cities and higher in regional
centres.

FIGURE 69

Proportion of people that strongly or somewhat agree that people and institutions can be trusted,
by remoteness area, 2020
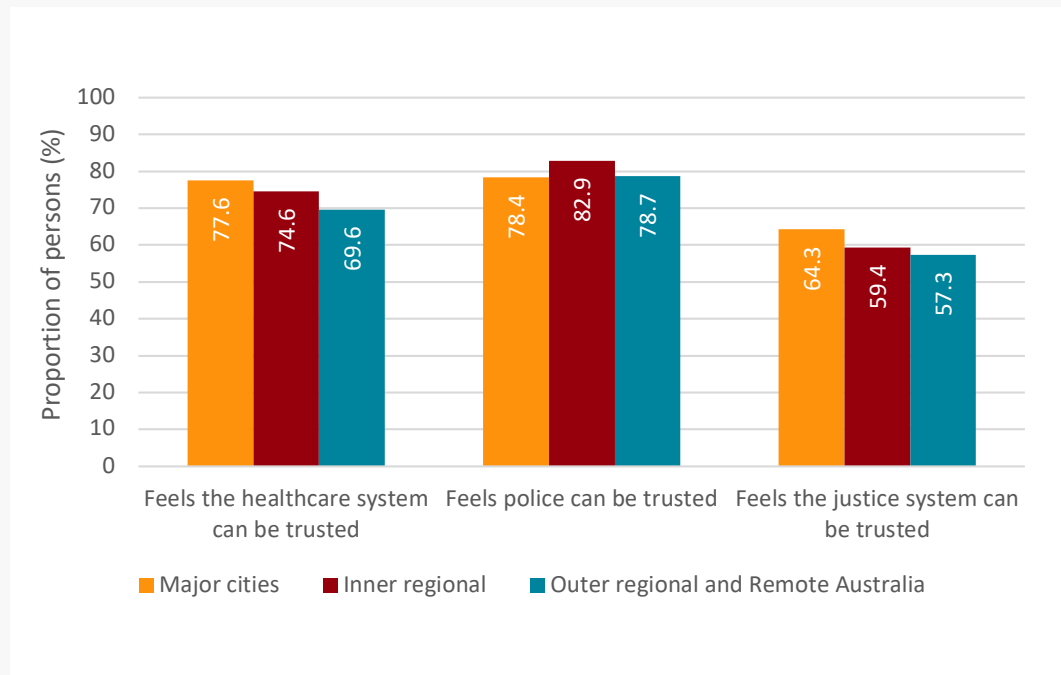
Notes: Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher
non-response rates observed in 2020 (ABS). Those persons that strongly agree / somewhat agree that institutions can be
trusted are reported here. States and territories are ranked by 2020 share.
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

However, individuals' sense of being able to have a say within their communities presents a slightly different picture (Figure 70). A lower proportion of people across all states and territories reported feeling they had a say within their community on important issues 'all of the time or some of the time'. This went down from 32.5 per cent to 29.4 per cent of people nationally (down 3.1ppts). This decline was as high as 7.3ppts for Queensland and 4.0ppts in Western Australia, with large declines also reported across Tasmania (down 5ppts) and ACT (down 5.8ppts).

Nationally, there was an increase in the proportion of people in the middle 'some of the time' category, going from 25.8 per cent in 2019 to 29.4 per cent in 2020, with little change nationally for those stating they had a say within their community a little or none of the time.

The decline in the share of people feeling that they had a say all or most of the time in their community potentially reflects the shift in public policy to crisis management during the pandemic. In general, disaster management protocols usually require much higher levels of centralised command and control during the crisis response phase of a disaster before a shift to more participatory ground up models in the recovery phase. The ongoing nature of pandemic controls has meant an extension of centralised decision making and a concentration of power in the office of the premiers and chief health officers, sometimes at the expense of parliamentary processes, community consultation and participatory decision making.

During 2020, a lower proportion of people (-3.3ppts 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.

FIGURE 70

Proportion of persons who feel able to have a say within their community on important issues, by state, 2019 and 2020
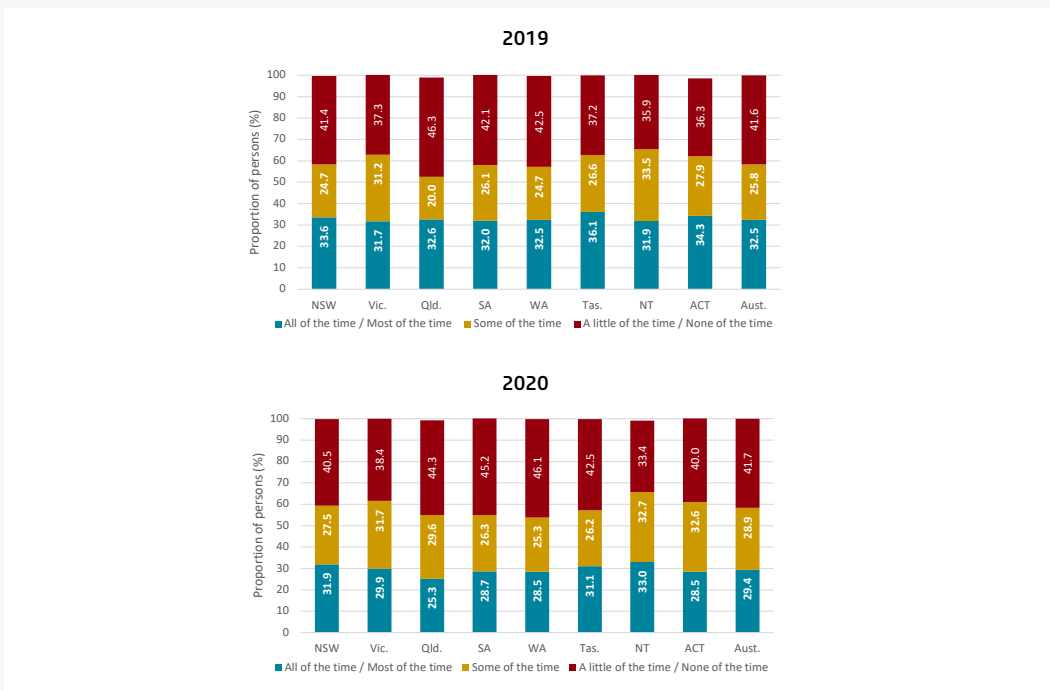
Notes: Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020. Proportions may not sum to 100 per cent due to population weightings applied by the ABS.
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

Looking at the proportion of people who feel their voice is heard 'all of the time' on community issues by gender, we see that there is not a simple division of 'say' by gender. Younger women (15-24 years old) and women aged between 55 and 69 years feel they had slightly more influence than their male peers in 2020, with lower rates of influence reported for women across other year groups (Figure 71, bottom).

However, looking at the perceived change in influence between 2019 and 2020, we see that women as a whole feel their say on important issues has declined, with this trend increasing strongly with age, resulting in the greatest decline in 'say' for women aged 70 years and over (Figure 71, top).

Some 33% of women aged between 55 and 69 years felt their voice was heard all of the time within the community in 2020 compared to 28.5% of their male counterparts.

Women as a whole feel their say on important issues in the community has declined in 2020, with this trend increasing strongly with age.

The greatest decline (-9.2ppts) in say on important issues in the community occurred for women aged 70 years and over.

FIGURE 71

Proportion of persons who feel able to have a say 'all of the time' within their community on important issues, by age and gender, 2019 and 2020
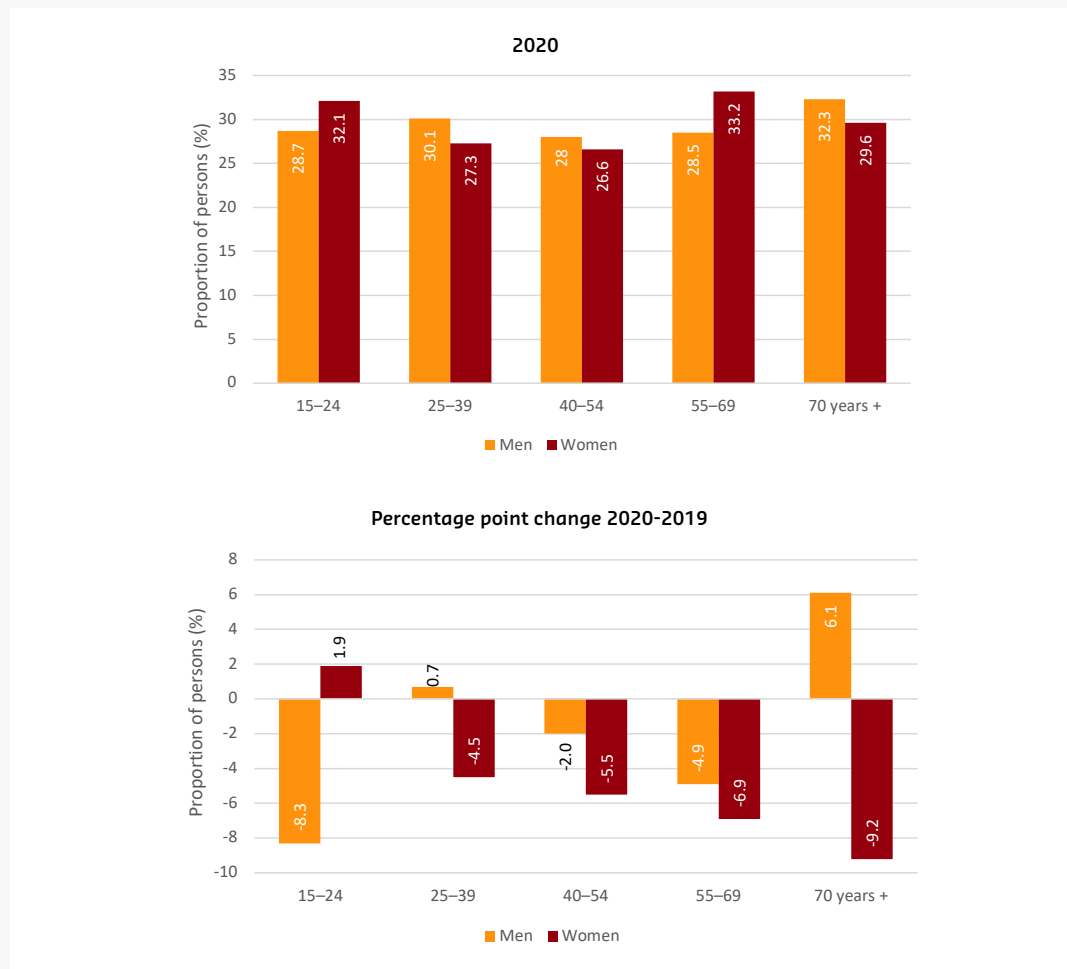
Notes: Care must be exercised when making comparisons between the 2020 GSS and previous GSS surveys due to the higher non-response rates observed in 2020. Proportion of persons that felt they had a say within the community on important issues 'all of the time / most of the time' are reported here.
Source: Bankwest Curtin Economics Centre | Authors' calculation based on ABS General Social Survey, Australia.

## YOUNG AUSTRALIANS' CHALLENGES DURING THE PANDEMIC

There has been growing evidence and concern around the impact of the COVID-19 pandemic on young peoples' loneliness and overall welfare, particularly regarding the negative impacts of lockdowns and social isolation in general (Smith and Lim 2020). Therefore, this section is dedicated to exploring the loneliness and social connectedness of young Australians during the COVID-19 pandemic.

Using 2020 data from LSAC, we explore the impact of the COVID-19 pandemic on young Australians aged 16 to 21, including identifying those who have seen their loneliness and need for emotional support rise over the pandemic, and the important role of social connectedness and positive social interaction in ameliorating loneliness. Further, we analyse the impact of young people not being able to leave their home or see their family or friends during periods of lockdown and whether social media use increased to compensate for a lack of face-to-face contact and its subsequent bearing on loneliness and life satisfaction.

Where possible, comparisons are made in this section between the Coronavirus Restriction Period (CRP), which is defined as the months from March to May 2020 and the non-CRP, which occurred from October to December 2020. As every state and territory experienced a lockdown at some period during the CRP, comparisons between CRP and non-CRP periods are a proxy for lockdown and non-lockdown periods.

The inability for Australians to have face-to-face contact with members of their social networks during the CRP, particularly with those outside of the household, was one of the most significant COVID-19 related changes. The LSAC survey asked young Australians aged 16 to 21 whether they found it difficult to not see their friends and family during the CRP.

A significant proportion of young Australians found it generally difficult in not being able to see their friends or family during the CRP, with young women most affected. During the CRP, over 67 per cent of young women found it difficult or very difficult not to be able to see their friends or family (Figure 72). Further, some 50 per cent of young men reported that it was difficult or very difficult to not see family members or friends during the CRP in early 2020.

Only 1 in 4 men (25%) found it easy not to be able to see friends or family over the CRP, with an even smaller amount of young women (13.9 per cent). As the CRP was during the early stage of the pandemic, Figure 72 suggests that young Australians and young women in particular found it difficult to adjust to a way of life that involved a significant reduction in face-to-face contact.

Young Australians and young women in particular found it difficult to adjust to a way of life that involved a significant reduction in face-to-face contact with family and friends.

During the CRP, over 67% of young women found it difficult or very difficult not to be able to see their friends or family. This compares to 50% of young men.

FIGURE 72

Young people's level of difficulty with not being able to see friends or family during the Coronavirus Restriction Period, 2020

Only 25% of young men and 14% of young women found it easy in not being able to see friends or family during the CRP.
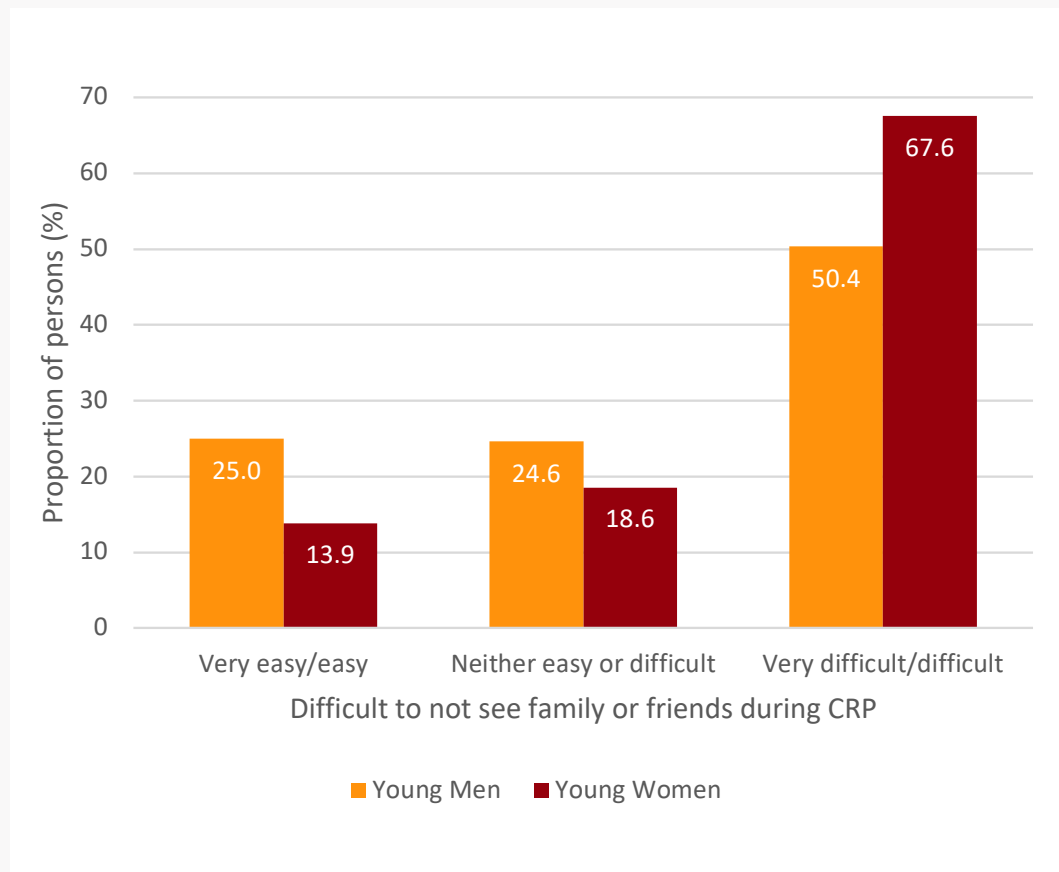
Notes: Respondents were asked how difficult they found it to not see their friends and family during the CRP (March to May 2020).
Source: Bankwest Curtin Economics Centre | Authors' calculation from the Longitudinal Study of Australian Children.

Along with restricted face-to-face contact during the CRP, lockdown measures over the CRP and the COVID-19 pandemic in general typically involved staying at home except for essential tasks, meaning many young people were required to stay at home for extended periods of time. Having to remain at home during the CRP presented a barrier to social interaction and connectedness for young people, limiting the ways in which they could engage with members of their social networks.

Similar to the results reported for not being able to see friends and family during the CRP, young women also felt the impacts of staying at home to a greater extent than their male counterparts. Figure 73 shows that 39 per cent of young women and 26 per cent of young men found it difficult or very difficult being confined to their home during the lockdown restrictions imposed during the CRP.

However, not all young Australians found it difficult to stay at home during the CRP, with 48 per cent of young men and 39 per cent of young women finding it easy or very easy (Figure 73).

FIGURE 73
Young people's level of difficulty with having to stay home during the Coronavirus Restriction Period, 2020

During the CRP, 39% of young women and 26% of young men found it difficult or very difficult being confined to their home.

Not all young Australians found it difficult to stay at home during the CRP, with 48% of young men and 39% of young women finding it easy or very easy.
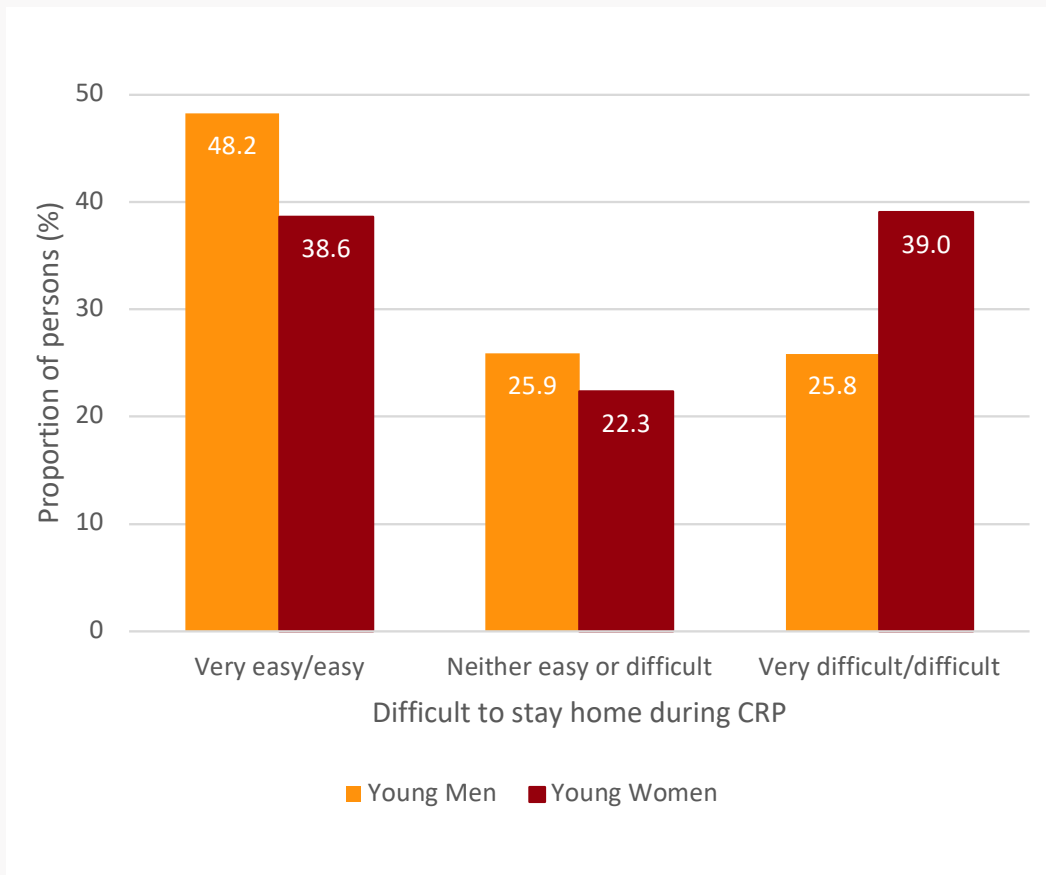
Notes: Respondents were asked how difficult they found it to stay at home during the CRP (March to May 2020).
Source: Bankwest Curtin Economics Centre | Authors' calculation from the Longitudinal Study of Australian Children.

Young women (20%) were twice as likely to feel often or always lonely than young men (10%) during the CRP.

Young men were more likely to feel never or rarely lonely during the CRP (51%) in comparison to young women (32%).

In light of the various lockdown restrictions during COVID-19, which have adversely impacted on young Australians' social connectedness, one metric to assess young Australians' mental wellbeing during this time is loneliness.

The LSAC survey provides a loneliness scale, constructed by LSAC based on responses to four main metrics: whether young Australians lacked companionship, felt left out, felt isolated from others and generally felt lonely. There are three categories of loneliness within the scale: often or always lonely, somewhat lonely and never or rarely lonely.

During the CRP, 20 per cent of young women and 10 per cent of young men recorded feeling often or always lonely. In comparison, during the non-CRP, only 11 per cent of young women and 7 per cent of young men recorded feeling often or always lonely, amounting respectively to an 8.9ppt and 3.1ppt fall in loneliness outside of the CRP.

Additionally, a much lower proportion of young women (32%) felt never or rarely lonely during the CRP, in contrast to young men (51%).

The lower share of young women reporting feeling never or rarely lonely in both the CRP and the non-CRP compared to their male counterparts, reinforces the vulnerability of young women to the social impacts of lockdown restrictions. The results suggest that young men may have a greater tolerance to a lower level of social connectedness or may find that social interactions with family members inside the household during lockdowns are sufficient. However, we cannot neglect the fact that young men may be less likely to report loneliness in such survey responses (Kung *et al.* 2021).

On a more positive note, given that the CRP period preceded the non-CRP period, it is encouraging to observe that the rates of loneliness amongst young Australians declined after the CRP.

FIGURE 74

Loneliness experienced by young Australians by gender, Coronavirus Restriction Period and non-Coronavirus Restriction Period, 2020

	Young Men		Young Women	
	Non-CRP	CRP	Non-CRP	CRP
Never/rarely lonely	54.6	51.0	41.1	32.2
Somewhat lonely	38.1	38.6	47.8	47.7
Often/always lonely	7.3	10.4	11.1	20.0
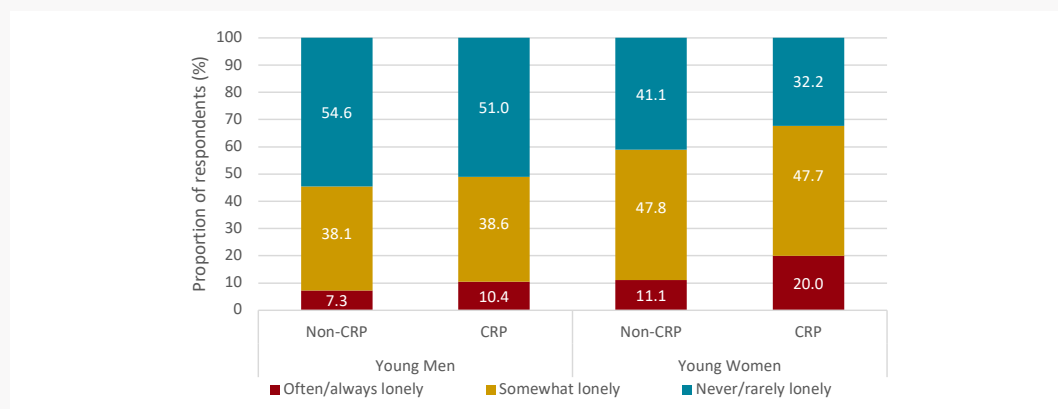
Notes: CRP refers to the period from March to May 2020, defined as the period where 'Coronavirus restrictions were at their peak'. Non-CRP refers to October to December 2020 (the regular survey period). Respondents were asked whether they lacked companionship, felt left out, felt isolated from others and felt lonely and were scored on a scale from 1 to 5 where 1 was "never" and 5 was "always". The scores were aggregated to construct the loneliness scale, which ranges from a score of 4 to 20. A score of 4 to 9 is classified as "never/rarely lonely," a score of 10 to 15 is "somewhat lonely" and a score of 16 to 20 is "often/always lonely".
Source: Bankwest Curtin Economics Centre | Authors' calculation from the Longitudinal Study of Australian Children.

In light of the increased loneliness that young Australians faced during the CRP (Figure 75), the LSAC survey asked whether young Australians needed more, less or the same amount of emotional support during the CRP (March to May 2020) as they received during the non-CRP (October to December 2020).

The data presented in Figure 75 shows that of those that needed emotional support, 59 per cent of young women and 41 percent of young men needed a greater level of emotional support during the CRP. Like the findings presented earlier in this section, this suggests that while all young Australians are emotionally impacted by COVID-19 restrictions, young women appear to be more vulnerable than their male counterparts.

Young men (55%) were more likely to report that they needed the same amount of emotional support in the CRP as that they received in the non-CRP, with this figure sitting at 39 per cent for young women. These results communicate that the decreased social connectedness experienced during the CRP might have had a noticeable effect on the emotional wellbeing of young Australians.

Of those that needed emotional support, 59% of young women and 41% of young men needed a greater level of emotional support during the CRP.

FIGURE 75
Additional emotional support required by young people during the Coronavirus Restriction Period, 2020
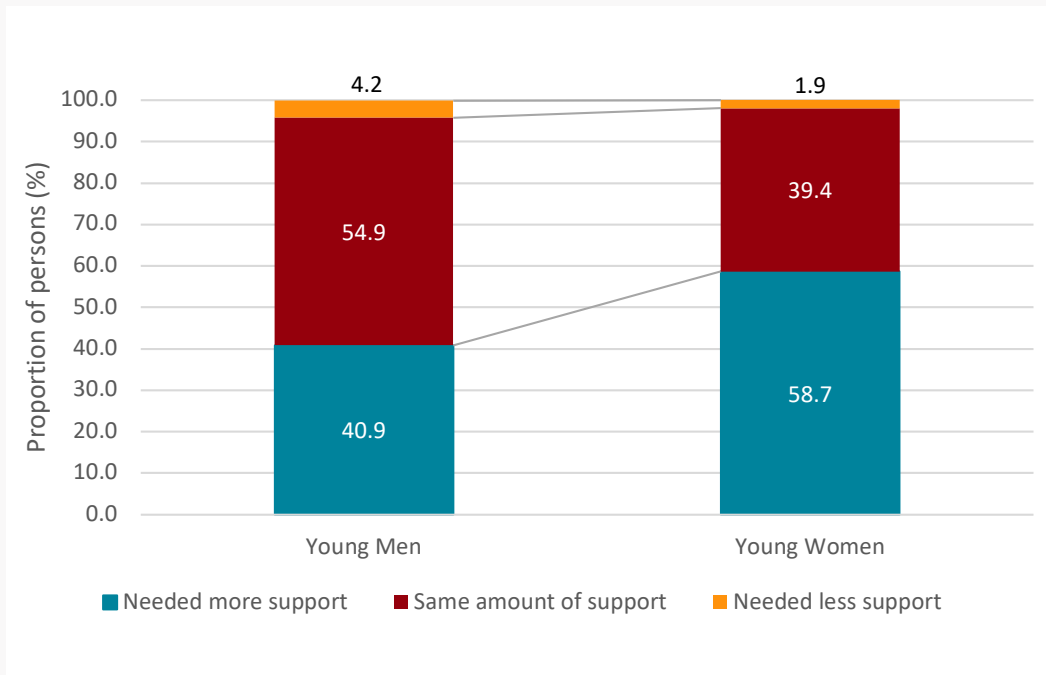
Notes: Respondents were asked whether they needed emotional support. If the respondent answered "yes," they were then asked whether they needed more, less or the same amount of emotional support over the Coronavirus Restriction Period (March to May 2020).
Source: Bankwest Curtin Economics Centre | Authors' calculation from the Longitudinal Study of Australian Children.

Knowing that the COVID-19 pandemic has had an appreciable effect on emotional wellbeing, loneliness and social interaction for young Australians, we look at a broader measure of life satisfaction to assess whether the overall wellbeing of Australians across all age cohorts have been impacted by the COVID-19 pandemic. The GSS asked Australians how satisfied they were with life on a scale from 0-10 over a time period from 2014 to 2020.

Looking to Figure 76, average life satisfaction has declined for all Australian age cohorts since 2014. Whilst some slight changes in life satisfaction have been observed from the period from 2014 to 2019, the majority of changes have occurred in the 2019 to 2020 period. With the exception of those individuals aged 70 years and older, all age cohorts saw a decline in the level of self-reported life satisfaction between 2019 and 2020.

Across all age cohorts, average life satisfaction declined for Australians between 2014 and 2020.

FIGURE 76

Overall life satisfaction by age cohort, 2014 to 2020
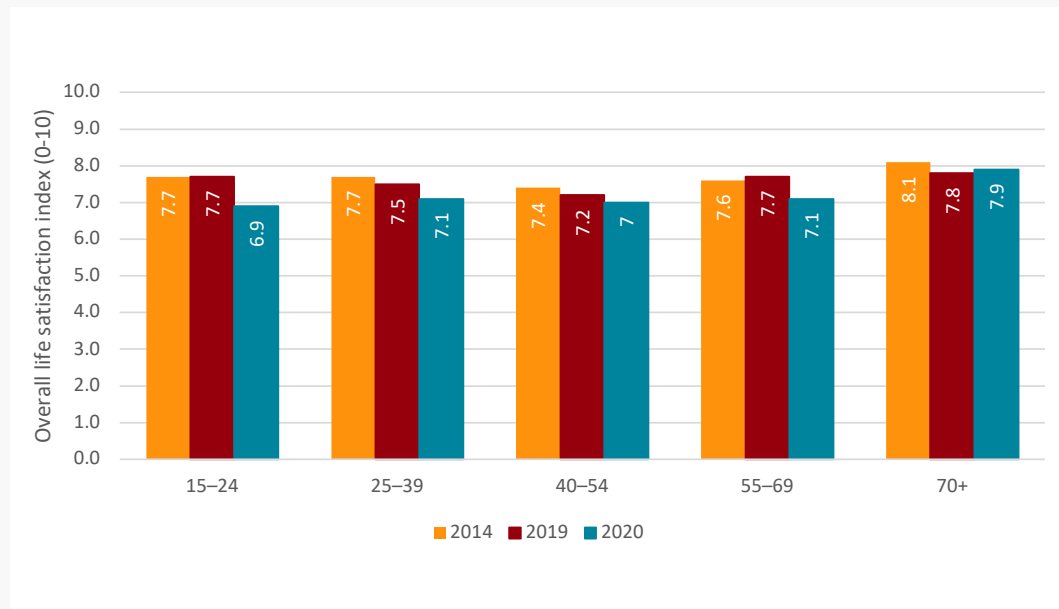
Notes: Overall life satisfaction is a summary measure of subjective wellbeing against a scale ranging from 0 to 10, where 0 means 'not at all satisfied' and 10 means 'completely satisfied'. The 15-24 age cohort has a high margin of error and should be interpreted with caution. Care must be exercised 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.

Returning to our focus on young Australians in this section of the chapter, Figure 77 uses LSAC data to depict the relationship between positive social interaction and life satisfaction for young Australians. Positive social interaction includes whether young Australians had someone to engage with for a good time, for enjoyment or for relaxation.

Figure 77 shows that 80 per cent of young Australians who always had positive social interactions were satisfied with their life during the COVID-19 pandemic (non-CRP) and only 7 per cent of young Australians who always had positive social interactions were dissatisfied with life.

Even for those young Australians who reported having some positive interaction, over one in two (54%) were satisfied with life, with 19 per cent dissatisfied with life.

Rates of satisfaction decline even further for those reporting to never have positive interactions, with only one in four (26%) reporting to be satisfied with life, whilst nearly one in two (47%) being dissatisfied with life.

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 77
Positive social interactions and life satisfaction amongst young people, 2020

	Dissatisfied with life	Neither	Satisfied with life
Always positive interaction	6.8	13.5	79.7
Sometimes positive interaction	19.1	26.9	54.0
Never positive interaction	47.2	26.9	25.9

Proportion of persons (%)
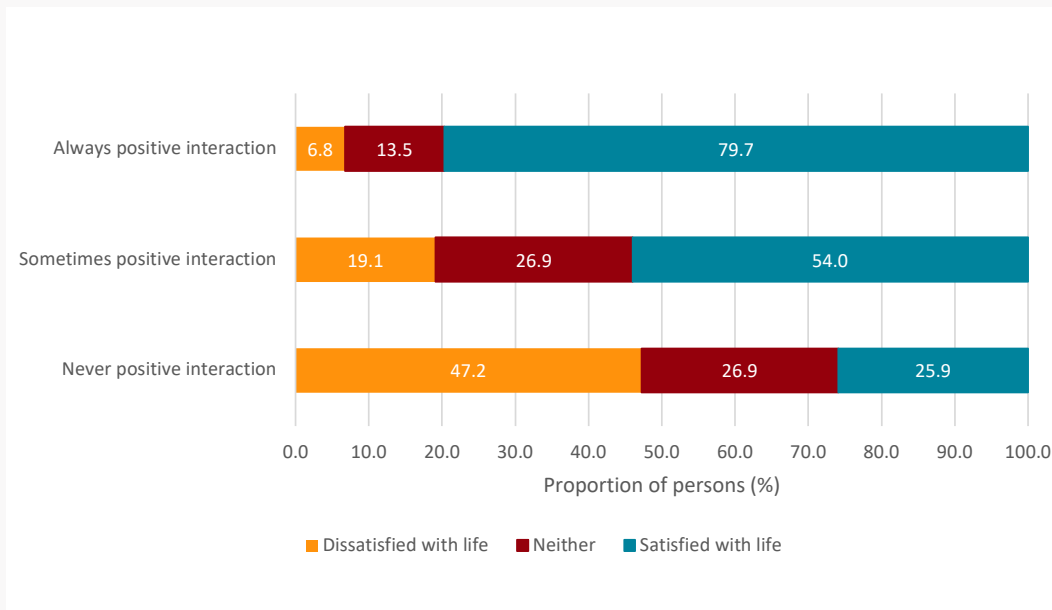
Notes: Respondents were asked whether they had someone for a good time, someone for enjoyment and someone for relaxation. The responses were scored on a scale from 1 to 5 where 1 was "never" and 5 was "always," during the regular survey period (October to December 2020). These scores were aggregated by LSAC to construct the positive social interaction scale.
Source: Bankwest Curtin Economics Centre | Authors' calculation from the Longitudinal Study of Australian Children.
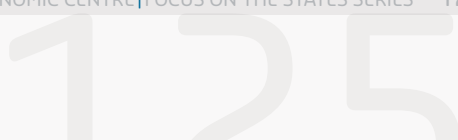
ARE ONLINE INTERACTIONS THE WAY FORWARD?

With COVID-19 lockdown restrictions in place for a large portion of 2020, the quantity of face-to-face social interaction fell drastically, meaning that people were exposed to less social interaction in general, impacting on their overall wellbeing during the pandemic.

As face-to-face contact was restricted at various stages in 2020 due to COVID-19 related lockdowns, many Australians relied on social media use to maintain their social connections (Zhou *et al.* 2021).

In 2020, the greatest proportion of young women (40%) and young men (43%) posted once a month or less on social media in the non-CRP. In contrast, 20 per cent of young men never posted on social media, whilst only 9 per cent of young women reported the same.

Further, 35 per cent of young women posted once or twice a week on social media, in comparison to 22 per cent of young men. Amongst young Australians who posted the most frequently, i.e. hourly or several times a day, there was no difference between young men and women (8%).

There has been some conjecture that reliance on social media has increased over the COVID-19 pandemic, particularly during lockdown periods, in order to compensate for the lack of face-to-face contact (Greyling *et al.* 2021).

Whilst we cannot compare to pre-pandemic levels here, Figure 78(b) shows that 60 per cent of young men and 45 per cent of young women maintained the same amount of social media use during the CRP as they did afterwards in the non-CRP. However, during the CRP around 14.0 per cent and 17.5 per cent of young men and women respectively reported higher social media usage compared to non-CRP. Therefore, for some, greater social media use may have been seen as an alternative means of maintaining social connectedness, but this was not the case for everyone.

> Young women (35%) were much more likely than young men (22%) to post once or twice a week on social media during the non-CRP in 2020.
>
> In 2020, young men (20%) were more likely than young women (9%) to post never or rarely on social media during the non-CRP.

FIGURE 78

Social media posting and usage frequency by gender, CRP and non-CRP, 2020

(a) Non-CRP frequency of social media posting

	Never	Once a month or less	1-2x a week/few times a month	Once a day/almost once a day	Hourly or several times a day
Young Men	20.1	42.6	21.7	7.7	7.9
Young Women	8.6	40.0	34.6	8.9	7.9

(b) Change in social media use during CRP

	Much less than usual	A little less than usual	About the same as usual	A little more than usual	Much more than usual
Young Men	14.0	12.3	59.7	11.6	2.4
Young Women	17.6	19.6	45.4	14.4	3.1

Notes: (a) Respondents were asked how often they shared or posted on social media. (b) Respondents were asked how their social media use changed during the CRP.
Source: Bankwest Curtin Economics Centre | Authors' calculation from the Longitudinal Study of Australian Children.

But what can we say about the relationship between social media usage and levels of loneliness? Figure 79(a) shows that for young Australians who reported feeling never or rarely lonely during the CRP, 57 per cent posted never or less than once a month on social media, 28 per cent posted a few times a week or month and 16 per cent posted hourly or once a day.

In contrast (Figure 79(b)) young Australians who felt often or always lonely during the CRP posted more frequently on social media, with 30 per cent posting a few times a week or month and 22 per cent posting hourly or once a day. While we cannot comment on the direction of causality here, this suggests that young Australians who experienced a higher level of loneliness during the CRP sought to engage more with their social networks by posting more often on social media, whereas young Australians who seldom felt lonely during the CRP did not feel the need to post on social media as frequently.

Young Australians who often or always felt lonely during the CRP posted more frequently on social media than those who never or rarely felt lonely.

FIGURE 79

Loneliness and frequency of posting on social media for young Australians during the Coronavirus Restriction Period, 2020
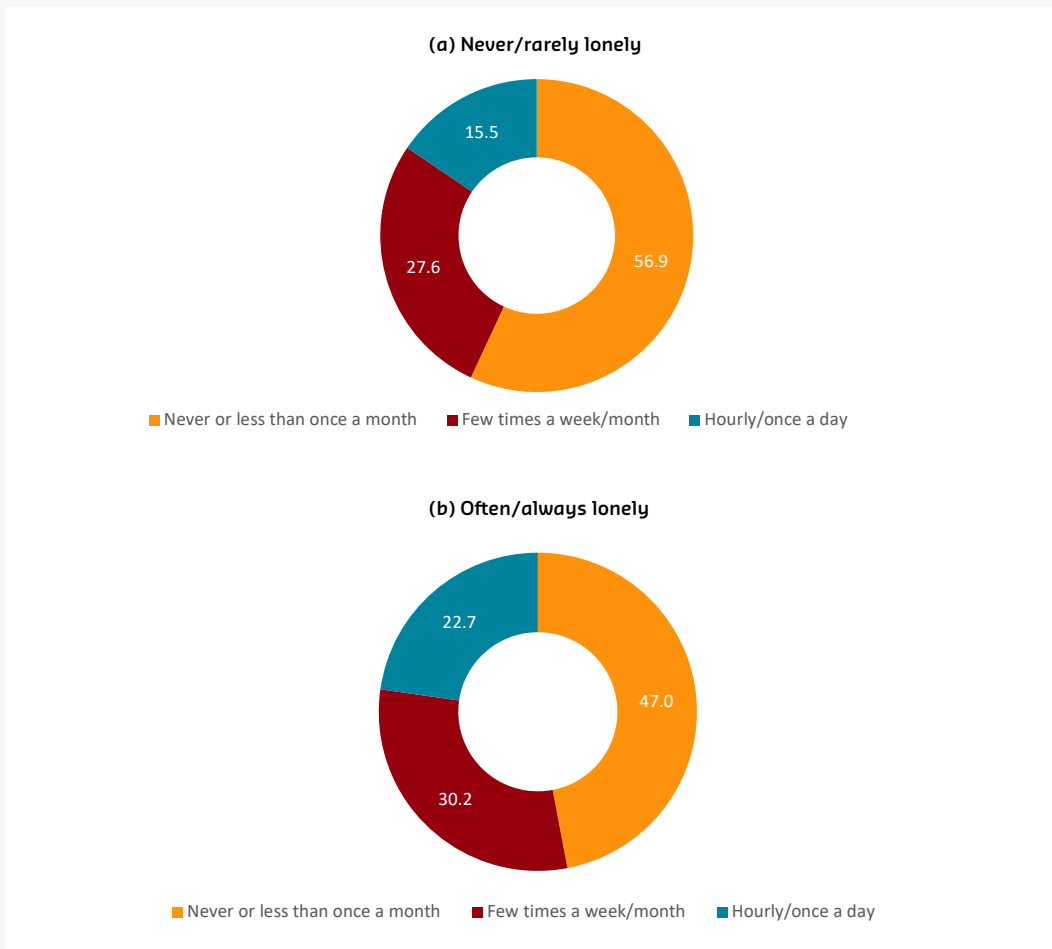
(a) Never/rarely lonely

- 15.5
- 27.6
- 56.9

■ Never or less than once a month　■ Few times a week/month　■ Hourly/once a day

(b) Often/always lonely

- 22.7
- 30.2
- 47.0

■ Never or less than once a month　■ Few times a week/month　■ Hourly/once a day

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

In 2017, Australians who had mostly or entirely non-digital interactions with their family and friends experienced a lower risk of feeling left out (54%) than those who had mostly or entirely digital interactions (41%).

Data from the Australian Survey of Social Attitudes shows that 41 per cent of people who had primarily digital contact with family members and close friends said they never felt left out (Figure 80). In contrast, 54 per cent of people whose personal contacts were primarily non-digital reported never feeling left out, amounting to a discrepancy of over 12 percentage points.[9]

These findings suggest that Australians who don't have digital contacts and who prefer face-to-face interaction may be more vulnerable to feelings of isolation and feeling left out during periods of lockdown and over the COVID-19 pandemic in general.

It is important that certain groups of the population that may be more susceptible to feelings of loneliness and feeling left out during lockdown periods, such as those who cannot use technology to communicate with personal contacts either through issues of access, ability or affordability, are able to communicate digitally in times of lockdown (BCEC 2020). However, for some, this will never be a substitute for face-to-face contact.

FIGURE 80

Sense of isolation by frequency of internet-based communication with family and friends, 2017
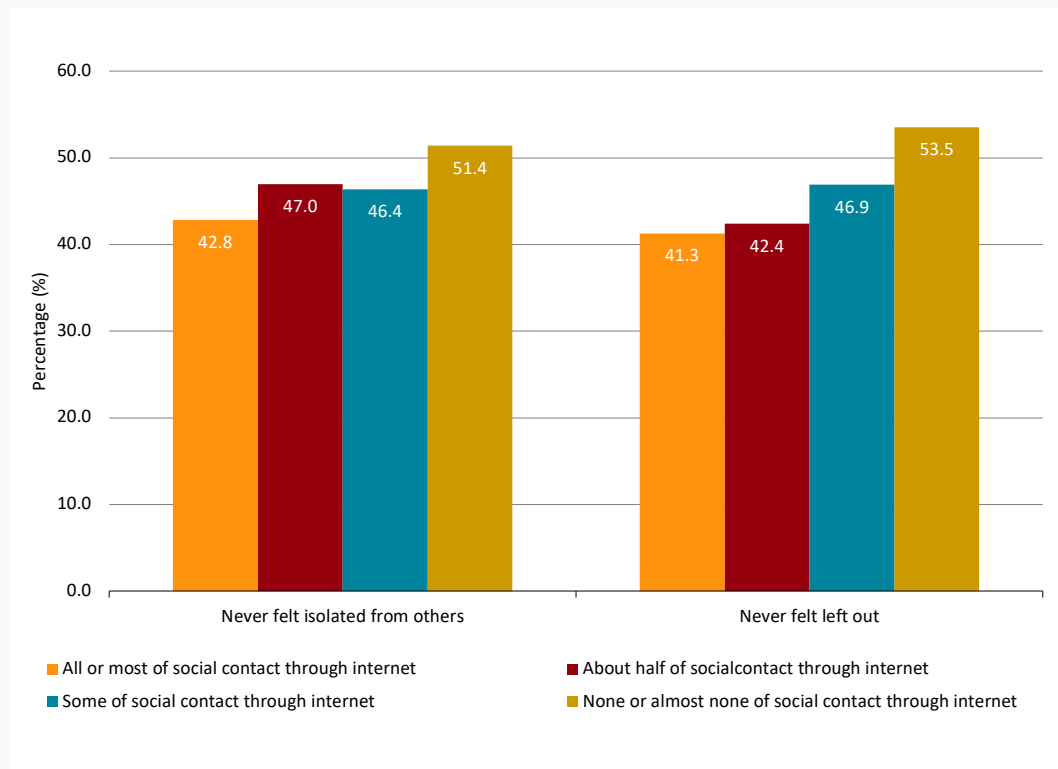
Source: Bankwest Curtin Economics Centre | Authors' calculations from Australian Survey of Social Attitudes 2017.

9   Adapted from (Cassells *et al.* 2020).

CONCLUSION

Containing the COVID-19 pandemic forced our societies to adopt control measures that minimised the risk of contagion by constraining the nature of our social interactions. Reduced mobility and increased physical distancing, along with the need to reduce our range of social contacts and avoid the risk of infecting our loved ones and the most vulnerable in our community, wrought significant changes to our way of life. Extended and uncertain periods of lockdown in some of our cities and regions also further increased the risk of social isolation.

Findings reported in this chapter show that there was a sizeable decline in the level of weekly face-to-face contact with family and friends living outside of the household across Australia. The largest declines were seen in VIC, the state most impacted by 2020 restrictions, with the NT and WA seeing the lowest rates of decline. By age, such declines were observed across the board, but smallest for those aged 70 years and above, despite their elevated risk of serious illness or death. Interestingly, declines also occurred in non-face-to-face contact with family and friends during 2020.

COVID-19 restrictions resulted in a decline in engagement with social groups, community support groups, and civic and political groups, with some of the largest declines observed in QLD and VIC. In 2019, prior to the pandemic, immigrants were more likely to participate in social, community and civic groups. However, in 2020 participation rates in these groups were lower for immigrants than that of other Australians, suggesting that immigrants' connection with society was more negatively impacted by the restrictions.

A similar picture develops in relation to volunteering. Volunteering plays a critical role in our society in developing social connections, creating and maintaining community identity and support services, contributing in turn to overall wellbeing. Restrictions led to declines in volunteer numbers, with rates of unpaid voluntary work dropping across all states between 2019 and 2020. Declines were largest in Victoria and NSW, larger states that faced higher rates of community transition during the survey period.

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. Participation rates for men in unpaid voluntary work also dropped by much more than that of women.

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. We observe an increase in public trust in these institutions from 2019 to 2020. The proportion of people agreeing that most people in society can be trusted also rose in 2020, as did trust for the justice system. Such levels of trust undoubtedly served the nation well as it navigated the pandemic.

Significant concerns were raised about the welfare of young people with increasing social isolation and lockdowns. Young Australians value positive social interactions, with a clear link reported between positive social interaction and life satisfaction. During 2020 life satisfaction declined for young Australians, as was the case to a lesser extent across all other age groups. Young Australians and particularly young women found it difficult to adjust to a way of life with significantly less face-to-face contact with family and friends, with many expressing difficulty with stay at

home restrictions. This led to many young Australians reporting needing additional emotional support in the COVID restriction period.

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 the majority of young people reported the same amount of social media use during the restriction and non-restriction periods of 2020, many did increase their usage of digital communication. 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. Our findings seem to suggest that social media was a poor substitute to direct contact for those struggling with isolation. It also aligns with our analysis of pre-pandemic data that shows that Australians who rely almost entirely on online interaction for social engagement were more likely to feel left out than those that almost entirely have non-digital interactions with family and friends.

The pandemic has undoubtedly changed the way in which we interact with each other in society, with differing impacts by age, gender and immigrant status. Some have clearly struggled more than others and may need help to get back on their feet. A new norm may emerge in the months and years ahead, during which time it is important to find ways to re-connect and re-engage with society in a way that increases our sense of belonging and addresses issues of isolation and loneliness.

DISCUSSION AND
POLICY RECOMMENDATIONS

INTRODUCTION

As our world continues to change and our way of life adapts and is transformed, understanding our social capital and connectedness, and recognising how to enhance the productivity and wellbeing of all our citizens becomes increasingly important. Our analysis of social connectedness by gender, through the life course and among vulnerable groups demonstrates that it has a profound impact on our health and happiness, and that our connectedness to our community is critical to our resilience in the face of change.

The challenge Australians now face is how to identify and marshal our resources as a community, to activate our networks and strengthen our relationships to lift the social capital and connectedness of our fellow citizens, particularly those most at risk of being left behind. Doing so can protect and enhance our way of life in the face of the existential challenges we now face – from global pandemics, a changing climate and more frequent and extreme natural disasters, to a shifting economy, an ageing population and a rising tide of loneliness and exclusion.

This section reviews the key findings of this report to identify emerging issues, consider their policy implications, and make recommendations for the way forward.

Measuring connectedness and understanding social capital

In the first section of this report, we develop and validate an Australian Social Connectedness Index based on HILDA data. The index indicators are grouped into four key dimensions of social capital and connectedness: (i) social interactions and community participation; (ii) social support networks and resources; (iii) interpersonal trust, and (iv) socio-economic advantage.

We have deliberately chosen to frame the index as measuring social *connectedness* in an effort to ensure that it is understood to be measuring social capital in a very broad sense that encompasses interpersonal relationships and feelings of connectedness and wellbeing. In doing so we also seek to distinguish it from narrower reductionist formulations of social capital that give the economic aspects primacy over the social and personal ones.

Our aim is to measure what matters and through doing so to develop analytical tools that make a difference. Our Social Connectedness Index has the capacity to make an important contribution to the monitoring and assessment of personal and societal wellbeing. It allows us to take the pulse of how groups, regions and states are traveling in the face of a changing world, and to evaluate the impact and effectiveness of government policies and programs.

While we have used a series of data sources and analytic techniques to evaluate and validate the index in this study, we also intend to further develop and refine it in coming years as a means of improving our collective understanding of individual and societal wellbeing, enabling us to inform and evaluate programs and initiatives that seek to improve community connectedness, resilience and productivity.

The Index shows Australia's social connectedness fell nearly 10 per cent over the last decade.

This is a significant drop in community cohesion and trust that gives us reason to be concerned and to seek to understand what is driving this change.

> **Recommendation:**
>
> **Continue to measure social capital and connectedness as a means of informing policy and supporting better community wellbeing outcomes.**

Social connectedness by region

Our analysis by state and region shows that social capital and connectedness is lower overall in remote areas compared to major cities and regional centres. However, interpersonal trust is highest in remote areas, indicating people are more likely to have personal connections and experience of helping out and being helped.

Trust and participation are clearly linked. People living in remote areas are much more likely to attend local events and volunteer in their spare time. They are more likely to trust their neighbours and expect to be helped by them.

All states showed a similar pattern of decline in social connectedness between 2010 and 2018, with ACT and WA having the highest scores, while Queensland and South Australia have the lowest. Social interactions and interpersonal trust appear to be the main drivers of better social connectedness in those successful states.

Different factors impact on social capital and connectedness between cities, regional centres and more remote towns. In smaller places you are more likely to know your

neighbours and engage in local activities, while in larger centres you can earn more but it can be harder to connect in the crowd and to trust strangers. Larger centres also beget diversity, meaning those at risk of marginalisation may find it easier to connect with others who share their interests, challenges or culture.

Higher social capital, particularly trust and participation, can help compensate for the comparative isolation and lack of opportunity for those living in more remote locations – hence it is important that we understand which factors make a difference to encourage and support community activities in the regions.

When it comes to cities and larger regional centres, the role of social infrastructure becomes increasingly important in enabling social connection and helping to build a sense of place. Increasingly local governments are recognising the importance of place-making in urban planning and putting resources into community development activities to reduce isolation and build social connection. Local initiatives often target specific risk groups, creating age friendly communities, ensuring universal access to public facilities, building public libraries, community halls and cultural centres, playgrounds and skate parks.

The policy message for state and territory governments is clear. If you wish to increase the social capital and connectedness of your communities, you are best to focus on programs and initiatives that encourage and support positive social interactions and create the opportunity to build trust. A good example are the kind of inclusive design approaches we see embodied in WA's draft State Infrastructure Strategy.[10] This approach highlights the importance of social infrastructure in urban design and the role of community engagement in creating place. The challenge for community

building efforts at a local government level is how we ensure that communities with fewer economic and social resources are not excluded. We also need to ensure private developers are encouraged by planning and development policies to support and include public spaces and social infrastructure that enables and enhances public participation.

> **Recommendations:**
>
> **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

Our analysis of connectedness and social capital shows that women score consistently higher than men across all age groups and that connectedness generally improves with age, rising by 16 to 19 per cent through the life-course.

Looking at the four dimensions of social connectedness the lifetime patterns are similar across genders. Men tend to be lower on trust, social support and social interactions than women, while being more economically advantaged. Trust, support and interaction all follow a similar trajectory across the life-course, dipping during the working years and improving with retirement. Women also show a marked decline in their socio-economic circumstances after retirement, reflecting lower lifetime superannuation earnings and greater risk of poverty in age.

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10   Foundations for a Stronger Tomorrow: Draft for public comment.
     https://www.infrastructure.wa.gov.au/state-infrastructure-strategy

On the whole men appear less socially connected than they probably should be. Men with greater social capital and connectedness are generally happier, healthier and more resilient, and better off. In recent years we have seen a range of community-based men's wellbeing programs spring up in response to poor mental health, with initiatives targeting those most at risk of loneliness, chronic health issues and self-harm. This includes initiatives in regional areas across occupations that tend to be more isolating and associated with a more rugged, less open masculine identity. Into the future we need to consider more carefully the personal and social tools that boys and young men are provided with to help them manage their wellbeing and build support networks to become more resilient and emotionally regulated.

Looking at social capital and connectedness by age highlights the significant challenges faced by young people transitioning from school to work, and with it from childhood to adult roles and responsibilities. Social connectedness drops significantly for young men and women between the ages of 15 to 24, with a greater decline for young men. The transition from school to work results in declining trust and social support for young men and women. Young men aged 18 to 24 have the lowest level of trust of all groups, with the greatest gap being trusting neighbours or believing they are likely to help. The proportion of young men having many friends also falls from two-thirds aged 15 to 17 to around half at age 18 to 24, as they lose contact with school friends and are no longer brought together in large groups on a daily basis. Social interactions and interpersonal trust among men aged 18-24 are at their lowest levels across all ages and genders.

Young women by comparison are more likely to feel very lonely and report having fewer friends. Both groups show a significant drop in the number who say they have a lot of friends, with the decline being greater for young men, but the overall outcome worse for young women. Finding their place in a larger and less structured world can be challenging, putting young adults at significant risk of loneliness and social isolation. Friendships are crucial protective factors for the wellbeing of young people, as we see that having many friends significantly reduces the likelihood of loneliness.

Looking at connectedness further through the life course, we see that the social connectedness of men and women aged 25-34 declined significantly in the last decade. This is an important life phase in which we are establishing our identities through our careers, looking to secure a place to call home, finding a life partner and start a family. A decline in the connectedness and capability of this cohort could have ongoing ramifications for their long-term health and wellbeing.

When we break this down across the dimensions of the index, we see the decrease in social interactions and social support of this cohort accounts for nearly all of the decline in connectedness. This suggests that changes to the factors that affect the ability of men and women in the early career and family formation phase to connect meaningfully are undermining their social capital and wellbeing. Not only are they interacting less socially, but their social support networks are diminished, reducing their emotional wellbeing and resilience. Economically they are no worse off, yet they seem to be feeling less supported and more fragile.

Further analysis is needed to better understand and respond to this emerging issue. We need to consider whether this is

due to changes in the work environment (for example, increasingly insecure employment, casualisation and the gig economy), insecure and unaffordable housing, or simply a lack of time, resources and opportunity to connect effectively. We also need to look at the nature of their social contacts and how this relates to identify formation and self-confidence – are their contacts less overall or simply more superficial and less supportive? What role if any is social media playing among those most vulnerable?

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

Social connectedness and disability

People with a disability consistently report lower social capital and connectedness than those without a disability by around 10 per cent. While they score lower across all four dimensions of connectedness, the gaps in social support and economic disadvantage make the biggest difference. People with a disability are also paid on average *less than a third* of the hourly wage of those without a disability.

People with a disability are more likely to feel very lonely and less likely to have someone to help or to cheer them up. Despite reporting fewer social supports, people with a disability spend more time volunteering, are more likely to chat with neighbours or to give money to charity.

While social connectedness declined for all groups between 2010 and 2018, the impact was greater on people with a disability. The greatest single factor in this growing gap in connectedness was the decline is social

interactions reported by people with a disability (which fell nearly one fifth in this period), followed by declining trust.

Unfortunately, the additional time and effort invested in education is comparatively less rewarding for people with a disability. The gap between their social connectedness index score and that of people without a disability with the same level of educational attainment actually *increases* with higher qualifications.

The fact that people with a disability have much less social connectedness, fewer social supports to call on, and are more financially disadvantaged is cause for concern. We suggest that disability policy and programs (such as the National Disability Insurance Scheme NDIS) should pay greater attention to the *manner and relational context* in which support services are provided, given that trust and connection are so important to wellbeing. While the roll-out of the NDIS has given *some* people with a disability more resources and more control over how they are spent, there is also a risk that increased reliance on an individualised market model combined with increasing casualisation of the disability care workforce may be resulting in more transactional and less relationship-based support.

Equal opportunity and employment policy clearly need to do more to close the gap in employment outcomes for people with a disability. Knowledge, skill and experience need to be better recognised and rewarded within the workforce, so that the time and energy invested by people with a disability in their further education delivers a reasonable return.

While people with a disability continue to demonstrate greater commitment to public participation than their peers, their rates of volunteering are declining, making it important to ensure that more is done

to improve access and actively support inclusion.

Recommendations:

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

Indigenous people score lower across all dimensions of social capital and connectedness, with an overall index score 39 per cent lower than non-Indigenous Australians – the lowest index score of any disadvantaged cohort.

In reflecting upon this outcome, it is important to be clear about what the index is and isn't measuring. The score is based on responses to survey questions that primarily reflect on their level of engagement and trust with the wider Australian community. The survey questions do not meaningfully measure their strong cultural connections to their families, their people and culture and the land.

While Indigenous Australians score consistently lower across all dimensions, the gap is greatest when it comes to trust, where they score 64 per cent lower than

other Australians across all trust indicators. Given their history – from colonisation through to the lies about the removal of children and the failure of reforms like native title and constitutional recognition to deliver on their promises – it is hard to argue their low level of trust in Australia's institutions and mainstream culture is not justified. As a community it is incumbent on us to reconcile these wrongs, health the hurts of the past, and give them a reason to trust us.

Education is a clear and present success story for Indigenous Australians. The gap in social capital and connectedness is widest for those with the least education and closes significantly with educational attainment. Indigenous Australians gain much greater comparative benefit from Tertiary education. However, to put this in context, on average an Indigenous Australian with a university degree only has the same social capital and connectedness score as a non-Indigenous person who completed high school. We still have a long way to go to close the gap on life outcomes for our First Nations.

This net positive benefit from education contrasts with the impact of education for people with a disability. In short, while study pays off for everyone, it makes more of a difference for Indigenous people than the average Australian, and much less of a difference for people with a disability. Socio-economic disadvantage is a major contributor to the gap in social connectedness and wellbeing outcomes for Indigenous Australians.

Recommendations:

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.

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 difference and discrimination.

Overall immigrants are generally more likely to be lonely than their Australian-born peers. Migrants from Central Asia, South-Eastern Europe, South America, Central and West Africa and the Middle East much are more likely to report loneliness than Australians.

In general terms, those migrants at greatest risk of feeling lonely tend to come from countries that are linguistically and culturally different to those who have historically settled in Australia and influenced our culture. Migrants from English-speaking countries that are culturally similar to Australia, such as North America, Western Europe, New Zealand and the UK also tend to have a similar risk of loneliness to Australians. However, migrants from some countries are actually less likely to feel lonely

in Australia than Australians, including Japan and the Koreas, Central Asia, Ireland and Northern Europe – suggesting there may be protective cultural factors.

Looking at gender, country of origin and loneliness we see women migrants are more likely to report being lonely overall, however there is significant cultural variation in which migrants are most at risk of loneliness by gender. Migrant men from some cultures are more likely to be lonely than the women from those places, while in other places the pattern is reversed.

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 aged under 19 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. The presence of at least 100 per thousand people from their country of origin appears to be a significant protective factor against loneliness, particularly for women.

From a policy point of view, it is in our interests as a multicultural society to provide support and assistance to new migrants to help them to connect both with others from their culture and with the broader community. Local civic and cultural groups can play a critical role and building community connection to engender a sense of belonging and reduce the risk of loneliness and social exclusion.

Loneliness and health

Lonely people are more likely to be sick, and sick people are more at risk of being lonely.

Feelings of loneliness and social isolation have the potential to manifest in a poorer sense of general heath, particularly mental

health and wellbeing. Social isolation may also lead people to adopt unhealthy behaviours, such as decreasing their levels of physical activity and social interaction, smoking or drinking more. These unhealthy behaviours may then in turn impact on health and wellbeing.

Our analysis shows that those who are lonely most of the time are *twice* as likely to be in poor health. More than half of people aged 65 and over who feel lonely most of the time also report being in poor health. While health outcomes are worse overall in the later stages of life, the health gap between those who are not lonely and those who are very lonely is actually greater among younger people, particularly younger women.

Furthermore, people who are lonely are more likely to suffer from relatively poor mental health, and the association with loneliness is far stronger than the link to poor physical health. For example, nearly three quarters of young women aged under 25 who report being lonely are recorded as facing high or very high psychological distress, compared to only 13 per cent of young women who are not lonely. The impact of loneliness on mental health is strongest among younger age groups, particularly for women.

The evidence of a clear negative link between loneliness and poor health outcomes raises the question of *how* being lonely impacts on our health. Our findings show how loneliness can be linked to a range of unhealthy behaviours including physical activity, smoking and drinking.

While women are less likely to maintain levels of physical activity through the life course overall, the share of lonely people who engage in little of no physical activity is significantly higher across both genders. Similar patterns emerge for smoking and alcohol consumption among lonely people across all ages and genders.

Taken together, these findings suggest that we may want to rethink our approach to public health messaging in campaigns looking to tackle smoking and drinking, exercise, heart disease and obesity. Simply focusing on the health impacts alone is likely to be less effective than more positive strengths-based communications that foreground social connectedness and belonging in healthy activities and lifestyles.

Recommendation:

Include positive messaging about social connectedness and belonging in public health campaigns on smoking, alcohol consumption and chronic disease to address loneliness as a drive of harmful behaviour and encourage lifestyle change.

People who are lonely visit their GP much more frequently. This is most pronounced among women over the age of 35 and in people aged over 65 – resulting in an additional 3 or 4 visits per year. Persistent loneliness is also associated with more GP visits, such that women aged 25-34 who have been lonely over a four-year period visit around five more times a year.

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.

Recommendation:

Recommendation: 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.

Loneliness through the life course

Looking across the life course, we see that women are generally more likely to be lonely than men, and the gender gap is greatest among the youngest and oldest age groups. This trajectory makes sense when we consider it in relation to the establishment of social identity, the path of our changing roles and relationships through life, and the impact of significant life events.

Earlier we discussed the transition from childhood to adulthood and between the worlds of school and work, as one of the most significant in establishing our social identity, where social connectedness has a major impact on our wellbeing.

Bereavement stands out as the major adult life event that is most likely to impact your wellbeing and increase your risk of loneliness. After the death of a spouse or partner, 31 per cent more men and 19 per cent more women reporting being very lonely most of the time. Loneliness also persists at a significant level four years after the loss of a life partner.

As a community we need to actively reach out to provide comfort and support to the bereaved, to help them reconnect and find purpose. We should seek to build on and strengthen those aspects of their social identity and sense of self that are outside of the long-term relationship that may have defined their daily life for decades. Active community participation can help, and there can be a role for counselling and link workers to assist the bereaved to connect to purposeful social activity that enhances community connection.

Relationship breakdown has a similar but generally less significant impact to bereavement, with 17 per cent more men and 14 per cent more women reporting being very lonely most of the time within a year of separation. Loneliness also persists for years after relationships end, with significant numbers still lonely four years later.

The relationship between separation, social identity and self-worth is perhaps a little more complicated that bereavement, as it can depend on the circumstances of the relationship breakdown. Whether the end of the relationship was expected and mutual is likely to affect wellbeing. Here again community connection can help, and there is an opportunity for information and outreach to help link the lonely to meaningful social activity that can help extend social support networks.

The other major life transition is the move from work to retirement. A significant gender gap in loneliness emerges after the ages of 45-54, where it is at its smallest point through the life course. Men generally get less lonely from this point on while women grow lonelier, resulting in the second largest lifetime gender loneliness gap in those aged over 65. Looking at persistence, we see a marginal dip in the risk of loneliness within two to three years of retirement before it returns to pre-retirement levels. In contrast, being fired has a more significant impact, with sacked individuals 6 per cent more likely to feel lonely after losing their job.

Taken together, these findings suggest that under normal conditions the transition from work to retirement is predictable and planned. It does not come as a shock to one's sense of identity and most retirees develop a bucket list of activities and manage their social participation. The impact on loneliness is likely to be greater for those who have much of their personal identity and social contacts invested in their work role. Those approaching retirement are well advised to develop their non-work interests and contacts over a period of time and actively manage the transition.

By comparison, being fired is usually unexpected and hence unplanned, and can come as a significant personal shock. Forced termination has a major impact on one's identity, sense of self and self-confidence. It negates your value and sense of purpose and contribution as a worker, potentially leaving those with much of their self-worth invested in their work identity particularly vulnerable. Hence it is no surprise they face a heightened risk of loneliness. This may be exacerbated in western cultures, where the question of who you are is usually answered first by what you do.

The implications of this for policy are important. Employers should support and encourage workers approaching retirement to plan for the transition and think about how they will extend their social networks to match their personal interests and maintain a sense of purpose. Superannuation funds may be well placed to deliberately take on a guiding role, reaching out to their members as they shift from the contribution to withdrawal phase to provide financial advice linked to wellbeing and connectedness outcomes.

Welfare policy in Australia requires a fundamental shift to better manage employment termination to enhance the resilience and maintain productivity in those who become unexpectedly unemployed. The combination of harsh community attitudes to 'dole bludgers' in Australia with difficult transitional arrangements, demanding participation requirements and punitive compliance policies combine to send a very clear message to the unemployed that they are not valued, are undeserving and a burden on our community. Policies such as the liquid assets test also require those who have lost employment to spend any savings they have accumulated before they can receive income support payments – effectively running down

their financial resilience and undermining their capacity to invest in measures that might improve employment prospects. Payment rates remain below the poverty line, further undermining the capacity to look for work. Older workers who lose their jobs during economic downturns face age discrimination and are at risk of long-term unemployment and poverty in age.

Welfare policies should also look to encourage and support voluntary work among the unemployed, as a means of helping them to build a sense of purpose and connectedness, maintain or enhance existing skills and add to their prospects of future work.

Poverty and loneliness

The impact of poverty on loneliness is significant.

Our analysis of the relationship between income and loneliness produces some compelling findings. Those in the lowest income decile are *more than twice* as likely to report being very lonely most of the time as those in the highest decile. The relationship between income and loneliness is pretty much a straight line in between. Furthermore, the loneliness gap between the richest and the poorest remains significant even when we control for all other factors, indicating the experience of poverty engenders social isolation regardless of its' material impact.

This suggests that deprivation in and of itself creates feelings of loneliness. The way it restricts activity, reduces freedom and choice, limits our capacity to escape and engenders a lack of control all act to undermine our sense of belonging and self-worth. In Australia, poverty begets isolation.

The implications of this finding for social security policy and income support conditionality are profound. It tells us that the lived experience of being poor in Australia is *directly* reducing the wellbeing of those in poverty, creating a vicious circle that undermines their capacity to find productive work.

Within this context, it is clear that welfare policies that are punitive and controlling function to undermine the collective social capital and connectedness of our community. Making life harder for those seeking work impacts upon their health and wellbeing in ways that cost us directly – both through lost productivity and through higher costs of chronic disease and poor mental health. An understanding of the relationship between the social capital and emotional wellbeing of our citizens highlights that, in the longer run, those societies that take a strength-based and empowering approach to supporting and including the vulnerable will be more productive, cohesive and better off.

Looking at income and loneliness by gender also shows that there is a clear and consistent gap between men and women, with women of all income brackets more likely to feel lonely than their male counterparts. When all other factors are controlled for, this gap appears to widen with income, suggesting that, while rich women are significantly less likely to feel lonely that poor women, the loneliness gap between rich women and rich men is bigger than that between poor women and men.

This direct relationship between poverty and loneliness is also seen very clearly when we look at the share of people feeling very lonely by family type. Single parents and single people living alone are more likely to be lonely than those living in a group household or a couple, with or without children when they are *not* living in poverty.

However, once we add poverty into the equation, we see both that those living in poverty are more likely to be lonely overall, and that the risk of loneliness is exacerbated by poverty for those who are already the most socially isolated. Single parents are 6 percentage points more likely to be lonely when they are living in poverty and lone persons are 5 points lonelier, while group households are only 2 points lonelier. Not only are couple households the least lonely overall, poverty also makes *less* of a difference to those with children than those without.

The interaction between having children, poverty and loneliness is not straightforward. We see poverty has a greater impact on the risk of loneliness for single parents compared to singles in poverty, while couple households in poverty with kids are comparatively *less* at risk of feeling lonely than those without. One way of looking at this is that caring for children *alone* in poverty in a more difficult and isolating task, as it takes up so much time and emotional investment the single parent has little left over to form or maintain social connections. In contrast, caring for children *together* in poverty actually brings a couple together as parents to share that time and emotional investment, even if they are less able to get out and about.

When we consider the policy implications of the effects of poverty on loneliness, our greatest concern must be for the *two in five* single parents who are very lonely most of the time. Not only do these single parents have diminished social capital that impacts on their health, wellbeing, productivity and ability to contribute to the community, but we should be very concerned about the lifelong impacts on children growing up in poverty and isolation. Children in single parent households are dependent on single carer whose capability to provide physical and emotional support is diminished by their

circumstances – irrespective of how much they love their children and are devoted to doing the best they can for them.

There has always been a compelling case to reduce levels of poverty within our community – based on its' impact on productivity and costs to our health system. When we take into account the impacts of poverty on loneliness, and social capital and connectedness more, we can see that poverty has a much greater impact on our wellbeing as a community than we thought.

From a policy perspective we need to do more to reduce poverty and put a more concerted effort into understanding and supporting pathways out of poverty. In particular, we need to do much more to assist and support those groups most at risk of experiencing adverse outcomes from poverty, including as single parents and their children, people with a disability and Indigenous families.

Recommendations:

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).

COVID-19 and loneliness

The COVID19 pandemic presents us with a unique opportunity to examine the interaction between social capital, resilience and recovery. It is effectively a natural experiment with nationwide impacts where we can identify a clear timeline across states and regions for its impact and track its differential effect on the social capital and wellbeing of different groups in our community.

Containing the pandemic forced us to adopt control measures that minimised the risk of contagion by constraining the nature of our social interactions. Reduced mobility and increased physical distancing, along with the need to reduce our range of social contacts and avoid the risk of infecting our loved ones and the most vulnerable, wrought significant changes to our way of life. Extended and uncertain periods of lockdown increased the risk of social isolation. This section looks at the impacts on our wellbeing and sense of connectedness to consider who in our community was most affected.

Looking at the analysis by state and territory clearly shows the differential impacts of variations in control measures, levels of community contagion and concern and the effects of extended lockdown periods. Victoria saw the largest decline in face-to-face contact with family or friends outside of the household, dropping 37 percentage points from 2019 to 2020. In contrast, the Northern Territory

and Western Australia saw the smallest decline in face-to-face contact outside the household.

We also see significant variations in levels of face-to-face contact by gender before and during the containment period. In 2019 prior to COVID, women were more likely than men to have weekly face-to-face contact with family and friends living outside the household. In 2020 during COVID containment measures, weekly face-to-face contact with family or friends living outside of the household declined sharply for both men and women. While more women reduced their levels of face-to-face contact than men in this period, they were still more likely than men to make contact overall.

When we look at social contact by age, we see that 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 – those in the 'career' phase of life who have the greatest connection to the workplace. Concerningly, the smallest decline in the share of people having face-to-face contact outside of the household during the COVID period was for those aged 70 years and above – despite their elevated risk of serious illness or death.

This raises some critical questions for public health management in this and future crises. Why are older citizens at elevated risk of serious illness and death failing to respond to public health measures designed to protect them? Are they not hearing the messages – or simply not believing them? Are they too set in their ways, or do they somehow think it will not happen to them?

Recommendation:

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

In recent times there has been growing community concern about the wellbeing of young people in Australia, with increased investment in mental health programs to deal with increasing rates of anxiety, depression and self-harm. Significant concern has been raised about the impacts of COVID restrictions and lockdowns on their mental health, with emerging evidence of increased social isolation, poor mental health and loneliness among young Australians (Smith and Lim 2020).

This report used LSAC data from two waves in 2020 to explore the impact of the pandemic on young Australians aged 16 to 21. The findings highlighted significant increases in self-reported loneliness and the need for social support, with more significant impacts on those already vulnerable and at risk. At the same time, it provides some clear evidence for social connectedness and positive social interactions as protective factors for young people in times of transition and crisis.

Young women were significantly more likely to report feeling lonely, with 1 in 5 young women reported feeling often or always lonely during the pandemic period, compared to 1 in 9 young men. This both confirms the general trend of young women being more likely to feel lonely than young men overall and emphasises that measures that increase social isolation impact more significantly on the wellbeing of young women and their feelings of loneliness. *Twice* as many young women as young men experienced more extreme feelings of

isolation, reporting 'often or always feeling alone' during the COVID restriction period. We also see similar gender differences when we look at levels of emotional support required during the COVID restriction period, with over half of young women saying they needed more support, compared to only two in five young men.

Social isolation was clearly very hard for many young people with nearly three quarters of young women and half of young men reporting they found it very difficult to not see their friends. Similarly more young women found it very difficult to be confined to the home.

Analysing those who were most affected by COVID restrictions by state and gender, we see the greatest impacts were on young women in NSW and WA, with the biggest gender gap in loneliness occurring in WA, and the smallest in SA. This result is surprising and appears counter intuitive. Given that the impact of lockdowns and social restrictions were greatest in Victoria during this period, while restrictions and rates of community transmission were much less in Western Australia, we should have expected lower rates of loneliness overall and lesser impacts on young women in the West. These seems to suggest that something else is going on that is contributing to declining wellbeing of young women in WA above and beyond the impact of COVID restrictions.

Our analysis was also able to look at the differential impact of protective factors for young Australians during the restriction period, such as positive social interactions. Those who report more positive social interactions were more likely to be satisfied with life and less likely to be lonely. These findings align with earlier evidence that showed having many friends is a protective factor for young people transitioning between schools and work. Both increased

life satisfaction and experiencing positive social interactions may be manifestations of a positive outlook on life that is self-reinforcing.

Understanding that your outlook and emotional state will have both an internal impact on your sense of wellbeing and an outward impact on your ability to engage positively with others is an aspect of emotional intelligence linked at an effective approach to self-regulation. These are coping skills that can be taught but are not part of the school curriculum. The combination of having many friends, social support networks you can turn to, and a level of self-awareness backed up by effective cognitive coping strategies is probably the best way we can prepare young people to find their feet in a complex and shifting world.

Recommendations:

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?

Our analysis of the social connectedness index at the start of this report showed that young women aged 15-17 experienced the greatest decline in social support between 2010 and 2018. Looking at the data on loneliness through the life course we saw that young women under 17 were by far

the loneliest in our community. The data on young people under COVID indicated young women struggled to cope with COVID restriction and were twice as likely to feel lonely as young men. Over half of young women reported needing a greater level of emotional support.

Taken together these findings suggest young women within our community are in a bad way and things are getting worse. This is confirmed by the findings of a recent international literature review by the Commissioner for Children and Young People WA that identified a significant worldwide decline in the wellbeing of post-adolescent young women over the last decade (CCYP 2021). International research shows that adolescent wellbeing has declined over the last decade worldwide, and the gender gap is widening. Young women are more likely to have anxiety and depression, lower self-esteem and lower resilience (WHO 2020, Bor *et.al.* 2014, Campbell *et.al.* 2020, Walsh 2019, CCYP 2020, Lim *et.al.* 2019, Lawrence *et.al.* 2015).

This review came on the back of evidence from the Commissioner's 2019 *Speaking Out Survey* that found the wellbeing of girls and young women inconsistently rated below that of their male peers (CCYP 2019). They reported higher levels of stress, lower life satisfaction, indicating that they felt they did not belong at school and in their community and did not feel happy about themselves. They were twice as likely to report not feeling happy with themselves, being unable to achieve their goals or deal with things that happen in their life.

This significant gender gap in wellbeing outcomes for young women and girls is a real concern. These findings indicate the decline in mental health and wellbeing, feelings of safety and inclusion begins to emerge around puberty, at the time of the transition from primary to secondary school. Despite the fact female students perform better academically than their male peers, fewer report feeling they belong at school. While young women indicate they place greater importance on close and supportive family relationships, fewer say that they actually feel safe at home. Young women are also three times more likely to self-harm, and more likely to be hospitalised as a result (TKI 2015).

Our analysis of the data on loneliness confirms that young people face a heightened risk of loneliness during this transition. Young women aged under 17 are significantly more likely to be lonely. This gap is twice the next-largest gender age gap through life course, which occurs for women aged over 65.

This highlights that there is a significant difference in the social circumstances of young women within our society that is having a profound impact on their connectedness and wellbeing. Taken together, these results tell us that young women at the transition to adulthood within our society are the loneliest of any group. They feel unsafe and excluded, they are unsure of their place within our community, feel unvalued and believe they have little control over the things that matter most to them.

Recommendations:

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.

Moving online? The benefits and risks of digital connectivity

Much has been made in recent years about the ubiquity of digital devices and the impact of growing up in a digitally mediated world on our current generation of young people. With COVID containment measures drastically restricting face-to-face social contact, there was an expectation that online social contact would increase to compensate, and that younger people would find this transition easier and be less affected. The story does not appear to be quite so simple...

When we look at social media use patterns among young people in 2020 *outside* of the COVID restriction period, we see that young women were much more likely than young men to post once or twice a week on social media, and young men were more than twice as likely to never or rarely post on social media.

During the COVID restriction period, the majority of young men and women reported maintaining the same level of social media use, while a small but significant proportion reported increasing their social media use. A greater proportion of those who often or *always* felt lonely posted very frequently during the COVID restriction period, compared to those who are rarely or never lonely.

Pre-COVID evidence from 2017 suggests that relying on social media for contact with family and friends increases the risk of loneliness. 54 per cent of those who say that none or almost none of their close personal contacts are digital report never feeling left out, while only 41 per cent of those whose contact is entirely digital report never feeling left out.

When lockdowns are necessary and measures of physical distancing are unavoidable, we need to think about how to mitigate the negative side effects on social and emotional wellbeing. We need to recognise that social isolation will affect us and may be negatively affecting those we care about. It is important to reach out and make an effort to connect meaningfully and effectively – to find out what works best for us and to ask what works best for our loved ones. Then we can reach out regularly to touch base, check in with how we are feeling, and ensure we have healthy strategies in place to maintain our wellbeing and emotional resilience.

Community participation

COVID-19 restrictions understandably 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, civil and political activity for men.

While the drop in community participation indicates that people were getting the message, taking containment seriously and putting the wellbeing of the community first – it raises concerns about the short-term impact on social support and the wellbeing of those assisted by these activities, and the longer-term impacts on participation post recovery. Public authorities and community organisations need to monitor participation rates and actively re-engage those who fail to return.

Prior to the impact of COVID restriction there was evidence of a longer-term trend in declining community participation and voluntary activity that was exacerbated by the period of enforced shutdown. However,

there is also an opportunity for the response to this extended period of restricted social activity to act as a catalyst for greater participation in recovery. Other evidence in this report (for example, increased trust in public institutions and high rates of compliance with social distancing measures) highlights that COVID-19 had a dramatic impact on community attitudes. On the whole people really bought the message that "we are all in this together." Successful border control and public health measures in Australia compared favourably to high levels of community transmission, illness and death overseas to reinforce support for State and Territory leaders. Public sentiment creates a window of opportunity to activate higher levels of engagement in voluntary programs and civic participation.

The impact of COVID restrictions on participation by migrant communities has been significant. Prior to the pandemic, migrants were more likely than other Australians to participate in social groups, community support groups and civic and political groups. In late 2020 under COVID restrictions, migrant community participation was lower than other Australians across all domains.

These findings suggest that migrant communities may have been more sensitive to community concerns about COVID, messages about heightened risks in migrant communities were taken seriously, and community leaders mobilised local networks to get the message out. In the early stages of the pandemic Chinese and Asian communities were blamed for the spread of the virus, and there were incidents of verbal abuse and physical assault with a racist undertone. During lockdowns in Victoria to contain local outbreaks, concerns were raised by community leaders that police containment measures in low-income culturally diverse communities and public

housing apartments were more coercive than those in wealthy coastal communities. Within this context it is little surprise that migrant communities would be looking to keep their heads down.

Looking forward to the recovery phase, it is important to ensure that the significant contribution of migrant cultural groups and community support organisations to social capital and connectedness is recognised and supported. It is critical we encourage those from culturally diverse backgrounds to re-engage with social, civic and community groups, to support recovery efforts and to reinforce the message that "we are all in this together."

Recommendations:

Implement a community recovery strategy to encourage social and civic participation, with funding for community support outreach programs to assist those adversely affected by social isolation.

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.

Volunteering

Volunteering plays an important often unrecognised 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.

Volunteering is critical to the survival and success of rural communities in Australia. The past two decades have seen an increase in the community services delivered by

volunteers and demand on the volunteer workforce has intensified. Yet over the same period there has been a decline in volunteer participation across Australia, resulting in a shortage of volunteer labour.

Research by BCEC in 2019 identified how rural communities in WA are addressing the challenges of recruiting and retaining volunteers at a time of unprecedented demographic change and increasing pressure on the rural volunteer workforce. It highlighted the critical role of volunteering in creating a sense of community wellbeing and delivering essential services in rural areas.

The report identified challenges to participation including population ageing, a reliance on key individuals to take on multiple volunteering roles, pressure from increased accountability and regulation, and rural organisations being governed from metropolitan headquarters with little consideration for differences in rural service provision. It also presented the strategies volunteers and voluntary organisations use to sustain their rural volunteer workforce.

The core driver of volunteering is altruism arising from a sense of community belonging and commitment. Voluntary community work is in essence a 'virtuous circle' – we do it because we care about the community we belong to, and through doing it we feel more connected. It can create a sense of meaning and purpose in our lives, while also giving a sense of mattering and being cared about to those it touches. Confirming this, in 2020, the main reason given by 74 per cent of volunteers was 'wanting to help others and the community,' followed closely by getting some personal satisfaction or doing something worthwhile.

COVID restrictions impacted significantly on rates of voluntary work, just as they did on civic and community participation.

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 containment period.

Rates of unpaid work show similar patterns of participation across the life course by gender, with men having marginally higher rates overall, and participation rising to peak in the middle years then declining with age. Between 2019 and 2020, men's participation in unpaid voluntary work declined much more that women's. Curiously, the exception to the rule is an increase in voluntary work by those aged 70 or older (particularly men) despite their increased risk of serious illness and death.

Sports and recreational organisations saw the largest decline in volunteer numbers, 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, and for parenting, children and youth.

Recommendations:

Implement a community recovery strategy to encourage connection or re-engagement with voluntary work.

Resource voluntary organisations to undertake greater outreach to those more affected by social isolation, with more resources for paid volunteer support roles to assist those with participation barriers.

Regional and remote resilience

Our analysis suggests that social capital and connectedness is generally higher in remote areas than major cities or regional

centres. However social connectedness also declined in all areas between 2010 and 2018, with this fall most pronounced in remote and regional areas. Trust and participation are generally higher in remote areas, while social support is lower in regional areas, and those living in cities are financially better off.

Trust and participation are clearly linked. People living in remote areas are much more likely to attend local events and to volunteer in their spare time, they are more likely to trust their neighbours and expect to be helped by them. Trust and participation are also critical when it comes to disaster response and recovery, as highlighted by the critical role played by local volunteer fire brigades. In the face of increasingly extreme and catastrophic weather local knowledge and resources become increasingly important to survival.

Recent years have seen an unprecedented series of natural disasters in Australia – from the Black Saturday bushfires in 2009 to the catastrophic fire season of Christmas 2019, the Queensland floods in 2010 to Cyclones Debbie in 2017 and Seroja in 2021, and the global COVID-19 pandemic that has led to 250 million cases worldwide and a death toll of over 5 million to date, including 130,000 cases and 1,448 lives taken in Australia.

As we face the existential threat of a rapidly changing climate and the likelihood of more frequent and more extreme weather events, it is critical that we look to the adaptive capacity of Australian communities to deal with external shocks – like bushfires, cyclones, floods and pandemics. How we coordinate in response to a crisis comes down in a very real sense to our social capital and connectedness. Who can we call on for support and advice? How do we coordinate our efforts in a crisis? Do we

know where to turn for expert knowledge or resources – to put out a fire or sandbag rising waters? And do we have someone to turn to for food and shelter when our home and livelihood are gone?

A social capital and connectedness perspective can help us to understand how communities, towns and regions will fare in the face of a disaster, to see what makes the biggest difference to their success – and how their capability and resilience is diminished or bounces back in the aftermath of a crisis. A more comprehensive approach to disaster response and recovery includes an understanding of its health, mental health and wellbeing impacts. When we are healthier and emotionally better regulated, we are more able to respond effectively to extreme situations, and better able to bounce back. We are also more capable of reaching out to give a helping hand or provide emotional support to those who have lost it all.

Greater consideration needs to be given to rebuilding social capital and wellbeing as part of disaster recovery. Evidence from recent disasters suggests we have not responded effectively to loss and trauma, that the processes involving government support and insurance compensation are complex and support is inadequate. Recovery processes are extended and hard to navigate – with many families still homeless and facing an uncertain future months and even years later.

Community networks, including local community services and volunteers, play a critical role in disaster response and recovery – but the evidence suggest they are too often left out of emergency response planning. There is always the risk that the uniformed response may take for granted a local service that has been defunded and closed its doors, and those local services

affected by the direct impacts of a disaster often do not survive (Mallon *et.al.* 2013).

Recommendations:

A national inquiry into disaster preparedness and recovery, with particular attention to how we build and recover social capital to enhance and maintain resilience.

A national disaster recovery fund and body to oversee prompt and effective recovery, household compensation and future preparedness.

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 COVID pandemic placed significant stress on our public institutions, particularly healthcare and police. They played a critical role in sharing information, implementing and evaluating public health measures, policing borders and restrictions to reduce transmission, managing the sick and dying, and rolling out vaccines.

In Australia the pandemic led to increased trust in others and in public institutions. The number agreeing that most people in society can be trusted rose 8 points and trust in our healthcare system rose 10 points, while trust in our police and justice system also rose marginally. The increased levels of trust in others are acknowledgement that the pandemic message 'we are all in this together' was taken onboard by many. This is backed up by comparatively high rates of compliance and implies broad recognition that we needed to give and earn trust for

containment measures to succeed.

The increased trust in public institutions represents both a recognition that their role in crisis response and containment management is critical, alongside an acknowledgement that Australian institutions responded well and earned that trust – in stark contrast to the crises we observed in other nations. Increased levels of trust were observed across all states and territories in Australia.

Looking at trust in public institutions by location, trust is generally higher in the healthcare and justice systems in major cities and lower in regional and remote areas, which appears a reasonable reflection of their reduced capacity in the far-flung corners of our vast continent.

In general, Australia does not have a major problem with trust in our major public institutions – but it is important to remember this trust can be fragile, and to learn from the lessons of other nations where trust is undermined (like the US under Trump) or difficult to establish in the first place (like vaccines in PNG). Transparency, accountability and oversight are crucial to institutional trust, hence it is critical they are seen to be above political manipulation, self-interest and corruption.

Recommendations:

Establish an independent national corruption commission to maintain and enhance trust in public institutions.

Communicate effectively the role of public institutions in COVID crisis management and recovery.

The flip side of trust in public institutions is the extent to which citizens feel they have a say on important issues that affect them.

Our capacity to participate meaningfully in governance and decision making has a direct impact on our sense of social identity, mutuality and belonging.

During 2020, a lower proportion of people 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 distribution of perceived influence, we see that more than half of the population feel they have a say some or most of the time, leaving between around two-fifths of the population who feel that their voice is not heard on issues that are important to them.

Looking at the distribution by state and territory we see that Queenslanders feel the most excluded while those in the ACT and NT feel the most heard. It is interesting to note this result reflects differences in political systems – with Queensland having a unicameral parliament (only one house) while the ACT has proportional representation (one vote one value).

Considering the impact of COVID on citizen's sense of being heard, we see some interesting variations across states. The number who feel they are not heard on important issues worsened most in Tasmania, WA, NT and SA, remained similar in ACT and Victoria, and improved marginally in Queensland and NSW. However, we saw significantly greater declines across all states in those who previously felt they had greater influence, with the drop in influence felt most strongly in Queensland, ACT and Tasmania.

This could reflect the shift in public policy to crisis management mode during the pandemic. Disaster management protocols usually require much higher levels of centralised command and control during the crisis response phase of a disaster,

before they are meant to shift to more participatory models in the recovery phase. The ongoing nature of pandemic controls meant an extension of centralised decision making, concentrating power in the office of the premiers and chief health officers, at the expense of parliamentary processes and community consultation. There is a risk governments may get stuck in this mode, losing touch with community concerns and eroding trust over time.

Recommendation:

Governments implement mechanisms to increase public participation in decision making.

Health, loneliness and social prescribing

Over the last decade the UK have been trialling approaches to tackling the social determinants of health, including loneliness and social isolation as part of a model described as 'social prescribing' (NHS 2021). They did so in recognition that around one in five patients came to GPs for social reasons (Torjesen 2016) and that 80 to 90 per cent of health outcomes were linked to health-related behaviours, socioeconomic and environmental factors (Janti *et.al.* 2020). The Kings Fund UK (a major funders of the trials) defined social prescribing as "a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services", (Kings Fund 2017).

The key lynch-pin in the efficacy of the UK social prescribing model is the role of link workers, who "...give people time and focus on what matters to the person as identified through shared decision making or personalised care and support planning. They connect people to community groups and agencies for practical and emotional support." (NHS 2021a) The link worker engages with

the GP and the patient to determine their interests and aspirations alongside their health, support and engagement needs, then leverages their knowledge and relationships with local community organisations to develop a supported placement into voluntary work or participation. Similar models have also been trialled in Canada and New Zealand.

In January 2019 the NHS UK announced a major expansion of social prescribing as part of its' comprehensive model of patient care. Social prescribing is now being rolled out at scale across the whole of the UK primary health system. The UK and Japan also now have a Minister for Loneliness.

In November 2019 the Royal Australian College of General Practitioners and the Consumer Health Forum of Australia held a roundtable to discuss the application of social prescribing models to a range of health challenges in Australia. They argue that current systems are inadequate to meet the increasingly complex health and social needs of patients, and an effective approach requires that we break down the siloes between health, community and volunteer-run services and activities. (RACGP 2019). The roundtable recommended that we needed to start planning to incorporate social prescribing into our primary health system in Australia – enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services (RACGP 2019). Over time this could dramatically reduce the cost of tertiary health services of poor mental health through chronic health problems like obesity and heart disease. The campaign group Ending Loneliness Together is also calling for the same thing and supporting local community initiatives to make it happen.

If we are to achieve better health and social outcomes, it is important that we make the connections to the social determinants of health. Our findings in this report show

that poverty is a very strong predictor of loneliness, and that disadvantaged groups within our community including single parents, people with a disability and Aboriginal communities have lower social capital and connectedness and are at much greater risk of loneliness and poor health.

When social prescribing is done well it enables us to get closer to the root cause of the problem in a way that medicine alone cannot, improving impact and reducing demand on health services. To be effective it is critical that the approach is person-centred and focused on what really matters to the individual. The activity should be meaningful, sustainable and connecting, building on their interests and strengths to engage, enable and empower.

An effective social proscribing approach shifts the focus from illness to wellness, improving prevention and management of physical and mental illness. It increases individual enablement and self-management, leading to a more comprehensive and holistic model of service delivery. It reduces feelings of helplessness in both patients and providers to reduce social isolation and loneliness, creating stronger more connected communities.

So, what does this mean for policy makers and system managers? An effective service solution requires understanding and alignment on both sides of the equation. Concern has been raised by the national rollout of social prescribing in the UK because the focus has been predominantly on the health system side of the equation, with insufficient consideration given to the impacts on local voluntary organisations. Their capability and resources to manage an influx of volunteers (who may be expecting to be service recipients rather than providers) is critical and may require additional support for those with complex needs.

Incorporating social prescribing into our primary health system requires a level of understanding and a significant shift in practice for local GPs, both in how they assess need and how they prescribe activities. It is unrealistic to expect GPs to have sufficient understanding of community programs to be able to connect the right patients to the right activities, so a degree of specialised referral is required. In the UK they are investing in link worker roles that build on existing skills and experience, and developing appropriate training and qualifications. In Australia, Primary Health Networks and Aboriginal Community Controlled Health Services are well placed to make this happen.[11]

Meanwhile governments need to be working with local councils and peak bodies, community resource and neighbourhood centres to identify appropriate community services or groups, build their capability to manage and support volunteers, and put in place the systems and resources to scale up to effectively enable referrals. Specialist community development networks like Ending Loneliness and Befriend[12] can play a critical role. Existing initiatives like WA Connect[13] can be scaled up to develop community directories that provide the right information to support informed choices and referrals. Governments also need to work with researchers to update existing policies and programs and put in place evaluation frameworks that track meaningful outcomes and demonstrate the return on investment of preventive health interventions.

The place to start is for governments to pool funding to enable social prescribing pilots across a range of different communities, activities and cohorts – to test the model and build the evidence base. It doesn't need to be top down or expensive. Ultimately, we all want to find meaning and purpose in our lives – to be connected and feel like we are part of a community and making a difference. Getting the information out to citizens and putting in place systems and supports that make it easy for them to choose, engage and connect may be enough.

Recommendations:

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.

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11   Ending Loneliness together https://endingloneliness.com.au/

12   Befriend Inc. https://befriend.org.au/

13   WA Connect – Community Services Directory https://waconnect.org.au

SUMMARY
AND CONCLUSION

SUMMARY AND CONCLUSION

Our connectedness and social capital matters.

It is critical to our health and wellbeing through the life course.

It plays a crucial role in helping us to navigate major life transitions, respond to personal crises and bounce back afterward.

In this report we developed a new Social Connectedness Index for Australia and identified four key dimensions: social interactions, social support, interpersonal trust and socio-economic advantage. We then used this index to look at connectedness and social capital around our nation and through the life course.

We discovered people in regional and remote areas are less connected, but more likely to know and trust their neighbours. We saw that connectedness really matters when it comes to responding to shared threats and natural disasters, including bushfires, cyclones and pandemics.

We learned that social connectedness varies with age and develops through the life course, can play a critical role in navigating major life events and helping us deal with loneliness and isolation.

We found that women are generally more connected but can also be lonelier. We saw that friendships and social support networks really matter and are crucial protective factors in helping us be resilient if the face of change and adversity.

Some key life events have a major impact on our connectedness and wellbeing. Serious illness and injury have a significant impact on connectedness, while bereavement and separation can have lasting impacts on loneliness and wellbeing.

The world of work is critical to our identity and connectedness, meaning that retirement, and more importantly being fired, can impact on our sense of belonging and self-worth. The way welfare policy currently treats the unemployed has major impacts on wellbeing and future work prospects, and significant change is needed to increase resilience and improve productivity.

Some vulnerable groups stood out in the analysis. The challenges faced by young people in the transition from school to adult life emerged as a key point of vulnerability, and evidence of their increased vulnerability and loneliness over the last decade is clear cause for concern. The declining safety and wellbeing of young women within our community is also a source of major concern.

People with a disability were seen to have lower connectedness and to be at greater risk of loneliness, highlighting the need for services to focus more on relational rather than transactional models of support, alongside the need to close the gap on returns for educational attainment.

Indigenous Australians scored lowest of all on measures of their connection with mainstream society, driven by a lack of trust in public institutions emerging from historic betrayals. Education can be a pathway to success, but more needs to be done to address poverty and exclusion and build trust, perhaps through increasing the role of community-controlled services.

Poverty is a key driver of loneliness and social exclusion. Single parents stand out as one of the most marginalised and least connected groups within our community.

The wellbeing of children growing up in deprivation and social isolation is a major concern. Welfare policy needs to change to address the barriers they face and more is needed to support their social inclusion.

Migrant communities generally participate more in community support groups and civic activities, but their engagement in the life of the community was disproportionately affected by COVID-19 restrictions.

We have seen a significant decrease in unpaid voluntary work across the community in recent years, and a concerted effort will be needed to encourage people to re-engage as part of the recovery process – particularly in those states and regions most affected by containment measures.

Public institutions such as health care and police played critical roles in pandemic management, and trust in other citizens and in our institutions rose accordingly.

Pandemic restrictions and lockdowns impacted disproportionately on young people, and young women in particular were more likely to be lonely and to require more emotional support. Social media proved a poor substitute for face-to-face contact, and those who were more reliant on technological interaction were more likely to report being lonely.

Lonely people are more likely to be sick and the sick are more at risk of being lonely. Loneliness is linked to unhealthy behaviours, including smoking and drinking and less exercise.

Examination of the health costs of loneliness resulted in some very large numbers, despite our conservative estimates and careful modelling, suggesting a bottom-line cost of up to $2.7 billion per annum, equivalent to $1,565 for each person who becomes lonely.

Consideration of best practice international responses to the loneliness pandemic and the social determinants of poor health highlights the efficacy of social prescribing models.

An approach whereby GPs and medical experts collaborate with link workers to refer patients to appropriate local community groups and voluntary organisations is now being rolled out across the UK, with similar programs having been introduced in other jurisdictions around the world.

A number of initiatives are underway in Australia that seek to help lonely people connect with local groups and voluntary organisations to build social connection and find meaning in purposeful activity.

There is real scope to evaluate the benefits, cost effectiveness and feasibility of social prescribing in the Australian context to support maintained physical and mental health among older aged cohorts, and to improve the health and wellbeing of those people in our society for whom disconnectedness is causing poorer health outcomes or adverse health behaviours.

Social connectedness is fundamental to our resilience and our capacity to respond to natural and human-induced crises.

As we face some of our greatest challenges as a planet, it is critical we get smarter as a community at understanding ourselves and supporting each other.

Mother Teresa

"THE MOST TERRIBLE POVERTY IS **LONELINESS**, AND THE FEELING OF BEING UNLOVED."

GLOSSARY
AND TECHNICAL NOTES

GLOSSARY AND TECHNICAL NOTES

Australian Survey of Social Attitudes

The Australian Survey of Social Attitudes (AuSSA) is Australia's main source of data for the scientific study of the social attitudes, beliefs and opinions of Australians, how they change over time, and how they compare with other societies. AuSSA focuses on a special topic each year, repeating that topic from time to time.

Consumer Price Index (CPI)

The Consumer Price Index measures quarterly changes in the price of a 'basket' of goods and services which account for a high proportion of expenditure by metropolitan households.

Coronavirus Restriction Period (CRP)

The period from March to May 2020 when COVID-19 restrictions were at their peak. For the LSAC survey, respondents were asked to 'think back' to their experiences during the CRP.

Community support groups

Whether the person has been actively involved in a community support group in the last 12 months.

Examples of community support groups include:
- service clubs
- welfare organisations
- education and training
- parenting/children/youth
- health promotion and support
- emergency services
- international aid and development.

Civic and political groups

Whether the person has been actively involved in a civic or political group in the last 12 months.

Examples of civic or political groups include:

- trade union, professional/technical association
- political party
- civic group or organisation
- environmental or animal welfare group
- human and civil rights group
- body corporate or tenants' association
- consumer organisation
- other civic or political organisation.

Employment rate

The number of employed persons expressed as a percentage of the civilian population in the same group.

GSS Survey

The General Social Survey is an ABS survey in Australia that provides data on the social characteristics, wellbeing and social experiences of people in Australia. A special survey was conducted in mid-2020 during the COVID-19 pandemic.

HILDA survey

The Household, Income and Labour Dynamics in Australia is a household-based panel study which began in 2001. It tracks information on economic and subjective well-being of the respondents along with family and labour market dynamics.

Informal volunteering

The provision of unpaid work and/or support to non-household members, excluding that provided only to family members living outside the household.

Interpersonal trust

Includes a range of variables from the HILDA survey which ask whether the respondent agrees that people keep their word, make agreements honestly, can be trusted in general and in the neighbourhood, try to be helpful and are willing to help neighbours.

Kessler psychological distress scale (K10)

The status of a person's mental health is based on the Kessler psychological distress scale (K10). The K10 measure is an aggregate of scores to 10 questions about emotional states, each of which are recorded on a five-level response scale, giving rise to a K10 score of between 10 to 50. The mental health of respondents is categorised according to the following K10 scores:
- Likely to be well (K10 score from 10 to 19);
- Likely to be in mild psychological distress (20 to 24);
- Likely to be in moderate psychological distress (25 to 29), or;
- Likely to be in severe psychological distress (30 to 50).

Life satisfaction

Whether respondents are happy with how things are for them in their life. Respondents answered on a scale from 'strongly disagree' to 'strongly agree'.

Loneliness scale (LSAC)
How often respondents felt they lacked companionship, left out, isolated and lonely. Respondents answered on a scale from 'very rarely' to 'very often' for each category, where 'vary rarely' amounted to a score of 1 and 'very often' amounted to a score of 5. The LSAC survey aggregated the scores for all categories for each respondent.

LSAC Survey
The Longitudinal Study of Australian Children is a major study following the development of 10,000 young people and their families from all parts of Australia. The survey collects information on parenting, family relationships, education, child care, employment and health.

Non-Coronavirus Restriction Period (non-CRP)
The period from October to December 2020, when the LSAC survey was conducted and data was collected.

Principle component analysis
Principle component analysis (PCA) is a statistical procedure that can be used to reduce a large set of variables to a small set that still contains most of the information in the large set.

Positive social interaction
The extent to which a person had someone to engage with for a good time, someone for enjoyment and someone for relaxation. For each category, respondents answered 'yes' or 'no'.

Satisfaction Classifications
Life satisfaction is a subjective measure of wellbeing. Survey respondents within HILDA are asked to rate their satisfaction levels with their job overall and certain aspects of their job on a scale of 0 to 10. Zero being totally dissatisfied and 10 being totally dissatisfied.

Distributional analysis was conducted to then classify responses into four categories as follows:
- 0-3: Dissatisfied
- 4-6: Not so satisfied
- 7-8: Satisfied
- 9-10: Very satisfied.

Social Connectedness Index (BCEC)
An index constructed by BCEC which captures four dimensions of social connectedness: social interactions, social support, interpersonal trust and socio-economic trust. The dimensions were constructed using variables from the HILDA survey.

Social groups
Whether the person has been actively involved in a social group in the last 12 months.

Examples of social groups include:
- sport or physical recreation group
- arts or heritage group
- religious or spiritual group or organisation
- craft or practical hobby group
- adult education, other recreation or special interest group
- ethnic / multicultural club
- social clubs providing restaurants or bars
- other social groups.

Social interactions
Includes a range of variables from the HILDA survey which ask whether respondents had digital and face-to-face contact with friends and relatives, contact with neighbours, attended events and community activities, participated in volunteering and whether the person has a lot of friends.

Social support
Includes a range of variables from the HILDA survey which ask whether the respondent has someone to cheer them up, to confide in, to lean on in times of trouble, as well as whether the respondent can find someone if they need help and if talking with others makes them feel better.

Socio-economic advantage
Includes a wide range of demographic variables from the HILDA survey relating to employment status, hourly wages, Indigenous status, disability status, population density (SA2), number of businesses in area (SA2) and English-speaking proficiency.

Socioeconomic status
The relative socio-economic advantage and disadvantage in terms of people's access to material and social resources, and their ability to participate in society. Areas in Australia are ranked according to relative socio-economic advantage and disadvantage, constructed by factoring in the proportion of individuals with a tertiary education, people employed in a skilled occupation and the proportion of families with high incomes.

Statistical Area Level 2 (SA2)
The Statistical Area Level 2 (SA2) is an area defined in the Australian Statistical Geography Standard (ASGS), and consists of one or more whole Statistical Areas Level 1 (SA1s). Wherever possible SA2s are based on officially gazetted State suburbs and localities. In urban areas SA2s largely conform to whole suburbs and combinations of whole suburbs, while in rural areas they define functional zones of social and economic links. Geography is also taken into account in SA2 design. SA2s cover, in aggregate, the whole of Australia without gaps or overlaps.

Unemployment rate

The unemployment rate is the proportion of the labour force that is unemployed.

Unemployed persons

A person who is not employed for one hour or more, is actively seeking work, and is currently available for work.

Unpaid voluntary work through an organisation

The provision of unpaid help willingly given in the form of time, service or skills, to an organisation, club, or association. The GSS excludes unpaid voluntary work through an organisation if undertaken overseas.

Unpaid work/support to non-household members

The provision of unpaid work, support, or help to people or the community directly outside of the household and not through an organisation, club, or association. This includes:
- domestic work, home maintenance or gardening
- providing transport or running errands
- any unpaid child care
- any teaching, coaching or practical advice
- providing any emotional support
- personal care/assistance
- lobbying/advocacy
- community assistance
- environmental protection
- any other help.

Voluntary work

The provision of unpaid help willingly given in the form of time, service or skills. Voluntary work must benefit the volunteer's community beyond their own family and household. Voluntary work includes both unpaid voluntary work through an organisation and informal volunteering (not through an organisation).

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