



Voices of Solitude:

Loneliness and Social Isolation Among Older Adults in NSW

An in-depth exploration of the factors contributing to loneliness and social isolation among individuals aged 50 and over in New South Wales, along with insights on how to address these challenges.



October 2024

COTA NSW

PO Box Q349

Queen Victoria Building NSW 1230

Tel: (02) 9286 3860

Web: www.cotansw.com.au

Email: info@cotansw.com.au

Acknowledgement of Country

We acknowledge the traditional custodians of the land throughout New South Wales and Australia. We pay our respects to their Elders, past, present and future. We recognise the deep connection that Aboriginal and Torres Strait Islander peoples have to this land, and the vital role that Elders play as custodians of culture, knowledge, and tradition. Their wisdom and guidance are invaluable to their communities and to all Australians.

We honour their contributions and the enduring legacy they provide for future generations. As we work together towards a more inclusive society, we commit to learning from and respecting the rich cultural heritage of our First Nations people, by acknowledging the importance of their voices in shaping our shared future.

About COTA NSW

Council on the Ageing (COTA) NSW is the leading not-for-profit organisation representing the rights and interests of people over 50 in NSW. We're an independent, consumer-based, non-government organisation.

We are determined to ensure that older people's contributions to society are valued and that they have access to the opportunities other members of the community take for granted.

We work with politicians, policymakers, service providers, and the media to ensure that older people's views are heard and acted on.

CEO's Forward

This report exposes a crisis that we cannot afford to overlook: the pervasive loneliness and social isolation among older adults in NSW. With over half of adults aged 50 and over reporting feeling lonely, the urgency for immediate action is clear. It is unacceptable that so many older Australians, particularly people living with disabilities, carers and those from LGBTQ+ communities—are enduring isolation that profoundly diminishes their quality of life.

A significant proportion of older adults do not feel valued by society, and this sense of invisibility compounds their loneliness. COTA NSW is at the forefront of advocating for older people to ensure their voices are heard and their experiences recognised. We are committed to changing the narrative around ageing and to highlighting the contributions and value of older Australians.

We call on the government to invest in policies and programs that address the root causes of loneliness and social isolation, by transforming our approach to how we engage with our elders.



Our findings reveal that loneliness is not merely an individual experience but a wider societal problem, driven by life transitions such as bereavement, retirement, and diminished mobility. The impacts of the COVID-19 pandemic have only intensified feelings of disconnection. While the issue is confronting we believe these challenges present a crucial opportunity for systemic change.

COTA NSW is dedicated to fostering inclusive environments and enhancing social support networks that empower older adults to meaningfully connect in their communities. We advocate to help break down barriers by championing innovative programs and other initiatives, we aim to create vibrant communities where older adults are not just acknowledged but celebrated.

The time for change is now. Together, we must work collectively to combat loneliness and isolation among older Australians, affirming that every individual deserves to be seen, heard, and valued.

Executive Summary

This report presents the findings of a survey conducted by COTA NSW, aimed at examining the prevalence, causes, and impacts of loneliness and social isolation among adults aged 50 and over across New South Wales. With over 2,200 respondents, the survey provides valuable insights into the factors contributing to loneliness and how these feelings affect various aspects of daily life.

The findings reveal alarmingly high rates of loneliness and isolation among older adults, significantly impacting their quality of life and overall well-being. More than half of older adults in NSW report experiencing loneliness, with women particularly affected, especially those aged 60-64. Men aged 55-59 also report significant levels of loneliness. The survey indicates that individuals with disabilities, LGBTQ+ individuals, and carers experience even higher rates of loneliness, reflecting the diverse challenges faced by these groups.

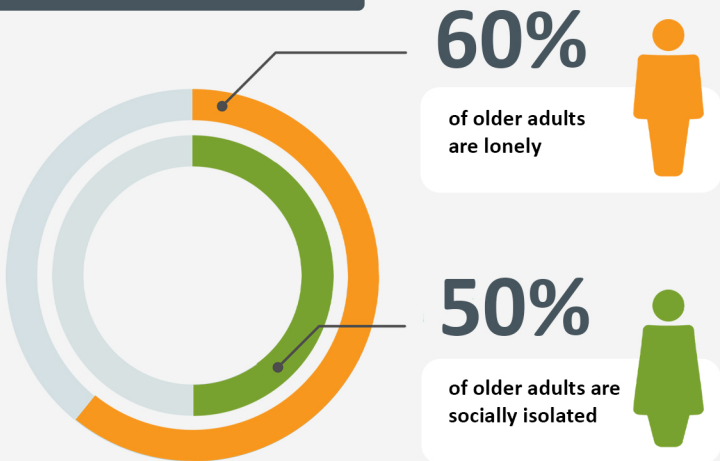
Loneliness rates appear consistent across regional and metropolitan areas, highlighting that this is a widespread issue. A concerning proportion of lonely older adults express feelings of being undervalued by society, further exacerbating their sense of isolation. In contrast, those who have given considerable thought to how to achieve a purposeful life in retirement report lower levels of loneliness.

The survey identifies key factors that contribute to the transition from transient to chronic loneliness. These include significant life changes such as the loss of a partner or friends, retirement, relocation, reduced mobility, the lingering effects of the COVID-19 pandemic, chronic illness, and caregiving responsibilities. The sense of lacking societal value is a critical component of decline in social engagement and connection.

The urgency of these findings calls for immediate action to address the isolation experienced by older adults. It is crucial to advocate for this demographic, ensuring they are seen, heard, and valued. By advocating for government investment in policies and programs that foster community engagement and support networks, we can combat loneliness and enhance the well-being of older adults in NSW.

Key Statistics

Loneliness / Social Isolation



Extreme Loneliness



Loneliness of older LGBTQ+ adults



Loneliness of older carers



Loneliness of First Nation adults



Loneliness of lowest income bracket



Loneliness of older adults living alone



18%

of older adults living with family experience severe loneliness

VS



48%

living alone or with non-family member

Trust

34%



of older adults do not have people they could completely trust

Value

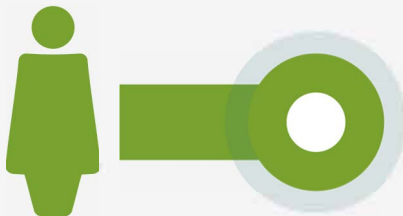
60%



of lonely older adults don't feel valued

Family And Friends

15%



of older adults feel their family and friends don't care about them

Everyday Tasks



1/4

Loneliness prevents one in four adults from completing everyday tasks such as shopping and cooking,

Medical Care



1/5

Loneliness prevents one in five from seeking medical care.

Survey Respondents

The survey was completed by 2,245 people across New South Wales. The sample accurately represents the population of older adults in New South Wales, with a confidence interval of $\pm 2.1\%$ at a 95% confidence level.

Women made up the majority of respondents at 64%, followed by men at 35%, with a small proportion identifying as non-binary (0.2%). Most respondents fell within the 60-69 age range, with 24.8% aged 60-64 and 25.8% aged 65-69. A smaller portion were aged 70-74 (22.8%) and 75-79 (14.2%), while those aged 80+ make up 8.9%. The younger groups, aged 50-54 and 55-59, accounted for 1.7% and 1.8% of the respondents, respectively.

41.6% of respondents identified as having a disability, and 23.0% were carers. Additionally, 7.6% identified as Aboriginal or Torres Strait Islander, while 9.1% identified as part of the LGBTQI+ community. 26.6% were born outside of Australia.

Most respondents fell into lower to mid-income brackets, with the largest group earning between \$301 and \$600 per week. The primary sources of income for respondents were superannuation (39.2%) and government pensions or allowances (33.4%), followed by salary (18.0%) and other sources (9.4%).

In terms of living arrangements, 46.7% of respondents lived alone, while 39.3% lived with a partner. A smaller portion lived with a partner and children (5.2%), family members (1.8%), or other arrangements such as housemates or friends (1.9%).

The largest portion of respondents, live in their own home. Followed by 11% who live in a private rental. Smaller proportions are represented by those in retirement villages and social housing. There was a relatively even distribution of regional (52%) versus metro (48%) respondents.

Extent and Severity of Loneliness

Key Points

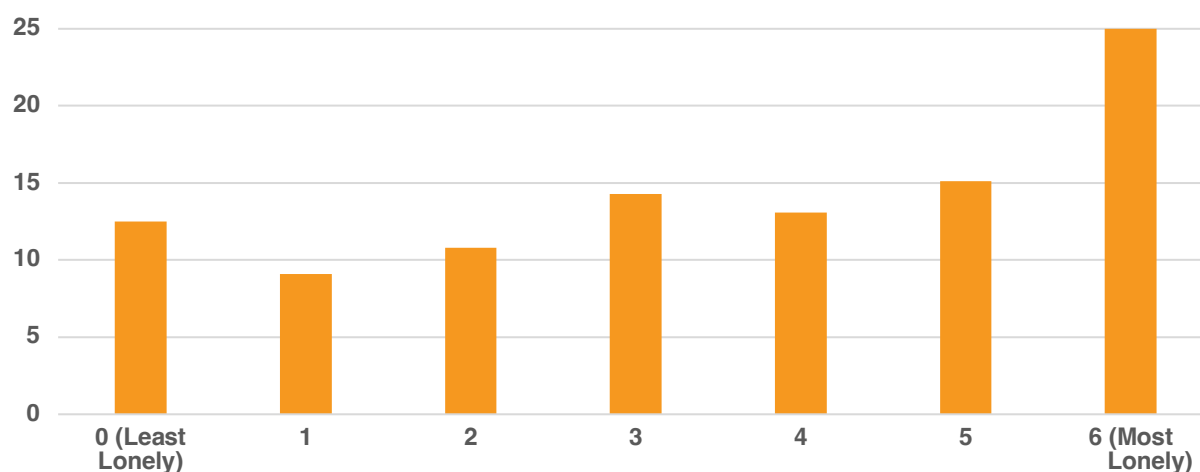
- **60% of older adults in NSW are lonely.**
- **50% of older adults in NSW are socially isolated.**
- **25% of older adults in NSW experience extreme loneliness, with over half in the upper range of loneliness.**

Loneliness and social isolation are significant issues for older adults in New South Wales. A staggering 60% of individuals aged 50 and over report feelings of loneliness, while 50% are socially isolated.

These findings indicate that loneliness is not confined to specific segments of the community; rather, it is a widespread phenomenon affecting the majority of older residents in NSW. The high rates of social isolation further exacerbate feelings of loneliness, underscoring the interconnected nature of these experiences. This overlap highlights a cyclical problem that can be challenging to break.

To better understand loneliness among adults over 50 in NSW, the DeJong Gierveld Loneliness Scale was employed in our survey. This scale ranges from 0 (least lonely) to 6 (most lonely).

Figure 1: Severity of loneliness using DeJong Gierveld Loneliness Scale



Notably, 25% of older adults in NSW experience loneliness at the most extreme level, while only 12% scored the lowest, indicating a significant number of older adults are grappling with severe loneliness.

This data clearly illustrates that loneliness among older adults is both prevalent and deeply impactful, affecting many individuals to an extent that necessitates urgent attention and intervention from communities and support services

Recommendation One

The NSW Government acknowledge the significant experience of loneliness and social isolation among older residents and take urgent, meaningful action to address this issue.

Population Specific Experiences of Loneliness

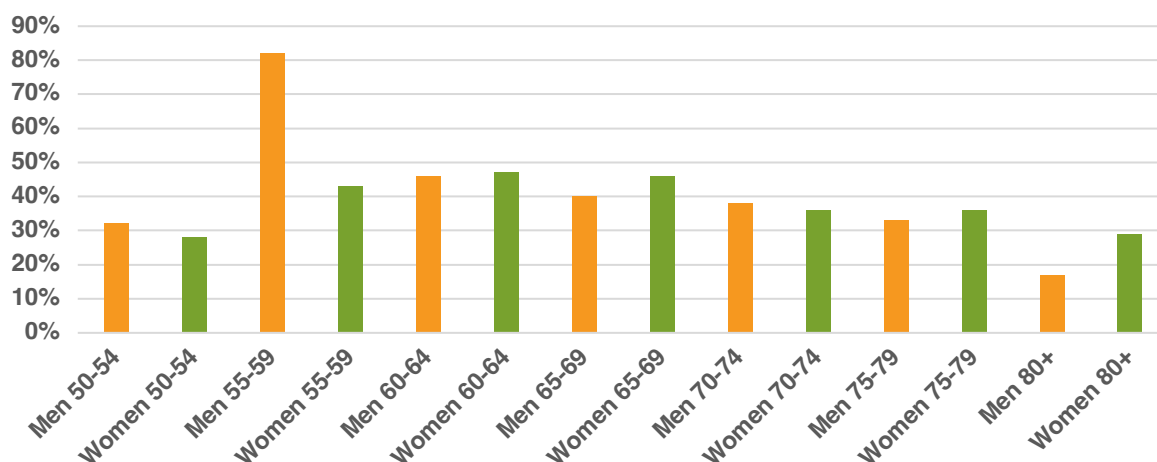
Key Points

- The experience of loneliness differs between men and women across age groups.
- LGBTQ+ older adults face higher levels of loneliness and social isolation than their heterosexual counterparts.
- Older adults with disabilities and those who are carers experience deeper and more severe loneliness.
- Regional older adults and those on lower incomes, particularly those relying on government pensions, are more vulnerable to severe loneliness.

Gender and Age

Men and women experience loneliness differently. Overall, 64% of women aged over 50 in NSW are lonely, compared to 52% of men. When examining scores on the loneliness scale, 41% of women scored at the highest levels (DeJong Gierveld score of 5-6), compared to 38% of men.

Figure 2: Percentage of population experiencing severe loneliness (DeJong Gierveld score of 5-6) by gender and age



Age differences reveal complex patterns of loneliness across genders. The survey findings indicate that only men aged 55-59 and 70-74 have higher levels of loneliness compared to women of the same age. In all other age groups, women consistently report higher loneliness.

The highest rates of loneliness are observed earlier for men, particularly in the 55-59 age bracket, whereas for women, the peak occurs slightly later in the 60-64 age group. This suggests that men may face greater vulnerability to loneliness earlier in later life due to transitions such as retirement. In contrast, women may experience increased loneliness later, influenced by caregiving responsibilities or changes in family dynamics.

Interestingly, men aged 80 and over show the lowest levels of loneliness, indicating that they may adapt better to the challenges of ageing. Conversely, the youngest group of women (50-54) reported the lowest levels of loneliness, suggesting that older women may encounter additional factors that heighten their susceptibility as they age.

Recommendation Two

The NSW Government should recognise the different experiences of loneliness among men and women. Initiatives such as COTA NSW's Older Men: New Ideas Program should receive increased funding to expand their reach, enabling them to provide essential social engagement opportunities tailored specifically to the needs of older men.

Metropolitan v Regional

Loneliness and social isolation are prevalent among older adults in both regional and metropolitan areas of NSW, with rates being fairly comparable. However, regional older adults report higher loneliness scores, indicating that geographic location influences the depth of loneliness experienced.

Overall, loneliness rates are similar, with 61% of older adults in regional areas and 58% in metropolitan areas reporting loneliness. Social isolation rates are also close, with 51% of regional and 49% of metropolitan older adults feeling isolated. This suggests that significant challenges in maintaining social connections exist across both environments.

However, closer examination of the loneliness scale reveals disparities: 43% of regional older adults scored at the highest levels (5-6), compared to 38% of their metropolitan counterparts. This indicates that while overall prevalence is similar, regional older adults are more likely to experience severe loneliness, potentially due to limited access to services and fewer social opportunities.

Recommendation Three

Expand loneliness services in regional NSW through mobile outreach programs tailored to local needs. This approach will enhance access to social activities, enabling older adults to connect with their communities and effectively combat isolation.

First Nations

Findings regarding loneliness among First Nations older adults in NSW present a complex picture. When asked directly about their feelings of loneliness, only 47% of First Nations individuals aged 50 and over reported loneliness, compared to 60% of non-First Nations individuals. Similarly, 44% of First Nations older adults reported feeling isolated, slightly lower than the 51% of non-First Nations individuals.

However, a deeper analysis using the DeJong Gierveld Loneliness Scale reveals that 53% of First Nations older adults experience the most severe levels of loneliness (scores of 5-6), compared to 40% of non-First Nations respondents. This suggests that while First Nations older adults may initially appear less lonely, a more nuanced examination indicates they experience deeper and more severe loneliness.

These findings highlight the importance of exploring the underlying aspects of loneliness among First Nations older adults, emphasising the need for targeted interventions with culturally sensitive strategies to address these issues.

Recommendation Four

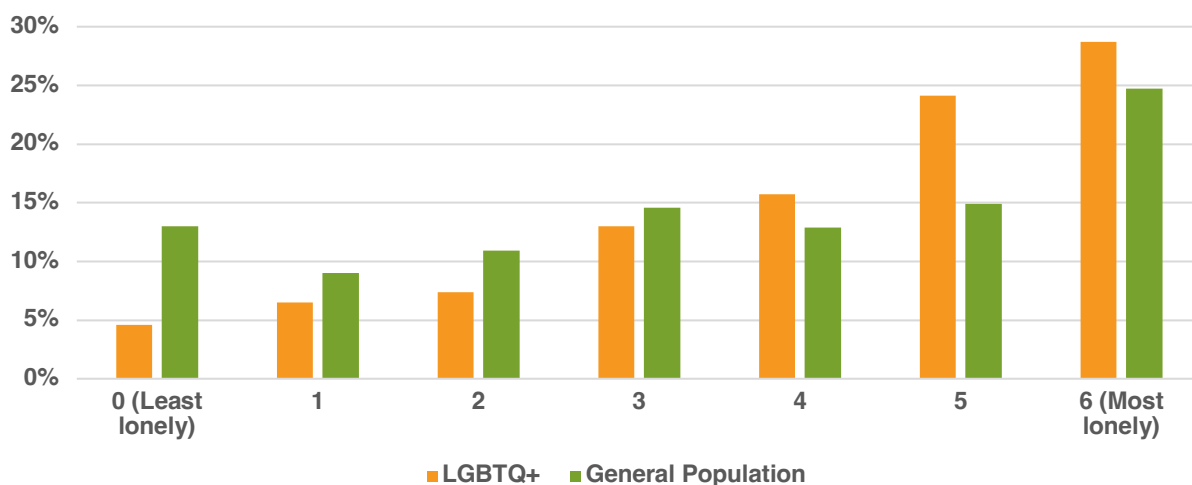
The NSW Government should consider creating culturally sensitive interventions to address loneliness among older First Nations people and focus on community-led programs that build connections and support networks. First Nations people must lead the design and implementation process to ensure their specific needs are met.

LGBTQ+

The survey findings show that older LGBTQ+ older in NSW experience higher levels of loneliness and social isolation compared to the general population. In fact, 71% of older LGBTQ+ adults reported loneliness, compared to 60% of the general older adult population. This suggests unique challenges or barriers contributing to heightened loneliness within the LGBTQ+ community.

A similar trend is observed regarding social isolation, with 63% of LGBTQ+ older adults feeling isolated, compared to 50% of the general older adult population. This indicates that LGBTQ+ older adults not only experience greater loneliness but also have fewer social connections, compounding their isolation.

Figure 3: Severity of loneliness using DeJong Gierveld Loneliness Scale amongst LGBTQ+ compared to general population



Analysis of the DeJong Gierveld Loneliness Scale further highlights these disparities: 53% of older LGBTQ+ adults scored at the highest levels of loneliness (5-6), compared to 40% of the general older adult population. This suggests that LGBTQ+ individuals not only feel lonely more frequently but also experience deeper and more severe forms of loneliness, likely reflecting the compounded effects of stigma and discrimination.

Recommendation Five

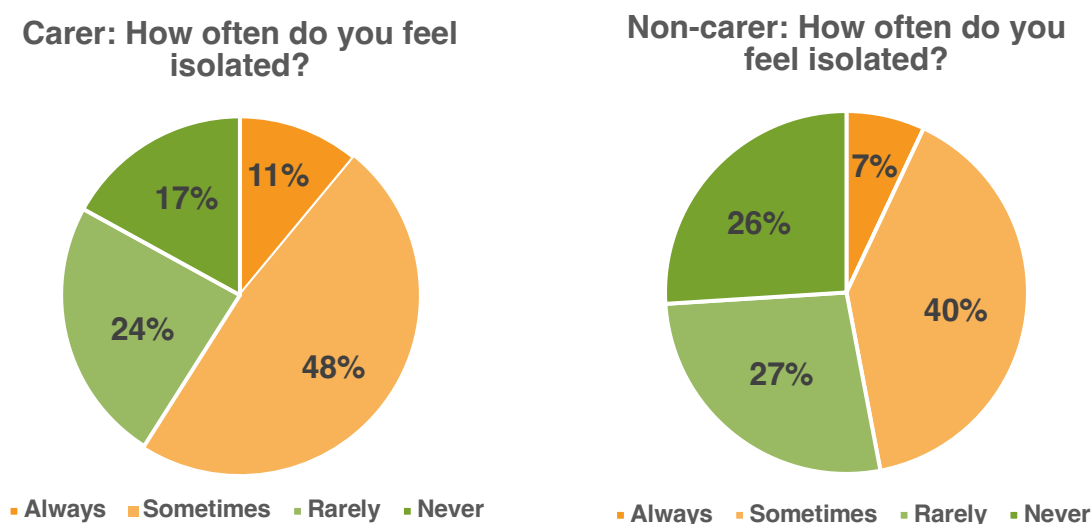
The NSW Government should fund in-depth studies to explore the unique challenges older LGBTQ+ people face regarding loneliness and social isolation. These studies should investigate the impact of stigma and discrimination, ensuring that findings inform targeted interventions to address their specific needs.

Carers

Loneliness rates among carers aged 50 and over in NSW are relatively similar to those of non-carers, with 62% of carers reporting loneliness compared to 59% of non-carers. However, examining the loneliness scale reveals that nearly half (48%) of older adult carers scored at the highest levels (5-6), compared to 38% of non-carers. This indicates that while the overall frequency of loneliness may be similar, carers are more likely to experience severe loneliness.

Isolation is also more pronounced among carers, with 59% reporting feelings of isolation, significantly higher than the 47% of non-carers. This suggests that although carers may maintain some social connections, caregiving responsibilities limit their opportunities for broader engagement, leading to heightened isolation.

Figures 4 & 5: Frequency of social isolation amongst carers compared to non-carers



Recommendation Six

The NSW Government should implement targeted support programs for older adult carers, recognising their unique experiences of severe loneliness and isolation. These programs should provide resources and opportunities for social engagement, enabling carers to connect with peers and access support networks that address their specific needs while balancing caregiving responsibilities.

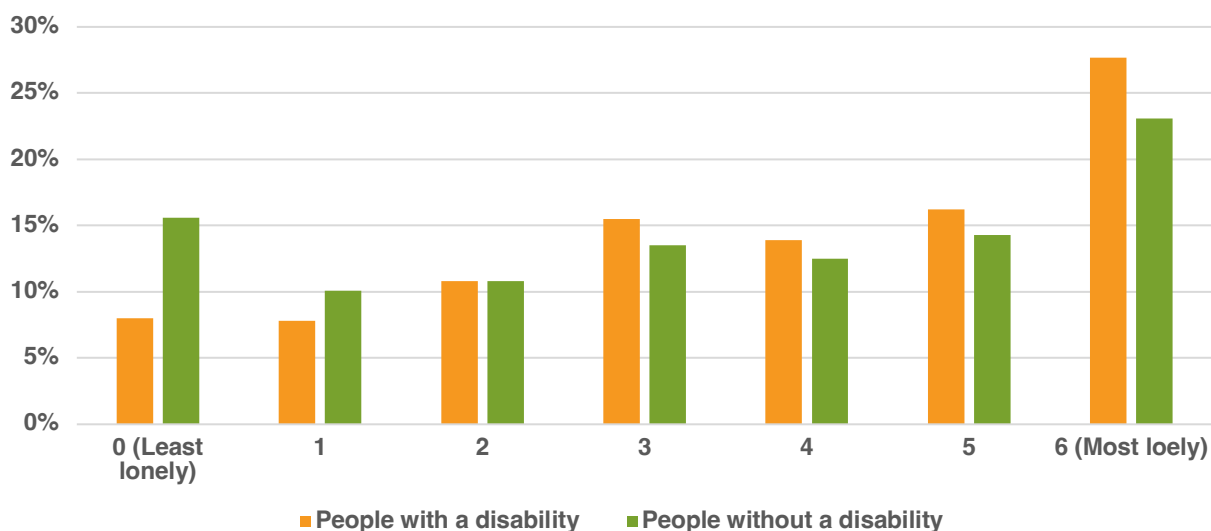
Disability

Older adults living with disability in NSW report slightly higher rates of loneliness compared to those without disabilities; however, they experience significantly greater levels of severe loneliness and isolation. When asked directly, 62% of older adults with disabilities reported loneliness, compared to 59% of those without disabilities.

A more pronounced difference emerges in terms of social isolation: 56% of older adults with disabilities are isolated, compared to 46% of those without. This indicates that while the frequency of loneliness is similar, those with disabilities are significantly more likely to experience social disconnection.

When examining scores on the loneliness scale, 48% of people living with disability scored at the highest levels (5-6), compared to 38% of those without disabilities. This suggests that while the overall frequency of loneliness may not differ drastically, individuals with disabilities are much more likely to experience severe loneliness, influenced by challenges such as accessibility barriers and stigma.

Figure 6: Severity of loneliness using DeJong Gierveld Loneliness Scale amongst those with a living with a disability compared to those without



Recommendation Seven

The NSW Government should prioritise tailored support services for older adults living with disability to address their higher rates of loneliness and isolation. These services should enhance accessibility to social activities and community programs, helping to foster meaningful connections and combat stigma.

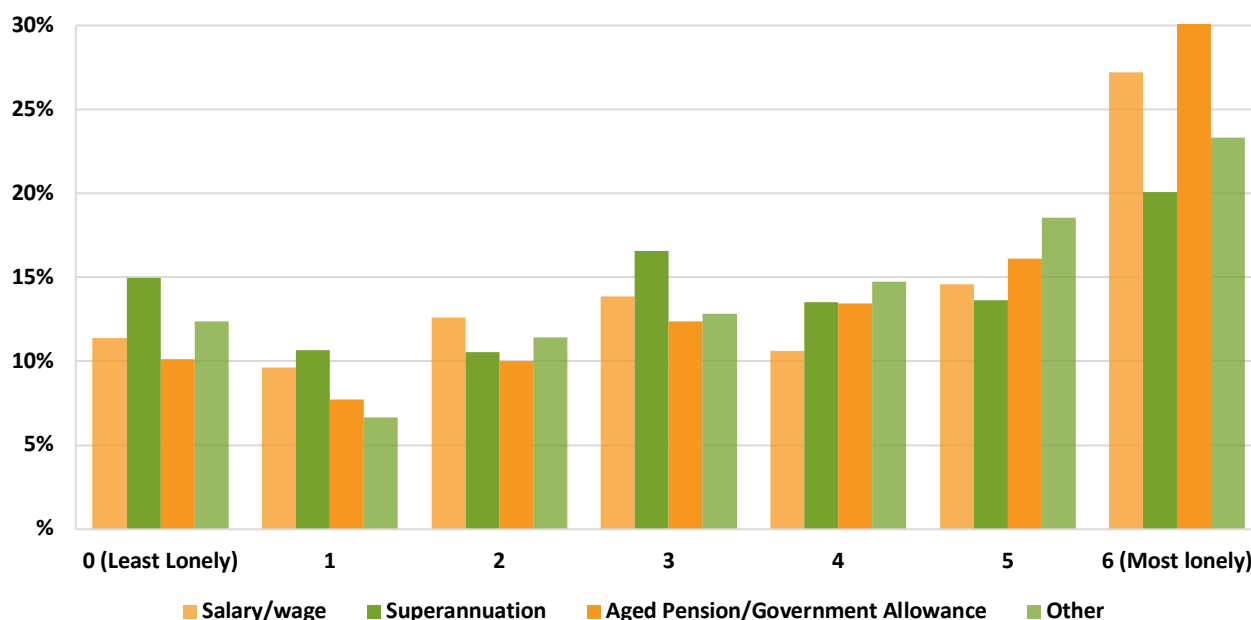
Income

The survey findings demonstrate a clear relationship between income levels and loneliness among older adults in NSW. Loneliness is more common among those with lower incomes, with rates decreasing as income increases. A significant 68% of individuals in the lowest income bracket (less than \$301 per week) report feeling lonely, compared to just 43% of those in the highest bracket (over \$1,800 per week). This underscores the impact of financial circumstances on social and emotional well-being.

This trend is reflected in loneliness scale scores, with 33% of individuals in the lowest income bracket scoring a 6 (the highest score), compared to only 17% of those in the highest income bracket. Higher income levels appear to offer protective factors against severe loneliness.

The source of income also plays a role; older adults relying on aged pensions or government allowances are more likely to experience severe loneliness, with 46% scoring at the highest levels (5-6). This group has the highest scores compared to those earning a salary (42%) or living off superannuation (34%).

Figure 7: Severity of loneliness using DeJong Gierveld Loneliness Scale by source of income



These findings suggest that both income level and type of income influence the severity of loneliness, particularly for those on government support. Addressing financial barriers and enhancing access to affordable social activities could help mitigate the heightened loneliness experienced by these individuals.

Housing

Housing and living arrangements significantly impact loneliness among older adults in NSW. Those living alone or with non-family members, such as housemates or friends, experience the highest levels of loneliness. Nearly half (48%) of older adults in these situations scored at the highest levels (5-6) on the loneliness scale, indicating that a lack of close family connections contributes to severe loneliness.

In contrast, older adults living with a spouse or partner report much lower levels of loneliness, with only 18% scoring at the highest levels. Similarly, those living with both a spouse and children experience relatively low levels of loneliness, with only 19% scoring at the highest levels. This highlights the protective role of family connections against loneliness.

Impacts of Loneliness and Social Isolation

Key Points

- **Loneliness prevents over 25% of older adults in NSW from completing everyday tasks such as shopping and cooking, and 20% from seeking medical advice.**
- **More than 40% of older adults report that loneliness limits their ability to engage in activities they enjoy or connect with loved ones.**
- **Research indicates that loneliness and social isolation among older adults carry significant mental health, physical, and cognitive impacts.**

Our Research

Loneliness has profound effects on the daily lives of older adults in New South Wales. For many in this demographic, loneliness is not merely an emotional experience; it directly impacts their ability to manage daily tasks and maintain their health. Over 25% of older adults in NSW report that loneliness hinders their ability to complete essential activities like shopping and cooking. This suggests that loneliness can diminish motivation and energy levels, making it harder for older adults to maintain their independence.

Furthermore, 20% of older adults indicated that loneliness prevents them from seeking medical advice or visiting healthcare providers. This avoidance of healthcare can exacerbate existing health conditions or delay the diagnosis of new ones, leading to poorer health outcomes and a reduced quality of life.

The impact of loneliness also extends to social engagement. More than 40% of older adults report that loneliness restricts their participation in activities they enjoy or connecting with friends and loved ones. This limitation highlights how loneliness creates barriers to forming and maintaining meaningful connections, perpetuating a cycle of isolation. Without regular social interaction, older adults may become increasingly disconnected from their communities, which can lead to further loneliness and a decline in mental well-being.

Other Research

In addition to our findings, extensive evidence demonstrates that loneliness has serious impacts on various aspects of life, particularly among older adults. These effects are psychological, physical, and cognitive, underscoring loneliness as a significant public health concern.

Loneliness is strongly associated with negative mental health outcomes, including an increased risk of depression, anxiety, and stress. Studies, such as those by Park et al. (2020), show that persistent loneliness can lead to the development and worsening of these conditions, especially in older adults who may already be vulnerable due to life changes such as retirement or bereavement. This emotional toll often creates a cycle where mental health challenges further isolate individuals, exacerbating their feelings of loneliness.

The link between loneliness and adverse physical health outcomes is also well-established. Research has found that loneliness contributes to poor physical health, including higher rates of cardiovascular disease, weakened immune response, and poorer sleep quality (Wang et al., 2018; Holt-Lunstad et al., 2015). Moreover, loneliness has been identified as a predictor of early mortality, illustrating that its effects extend beyond psychological distress to directly impact physical well-being, particularly in older adults whose health may already be compromised.

Additionally, loneliness has been shown to impair memory and cognitive functioning. Ayalon et al. (2016) demonstrated that loneliness is associated with declines in cognitive performance, with significant effects noted in older adults. For individuals aged 50 and over, this cognitive decline can limit their ability to remain socially active, creating a feedback loop where reduced cognitive function and loneliness reinforce each other, further impacting their quality of life and independence.

These findings collectively highlight the multi-dimensional impact of loneliness on the health and well-being of older adults. Our survey findings align with this body of research, demonstrating that loneliness in NSW negatively affects daily functioning, social engagement, and health-seeking behaviours among older adults

Behaviour of Lonely Older Adults

Key Points

- **40% of lonely older adults in NSW engage in planned social activities less than once a month.**
- **11% of lonely older adults leave their homes only once a month or less.**
- **20% of lonely older adults connect with friends and family via phone, text, or social media only once a month or less.**

Our exploration of the behaviours of lonely older adults in NSW reveals patterns that may contribute to their sense of isolation and disconnection. A significant portion of lonely older adults engage in planned social activities infrequently, with over 40% participating in such activities in person less than once a month. This infrequent engagement may stem from a lack of motivation, energy, or opportunities to connect with others, which are often consequences of prolonged loneliness. Limited social interaction can reinforce feelings of isolation and create barriers to establishing new relationships or maintaining existing ones.

Additionally, 11% of lonely older adults leave their homes only once a month or less. This indicates a severe level of isolation, where even basic outings are rare. Leaving home so infrequently means that connections are difficult to make, and cycles of loneliness continue.

Furthermore, 80% of these individuals engage in planned social activities online less than once a month. This suggests that digital platforms, which are increasingly used for social connection, may not be accessible or appealing for many older adults.

Another concerning finding is that over 20% of lonely older adults connect with friends and family via phone, text, or social media only once a month or less. This infrequent communication indicates that even basic means of staying in touch are not being used frequently enough to sustain meaningful relationships. The lack of regular connection with loved ones may further deepen their sense of loneliness and isolation.

Transient Loneliness to Chronic Loneliness

Key Points

- **Loss is a key factor in the development of chronic loneliness; it takes many forms and comes from community, structure, purpose, ability, and health.**
- **The stories of loss illustrate pivotal moments when loneliness becomes more chronic and pronounced.**

Loneliness in older adults can shift from a temporary state to a chronic condition as life circumstances change, exacerbated by certain challenges and transitions. Through our research, we invited participants to share their experiences of loneliness and how it has evolved over time. Their real stories illuminate the depth of this experience among older adults in NSW.

Central to all these factors is the theme of loss. However, loss extends beyond the death of a spouse or loved one. It encompasses loss of community, structure, purpose, ability, and health, bringing grief, loneliness, and isolation.

Retirement and Loss of Structure

For many older adults, retirement marks the beginning of unexpected loneliness. While it brings freedom from work, it also removes the structure and social interaction that daily routines provide. One participant shared, "Since I retired, I feel lonely. While I don't miss work, I miss the social interaction," a sentiment echoed by many. Without the daily presence of colleagues and structured activities, older adults often find themselves spending more time at home alone.

Another respondent noted, "Retirement has affected connectedness... I'm more home-based and spending more time alone." This loss of routine can lead to chronic loneliness, highlighting how retirement, while anticipated as a time of rest, can also foster isolation.

The Pain of Losing Loved Ones

The loss of close relationships through bereavement, divorce, or illness significantly deepens loneliness. Several respondents described how the death of friends or family members increased their sense of isolation. One participant remarked, "In the last 12 months, I have had two friends die and another two diagnosed with life-threatening illnesses. Losing two to four friends in a year is hard to cope with."

"In the last 12 months, I have had two friends die and another two diagnosed with life-threatening illnesses. Losing two to four friends in a year is hard to cope with."

Another reflected on the profound change brought by widowhood, saying, "Being widowed made a massive change." These experiences underscore how the natural progression of aging—losing friends, partners, and family members—can transform temporary loneliness into a more permanent, painful experience.

Loss of Mobility and Independence

Physical limitations due to health conditions often restrict older adults' ability to stay socially connected, worsening their loneliness. One participant reflected on how limited mobility dramatically impacted their social engagement: "I went through a period of restricted mobility before I had both hips replaced. This led to increased isolation that I haven't fully reversed." Even after physical recovery, the lingering effects of isolation can be hard to overcome.

As one respondent put it, "It [loneliness] is getting worse over time as friends and family members age and become less mobile or able to socialise." This shows that mobility issues within social networks can ripple outward, affecting relationships. For others, losing the ability to drive or move independently was especially isolating.

"Loss of mobility due to an impairment has introduced a sense of isolation—because I can no longer drive, I cannot necessarily go to where I want, including social activities."

One participant remarked, "Loss of mobility due to an impairment has introduced a sense of isolation—because I can no longer drive, I cannot necessarily go to where I want, including social activities." Another explained that "Lower mobility reduces my potential to be part of my religious community,"

Loss of Community and Disconnection

Relocation—whether their own or that of loved ones—was another major contributor to chronic loneliness. One older adult described how their sense of loneliness intensified after their children moved away: "As my son has gotten older and needed me less, my loneliness got worse and worse. Now he is living in America."

Another respondent shared the challenges of losing their community after moving to a new, rural area: "I moved to a rural town away from extended family and old friends. My partner still works, but I don't. My sense of loneliness has increased." Loss of established support systems and moving away from loved ones can create profound disconnection and isolation.

"Caring for a loved one has lost me my career, my life. I haven't had a holiday or break in more than 18 years. The more responsibility I have, the more isolated I become."

Caregiving responsibilities also compound loneliness. The demands of caring for a loved one often leave little time or energy for social interactions. One respondent described the all-consuming nature of caregiving: "Caring for a loved one has lost me my career, my life. I haven't had a holiday or break in more than 18 years. The more responsibility I have, the

more isolated I become." The emotional and physical toll of caregiving can create barriers to maintaining relationships and seeking support.

Loss of Health and Disabilities

Health issues, particularly chronic illness or disability, can further isolate older adults. One respondent captured the unique challenges of living with a hearing impairment: "I am moderately to severely deaf. I once read that being blind separates you from things, but being deaf separates you from people. This is true."

"I am moderately to severely deaf. I once read that being blind separates you from things, but being deaf separates you from people. This is true."

Another participant shared that their loneliness began when diagnosed with a serious neurological disease, stating, "My loneliness began when I was diagnosed, and it cut me off from friends and communities." For many, illness or disability limits their ability to maintain social connections, deepening their loneliness.

The COVID-19 Pandemic's Lasting Impact

The COVID-19 pandemic exacerbated feelings of loneliness for many older adults, as social distancing measures and lockdowns eroded previously established relationships. One participant reflected, "COVID lockdowns eroded relationships, and it has been difficult to re-establish them." The pandemic not only increased isolation in the short term but also created long-lasting social disconnection for many older adults, making it harder for them to re-engage with their communities.

Loss of Feeling Valued by Society

Some older adults expressed a deepening sense of invisibility and irrelevance as they aged. This loss of societal value contributed to their experience of loneliness. One respondent described, "It's become more of an issue over the last years as I have had feelings of being irrelevant and have nothing to offer."

“ It gets worse as I get older because I seem to be getting more invisible as time goes on. ”

Another shared, "It gets worse as I get older because I seem to be getting more invisible as time goes on." This sense of invisibility amplifies feelings of isolation, as older adults feel increasingly disconnected from the world around them.

Recommendation eight

The NSW Government provide funding for the establishment of a program for older adults experiencing loss, focusing on support groups, grief workshops, and social activities. This initiative will assist in ensuring that transient loneliness does not manifest to chronic loneliness.

Societal Value and Support of Older People

Key Points

- **Many older adults feel undervalued by society, contributing to their loneliness.**
- **Among those feeling lonely, 60% rarely or never feel valued by society.**
- **20% of older adults report lacking support when needed.**

A significant portion of older adults in NSW do not feel valued by society, and this lack of recognition appears to exacerbate feelings of loneliness, leading to further social withdrawal. Over 30% of older adults do not feel valued, resulting in a growing sense of invisibility that can lead to self-imposed isolation. This perception of being overlooked erodes confidence and motivation, making it harder for older adults to engage with others or seek new social connections.

Among those who identified as feeling lonely, the connection between loneliness and societal value is even stronger. A staggering 60% of lonely older adults report not feeling valued by society. This suggests that loneliness is not only a consequence of social isolation but also a reflection of a perceived lack of societal recognition and relevance. As older adults feel less visible and valued, their withdrawal from social life intensifies, creating a reinforcing cycle of isolation and loneliness.

The survey also highlighted that many older adults lack a strong support network. 20% of adults aged 50 and over do not have someone to rely on for support when needed. This absence of social support compounds feelings of loneliness and makes it difficult for older adults to navigate emotional and practical challenges. Additionally, 15% of older adults feel that their family or friends do not care about them, indicating a more intimate level of disconnection.

Lastly, only 32% of older adults always feel that those around them enjoy their company. This statistic reveals that even when older adults are socially engaged, many still question whether their presence is appreciated. This uncertainty can render social interactions hollow or forced, further exacerbating the feelings of isolation that many older adults experience.

A significant portion of older adults lack of meaningful social connections, with 27% feeling they are not close to enough people. This suggests that while some may have social interactions, these connections might lack the depth and intimacy required to alleviate feelings of loneliness.

Furthermore, 34% of older adults do not have many people they could completely trust. This finding underscores the importance of trust in relationships and how its absence can contribute to an overarching sense of isolation. In addition, 30% of older adults lacked people they could rely on when facing problems, indicating that a considerable number may feel unsupported during challenging times.

Emotional impacts were also evident, with 15% of older adults often feeling rejected and 24% missing having people around. These feelings of longing for social interaction and the perception of rejection are critical indicators of the emotional toll that loneliness can take in older adults. Additionally, 15% experienced a general sense of emptiness, pointing to a profound and pervasive impact on their well-being.

Recommendation nine

The NSW Government support a campaign to highlight the value of older adults, challenging stereotypes and celebrating their contributions. This initiative should aim to combat feelings of invisibility and foster appreciation, ensuring older individuals feel valued and connected within their communities. This could extend on the COTA NSW *Little Book of Good Things*, an initiative to inspire society on the value of older NSW residents.

Retirement and Ageing

Key Points

- **Older adults in NSW who have given minimal thought to their post-retirement life have the highest loneliness scores, while those who have considered it in depth report the lowest loneliness scores.**
- **Over 40% of older adults in NSW have not thought much about what they would do to achieve a fulfilling retirement.**

The transition into retirement can significantly affect an individual's social interaction, sense of purpose, and daily structure. Our survey indicates that many older adults have not fully considered how to cultivate a meaningful life post-retirement, which is closely linked to feelings of loneliness.

Specifically, 7% of older adults in NSW reported not considering how they would achieve a purposeful retirement, while 14% had given it little thought. Overall, more than 40% of older adults in NSW have not reflected much on how to structure a fulfilling post-retirement life. This lack of planning can leave retirees feeling disconnected, as the absence of a daily routine or sense of purpose often leads to diminished social engagement and heightened feelings of isolation.

The data also reveals a clear relationship between the level of retirement planning and loneliness. Older adults who have given minimal thought to their post-retirement life exhibit the highest loneliness scores, suggesting that a lack of preparation makes individuals more vulnerable to feelings of disconnection. Conversely, those who have actively considered how to spend their retirement years—whether through social activities, hobbies, or volunteering—report the lowest levels of loneliness. This underscores the importance of proactive planning not only for financial security but also for sustaining social and emotional well-being in retirement.

Recommendation ten

The NSW Government consider supporting a retirement preparedness program that looks beyond financial aspects of retirement to the social aspects. The program would aim to develop the skills necessary for people considering or in retirement to continue a purposeful approach to life.

Barriers and Opportunities for Social Engagement

Key Points

- Older adults face financial, social, and transport barriers that hinder their ability to participate in social activities.
- Addressing these barriers presents opportunities for engaging older adults in appealing and accessible social activities.

Our research highlights both the clear barriers and potential opportunities for social engagement among older people in NSW.

Over 60% of older adults do not engage in community activities because they find them "boring." This indicates a pressing need for more diverse and engaging activities specifically tailored to older adults' interests. Additionally, 30% of people aged over 50 expressed concerns about potentially saying the wrong thing, which discourages them from participating in social situations.

More than 40% of older adults in NSW feel that people treat them differently because of their age, further discouraging social participation and reinforcing feelings of isolation. Access to reliable and affordable transportation is critical; over 40% older adults indicated that improved transport options would enhance their ability to participate in community activities.

Our findings also show that over 60% of older adults would be more likely to engage with their community if a greater variety of activities were available. This suggests that offering diverse and interesting options could significantly help reduce loneliness.

Financial constraints are another barrier, limiting 55% of older adults in NSW from participating in activities, indicating a need for more affordable or subsidised programs aimed at older adults.

Notably, an overwhelming 95% of older adults believe that intergenerational programs could help reduce loneliness, highlighting the potential for fostering connections across age groups to combat isolation.

Recommendation eleven

When creating policies and programs aimed at reducing loneliness they must meet the needs of older adults with sufficient variety. In particular, older adults should be involved in the development of these programs to ensure they are fit for purpose.

Recommendation twelve

Intergenerational programs provide a clear avenue for creating connectedness for older adults. NSW Government should consider investing in intergenerational programs, especially those designed to create ongoing connections and mutual understanding between generations.

Recommendation thirteen

When developing policies and programs for older adults, the NSW Government should prioritise approaches with facilitated programs which provide the structure needed to ensure that everyone is able to participate and feel included.

References

Martino, J., Pegg, J., & Frates, E. P. (2015). The Connection Prescription: Using the Power of Social Interactions and the Deep Desire for Connectedness to Empower Health and Wellness. *American Journal of Lifestyle Medicine*, 11(6), 466–475. <https://doi.org/10.1177/1559827615608788>

National Academies of Sciences, E., Education, D. of B. and S. S. and, Division, H. and M., Board on Behavioral, C., Policy, B. on H. S., & Adults, C. on the H. and M. D. of S. I. and L. in O. (2020). Risk and Protective Factors for Social Isolation and Loneliness. In *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK557971/>

Park, C., Majeed, A., Gill, H., Tamura, J., Ho, R. C., Mansur, R. B., Nasri, F., Lee, Y., Rosenblat, J. D., Wong, E., & McIntyre, R. S. (2020). The Effect of Loneliness on Distinct Health Outcomes: A Comprehensive Review and Meta-Analysis. *Psychiatry Research*, 294, 113514. <https://doi.org/10.1016/j.psychres.2020.113514>

This publication is available on the COTA NSW website

COTA NSW

PO Box Q349, Queen Victoria Building NSW 1230



(02) 9286 3860



www.cotansw.com.au



info@cotansw.com.au