# Growing understanding to strengthen connection and wellbeing

## Findings from the loneliness in Yarra research project

Prepared by Dr Bronwyn Hinz for Yarra City Council, May 2026

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INSIGHT, INTEGRITY, LASTING IMPACT

# Acknowledgement of Country and Waterways

I acknowledge the Wurundjeri Woi-Wurrung people of the Kulin Nation, the Traditional Owners and Custodians of the places on which I live, work, learn and connect.

I pay my deep respects to Elders past and present, and to emerging leaders, and I honour enduring connections to Birrarung (Yarra River) and surrounding creeks, wetlands and Country.

I extend this respect to all Aboriginal and Torres Strait Islander peoples, and I remain committed to listening, learning and working in ways that uphold self-determination, truth-telling and care for Country and Waterways.


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**Cover image**: Illustration created by Bronwyn Hinz of the rooftop terrace Bargoonga Ngajin North Fitzroy Library using a publicly available image. It shows people of different ages, genders and backgrounds standing and sitting in small groups around garden boxes.

**Company logo**: Created by Bronwyn Hinz, 2025. It is a green circle with connected dots within it resembling trees, brain synapses and people gathering. It symbolises connection, growth, insights and sustainability.

**Image on this page:** Uambi forest reserve, Heathmont, photographed by Bronwyn Hinz in 2020. It shows a cluster of Black Wattle beginning to flower – small yellow buds on the left and yellow blossoms on the right. I am an active volunteer with the Bushcare group that is regenerating this land with indigenous species and traditional ecological knowledge with expert guidance and support from the Wurundjeri Council Narrap Team.

# List of acronyms and abbreviations

| | |
|---|---|
| AAA | Access All Abilities programs by Yarra Leisure |
| ABS | Australian Bureau of Statistics |
| ACCO | Aboriginal Community Controlled Organisation |
| AIHW | Australian Institute of Health and Welfare |
| BLO | Bicultural Liaison Officers |
| CALD | Culturally and Linguistically Diverse |
| CC | Yarra City Council's Culture Counts survey |
| CHSP | Commonwealth Home Support Programme |
| CSS | Council's annual Customer Service Survey |
| Council | Yarra City Council |
| ELT | Ending Loneliness Together – a national initiative and network |
| HILDA | Household Income and Labour Dynamics in Australia (a longitudinal data set) |
| LGA | Local Government Area |
| LGBTQIA+ | Lesbian, gay, bisexual, trans/transgender, queer, intersex and other sexuality, gender and body diverse people |
| MPHWP | The Municipal Public Health and Wellbeing Policy |
| NACCHO | National Aboriginal Community Controlled Health Organisation |
| ONS | Office for National Statistics (in the UK) |
| SIS | The Yarra Social Indicators Survey |
| UCLA | University of California Loneliness Scale – a validated instrument for measuring loneliness. Multiple versions exist. Most studies used for this research project used the 3-item version, which has 3 indirect questions, or the 4 item version which also includes 1 direct question per the recommendations of the ONS. |
| U3A | Universities of the Third Age |
| UK | United Kingdom |
| VPHS | Victorian Public Health Survey |
| WHO | World Health Organisation |
| Yarra | The City of Yarra LGA |

# Contents

# Executive summary

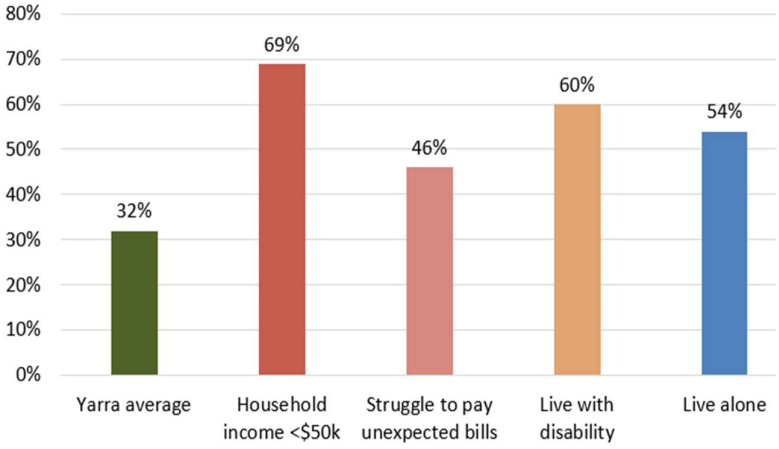
**This report presents the findings of a research and mapping project on loneliness in the City of Yarra (Yarra) for Yarra City Council (Council).** This project investigated the published research evidence on loneliness, lived experiences of loneliness in Yarra, primary prevention interventions in place, and opportunities for improvement. The purpose is to inform Council's actions under the Municipal Public Health and Wellbeing Plan 2025–29 and support progress toward Council's Community Vision, particularly Theme 1: a strong and vibrant community where everyone can belong. The findings are based on a mixed-methods approach including an extensive literature review, analysis of multiple population data sets, documentary analysis, and engagement via interviews, focus groups and surveys with Yarra staff providing or administering primary prevention programs, and with the Yarra community, for lived experience insights.

## Loneliness is a major public health, economic and social justice challenge.

It is recognised by the Governments of Victoria, Australian, and around the world as a significant health concern, with a mortality risk comparable to moderate smoking and higher than obesity. **The costs of inaction on loneliness are high for individuals and for communities**. Unaddressed loneliness drives physical and mental health decline, higher mortality, disengagement from services, and withdrawal from community life. In Australia alone, the economic costs are estimated at $2.7 billion per year.

## At least a third of the Yarra community experience loneliness.

People living with disability have almost twice the rate, and people in low-income households have even higher rates. Nationally, young people are the most affected by loneliness – significant for Yarra with its distinctively younger population. Rates are also elevated for people living alone, people born overseas, and for people identifying as LGBTQIA+, although their rate is lower than elsewhere in Victoria, indicating that Yarra has protective factors. **The biggest barriers identified by the Yarra community are cost and perceived fit**, followed by inadequate information and transport.




## Loneliness can be reduced through well-designed programs, infrastructure and initiatives.

The evidence shows that the **best way to reduce loneliness is a portfolio of interventions at different levels** which together address the multiple drivers and intersectionality. The evidence is also clear that **the programs, places, services**, and conditions **that protect against chronic loneliness, such as libraries, neighbourhood houses, and safe and accessible streets and public spaces, are precisely the assets local governments own, manage, fund, and shape**.

## The Council already has a very strong, evidence-aligned foundation in place

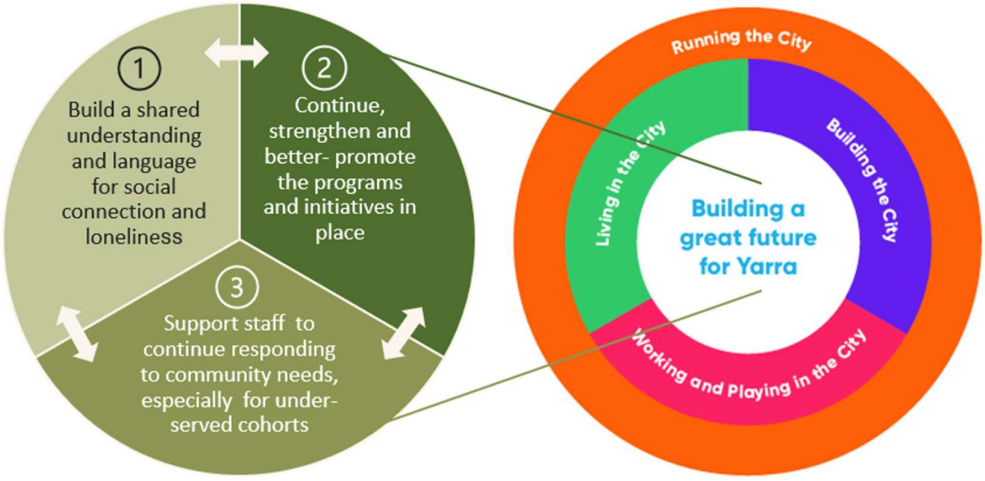
| Effectiveness criteria | Assessment |
|---|---|
| 1. Lived experience input | Strongly meets |
| 2. Language & framing | Strongly meets |
| 3. Reach | Meets |
| 4. Access & equity | Meets |
| 5. Appropriateness | Strongly meets |
| 6. Culturally inclusive & responsive | Meets |
| 7. Quality & evidence-based | Strongly meets |
| 8. Effectiveness & evaluation | Meets |
| 9. Sustainability | Meets |
| 10. Integration | Strongly meets |

It supports a broad, diverse portfolio of programs and initiatives, targeted and universal, directly or indirectly reducing loneliness within and across different cohorts, from older adults, to youth and families (particularly parents with infants or young children), to culturally and linguistically diverse (CALD) and LGBTQIA+ communities. Mapping and assessment against the population data and evidence-based effective criteria revealed all portfolios meet or strongly meet all criteria (see table to the left).

This is buttressed by a Council-wide strategies, cross-promotions and external partnerships, a rich social infrastructure of libraries, neighbourhood houses and community grants program, investments in infrastructure and spaces, and caring, knowledgeable staff. **However, some gaps remain and cohorts remain underserved or are falling (or at risk of falling) through the gaps, and improvement opportunities exist**.

## Council can strengthen belonging and social connection, and reduce loneliness in Yarra

**By pursuing three, mutually-reinforcing, evidence-based strategic priorities, Council can better meet the health and wellbeing needs of its community.** These priorities go to the heart of Yarra City Council's Plan 2025-2025, and are based on same foundational principles: adaptability, fairness and equity, evidence, and inclusive engagement.




**The three strategic priorities and opportunities for targeted strengthening of Council's foundations.**

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|---|
| **1. Build a shared understanding and language for social connection and loneliness** |
| 1.1 Continue investments in Council-wide narrative and understanding |
| 1.2 Continue using inclusive, strengths-based, activity-based language |
| 1.3 Embed this shared language across Council |
| **2. Continue, strengthen and better- promote the programs and initiatives in place** |
| 2.1 Continue offering targeted and universal programs, with a focus on those that are free, low cost and without access barriers. Strengthen their promotion across Council and underserved cohorts |
| 2.2 Continue investments in Council's information system (fixing information gaps, creating a simplified activity directory, and continuing major surveys |
| 2.3 Continue investments to the safety and accessibility of community spaces and infrastructure |
| 2.4 Strengthen the evidence based on what is working in Yarra through systematic data collection, program reviews and evaluations. |
| 2.5 Build upon existing strong lived experience input with formal codesign on selected initiatives. |
| 2.6 Renew the Yana Ngarna Plan and commence (or share information and progress) on a Reconciliation Action Plan and First Nations programming in partnership with Elders and ACCOs |
| **3. Support staff to continue responding to community needs, especially for under-served cohorts** |
| 3.1 Continue investments in targeted professional learning |
| 3.2 Continue to encourage and support staff to identify and provide referrals |
| 3.3 Support key staff and to monitor and provide expert advocacy to other governments |

# 1. The research and policy context

**The section explains what loneliness is, what causes it, who is most at risk, its impacts, what helps, and the roles of each level of government in Australia - essential background for any local government.**

**It shows that loneliness is one of the most pervasive yet poorly understood challenges facing contemporary communities. It is not a character flaw, a lifestyle choice, or an inevitable consequence of modern life. It is a biological warning signal that something fundamental about a person's social world is not right. Drivers and risk factors operate at multiple levels, and risk follows the contours of structural inequity. Loneliness is not a problem any level of government can solve alone, but local government is uniquely placed to make a significant, tangible and positive difference**.

## 1.1 Research context: loneliness and why it matters

### 1.1.1 Loneliness is not the same as being alone or being socially isolated

The most widely accepted definition describes **loneliness as the distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or quality of one's social relationships**.[1] Three features of this definition matter for policy. First, loneliness is subjective: it is determined not by how many people surround a person, but by whether that person perceives a gap between desired and actual connection.[2] Second, it is distressing — it carries emotional weight and significant suffering. Third, it concerns perceived deficiency, meaning two people in objectively similar circumstances may experience very different levels of loneliness depending on their expectations and needs.

Loneliness is also different to social isolation and solitude.

- **Loneliness is a subjective, emotional experience** — the felt discrepancy between desired and actual social connection. It is internal, and often hidden by those who experience it.
- **Social isolation is an objective condition** — having few social contacts, a small social network, or infrequent social interaction.[2] A person can be socially isolated without feeling lonely if their limited contact meets their needs, and a person can feel acutely lonely without being socially isolated if their many contacts lack depth.
- **Solitude is the state of being alone by choice.** It is not inherently distressing – it can be restorative and valued. Policy responses to loneliness must not pathologise a desire for time alone, nor assume that being alone is inherently problematic.[3]

Australian longitudinal data from the Household Income and Labour Dynamics in Australia (HILDA) survey illustrates how these constructs diverge. The prevalence of loneliness (34% overall, comprising 21% episodic and 13% chronic) far exceeded that of social isolation (17% overall, comprising 13% episodic and 4% chronic).[4] Twice as many Australians reported feeling lonely as reported being objectively isolated — underscoring that loneliness is fundamentally about the quality and meaning of connection. This also points to stigma, discussed later.

### 1.1.2 There are two main types of loneliness, requiring different responses

Robert Weiss's seminal 1973 framework distinguishes two distinct forms of loneliness, each with different causes and remedies. **Emotional loneliness** typically stems from the loss or absence of a close, intimate attachment figure such as a partner, parent or close friend, or insecure attachment.[5] It is characterised by anxiety, a sense of utter aloneness, hypervigilance, and apprehension, and it cannot be remedied by social activity or community participation

[1] Daniel Perlman and Letitia Peplau, "Toward a Social Psychology of Loneliness," in Personal Relationships in Disorder, vol. 3 (Academic Press, 1981; repr., Academic Press, 1981).

[2] Julianne Holt-Lunstad et al., "Social Relationships and Mortality Risk: A Meta-Analytic Review," *PLOS Medicine* 7, no. 7 (2010): e1000316, https://doi.org/10.1371/journal.pmed.1000316.

[3] Pamela Qualter et al., "Loneliness Across the Life Span," *Perspectives on Psychological Science* 10, no. 2 (2015): 250–64, https://doi.org/10.1177/1745691615568999.

[4] Michelle H. Lim et al., "The Prevalence of Chronic and Episodic Loneliness and Social Isolation from a Longitudinal Survey," *Nature: Scientific Reports* 13, no. 1 (2023): 12453, https://doi.org/10.1038/s41598-023-39289-x.

[5] John Bowlby, *Attachment and Loss: Attachment* (Random House, 1997); Robert Stuart Weiss, *Loneliness: The Experience of Emotional and Social Isolation*, 3. print (MIT Press, 1973).

alone. In contrast, **social loneliness** arises from the absence of engaging social networks such as peers, colleagues, neighbours, or friends who provide belonging and shared experiences or identity. It is characterised by boredom, aimlessness, feelings of marginality, and a sense of being excluded or disconnected from the activities and relationships that give life texture.[6] People experiencing life transitions that weaken or sever community ties – such as retiring or moving to a new area – are especially vulnerable.

Russell, Cutrona and colleagues empirically tested the typology and found support for the distinction, while also identifying a common core of distress shared by both forms.[7]

### 1.1.3 Loneliness has evolutionary and psychological drivers

**The evolutionary theory of loneliness, developed principally by John Cacioppo and colleagues, explains why loneliness hurts**. Humans evolved as a social species dependent on group connection and cooperation for survival; separation was genuinely dangerous. Loneliness evolved as an aversive biological signal — such as hunger or thirst — that motivates individuals to seek and maintain necessary social connections.[8] Research across species supports this view, with loneliness-like responses to social separation also observed across mammals and other social animals.[9]

Genetic research has confirmed a heritable component to loneliness.[10] However, genes do not determine loneliness directly. Rather, they shape sensitivity to social disconnection — a predisposition that is expressed differently depending on environmental circumstances. This is crucial for local government — while some people are more susceptible than others, the social environment (which Council helps shape) plays a decisive role in whether susceptibility becomes lived experience.

Unaddressed loneliness can move from transient (short term) to chronic. Hawkley and Cacioppo describe a self-reinforcing loneliness regulatory loop that explains how this happens[11] (illustrated in Figure 1 on page 8). Perceived isolation triggers implicit hypervigilance for social threat; the lonely person scans for signs of rejection, interprets ambiguous signals negatively and expects interactions to go badly. These cognitive distortions drive withdrawal and behaviour that inadvertently pushes others away — deepening loneliness further.[12] This loop has two policy implications: first, it explains why loneliness persists for some people even when opportunities for connection exist, and second it illuminates why effective interventions for chronic loneliness address maladaptive social cognition, not merely the quantity of social contact.[13]

**These biological insights on loneliness explain why loneliness is a transient experience for most people.** Qualter and colleagues describe the "reaffiliation motive" — the drive to reconnect triggered by perceived isolation. Loneliness becomes chronic when this protective alert system fails — when cognitive biases, environmental barriers or structural disadvantages prevent the required reconnection.[14] Australian data suggests that roughly 13% of the population experiences chronic loneliness (persisting across multiple years), while a further 21% experiences episodic loneliness that comes and goes with life circumstances.[15] Episodic loneliness may respond to practical supports addressing specific triggers; chronic loneliness often requires sustained, psychological approaches.

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[6] Weiss, *Loneliness*.

[7] Dan Russell et al., "Social and Emotional Loneliness: An Examination of Weiss's Typology of Loneliness," *Journal of Personality and Social Psychology* (US) 46, no. 6 (1984): 1313–21, https://doi.org/10.1037/0022-3514.46.6.1313.

[8] John T. Cacioppo and Louise C. Hawkley, "Perceived Social Isolation and Cognition," *Trends in Cognitive Sciences* 13, no. 10 (2009): 447–54, https://doi.org/10.1016/j.tics.2009.06.005; Louise C. Hawkley and John T. Cacioppo, "Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms," *Annals of Behavioral Medicine* 40, no. 2 (2010): 218–27, https://doi.org/10.1007/s12160-010-9210-8.

[9] John T. Cacioppo et al., "Loneliness Across Phylogeny and a Call for Comparative Studies and Animal Models," *Perspectives on Psychological Science* 10, no. 2 (2015): 202–12, https://doi.org/10.1177/1745691614564876.

[10] A. W. M. Spithoven et al., "Genetic Contributions to Loneliness and Their Relevance to the Evolutionary Theory of Loneliness," *Perspectives on Psychological Science* 14, no. 3 (2019): 376–96, https://doi.org/10.1177/1745691618812684.

[11] Hawkley and Cacioppo, "Loneliness Matters," 2010.

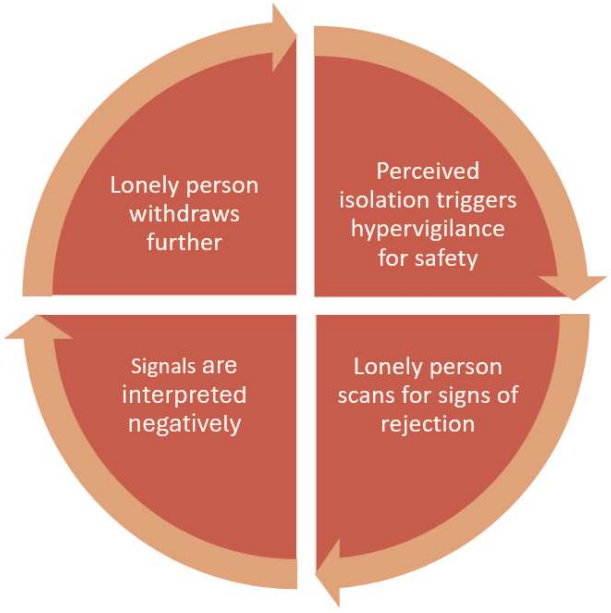
[12] Hawkley and Cacioppo, "Loneliness Matters," 2010.

[13] Christopher M. Masi et al., "A Meta-Analysis of Interventions to Reduce Loneliness," *Personality and Social Psychology Review* 15, no. 3 (2011): 219–66, https://doi.org/10.1177/1088868310377394.

[14] Qualter et al., "Loneliness Across the Life Span."

[15] Lim et al., "The Prevalence of Chronic and Episodic Loneliness and Social Isolation from a Longitudinal Survey."

*Figure 1: The loneliness regulatory loop*




### 1.1.4 Structural and societal drivers and inequities make it harder for many people to adequately respond to the 'seek social connection' alert.

While evolutionary and psychological factors explain why humans are vulnerable to loneliness, they do not fully explain why loneliness appears to be rising in contemporary Western societies, or why it concentrates among certain populations and in certain places.

**The decline of social capital documented over recent decades** — the weakening of civic associations, community organisations and informal social networks **— has removed much of the scaffolding that once supported social life.** [16] The casualisation of work, privatisation of leisure, displacement of face-to-face interaction by digital communication, and erosion of "social infrastructure" (the physical places where people gather outside home and work) have all contributed to an environment in which loneliness thrives. The bonds that once connected people to each other through places and institutions (such as to churches, unions, civic service organisations and social clubs) have weakened. [17] Robert Putnam's influential tome *Bowling Alone* documented this phenomenon in America in extensive detail.[18] Here in Australia, sociologist Adrian Franklin argues loneliness is a structural consequence of individualisation and the weakening of institutions, not merely personal misfortune.[19]

**Loneliness rates are higher in some Western democracies than others, particularly those with stronger neoliberal approaches compared to more communitarian ones**.[20] Barreto, Doyle and Qualter argue loneliness should be understood as a social justice issue: dominant narratives locate causes within the individual, when in fact the distribution of loneliness maps closely onto patterns of structural disadvantage.[21] (This will be shown to be true for Yarra and Australia in Section 2 of this research report.)

**The built environment can facilitate or inhibit social connection, with implications for loneliness**, as demonstrated by a systematic review by University of Sydney scholars. [20] Housing design that prioritises private space over communal interaction, public spaces and facilities without adequate safety, seating, shelter or accessibility, and the privatisation of public spaces all reduce spontaneous interactions which can reduce forming of deeper social connections.[21]

**As a relatively dense local government area well served by public transport, this is less acute in Yarra than in many areas.** However, footpaths with trip hazards, inadequate seating, inadequate shade or rain cover, and absence of lifts and accessible toilets can become insurmountable obstacles for residents living with — or caring for people with — health and mobility conditions, especially when combined with other risk factors. This is particularly noteworthy for Yarra. The concentration of public housing estate creates pockets where residents experience overlapping

[16] Robert D. Putnam, *Bowling Alone: The Collapse and Revival of American Community*, Bowling Alone: The Collapse and Revival of American Community (Touchstone Books/Simon & Schuster, 2000), 541, https://doi.org/10.1145/358916.361990; Zygmunt Bauman, *Liquid Modernity* (polity, 2013); Adrian Franklin, "A Lonely Society? Loneliness and Liquid Modernity in Australia," *Australian Journal of Social Issues* 47, no. 1 (2012): 11–28, https://doi.org/10.1002/j.1839-4655.2012.tb00232.x; Eric Klinenberg, *Palaces for the People: How Social Infrastructure Can Help Fight Inequality, Polarization, and the Decline of Civic Life* (Crown, 2018).

[17] Bauman, *Liquid Modernity*.

[18] Robert D. Putnam, *Bowling Alone: The Collapse and Revival of American Community*, Bowling Alone: The Collapse and Revival of American Community (Touchstone Books/Simon & Schuster, 2000), 541, https://doi.org/10.1145/358916.361990.

[19] Franklin, "A Lonely Society? Loneliness and Liquid Modernity in Australia."

[20] Marlee Bower et al., "The Impact of the Built Environment on Loneliness: A Systematic Review and Narrative Synthesis," *Health & Place* 79 (January 2023): 102962, https://doi.org/10.1016/j.healthplace.2022.102962.

[21] John T. Cacioppo and Louise C. Hawkley, "Perceived Social Isolation and Cognition," *Trends in Cognitive Sciences* 13, no. 10 (2009): 447–54, https://doi.org/10.1016/j.tics.2009.06.005; Bower et al., "The Impact of the Built Environment on Loneliness."

disadvantages — economic precarity, limited English literacy, health and mobility issues — that compound the risk of loneliness.

**Digital connection can supplement but not substitute for in-person contact.** Young people report higher rates of social media addiction, associated with elevated loneliness.[22] Yet digital connection can be a lifeline for housebound or geographically dispersed cohorts. Matthews and colleagues found that overall time online was associated with greater loneliness, but use of specific social media platforms was not — and that compulsive use and online victimisation were the strongest correlates. They concluded that how people use technology matters far more than whether they use it.[23]

**Economic precarity contributes to loneliness in multiple, reinforcing ways.** Financial stress prevents people from joining in social activities that cost money — even a coffee catch-up, group class, or tram ride may be unaffordable. Insecure or casualised employment disrupts workplace relationships that for many people are a primary source of social connection. Long or unpredictable hours leave insufficient time for participation. Housing stress forces relocations that sever community ties. The shame associated with poverty acts as a powerful barrier to engagement. A systematic review found income, employment status, housing tenure and financial strain among the most consistent structural risk factors for loneliness.[24]

### 1.1.5 Life transitions, disability, poor health and discrimination are other risk factors

Life transitions are significant triggers, each involving both the loss of familiar social roles and the absence of established structures for building new ones.[25]

- **Bereavement** is among the most profound risk factor: the death of a partner or close family member removes both a key relationship and often the social network that orbited it.[26] Older people face compounded losses as their age cohort dies, often combined with loss of drivers' licence, and loss of mobility and sensory functions.[27]
- **Relationship breakdown** brings post-separation reorientation, fractured friendship networks, and often financial and housing instability.[28]
- **Relocation** — whether forced (such as homelessness, public housing (re)allocation, a landlord ending a lease) or voluntary, severs established ties and requires rebuilding networks from scratch, which is particularly acute for older people and people living with disability or chronic health conditions.[29]
- **Becoming a parent** can trigger acute loneliness in the early years when care demands are intense and pre-parenthood social structures are no longer accessible or less accessible. New parents report significant isolation, especially those without family support networks. The transition is often gendered, with mothers reporting higher loneliness than fathers.[30]
- **Caring for a child or family member** with disability or serious health condition, an ageing parent, or a family member with mental health difficulties is another major risk factor. Australian data reveal that over half (56.2%) of carers are socially isolated,[31] and the indefinite, open-ended nature of many caring roles creates particular risk for chronic loneliness.[32]

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[22] Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023* (Ending Loneliness Together, 2023), https://www.lonelinessawarenessweek.com.au; R. Morgan et al., *Loneliness and Young People: Policy Report (2025 Update)* (Orygen and Ending Loneliness Together, 2025), https://www.orygen.org.au/getmedia/688d5e9e-a6aa-47dc-839f-c7b3d5332651/Young-people-and-loneliness-report-2025-update_1.aspx?ext=.pdf.

[23] Timothy Matthews et al., "Social Media Use, Online Experiences, and Loneliness among Young Adults: A Cohort Study," *Annals of the New York Academy of Sciences* 1548, no. 1 (2025): 194–205, https://doi.org/10.1111/nyas.15370.

[24] Martina Barjaková et al., "Risk Factors for Loneliness: A Literature Review," *Social Science & Medicine* 334 (October 2023): 116163, https://doi.org/10.1016/j.socscimed.2023.116163.

[25]

[26] Barjaková et al., "Risk Factors for Loneliness."

[27] Council on the Ageing Victoria and Seniors Rights Victoria, *Building Stronger Communities: Understanding Loneliness and Connection* (COTA Victoria and Seniors Rights Victoria, 2023).

[28] Barjaková et al., "Risk Factors for Loneliness."

[29] Barjaková et al., "Risk Factors for Loneliness."

[30] Barjaková et al., "Risk Factors for Loneliness."

[31] Abner Weng Cheong Poon et al., "Social Connectedness of Carers: An Australian National Survey of Carers," *Health & Social Care in the Community* 30, no. 6 (2022): e5612–23, https://doi.org/10.1111/hsc.13987.

[32] Poon et al., "Social Connectedness of Carers."

- **Disability and chronic illness** or health conditions disrupt social participation through reduced mobility, pain, fatigue, inaccessible venues and stigma. These can also make it harder to work or study, reducing income and contributing to financial strain. Longitudinal data from Household Income and Labour Dynamics in Australia (HILDA) shows persistently elevated loneliness among people with disability,[33] while data from the Australian Institute of Health and Welfare (AIHW) confirms many indicators of social connection, participation and life satisfaction are far lower among people living with disability across all age groups and genders.[34]
- **Mental ill-health** intersects bidirectionally: depression creates withdrawal and social avoidance, while chronic loneliness heightens depression risk. [35] Dementia and cognitive decline compromise the capacity of those living with it, and their loved ones or carers, to maintain or nurture relationships.[36]
- **Unemployment, under-employment or insecure employment.** Loss of workplace social structures, the psychological impact of unemployment, and resulting financial constraint all contribute to loneliness. Precarious work provides income but does not always provide workplace friendship networks, or the financial and time predictability that support joining in regular social activities.[37]

Discrimination creates structural risk through direct exclusion, internalised shame, reduced access to safe spaces, and the psychological toll of hostile environments. Culturally and linguistically diverse (CALD) communities, particularly recent migrants and refugees, can face elevated risk through language barriers, loss of pre-migration networks, and settlement challenges.[38] LGBTQIA+ people face elevated risk through minority stress, family rejection and exclusion from heteronormative social structures.[39]

Transport, geographic and digital access barriers further compound risk, particularly for older people, people in financial stress, people with disability and people from non-English-speaking backgrounds.[40]

Australian qualitative research found that older private renters experience substantially higher loneliness than social housing tenants, despite similar income — because rental insecurity creates anxiety, and housing and moving costs consume discretionary income and time for socialising.[41] Homelessness represents an acute loneliness risk through disruption of stable housing, loss of geographic anchoring, and reduced access to support networks, and other basic needs.[42]

### 1.1.6 Stigma compounds loneliness and can prevent help-seeking

**Research has shown that people who feel lonely are often described in negative terms and perceived poorly by others and by themselves**. Ending Loneliness Together's nationally representative survey of over 4,000 Australians found that 46% described people who are lonely as having negative traits, and 51% said it was up to the lonely person to fix it.[43] Similar negative attitudes have been found internationally.[44]

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[33] Glenda M. Bishop et al., "Disability-Related Inequalities in the Prevalence of Loneliness across the Lifespan: Trends from Australia, 2003 to 2020," *BMC Public Health* 24, no. 1 (2024): 621, https://doi.org/10.1186/s12889-024-17936-w.

[34] Australian Institute of Health and Welfare, *People with Disability in Australia 2024*, DIS 72 (Australian Institute of Health and Welfare, 2024), https://www.aihw.gov.au.

[35] Bishop et al., "Disability-Related Inequalities in the Prevalence of Loneliness across the Lifespan."

[36] Barjaková et al., "Risk Factors for Loneliness"; Poon et al., "Social Connectedness of Carers."

[37] Barjaková et al., "Risk Factors for Loneliness."

[38] Barjaková et al., "Risk Factors for Loneliness."

[39] Bishop et al., "Disability-Related Inequalities in the Prevalence of Loneliness across the Lifespan"; André Hajek et al., "Loneliness and Social Isolation among Transgender and Gender Diverse People," *Healthcare* 11, no. 10 (2023): 1517, https://doi.org/10.3390/healthcare11101517; Charles A. Emlet, "Social, Economic, and Health Disparities Among LGBT Older Adults," *Generations (San Francisco, Calif.)* 40, no. 2 (2016): 16–22; Eddy Elmer, "Marginalization and Loneliness among Sexual Minorities: How Are They Linked?," Blog, *Campaign to End Loneliness*, February 27, 2022, https://www.campaigntoendloneliness.org/marginalization-and-loneliness-among-sexual-minorities-how-are-they-linked/; Soon Kyu Choi and Ilan H. Meyer, "LGBT Aging: A Review of Research Findings, Needs, and Policy Implications," *The Williams Institute at the UCLA School of Law*, August 2016, https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Aging-Aug-2016.pdf.

[40] Barjaková et al., "Risk Factors for Loneliness."

[41] Alan Morris and Andrea Verdasco, "Loneliness and Housing Tenure: Older Private Renters and Social Housing Tenants in Australia," *Journal of Sociology* 57, no. 4 (2021): 763–79, https://doi.org/10.1177/1440783320960527; Barjaková et al., "Risk Factors for Loneliness."

[42] Barjaková et al., "Risk Factors for Loneliness."

[43] Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*.

[44] Manuela Barreto et al., "Exploring the Nature and Variation of the Stigma Associated with Loneliness," *Journal of Social and Personal Relationships* 39, no. 9 (2022): 2658–79, https://doi.org/10.1177/02654075221087190.

**Loneliness perceptions and misconceptions that perpetuate stigma and suffering[45]**

- 47% of Australians believe people would feel less lonely if they just knew more people
- 46% of Australians describe people who are lonely as having negative traits
- 42% of Australians believe loneliness only affects people 65 years or older
- 29% of Australians think their community believes being lonely is a sign of weakness
- 27% of Australians think making new friends should always be easy
- 25% of Australians think that people who are lonely are less worthy than others
- 12% of Australians believe there is "something wrong" with people who are lonely

The evidence on self-stigma — the shame, embarrassment and desire to conceal loneliness — is consistent and concerning. Australian data from 2023 found nearly one in three Australians (31%) report feeling ashamed when lonely, 46% are too embarrassed to admit it, 58% do not talk to others about feeling lonely, and 49% would conceal it.[46] This stigma prevents people from seeking help, which is why national campaigns (such as Australia's Ending Loneliness Together) and strategies (such as in the United Kingdom) deliberately target the reduction of stigma.[47]

Self-stigma is unevenly distributed. In Australia and overseas, young people report significantly more shame and score higher on all stigma indicators, including a greater inclination to conceal — likely reflecting the widespread but erroneous assumption that loneliness is primarily a problem of old age.[48] Men perceive loneliness as more stigmatising and controllable than women do, and are less likely to disclose it; this is potentially compounded by masculinity norms that valorise self-reliance and emotional stoicism.[49]

Cultural context also matters: people from collectivist cultural backgrounds perceive loneliness as more controllable and report more perceived community stigma — an important finding for Yarra given its high proportion of CALD communities.[50]

The language of loneliness itself creates barriers across cultures. In some languages and cultural contexts, the concept does not carry equivalent meaning, and using the term in surveys leads to underreporting. The UK's Office for National Statistics (ONS) recommends combining indirect items — assessing feelings of companionship and isolation without using the word 'lonely' — along with a single direct question, capturing a broader range of experiences while mitigating stigma-related bias.[51]

### 1.1.7 The heavy health impacts of loneliness

**Major peak bodies, including the World Health Organisation and the Australian Institute of Health and Welfare, now recognise loneliness as a significant public health concern**,[52] with health consequences comparable to well-established risk factors such as smoking, obesity, and physical inactivity.

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[45] Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*.

[46] Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*.

[47] Department for Digital Culture, Media and Sport, *A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change* (HM Government, 2018), https://www.gov.uk/government/collections/governments-work-on-tackling-loneliness.

[48] Barreto et al., "Exploring the Nature and Variation of the Stigma Associated with Loneliness"; Manuela Barreto et al., "Loneliness around the World: Age, Gender, and Cultural Differences in Loneliness," *Personality and Individual Differences*, Celebrating 40th anniversary of the journal in 2020, vol. 169 (February 2021): 110066, https://doi.org/10.1016/j.paid.2020.110066; Morgan et al., *Loneliness and Young People: Policy Report (2025 Update)*.

[49] Therese Nordin et al., "A Scoping Review of Masculinity Norms and Their Interplay With Loneliness and Social Connectedness Among Men in Western Societies," *American Journal of Men's Health* 18, no. 6 (2024): 15579883241304585, https://doi.org/10.1177/15579883241304585; Shelley Borys and Daniel Perlman, "Gender Differences in Loneliness," *Personality and Social Psychology Bulletin* 11, no. 1 (1985): 63–74, https://doi.org/10.1177/0146167285111006.

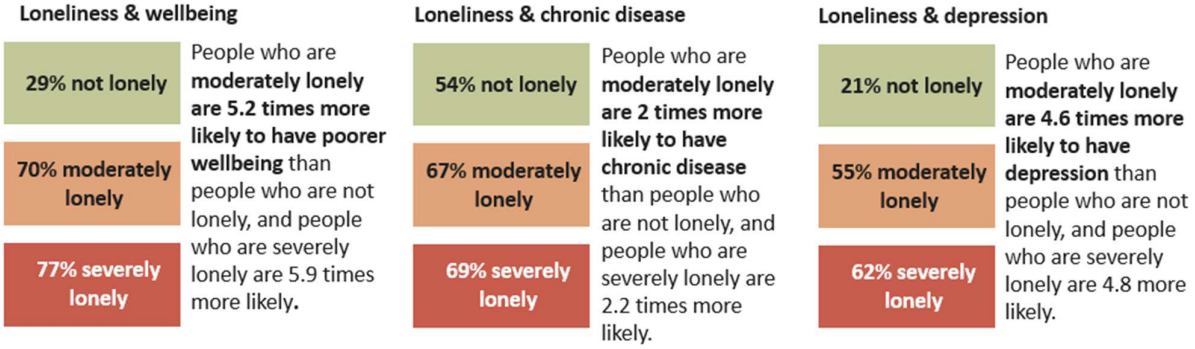
[50] Barreto et al., "Exploring the Nature and Variation of the Stigma Associated with Loneliness"; Barreto et al., "Loneliness around the World."

[51] Office for National Statistics (UK), *Measuring Loneliness: Guidance for Use of the National Indicators on Surveys* (Office for National Statistics (UK), 2018), https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/measuringlonelinessguidanceforuseofthenationalindicatorsonsurveys.

[52] Australian Institute of Health and Welfare, *Australia's Welfare 2025: In Brief* (AIHW, Australian Government., 2025), https://doi.org/10.25816/PPFR-BS87; WHO Commission on Social Connection, *From Loneliness to Social Connection: Charting a Path to*

The most widely cited evidence comes from two landmark meta-analyses by Holt-Lunstad and colleagues. The first, drawing on 148 studies and over 308,000 participants, established that stronger social relationships were associated with a 50% increased likelihood of survival, with mortality risk from social isolation and loneliness comparable to smoking 15 cigarettes a day and exceeding the risk associated with obesity and physical inactivity.[53] The second, drawing 70 studies and over 3.4 million individuals, found social isolation, loneliness and living alone were each associated with significantly increased risk of premature death — by 29%, 26% and 32% respectively. These effects held after controlling for age, sex, initial health status and other confounders, and were consistent across age groups.[54]

*Figure 2: The negative impact of loneliness on health*[55]




Loneliness is also linked to cardiovascular disease, depression, anxiety, cognitive decline, compromised immune function and premature death.[56] People experiencing loneliness are more likely to have chronic disease, depression, social anxiety, reduced wellbeing, reduced physical activity, and significantly lower quality of life — and these effects are significantly stronger for people with chronic compared to moderate loneliness.[57]

These effects carry substantial implications for the health system at local, state and national levels. Indeed, this evidence has prompted recognition of loneliness as a major public health priority by the United Kingdom (UK), Japan, the United States of America (USA) Surgeon General, and many other countries.

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*Healthier Societies. Plain Language Summary of the Report of the WHO Commission on Social Connection.* (World Health Organisation, 2026), https://endingloneliness.com.au/wp-content/uploads/2026/02/whocsc-plainlanguage-en_comp.pdf.

[53] Julianne Holt-Lunstad et al., "Social Relationships and Mortality Risk: A Meta-Analytic Review," *PLOS Medicine* 7, no. 7 (2010): e1000316, https://doi.org/10.1371/journal.pmed.1000316.

[54] Julianne Holt-Lunstad et al., "Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review," *Perspectives on Psychological Science* 10, no. 2 (2015): 227–37, https://doi.org/10.1177/1745691614568352.

[55] Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*.

[56] Louise C. Hawkley and John T. Cacioppo, "Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms," *Annals of Behavioral Medicine* 40, no. 2 (2010): 218–27, https://doi.org/10.1007/s12160-010-9210-8; WHO Commission on Social Connection, *From Loneliness to Social Connection: Charting a Path to Healthier Societies. Plain Language Summary of the Report of the WHO Commission on Social Connection.*; Shradha Vasan et al., "Impact of Loneliness on Health-Related Factors in Australia during the COVID-19 Pandemic: A Retrospective Study," *Health & Social Care in the Community* 30, no. 6 (2022): e5293–304, https://doi.org/10.1111/hsc.13948; Office of the Surgeon General, *Our Epidemic of Loneliness and Isolation: U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community*, 2023, https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf; Nicole K. Valtorta et al., "Loneliness and Social Isolation as Risk Factors for Coronary Heart Disease and Stroke: Systematic Review and Meta-Analysis of Longitudinal Observational Studies," *Heart* (British Cardiac Society) 102, no. 13 (2016): 1009–16, https://doi.org/10.1136/heartjnl-2015-308790; Crystal W. Cené et al., "Effects of Objective and Perceived Social Isolation on Cardiovascular and Brain Health: A Scientific Statement From the American Heart Association," *Journal of the American Heart Association* 11, no. 16 (2022): e026493, https://doi.org/10.1161/JAHA.122.026493; Martina Luchetti et al., "A Meta-Analysis of Loneliness and Risk of Dementia Using Longitudinal Data from >600,000 Individuals," *Nature Mental Health* 2, no. 11 (2024): 1350–61, https://doi.org/10.1038/s44220-024-00328-9.

[57] Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*.

### 1.1.8 The extensive economic costs of loneliness: the case for investing in interventions

**Loneliness imposes substantial economic costs on individuals, employers and governments** — costs extending well beyond healthcare to lost productivity, reduced workforce participation and increased demand for social services. The most comprehensive recent assessment, an updated systematic review by Engel and colleagues (2025) covering 15 studies across six countries (Australia - 4, the UK - 6, Netherlands - 2, the USA - 1, Spain- 1 and Japan - 1) found excess costs attributable to loneliness and social isolation ranged from US$2 billion to US$25.2 billion per annum, driven primarily by increased healthcare utilisation and lost work productivity. Annual per-person cost estimates ranged from US$1,196 to US$17,581.[58]

In Australia, a 2021 study estimated the total economic cost of loneliness at approximately A$2.7 billion per year, with adults aged 55 and over accounting for more than one-third of this burden — driven by increased general practice and hospital visits, higher rates of sick leave, and lifestyle-related behaviours including physical inactivity, regular smoking and excessive alcohol use. The authors note this likely underestimates the true cost, as it does not fully capture impacts on workforce productivity and educational outcomes.[59]

Internationally, the United States Surgeon General reported that loneliness and isolation among older adults alone accounts for an estimated US$6.7 billion each year.[60] In the UK, the New Economics Foundation estimated loneliness costs UK employers £2.5 billion per year through employee turnover, reduced productivity, caring responsibilities for those with loneliness-related health conditions and absenteeism.[61]

**The evidence on whether investing in loneliness prevention generates positive returns is strong.** Engel and colleagues' 2025 review identified five social return on investment studies, all of which demonstrated positive returns ranging from US$2.28 to US$13.72 (A$3.54 to $21.90) for every dollar invested in evidence-based loneliness-reduction programs, such as community-based social activities and social prescribing.[62]

In England, McDaid and Park (2021) modelled a community-based service connecting lonely older people to social activities. While not cost-saving in strict fiscal terms, it generated 0.45 additional loneliness-free years per participant at an incremental cost of just £768 (A$1,407) per loneliness-free year gained — leading the authors to conclude such interventions can be cost-effective even when they do not produce direct cost savings.[63]

In the Australian context, Ending Loneliness Together cited modelling by the National Mental Health Commission indicating that for every dollar invested in programs addressing loneliness, the return ranges between A$2.14 and A$2.87.[64]

This presents two implications for Council. First, the economic costs of loneliness are substantial and borne across multiple domains — healthcare, social services, employer productivity and individual earnings — meaning inaction carries its own significant price. Second, targeted prevention programs and social infrastructure investments can generate positive returns, particularly when directed toward populations at higher risk of loneliness and designed to facilitate sustained social connection.

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[58] Lidia Engel et al., "An Updated Systematic Literature Review of the Economic Costs of Loneliness and Social Isolation and the Cost Effectiveness of Interventions," *PharmacoEconomics* 43, no. 9 (2025): 1047–63, https://doi.org/10.1007/s40273-025-01516-w.

[59] Claryn S. J. Kung et al., "Economic Aspects of Loneliness in Australia," *Australian Economic Review* 54, no. 1 (2021): 147–63.

[60] Office of the Surgeon General, *Our Epidemic of Loneliness and Isolation: U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community*.

[61] Juliet Michaelson et al., "The Cost of Loneliness to UK Employers," New Economics Foundation, New Economics Foundation, 2017, https://neweconomics.org/2017/02/cost-loneliness-uk-employers.

[62] Engel et al., "An Updated Systematic Literature Review of the Economic Costs of Loneliness and Social Isolation and the Cost Effectiveness of Interventions." Currency conversion based on the average 2025 exchange rate of US$1 to A$1.55.

[63] David McDaid and A.-La Park, "Modelling the Economic Impact of Reducing Loneliness in Community Dwelling Older People in England," *International Journal of Environmental Research and Public Health* 18, no. 4 (2021): 1426, https://doi.org/10.3390/ijerph18041426. Currency conversion based on the average 2025 exchange rate of £1 to A$1.83.

[64] Ending Loneliness Together et al., *Social Recovery beyond COVID-19: A National Strategy to Alleviate Loneliness and Social Isolation. Pre-Budget Submission 2022-2023* (n.d.), https://treasury.gov.au/sites/default/files/2022-03/258735_ending_loneliness_together.pdf. The figures come from modelled 5-year cost-effectiveness analyses commissioned by the National Mental Health Commission (Engel et al., "An Updated Systematic Literature Review of the Economic Costs of Loneliness and Social Isolation and the Cost Effectiveness of Interventions.") of two interventions targeting older Australians: a group-based Friendship Enrichment Program for women aged 55+ (ROI A$2.87) and a volunteer-led internet and computer training program for Community Visitors Scheme recipients (ROI A$2.14), with returns driven primarily by reduced healthcare costs and productivity gains from prevented depression

## 1.2 What works to reduce loneliness?

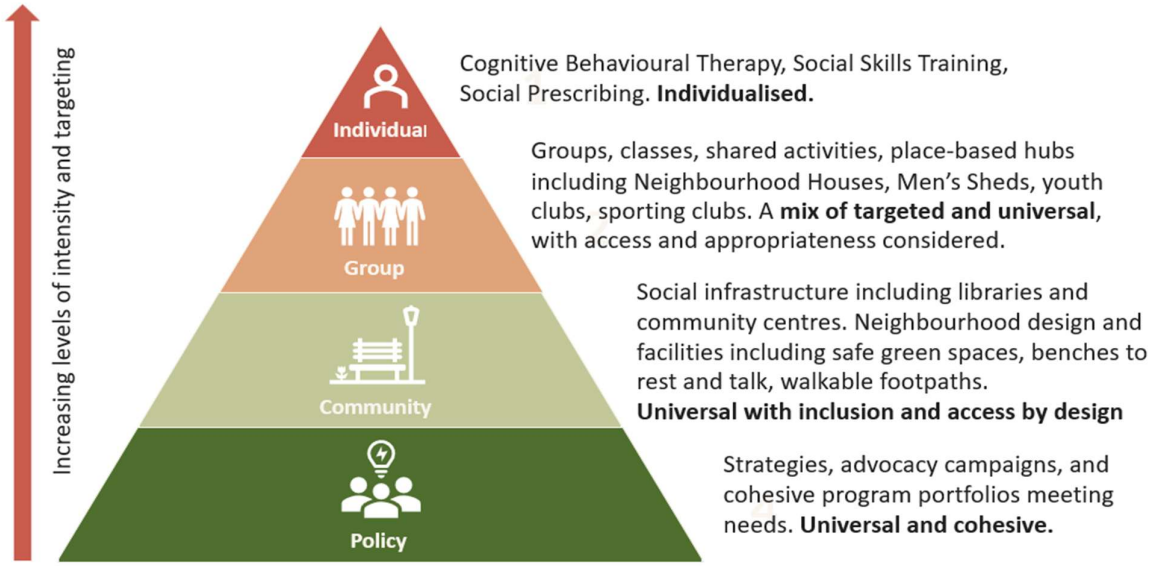
When it comes to reducing loneliness and the costs of loneliness, the evidence is clear: there is no silver bullet – no single type of intervention is sufficient. What is needed is a portfolio of interventions operating at different levels of intensity and delivery, responding to the different and often overlapping causes and drivers, and with multiple, flexible pathways to enter and move between interventions. This portfolio of programs and interventions should operate within a socio-ecological framework fostering a broader culture of connection, and include targeted and universal elements, each of which is informed by lived experience.

### 1.2.1 There are four main levels of interventions

Loneliness interventions can be grouped into 4 levels: individual, group, community, and policy. They differ in their level of resource and time intensity and personalisation, and work best in conjunction with each other – each reinforces the other. Some interventions fit into more than one category.

**In Australia, local government's levers and influence make it best suited to the community and group levels, reinforced by a policy-level approach** that promotes cohesion and connections across all its programs, services and infrastructure. These three levels are most suited to Council are discussed over the following pages.

*Figure 3: Levels of interventions addressing loneliness.*




**Group level interventions - what the Australian and international evidence says.**

Group-level interventions have a high to moderate level of effectiveness based on the available evidence. They are a step down in resource intensity from individual therapies, and are ideally suited for local government to deliver or support. Community groups and shared activities, including shared meals provide moderate certainty of high effectiveness when it comes to reducing loneliness.[65] Peer support programs have shown promising results for both recipients and supporters.[66] Digitally enabled peer support has demonstrated feasibility for reaching people who cannot attend in person.[67]

Neighbourhood houses — community-managed, locally embedded centres offering not only a diverse range of groups and classes for many different cohorts and individuals (from learning English to art or yoga), but also as a safe and welcoming place to sit and chat or simply be around others are particularly effective in reducing loneliness and

[65] Ludwig Grillich et al., "The Effectiveness of Interventions to Prevent Loneliness and Social Isolation in the Community-Dwelling and Old Population: An Overview of Systematic Reviews and Meta-Analysis," *European Journal of Public Health* 33, no. 2 (2023): 235–41, https://doi.org/10.1093/eurpub/ckad006. Poscia, A. et al., 2023.

[66] Jérémie Richard et al., "Scoping Review to Evaluate the Effects of Peer Support on the Mental Health of Young Adults," *BMJ Open* 12, no. e061336 (2022), https://doi.org/10.1136/bmjopen-2022-061336.

[67] Dena M. Bravata et al., "Digitally Enabled Peer Support Intervention to Address Loneliness and Mental Health: Prospective Cohort Analysis," *JMIR Publications* 7 (November 2023), https://preprints.jmir.org/preprint/48864.

promoting social connection and cohesion, particularly because they have no or low barriers to entry and, being open to all, are non-stigmatising.[68]

Men's/Women's Sheds and 'repair hubs' show moderate-high effectiveness reducing loneliness and strengthening social connections. In these initiatives, adults typically work 'shoulder to shoulder' on a shared, purposeful project such as woodworking or repairing bikes and household items, and share expertise and experiences over time, improving not only their own wellbeing while also creating value and benefits for others in their community in a way that can reduce structural barriers caused by poverty or disability.[69] These interventions particularly resonate with men socialised in traditional masculine, and younger and mid-life aged people in individualistic cultures because they are not 'being helped' by a program or for a condition they may attach stigma to. Instead, the participants are stepping up to create change by sharing their knowledge and skills to help others and in doing so, experiencing agency, belonging and purpose, such as supporting sustainability and inclusion. These interventions often operate from Neighbourhood Houses and other community hubs.

**Community-level approaches and infrastructure that connects – what the evidence says**

The next layer is community level approaches which are universal, non-stigmatising and prevent or counteract the structural drivers that lead to and exacerbate loneliness. The evidence is clear that the physical environment shapes social connection. Well-designed "third places"[70] — the informal gathering spots between home and work — facilitate the casual encounters from which social ties, friendships and other relationships develop.[71] Investment in social infrastructure (such as libraries, neighbourhood houses, youth centres, centre for older people, parks, playgrounds, community gardens, safe and walkable streets, and well-maintained public spaces) directly creates the conditions for social connection through their programming, design and existence as places to connect, learn, share and belong. These are not 'nice to have' but are a critical layer to enable and sustain connections and reduce loneliness.[72] For example, the research shows libraries serve as "paradigmatic social infrastructure": free, accessible, non-stigmatising spaces where diverse community members can build the "weak ties" and knowledge that sustain belonging.[73] To be effective, they require adequate and responsive and sustainable funding streams and allocations.

> "*Communities are where connection happens. They are where people live, work, learn, play, and age. That's why community-level strategies are important for helping people feel more connected and less lonely. One of the best ways to improve social connection is by making community spaces and services – also known as "social infrastructure" – stronger and more welcoming. This includes places like parks, libraries, cafés, public transportation, schools, and healthcare centres. Even if these spaces weren't originally built to encourage socializing, they often become spots where people naturally meet and form relationships. To really help people connect, these spaces should feel safe and welcoming to everyone, whether they are young or older, have a disability or health problem, or are new to the area. Good community areas offer something for everyone, whether it's group activities like sports or community gardening, or quieter spots like walking paths or benches where people can relax and chat*."
>
> – The World Health Organisation[74]

[68] David Perry, *Social Isolation and Loneliness – a Neighbourhood House Perspective* (2020), https://www.nhvic.org.au/_files/ugd/34b0b2_bc44a5e0be7343819ae3d35a6ee60ef2.pdf; E. Van Holstein et al., *Building Social Connections in Neighbourhood Houses: A Toolkit for Working with Community Members to Prevent Social Isolation* (Social Equity Research Centre, RMIT, 2025), https://www.nhvic.org.au/_files/ugd/34b0b2_56a75e9557944280be3932a7e82ed348.pdf.

[69] Nordin et al., "A Scoping Review of Masculinity Norms and Their Interplay With Loneliness and Social Connectedness Among Men in Western Societies"; Peter M. McEvoy et al., "Pathways from Men's Shed Engagement to Wellbeing, Health-Related Quality of Life, and Lower Loneliness," *Health Promotion International* 38, no. 4 (2023), https://doi.org/10.1093/heapro/daad084.

[70] Ray Oldenburg, *The Great Good Place: Cafés, Coffee Shops, Bookstores, Bars, Hair Salons, and Other Hangouts at the Heart of a Community* (1989; Berkshire, 2023), https://doi.org/10.2307/jj.9561417; Eric Klinenberg, *Palaces for the People: How Social Infrastructure Can Help Fight Inequality, Polarization, and the Decline of Civic Life* (Crown, 2018); Putnam, *Bowling Alone* (Touchstone Books/Simon & Schuster, 2000).

[71] Oldenburg, *The Great Good Place*.

[72] Van Holstein et al., *Building Social Connections in Neighbourhood Houses: A Toolkit for Working with Community Members to Prevent Social Isolation*; Neighbourhood Houses Victoria, *Safe and Welcoming Community Spaces* (Neighbourhood Houses Victoria and Department of Health Victoria, 2025), https://www.nhvic.org.au/_files/ugd/34b0b2_56a75e9557944280be3932a7e82ed348.pdf.

[73] Klinenberg, *Palaces for the People* (Crown, 2018).

[74] WHO Commission on Social Connection, *From Loneliness to Social Connection: Charting a Path to Healthier Societies. Plain Language Summary of the Report of the WHO Commission on Social Connection.*

**Policy level responses – what the evidence says**

Policy-level responses to loneliness are increasing in number, depth and sophistication as governments at all levels around the world recognise the benefits of acting early to promote social connections and reduce loneliness (and reduce the costs and implications that snowball without action). As of 2026, eight countries have adopted national policies and strategies on this issue.[75] In Australia, *Ending Loneliness Together* has produced national reports, measurement frameworks, and advocated for national approach.[76]

**Advocacy** – to other levels of government, as well as to their own institutions, residents or citizens – is a key element of most policy level and loneliness strategy interventions. These typically encourage specific actions such as greater funding and coordination of efforts and investments; raise awareness to improve understanding, reduce stigma and misconceptions and get more people or organisations involved; and create and support networks or coalitions to maximise the impact the above elements.

**The other key element of policy-level responses is cohesion -** ensuring that their overall mix of programs and interventions (their portfolio) work at all levels, with something for everyone and every barriers.

### 1.2.2 Evidence-based criteria for assessing loneliness interventions

Examination of the published research on effective loneliness reduction interventions can be distilled into 10 key criteria. These are set out in Table 1, on the next page. and while relevant to all levels, are especially important for interventions at group and community levels, which is where local governments have the strongest role to play.[77]

Sitting across multiple criteria of effectiveness are lived experience input and co-design. Indeed there is growing consensus that programs designed with the input of people with lived experience of loneliness are more effective, more appropriate, and more likely to reach the populations they are intended to serve.[78] More generally across public health and mental health programs, lived experience input and co-design increases the likelihood that interventions are relevant, fit to context, and address the actual barriers and needs experienced by the people a program is intended to benefit (not the barriers assumed by service designers), use language and framing that does not deter participation, and create spaces in which people feel genuinely welcome and understood.[79]

These criteria from the literature review are set out in Table 1 on the next page. They were validated against service provider insights and lived experience insights, and were also tested with the Council project team – with no revisions required. These criteria were used to assess Council's current suite of primary prevention interventions. The results of this assessment are set out in Section 4, with opportunities for improvement presented in Section 5.

[75] These 8 countries are the United Kingdom (England, Scotland and Wales only), Denmark, Finland, Sweden, Germany, Japan, and the United States of America.

[76] More information and research available on https://endingloneliness.com.au/

[77] Nisha Hickin et al., "The Effectiveness of Psychological Interventions for Loneliness: A Systematic Review and Meta-Analysis," *Clinical Psychology Review* 88 (August 2021): 102066, https://doi.org/10.1016/j.cpr.2021.102066.

[78] Rebecca Band and Anne Rogers, "Understanding the Meaning of Loneliness and Social Engagement for the Workings of a Social Network Intervention Connecting People to Resources and Valued Activities," *Health Expectations* 27, no. 6 (2024): e70111, https://doi.org/10.1111/hex.70111; Neighbourhood Houses Victoria, *Safe and Welcoming Community Spaces*; Sophie R. Homer et al., "Designing a Systemic Intervention for Student Loneliness and Social Connectedness Using a Mixed-Methods, Co-Creation Approach," *Mental Health Research* 5, no. 1 (2026): 12, https://doi.org/10.1038/s44184-026-00191-9; Grillich et al., "The Effectiveness of Interventions to Prevent Loneliness and Social Isolation in the Community-Dwelling and Old Population"; Department for Digital Culture, Media and Sport, *A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change*.

[79] Carmen Vargas et al., "Exploring Co-Design: A Systematic Review of Concepts, Processes, Models, and Frameworks Used in Public Health Research," *Journal of Public Health* (Oxford, England) 47, no. 4 (2025): e616–39, https://doi.org/10.1093/pubmed/fdaf084; Alessandra Chinsen et al., "Co-Design Methodologies to Develop Mental Health Interventions with Young People: A Systematic Review," *The Lancet Child & Adolescent Health* 9, no. 6 (2025), https://doi.org/https://doi.org/10.1016/S2352-4642(25)00063-X; Tobias Schiffler et al., "Characteristics and Effectiveness of Co-Designed Mental Health Interventions in Primary Care for People Experiencing Homelessness: A Systematic Review," *International Journal of Environmental Research and Public Health* 20, no. 1 (2023): 892, https://doi.org/10.3390/ijerph20010892.

*Table 1 Criteria for assessing the effectiveness of loneliness interventions.*

| Criteria for effective loneliness reduction initiatives |
|---|
| **1. Lived experience input**: The intended cohort(s) are involved in the design, delivery, or evaluations of the programs. Codesign is best practice. |
| **2. Language and framing:** Programs are named and framed using language that avoids stigma and positively frames social connection and participation. |
| **3. Reach:** Programs reach the intended population. |
| **4. Access and equity:** No groups are systematically missing out due to structural barriers: not financial, physical access, transport or digital. |
| **5. Appropriateness**: The programs fit community/cohort needs and preferences. |
| **6. Cultural inclusive and responsive:** The programs are culturally safe and responsive for all community cohorts (First Nations, CALD groups, LGBTQIA+ and so on). |
| **7. Quality and evidence-based**: The program is based on evidence on what works for loneliness and these cohorts, is implemented with fidelity, and is well-delivered by skilled staff or volunteers aware of stigma, language, trauma and intersectional disadvantage considerations. |
| **8. Effectiveness and evaluation:** Evidence is collected and used to understand if the programs is working as intended and reducing loneliness/improving social connections. |
| **9. Sustainability.** The programs are adequately resourced to meet demand now and into the future. (Ie it is not dependent on time-limited funding or key individuals). |
| **10. Integration.** The programs are part of a portfolio that a) meets different individual and group needs, b) responds to different drivers, and c) balances universal and targeted approaches, and d) refers and cross-promotes current or future participants between programs. |

## 1.3 Policy context: Local government's roles and levers in Victoria

### 1.3.1 Loneliness is not a problem any level of government can solve alone and Australian federalism means ongoing collaboration with state and commonwealth levels.

**The experience of loneliness — and the relationships, places and routines that mitigate it — is intensely local. But in Australia, the major service systems that shape who is at risk, and what supports they can access, are largely funded and regulated by other levels of government.**

The Commonwealth Government funds and regulates large-scale entitlement programs that significantly shape loneliness risk and response: aged care under the *Aged Care Act 2024*, which commenced on 1 November 2025; disability supports under the *National Disability Insurance Scheme Act 2013*; universal primary health care through Medicare under the *Health Insurance Act 1973*; and income support through the social security system. These programs determine eligibility, entitlement and minimum standards across very large populations.

State governments fund and steward the major service systems operating at population scale within the state. Most relevant to loneliness work are in Victoria are: public health under the *Public Health and Wellbeing Act 2008*; mental health reform and social prescribing under the *Mental Health and Wellbeing Act 2022*; the Maternal and Child Health (MCH) Service, delivered as a partnership with local government; kindergarten and early childhood services under the *Education and Training Reform Act 2006*; and the *Education and Care Services National Law Act 2010* (Vic); and direct funding of neighbourhood houses (through the Neighbourhood House Coordination Program) and men's sheds (through the Men's Shed Funding Program). The State sets frameworks, guidelines and standards, but relies heavily on local government to deliver, supplement and tailor.

### 1.3.2 Local government's distinctives contributions to loneliness

**Within this multi-tier system, local government's comparative advantage rests on contributions that no other level of government is positioned to make.**

- **Tailoring services to local need**. Population-level Commonwealth and State programs cannot, on their own, respond to the demographic and social granularity of a municipality. Council's closeness to community allows funded programs to be shaped, located and promoted in ways that actually reach the specific cohorts at risk — older residents in public housing, isolated parents of young children, recent migrants, older people disconnected after retirement or bereavement, young people experiencing housing insecurity.
- **Understanding and enhancing effectiveness**. Councils are uniquely placed to observe what works locally, gather feedback from residents and providers, and adapt program design accordingly. This evaluative role — informing higher-tier policy with on-the-ground evidence and refining local delivery — is largely beyond the practical reach of state and commonwealth departments. The research that this report contributes to is itself an exercise of this function.
- **Creating and maintaining effective community spaces and infrastructure**. Neighbourhood houses, libraries, leisure centres, parks, community halls, sports grounds, footpaths and walkable streetscapes are predominantly local government responsibilities to deliver (with funding from other levels, and in partnership with local organisations). These are the physical preconditions for the casual, recurring social contact that protects against loneliness.
- **Convening and integrating**. Councils can bring together health services, housing providers, schools, neighbourhood houses, faith communities, businesses and resident groups in ways that no single State or Commonwealth program can. Loneliness responses are most effective when integrated across sectors, and integration happens locally.

### 1.3.2 The statutory framework for local government in Victoria.

Several state Acts impose duties to plan for and promote community wellbeing under which programs addressing loneliness are a natural delivery mechanism. The most relevant state Acts relevant:

- **The *Local Government Act 2020*** — the primary Act governing all 79 Victorian councils. It establishes that their role is to provide good governance for the benefit and wellbeing of the municipal community, and requires each council, within a year of every election, to develop a Community Vision, Council Plan, Financial Plan and Asset Plan, and to adopt a community engagement policy. These are the instruments in which Councils' commitments to community connection and infrastructure are formally recorded and made publicly accountable.
- **The *Public Health and Wellbeing Act 2008***— the strongest statutory hook for the work this research addresses. The Act makes it a function of every council to protect, improve and promote health and wellbeing within its municipal district, including by creating a local environment that supports community health, strengthening community capacity, and engaging and supporting local agencies. It requires every council to prepare a four-year Municipal Public Health and Wellbeing Plan (MPHWP) following each election. Yarra City Council's current plan runs 2025-2029 and directly mentions loneliness and social connection with multiple initiatives and levers – all discussed in Section 3.
- ***Charter of Human Rights and Responsibilities Act 2006*** — binds councils as a public authority to act compatibly with human rights, including rights to participate in public life and freedom from discrimination, with implications for inclusive program design.

The statutory framework establishes duties to plan for and promote wellbeing, but does not mandate specific delivery mechanisms. The choice to fund neighbourhood houses, community grants and similar programs is a discretionary policy choice for councils within this framework, based on their deeper connections to community.

### 1.3.3 The optimal levels for local government interventions on loneliness are community-level approaches and infrastructure, reinforced by group and policy.

These is a distinctive and powerful lever for local government, because many of these assets are either directly owned and managed by councils or significantly influenced by council planning, funding, and policy decisions. For Yarra City Council, also means this means that urban planning, housing design, and investment in public space are loneliness prevention strategies — not just amenity provisions.

> "*Local governments have an important role to play in understanding and addressing the health and wellbeing needs of their communities. As the level of government closest to the community, councils have jurisdiction over processes and policies that influence the natural, built, and social environments within neighbourhoods. This uniquely positions councils to address inequities and improve community health and wellbeing outcomes*."
>
> – Yarra City Council[80]

*Image 1: Five older adults playing cards, and having tea and coffee. They are of various genders and backgrounds.*

[80] Yarra City Council, "Public Health and Wellbeing Plan," Yarra City Council, May 1, 2024, https://www.yarracity.vic.gov.au/residents/community-safety-and-wellbeing/public-health-and-wellbeing-plan.

# 2 Loneliness in Yarra

This section sets out the prevalence and distribution of loneliness across Yarra and profiles the population groups most affected, drawing foremost on the Yarra Social Indicators Survey (SIS), with relevant references made to data from the Australian Bureau of Statistics (ABS), the Ending Loneliness Together dataset, the Victorian Public Health Survey (VPHS), and the original qualitative survey and interviews developed and conducted for this project.

It shows that loneliness is pervasive, widespread, and affects all age groups and cohorts. It also demonstrates that some cohorts are disproportionately affected – people with low incomes and people living with disability. Key factors that contribute loneliness for priority population groups are outlined.

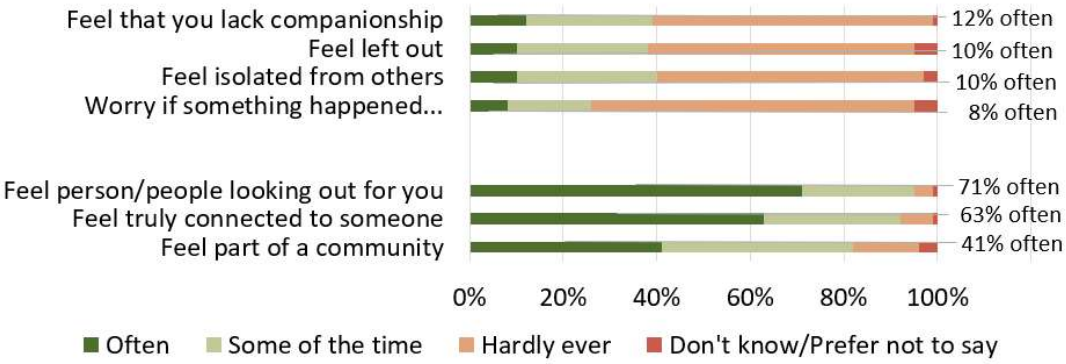
Lived experience inputs – views from residents and others in the community as gathered by the qualitative survey, interviews and focus – further contextualise this data and surface barries to connection (cost, fit, inadequate information and accessibility) alongside the solutions and language that most resonate for them.

## 2.1 At least one third of Yarra residents experience loneliness often

Yarra's Social Indicators Survey (SIS) conducted in 2024 provides the largest and richest dataset on loneliness in Yarra and also underpins Yarra's Health and Wellbeing Plan 2025-2029. Using the validated loneliness' measure (the UCLA 3) it found that 32% of Yarra residents often experienced loneliness, including lacking companionship, feeling left out, and feeling isolated from others.[81] Much higher proportions reported sometimes experiencing these feelings.

On the flip side, these findings also show strong rates of feeling connected to others and to their community, which is an excellent social asset for Yarra to leverage and continue to strengthen (See Figure 4, below.)

*Figure 4: Frequency of experiencing loneliness and/or connection – SIS 2024.*




**These figures match the rates found in Australia's richest national data set on loneliness, which was collected by Ending Loneliness Together in 2023**. Using the same UCLA instrument and also a direct question recommended by the United Kingdom's Office of National Statistics (the same approach used in the qualitative survey for this Yarra research project), they found 1 in 3 (32%) Australians reported moderate loneliness, with 17.5% reporting severe loneliness.[82] Loneliness rates were almost the same for men (31%) and women (32%). The differences in loneliness

[81] Vibrant Insights, *City of Yarra: Social Indicators Market Research* (Vibrant Insights, 2024). 940 adults participated in interviews for the SIS in June 2024 (701 via telephone, 239 online). This was a randomised and representative sample of the Yarra community, with samples matched against the 2021 census data (% in each age range, gender, locations, and cultural/social/health factors. 97% of those interviewed for the SIS lived in Yarra, with some of those also working or studying in Yarra. The remaining 3% worked or studied in Yarra.

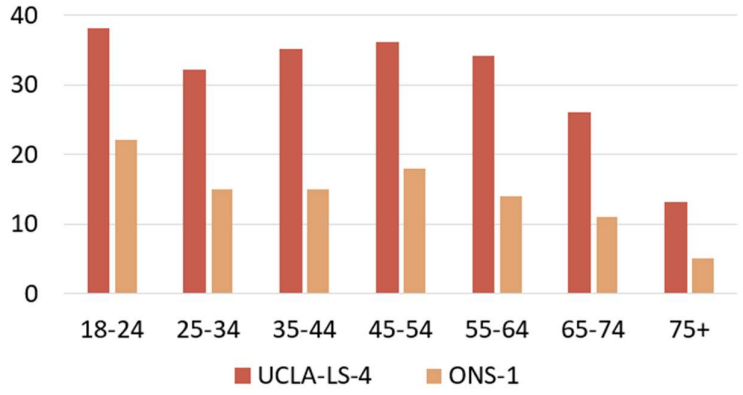
[82] Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*. Their study comprised a nationally representative sample of 4,026 adult Australians. Following the completion of the survey, the data was weighted by age, gender, and region to reflect the latest Australian Bureau Statistics (ABS) population estimates.

rates between genders in Yarra as measured by the SIS in the Social Indicators Market Research Report or Yarra's Health and Wellbeing Plan, suggesting no meaningful difference to report.[83]

**Ending Loneliness Together also found loneliness is experienced across the lifespan. Interestingly, they found** young people (aged 18-24 years old) experienced the highest rate, and people aged 75 years and older experienced the lowest rate (see Figure 45). The rates differ significantly between the direct and indirect questions. Asking directly typically results in lower rates of people reporting, which illustrates the presence of stigma, as discussed in the literature review (Section 1 of this report). These findings on the distribution of loneliness and presence of stigma across the lifespan align with national studies elsewhere including in the UK and the US.[80] This reinforces that loneliness is not only (or not mostly) a problem facing older adults.

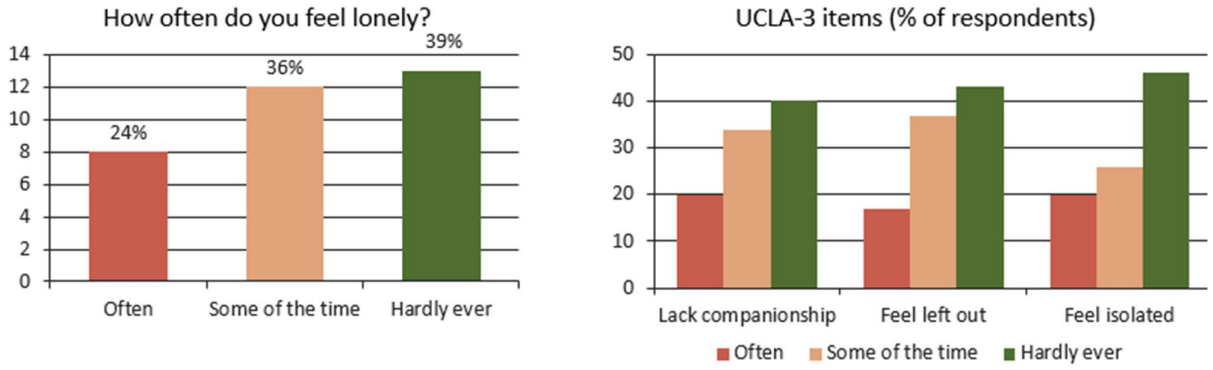
In Yarra, the qualitative survey for this project elevated rates for people aged 45-64, aged 65+ had and aged 24-44 years old, with the order and prevalence shifting according to whether it was the direct or indirect measure.

*Figure 5: Loneliness rates (%) in Australia across the lifespan (ELT 2023)[84]*




**The qualitative survey conducted for this research project found even higher loneliness rates in Yarra**. A total of 49 adults aged 25 to 75+ self-selected to participate in this survey distributed by Yarra service providers and social media accounts in March–April 2026, of which 66% identified as female, 20% identified as LGBTQIA+, 26% reported living with a disability or chronic health condition, and participants were drawn from a mix of income ranges, housing types, migrant and language backgrounds, and employment situations.

*Figure 6: Loneliness rates from the 2026 qualitative survey: direct and indirect measures (n=33)*



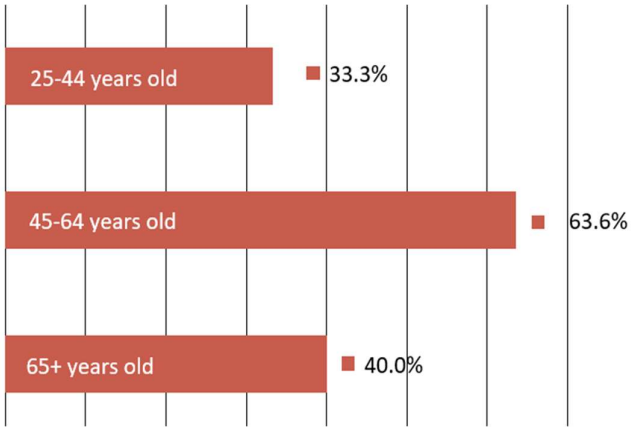

[83] The Victorian Population Health Survey (VPHS) from 2023 reports the state's loneliness rate as 23.3%, metropolitan Melbourne's rate as 23.7, and the rate in Yarra as 20.1%. The study's publisher advises that "estimates for each LGA should NOT be compared against each other or for the same LGA across time because the sample size is not large enough to do so and to do so will lead to misleading conclusions." The VPHS methodological notes also advise a heavier reliance on telephone interviews, and does not advise on the UCLA thresholds used, both of which can lead to under-reporting or under-estimates. Government of Victoria, "Victorian Public Health Survey (Local Government: Selected Indicators)," 2023, Excel sheet provided by Yarra City Council.

[84] Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*.

The indirect question found 47% of respondents experience loneliness often.[85] The direct measure 'How often do you feel lonely?' produced a lower score of 24% reporting loneliness often, jumping to 60% when 'some of the time' is included (see Figure 6, above). While the small sample size means results should be interpreted with caution (only 33 of the 49 respondents chose to answer these questions on loneliness) the findings align with the patterns in ELT findings and the global database demonstrating the presence of stigma. The higher rates of loneliness on the UCLA measure likely indicates self-selection - people feeling an absence of meaningful social connections would be more likely to opt to take part in a short survey on 'social connection and belonging in Yarra' which sought their ideas and experiences to inform planning and services.

**Loneliness in Yarra, as elsewhere, occurs across the lifespan**.

*Figure 7: Loneliness rates using UCLA, qualitative survey 2026*



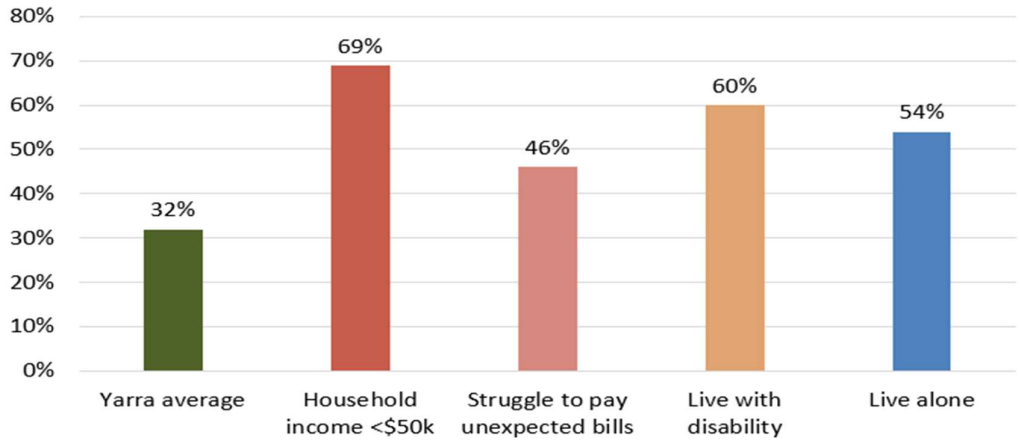

When the indirect measure of loneliness is used, people aged 45-65 were most likely to be experiencing loneliness (64%), followed by people over 65 (40%) and then people aged 25-44 (33%). When the direct question is used, the same three groups turn up in a different order, with 73% of people over 65+ reporting they feel lonely often or sometimes, followed by 70% of those aged 45-64, and 42% of people aged 25-44.[86]

## 2.2 Loneliness in Yarra is inequitably distributed

### 2.2.1 Rates of loneliness follow the contours of structural disadvantage

**The SIS and qualitative survey both found that some cohorts of the Yarra community have far higher rates of loneliness, and that these rates following the contours of structural disadvantage**. The SIS found people in the lowest household income bracket had over double the average rate (69% vs 32%), people living with disability or chronic illness had nearly double the rate (60%), and people living alone or struggling to pay unexpected bills also had much higher rates (54% and 46% respectively).

*Figure 8: Frequency of experiencing loneliness - different Yarra cohorts (YSIS 2024 using UCLA 3 indirect items)*



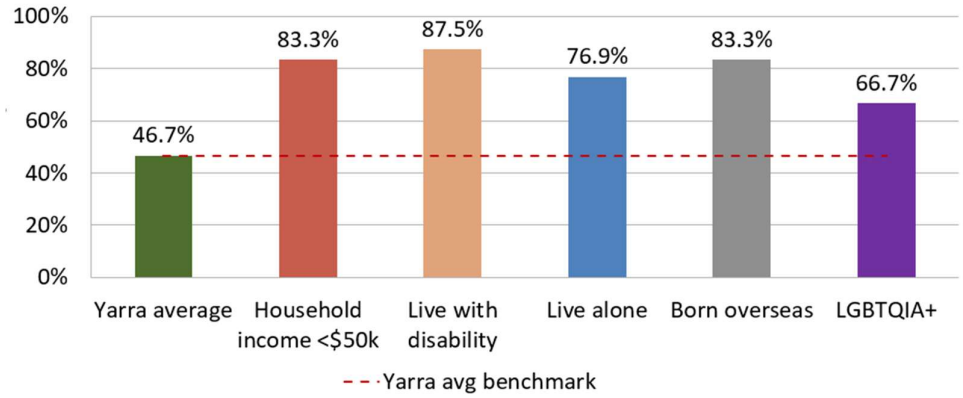

Respondents from these same three cohorts had the highest rates of loneliness in the qualitative survey using both the direct question and indirect (UCLA) measures. The direct question found 100% of people from low households, 89% of people living with disability or a chronic health condition, and 85% of people living alone. Elevated rates were

[85] This is based on a cut-off threshold of 6 or above, which is the most common cut-off described in the literature. When the threshold is lowered to 5, the loneliness rate increases to 53%.

[86] Caution should be used comparing these due to small sample sizes within each bracket, and self-report opt-in nature of the survey and each question within in.

also found for respondents born overseas (83%), people aged 45-64 and 65+ (almost identical numbers from each age bracket reporting it), people identifying as LBGTQIA, and people aged 25-44. This demonstrates the impact of overlapping disadvantage (discussed in more detail in the literature review and later this section) and reinforces the findings from the YSIS, ELT and international studies that poverty, followed by living with disability or chronic health conditions are the largest drivers of chronic loneliness, and that loneliness is not just (or mostly) experienced by older people.

*Figure 9: Cohorts with the highest rates of reporting loneliness using UCLA (qualitative survey 2026)*




The SIS also measured residents' experiences of social connectedness and companionship, finding the inverse of the loneliness figures. The highest rates among of these positive measures were among residents with high household incomes (93%) residents living with other people (89%), and residents who studied in Australia (86%).

These same patterns were present in the qualitative study, and in the national data set compiled by Ending Loneliness Together, which found:

- 40% of people living alone felt lonely, compared to 30% of people living with others, although 49% people living with extended family experienced loneliness.
- Higher rates for carers (37%) compared to non-carers (30%)
- Higher rates for people in the most disadvantaged neighbourhoods (39%) compared to 28% in the least disadvantaged, and similarly
- Much higher rates for people whose financial needs were poorly met (50%) compared to people whose financial needs were well met (27%).[87]

### 2.2.2 These figures also reflect Yarra's distinctive demography and structural inequalities

The municipality contains pockets of intense socioeconomic disadvantage — concentrated around the public housing estates of Fitzroy, Collingwood, and North Richmond — alongside relatively affluent areas.

Where residents live and their access to resources substantially determines their risk of loneliness, especially chronic loneliness. This is a problem shaped by structural conditions and opportunities that Council can influence through its programming and infrastructure.[88]

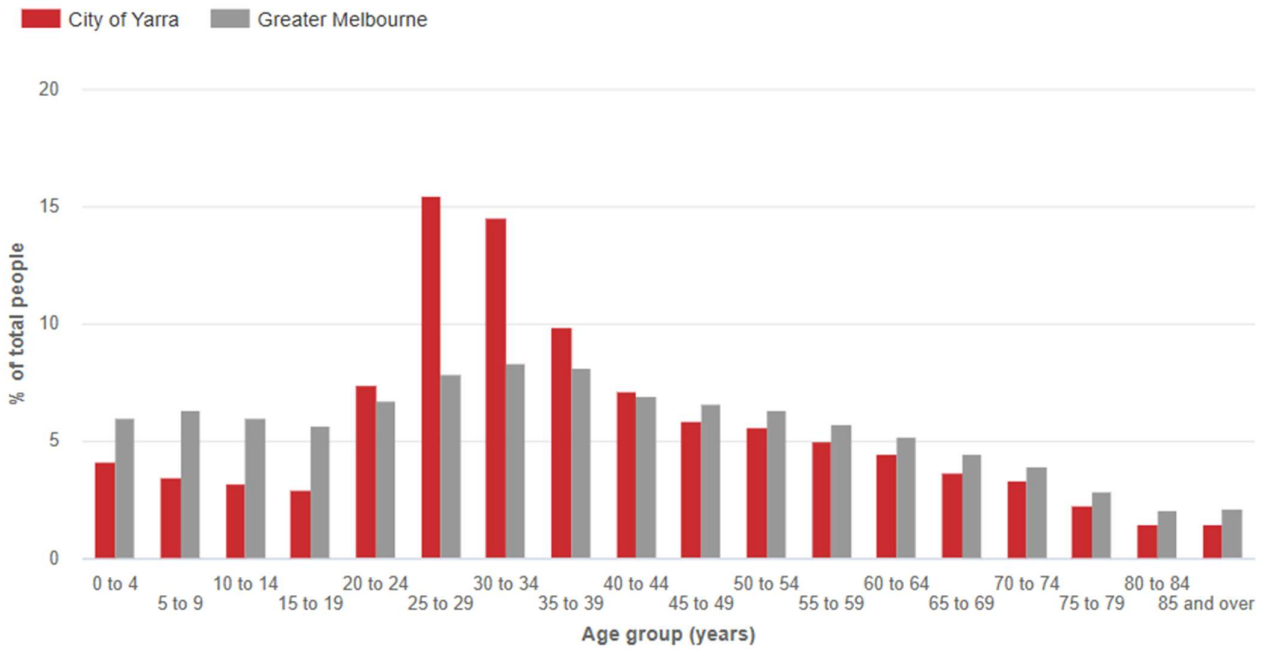
Yarra also has a distinctive age profile – with an average age of 34 (compared to 37 in metropolitan Melbourne and 38 in Australia), and a strikingly higher proportion of residents aged 25-34 than metropolitan Melbourne – almost twice the proportion in each of these age brackets.

*Figure 10: Age structure of Yarra compared to Greater Melbourne, ABS census data 2021.[89]*

[87] Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*.

[88] Other levels of government also have strong influence here, especially the commonwealth through welfare transfer systems (unemployment benefits, carer's allowance etc), personal income tax thresholds, and healthcare funding (Medicare rebates and pharmaceutical benefits scheme) and state government, primarily through services wholly or largely funded through state revenue.

[89] .idcommunity, "City of Yarra - Five Year Age Groups," .idcommunity, 2021, https://profile.id.com.au/yarra/five-year-age-groups.




## 2.3 Deeper dive on population groups disproportionately affected

The local, state, national and international evidence identify several population groups at elevated risk. All of these groups are present and significant in Yarra. This section provides supplementary information from these data sets, the literature review, and from the qualitative survey, interviews and focus groups on their experiences. **Details on Yarra's primary prevention mechanisms responding to these issues and loneliness amongst these groups is detailed in the next section of the report.**

### 2.3.1 People living in poverty

Research consistently shows that people in the most disadvantaged neighbourhoods or with lowest household incomes have the highest mean loneliness scores — a gap driven by material constraints.[86] This is true in Yarra, as indicated by the SIS which found people living in households with low incomes (under $50,000/year) face the highest rates of loneliness in Yarra (69%),[87] reinforced by the qualitative survey. (See Figure 8 and Figure 9).

Limited finances constrain participation in social activities, whether it is gym membership, social clubs, catch-ups at cafes and bars, or simply getting haircuts, paying for public transport tickets or petrol. Inability to afford these things, coupled with embarrassment over not being able to afford them and go out, prevent people from responding to the biological signal of temporary loneliness to connect with others, and it becomes chronic.

**Lived experience insights and suggestions from Yarra residents**

"*It's not [Council's] responsibility for cost of living but finding ways to connect that don't cost money. Walking groups and book clubs and nature-strip gardens. They don't need to fund it but promote and provide in-kind support?"*

*"Free gym access for seniors or others doing it tough? Being fit makes them happier and can connect."*

"*Issues such as access to housing and cost of living really impact on loneliness and are an issue for Council"*.

Poverty and financial pressures cascade into other barriers and issues. For example, the 2023 Victorian Public Health Survey (VPHS) reports the main reason that Yarra residents could not see a GP when needed was cost (37%)

compared to this being the main reason for only 23% of Victorians.[91] Similarly, twice as many Yarra residents postponed surgery in the last 12 months compared to the Victorian average (6% vs 3%).[92]

Housing insecurity (concern about losing one's housing or problems with one's housing) creates anxiety and instability. Although Yarra residents are slightly more likely to report they are 'satisfied or very satisfied' with their rented accommodation (83.4% vs 80.5 Victorian average), [90] this disguises the chasms between private and public rentals.

An estimated 572 people in Yarra were homeless on census night in 2021. [91] Any number of people without safe places to sleep and call home is too many. But Yarra can take some encouragement knowing its homeless rate has almost halved, and the number of individuals has significantly dropped since 2011 (847 people) and 2016 (844 people). [92] People experiencing homelessness are acutely vulnerable to loneliness and social isolation, with prevalence estimates ranging up to 90% across studies.[93] Qualitative research consistently finds that participants describe weak relationships with community members, family and friends, feelings of abandonment, shame and a desire to withdraw, experiences compounded by the structural exclusion and stigma associated with rough sleeping. Yarra team members described these residents as being particularly hard to reach, although they constantly tried in multiple ways to connect and meet them where they might be (such as through Assertive Outreach Programs), in order to connect them to supports such as those provided by Launch Housing or St Mary's House of Welcome.

### 2.3.2 People living with disability or chronic health conditions

In Yarra in 2024, 21% of residents reported living with a disability, impairment or long-term health condition, and of these 66% reported experiencing difficulty or restrictions that impact their participation in work, education, social and community life, or doing daily activities. [94] The rate of loneliness among Yarra residents with a disability is almost twice as high as the average rate across Yarra.[95] Nationally, people living with disability experience loneliness at nearly three times the rate of those without disability nationally.[96] This suggests that Yarra's existing mechanisms are having some positive effect, but that further opportunities for strengthening or extending them exist. (Primary prevention programs are discussed in the next section of this research report, Section 4).

Physical, social, and systemic barriers, including inaccessible built environments, transport limitations, ableism, and economic disadvantage can compound to restrict social participation.[97] Across Australia, people with intellectual and/or learning disabilities and psychosocial disabilities are two to three times more likely to experience loneliness than those without disability.[98] This reinforces an observation by Yarra staff and Yarra residents on the importance of responding to invisible disabilities, and that access goes beyond the provision of ramps and hearing loops.

[90] Victorian Department of Health, "Victorian Public Health Survey," 2023, https://vahi.vic.gov.au/reports/population-health.

[91] Australian Bureau of Statistics, "Region Summary: Yarra," 2024 2021, https://dbr.abs.gov.au/region.html?lyr=sa3&rgn=20607.

[92] Australian Bureau of Statistics, "Region Summary: Yarra."

[93] James Lachaud et al., "Social Isolation and Loneliness among People Living with Experience of Homelessness: A Scoping Review," *BMC Public Health* 24, no. 1 (2024): 2515, https://doi.org/10.1186/s12889-024-19850-7.

[94] Vibrant Insights, *City of Yarra: Social Indicators Market Research*.

[95] The Social Indicators Market Research reports 66%, whereas the Health and Wellbeing report says 43%.

[96] Australian Institute of Health and Welfare, *People with Disability in Australia 2024*; Vibrant Insights, *City of Yarra: Social Indicators Market Research*; Australian Institute of Health and Welfare, *Australia's Welfare 2025*.;

[97] Australian Institute of Health and Welfare, *People with Disability in Australia 2024*.;

[98] Australian Institute of Health and Welfare, *People with Disability in Australia 2024*.;

**Lived experience insights and suggestions from Yarra residents living with disability and serious, chronic health conditions**

"*A major barrier for me in participating is sensory overwhelm. Everything is so loud and busy and too bright."*

"*Physical mobility — I need to sit down, can't stand for too long. No car — eyesight issues."*

*"Health restrictions mean I need to ration my time an energy – I can't easily do things."*

### 2.3.3 Older people

Older people face genuine and specific loneliness risks: bereavement, cumulative network shrinkage, retirement, mobility decline, chronic illness, digital exclusion, and the isolation that some people experience when living in residential aged care.[99] Australian data confirm elevated loneliness among older people living alone, those with chronic conditions, and those with limited transport access, where the loss or relinquishment of a drivers licence, and increasing physical limitations or impairment (such as hearing loss) and embarrassment around these losses cause sudden and sustained reductions in social opportunities.[100] The Weiss distinction between emotional and social loneliness discussed earlier is particularly insightful here - group activities may be very helpful but unlikely to be enough for bereaved individuals experiencing emotional loneliness.[101]

**While only an estimated 13% of Yarra's population is over 65, many face overlapping challenges**, most notably connected to disability, chronic conditions and reductions in mobility, hearing and sight, and low incomes. Yarra staff and residents interviewed for this project emphasised that large number of Yarra's older residents are "*asset rich but cash poor*" - they bought homes decades ago which have multiplied in value, but they live a life of subsistence on low, fixed incomes (government pensions or self-funded pensions). Some of these people can't afford to meet friends for a cuppa or a meal, or to join group activities with fees. Even where some of these activities are funded by government through various policies and schemes (such as My Aged Care and the Commonwealth Home Support Package) barriers remain and some residents fall through the cracks.[102] (This is discussed further in Section 4.2).

**Lived experience insights and suggestions from a focus group at Willowview**

"*It's harder for older adults due to health reasons and access to affordable transport support. When your health declines, mobility is reduced. Cannot go out and about as much."*

*"Nothing replaces the loneliness and grief that comes from losing someone you love."*

*"In all jobs have had, they provided the social cement and connections in my life. Found it difficult to adjust when retired — being alone, despite married, but wonderful children, was missing those connections and stimulation."*

[99] Council on the Ageing Victoria and Seniors Rights Victoria, *Building Stronger Communities: Understanding Loneliness and Connection*; National Academies of Sciences, Engineering, and Medicine, *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System* (The National Academies Press, 2020), report and eBook, https://doi.org/https://doi.org/10.17226/25663; McDaid and Park, "Modelling the Economic Impact of Reducing Loneliness in Community Dwelling Older People in England"; Timothy L. Barnes et al., "Cumulative Effect of Loneliness and Social Isolation on Health Outcomes among Older Adults," *Aging & Mental Health* 26, no. 7 (2022): 1327–34, https://doi.org/10.1080/13607863.2021.1940096; Ending Loneliness Together, *Why We Feel Lonely: A Deep Dive into How Different Life Circumstances Contribute to Persistent Loneliness and Social Isolation* (Ending Loneliness Together, 2023).

[100] Council on the Ageing Victoria and Seniors Rights Victoria, *Building Stronger Communities: Understanding Loneliness and Connection*.

[101] Dan Russell et al., "Social and Emotional Loneliness: An Examination of Weiss's Typology of Loneliness," *Journal of Personality and Social Psychology* (US) 46, no. 6 (1984): 1313–21, https://doi.org/10.1037/0022-3514.46.6.1313; Weiss, *Loneliness*.

[102] Yarra City Council, '50+ recreation and community activities', https://www.yarracity.vic.gov.au/residents/50-plus/recreation-and-community-activities; Australian Government Department of Health, Disability and Ageing, 'My Aged Care' https://www.myagedcare.gov.au/, Willowview and interviews with Yarra City Council officials held 19-26 March 2026.

### 2.3.4 Young people and people in mid-life

Young people are the most affected and fastest growing age group in Australia experiencing loneliness,[103] and Yarra has a distinctively young age profile. Life transitions — leaving school, entering the workforce, moving out of home — are periods of heightened vulnerability due to leaving established peer networks and supports, compounded by the complex effects of social media on self-esteem and social comparison.[104] Young people are also more likely to be in insecure employment (such casual contracts or in the gig economy), on short-term leases, and low household incomes. Among young people, rates are highest among those not in education, employment or training.[105]

Of particular concern are the 13.4% young Yarra residents aged 15-19 at the time of the 2021 census who were not classified as bring 'fully engaged' in education, employment or training. The good news is that the proportion of young Yarra residents fully engaged in education, employment and/or training has steadily increased, from 82.7% in 2011 to 83.1% in 2016 to 86.8% in 2021.[106]

In Yarra, the qualitative survey found people in mid-life people –aged 45 to 64 – had almost the same rate as loneliness as those aged over 65 (70% vs 73%), with people aged 25-44 also with an elevated rate (42%).

For Yarra, where 44% of the population is aged 18-34 years old (see Figure 10), it suggests that focussed initiatives – both targeted and universal – are needed to support these groups.[107] While people this age can access many universal connection opportunities – such as those provided by Yarra Libraries, Yarra Leisure and neighbourhood houses (see Section 4) there are fewer targeted programs available for those not falling within sub-cohorts.

*Image 2. A woman sitting on a chair looking down with image of padlocks behind her.*

**Additional lived experience insights from three residents via interviews and the qualitative survey on mid-life loneliness**

*"We've got programs for migrants, older people, youth, new parents. But there are lots of young professionals and others that fall outside these categories who are lonely and not connected and aren't necessarily in a network ... and they don't know how to tap into them. They might move to Yarra from family homes or the countryside. They're living in expensive rentals or share houses and don't have much money."*

*"When you have young children you can go to playgroup. But as you get older it's harder to have a reason to connect."*

*When I moved in [to Yarra] my housemate didn't know the neighbours… [we've] introduced [our]selves, started a what's app group (young professionals) and Facebook group. We all caught up over Easter. Established 2 years ago and going strong."*

[103] Morgan et al., *Loneliness and Young People: Policy Report (2025 Update)*.

[104] Morgan et al., *Loneliness and Young People: Policy Report (2025 Update)*; Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*; Barjaková et al., "Risk Factors for Loneliness"; WHO Commission on Social Connection, *From Loneliness to Social Connection: Charting a Path to Healthier Societies. Plain Language Summary of the Report of the WHO Commission on Social Connection.*; VicHealth and The Iverson Health Innovation Research Institute, and Centre for Mental Health, Swinburne University of Technology, *The Young Australian Loneliness Survey Understanding Loneliness in Adolescence and Young Adulthood* (VicHealth, 2019), https://doi.org/10.37309/2019.MW811.

[105] VicHealth and The Iverson Health Innovation Research Institute, and Centre for Mental Health, Swinburne University of Technology, *The Young Australian Loneliness Survey Understanding Loneliness in Adolescence and Young Adulthood*; Morgan et al., *Loneliness and Young People: Policy Report (2025 Update)*.

[106] Australian Bureau of Statistics, "Region Summary: Yarra."

[107] Vibrant Insights, *City of Yarra: Social Indicators Market Research*.

### 2.3.4 Carers and parents

A landmark Australian study by Poon et al in 2022 found that over half (56.2%) of carers are socially isolated.[108] Ending Loneliness Together found 37 % of carers feel lonely. Care responsibilities, while invaluable and often rewarding, also absorb time, energy and money; financial strain further limits participation; and the indefinite and frequently unpredictable nature of caring for adults with large, complex needs result in very high risks for chronic loneliness.[109]

Rates of loneliness for carers in Yarra are not available. The rates of loneliness among carers in Yarra was not reported in the Social Indicators Market Research report nor the Yarra Health and Wellbeing Profile, although both report on loneliness across other indicators and cohorts using the SIS.[110]

However, we know from the 2021 census data that large proportions of Yarra residents care for children, infants or others in unpaid capacities (data points below). Extrapolation from the two national studies cited would suggest between one third and two thirds of these carers may experience loneliness.

- 4% of Yarra residents aged 15 and over chose carer under employment (which included those on parental leave and home duties)
- 5,616 couple families with children under 15 (or dependent status, 1,643 one-parent families with children under 15 and/or dependent students.
- 22.2% of Yarra residents aged 15 years and over undertook unpaid child care (of which 57% was for their own child or children);
- 10.6% of Yarra residents aged 15 years or over provide unpaid assistance to a person with a disability, up from 8.8% in 2016 and 9% in 2011. This is separate to the measure of people undertaking voluntary work for an organisation or group, which was 16.5% in 2021 and 22% in 2016.[111]

**Lived experience from residents that are current carers or previous carers**

*"I moved into Fitzroy about 2 years ago, came into area feeling super socially isolated, had been spending extended time caring for her mother end of life."*

*"We need more seating in shade near playgrounds and open space to connect with other caregivers."*

*Image 3: Illustration of two people sitting talking.*

[108] Poon et al., "Social Connectedness of Carers."

[109] Poon et al., "Social Connectedness of Carers"; Paul Willis et al., *"You Have Got to Get off Your Backside; Otherwise, You'll Never Get out": Older Male Carers' Experiences of Loneliness and Social Isolation*, International Journal of Care and Caring, August 1, 2020, https://doi.org/10.1332/239788220X15912928956778; Barnes et al., "Cumulative Effect of Loneliness and Social Isolation on Health Outcomes among Older Adults"; Brian R. Grossman and Catherine E. Webb, "Family Support in Late Life: A Review of the Literature on Aging, Disability, and Family Caregiving," *Journal of Family Social Work* 19, no. 4 (2016): 348–95, https://doi.org/10.1080/10522158.2016.1233924.

[110] It wasn't an omission to not capture that data, rather, the small sample sizes mean data is too limited to draw statistically significant results.

[111] Australian Bureau of Statistics, "Region Summary: Yarra."

### 2.3.5 LGBTQIA+ people and communities

LGBTQIA+ people experience stress through discrimination, family rejection, and the need for identity concealment, contributing to higher loneliness rates.[112] Within this population, intersectional risks are pronounced: older LGBTQIA+ people may carry decades of concealment and distrust, LGBTQIA+ people from CALD backgrounds may face dual stigma, and trans and gender diverse people experience particularly high rates of exclusion from various communities or institutions.[113]

People in Yarra identifying as LGBTQIA+ had slightly higher rates of loneliness compared to the average rate.[114] However, LGBTQIA residents in Yarra have much lower rates of loneliness compared to elsewhere in Australia. This is likely due to this community's much higher concentration in Yarra – according to the VPHS 24.3% of Yarra residents identified as LGBTQIA+ compared to average of 11% across Victoria, and below 4% in some regional areas, such as Loddon and Queenscliffe.[115] Living in and being connected to communities with shared identities and experience is protective against chronic loneliness.[116]

**What helps and how do you connect with others? Responses from people identifying as LGBTQIA+**

*"Sharing coffee with others, going on excursions and to church, supporting needs of locals through advocacy."*

*"Walks, social meals, games or sports with others."*

*"Community groups."*

*"Activities catered to specific diversity groups (i.e. age groups, lgbtiqa+, cultural groups), structured social time after an activity to encourage connection over shared interest (i.e. social time after author talk at the library)."*

*"Volunteering or helping in the community e.g. fareshare or cleaning graffiti."*

[112] Ilan H. Meyer, "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence," *Psychological Bulletin* (US) 129, no. 5 (2003): 674–97, https://doi.org/10.1037/0033-2909.129.5.674; Meyer, "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations"; Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*.

[113] Hajek et al., "Loneliness and Social Isolation among Transgender and Gender Diverse People"; Elmer, "Marginalization and Loneliness among Sexual Minorities"; LGBTIQ+ Mental Health, "LGBTIQ+ Mental Health," Transcultural Mental Health Centre (2023), Transcultural Mental Health Centre, accessed April 3, 2026, https://www.dhi.health.nsw.gov.au/transcultural-mental-health-centre-tmhc/resources/community-mental-health-profiles-and-information-resources/lgbtiq; Emlet, "Social, Economic, and Health Disparities Among LGBT Older Adults"; Choi and Meyer, "LGBT Aging: A Review of Research Findings, Needs, and Policy Implications."

[114] 29% for LGBTQIA+ compared to 26% average based on the SIS as reported in the Health and Wellbeing Profile; and 67% compared to 61% using the direct question in the qualitative survey, which had smaller sample sizes) Enable Health Consulting, *Yarra's Health and Wellbeing Profile 2024* (Enable Health Consulting, 2024). Note that although the Health and Wellbeing Profile and the Social Indicators Market Research both used the SIS, which utilised the UCLA, they reported different levels of loneliness, likely due to different thresholds or other methodological decisions. Clarity has been sought.

[115] Victorian Department of Health, "Victorian Public Health Survey." Note the YSIS has a much lower proportion of respondents identifying as LGBTIQA+ in Yarra, 15%, but this lower rate is matched to the 2021 census result.

[116] James S. Morandini et al., "Minority Stress and Community Connectedness among Gay, Lesbian and Bisexual Australians: A Comparison of Rural and Metropolitan Localities," *Australian and New Zealand Journal of Public Health* 39, no. 3 (2015): 260–66, https://doi.org/10.1111/1753-6405.12364; Valtorta et al., "Loneliness and Social Isolation as Risk Factors for Coronary Heart Disease and Stroke"; Choi and Meyer, "LGBT Aging: A Review of Research Findings, Needs, and Policy Implications"; Weiss, *Loneliness*.

### 2.3.6 CALD people and those born overseas

People of CALD backgrounds face language barriers, loss of social networks through migration, cultural dislocation, and discrimination. Refugees and humanitarian migrants are particularly vulnerable, with research showing that loneliness during resettlement is associated with poor general health, post-traumatic stress disorder, and severe mental illness — effects that worsened from pre-pandemic to four years post-COVID-19.[117] The loss of second (and third and fourth) languages with age-related cognitive decline can also reduce opportunities for meaningful conversations that sustain social connections.

In Yarra, where 28.6% of residents were born overseas,[118] these dynamics are significant. However, in Yarra, SIS data showed that **people from CALD backgrounds were slightly less likely to experience loneliness than the general population of Yarra.[119]** This could be due to far more Yarra residents reporting that multiculturalism makes their life in their area better – 85.5% compared to a state average of 66.5% and/or a robust network of social clubs for older residents, many of which are based on cultural and language groups.[120]

***Lived experience insights from CALD residents on what can help or hinder social connection***

*"Exercises, body balance, walking… To encourage my health, knowledge, interconnection with other communities."*

*"When we get older it is sometimes harder to remember second or third languages. This makes it harder to connect, or you worry about saying the wrong thing or forgetting."*

### 2.3.7 First Nations people

First Nations people experience loneliness and disconnection through a fundamentally different lens. Western individualist conceptions of loneliness (and measures of loneliness such as the UCLA) do not adequately capture the relational and collective dimensions of First Nations wellbeing, which encompass connection to land, culture, spirituality, ancestry, family, and community.[121] That said, the effects of colonisation, dispossession, intergenerational trauma, and ongoing racism have profoundly disrupted these relational foundations. The 2022–23 National Aboriginal and Torres Strait Islander Health Survey found that 30% of First Nations adults experienced high or very high psychological distress, and those who had been removed from their families or whose relatives were removed were significantly more likely to report such distress (38%) than those who had not (26%).[122] First Nations people are also at much higher risk of experiencing multiple barriers, such as financial distress and poor health already discussed, due in large part to the compounding effects of colonisation, dispossession, trauma, racism and stigma.

There is no published prevalence estimate of loneliness specific to Aboriginal and Torres Strait Islander peoples, a gap that itself reflects the broader underrepresentation of First Nations perspectives in loneliness research, and in

[117] Wen Chen et al., "Impacts of Social Integration and Loneliness on Mental Health of Humanitarian Migrants in Australia: Evidence from a Longitudinal Study," *Australian and New Zealand Journal of Public Health* 43, no. 1 (2019): 46–55, https://doi.org/10.1111/1753-6405.12856. Chen, W. et al., 2017.

[118] Australian Bureau of Statistics, "Region Summary: Yarra."

[119] Vibrant Insights, *City of Yarra: Social Indicators Market Research*; Enable Health Consulting, *Yarra's Health and Wellbeing Profile 2024*. The qualitative survey found a much higher rate for people born overseas – 83% compared to 46.5%, but the sample size was small – only 6 people. This qualitative survey found no meaningful difference between CALD residents and the average.

[120] Victorian Department of Health, "Victorian Public Health Survey."

[121] Australian Institute of Health and Welfare, ed., *Measuring the Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander Peoples* (Australian Institute of Health and Welfare, 2009); Tom Calma et al., "Aboriginal and Torres Strait Islander Social and Emotional Wellbeing and Mental Health," *Australian Psychologist* 52, no. 4 (2017): 255–60, https://doi.org/10.1111/ap.12299; Pat Dudgeon et al., "The Gayaa Dhuwi (Proud Spirit) Declaration – a Call to Action for Aboriginal and Torres Strait Islander Leadership in the Australian Mental Health System," *Advances in Mental Health* 14, no. 2 (2016): 126–39, https://doi.org/10.1080/18387357.2016.1198233.

[122] Australian Bureau of Statistics, "National Aboriginal and Torres Strait Islander Health Survey, 2022-23 Financial Year | Australian Bureau of Statistics," 2024, https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release.

health, psychology, wellbeing research and policies more generally.[123] While the Victorian Public Health Survey (VPHS) 2023 has published indicators that break down by local government area, not demographic subgroups. While the VPHS would have collected Aboriginal and Torres Strait Islander status from respondents (it's a standard demographic question), VicHealth has not published loneliness cross-tabulated by Indigenous status in this release. It is unclear whether this is due to small sample sizes at the LGA level, data sovereignty considerations, or scope.

In the last census, 643 Yarra residents identified as Aboriginal or Torres Strait Islander, and the Yarra Health and Wellbeing Profile lists First Nations people at the top of the list of priority population group.[124] It is noted that Council made a deliberate policy decision to not provide a breakdown of all YSIS health and wellbeing data for First Peoples, recognising that doing so without relevant permissions, including from the Closing the Gap Partnership Forum, would breach their data sovereignty commitments to First Peoples. This report follows the same reporting policy out of respect for First Nations people.

## 2.4 Multiple overlapping disadvantages increase risk

The concept of intersectionality applies directly to loneliness.[125] Research has found that 56% of between-group variance in loneliness was explained by intersectional interaction effects — the specific combinations of social identities — rather than additive effects of individual characteristics.[126] Yarra's data illustrates this concept in vivid detail. The groups with highest loneliness rates — people with disability (60%) and low-income households (69%) overlap substantially with each other. This tells us that many in Yarra are navigating multiple exclusions and barriers simultaneously.[127] For example, an older person from a CALD background who is also a carer does not face three separate risks — they occupy a position where these identities interact in ways that multiply isolation.[128] **This reinforces the need for a portfolio approach with range of programs suited to varying and overlapping needs, including specialised services for those with concentrated and acute combinations of disadvantage** - such as Connie Benn in Fitzroy, discussed in Section 4 of this report.

**Insights from interviews with Yarra City Council service staff**

While Yarra service providers did not generally use the term "intersectionality," their observations reflected it consistently. They described how disadvantage compounds: CALD mothers unable to access childcare to participate in programs; oldest daughters in migrant families expected to care for younger siblings and therefore unable to attend youth activities; LGBTQIA+ seniors facing both aged-care stigma and the legacy of concealment; and people on low incomes, who may also be carers or living with disability, who can neither afford to pay for social catch-up or low-fee activities, not access these due to obstacles and limitations in the built environments or their (or their loved ones) health and care needs.

[123] See for example Tracy Westerman, *Jilya: How One Indigenous Woman from the Remote Pilbara Transformed Psychology* (University of Queensland Press, 2024).

[124] Enable Health Consulting, *Yarra's Health and Wellbeing Profile 2024*.

[125] Kimberle Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color," *Stanford Law Review* 43, no. 6 (1991): 1241–99.

[126] Yang Li and Dario Spini, "Intersectional Social Identities and Loneliness: Evidence from a Municipality in Switzerland," *Journal of Community Psychology* 50, no. 8 (2022): 3560–73, https://doi.org/10.1002/jcop.22855.

[127] Enable Health Consulting, *Yarra's Health and Wellbeing Profile 2024*.

[128] Laura Garcia Diaz et al., "The Role of Cultural and Family Values on Social Connectedness and Loneliness among Ethnic Minority Elders," *Clinical Gerontologist* 42, no. 1 (2019): 114–26, https://doi.org/10.1080/07317115.2017.1395377; Poon et al., "Social Connectedness of Carers"; Li and Spini, "Intersectional Social Identities and Loneliness"; Poon et al., "Social Connectedness of Carers."

## 2.5 Positive population evidence to leverage

It is not all doom and gloom. Yarra has multiple data indicators working in its favour. Examination of dozens of indicators across the VPHS data set from 2023 reveals that:

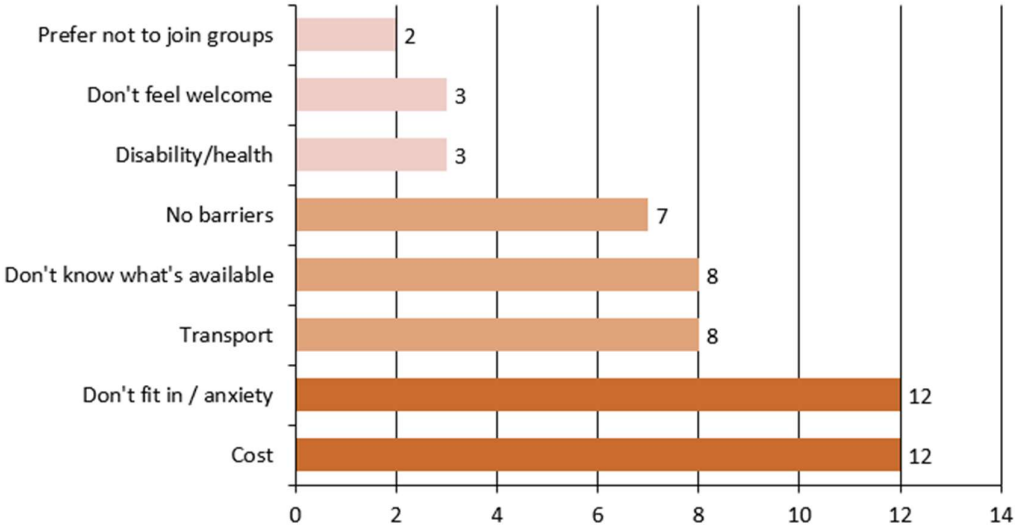
- 52% of Yarra residents report 'excellent or very good health' compared to 40% of Victorians.
- Yarra has more residents that did at least 150 minutes of moderate to vigorous physical activity (43.4% compared to 35.1%). The proportion of Yarra residents not doing any moderate to vigorous physical activity was less than half the state rate (7% vs 17%).
- Yarra has more residents that are proactive on their mental health, with 31% of residents seeking help for a mental health condition in the last 12 months compared to only 20% of Victorians.
- 52% of Yarra residents report high or very high life satisfaction, compared to 51% of Victorians.[129]

## 2.6 Additional lived experience insights on barriers and enablers

### 2.6.1 There are overlapping barriers to connection and reducing loneliness

Residents indicated multiple barriers preventing them from connecting socially with others. The biggest indicated in the survey were cost, and anxiety/belief they wouldn't fit in. Psychological barriers (not fitting in, not feeling welcome, anxiety) appear at least as significant as practical barriers (cost, transport, times). This is consistent with the literature on loneliness reduction — addressing practical access (through cost, and access) alone is insufficient if people don't feel the activity is meant for them.

*Figure 11: What are the main barriers to connecting with other people and joining activities?*

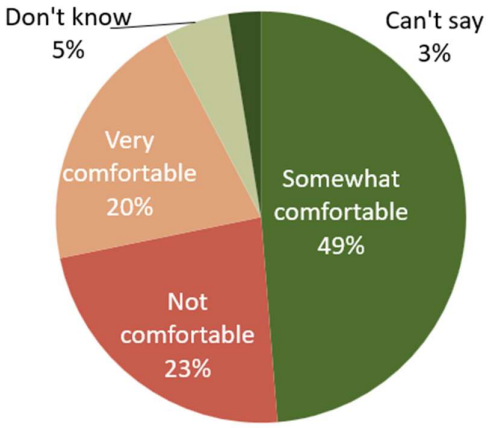



Discussing loneliness is a barrier for many that live and work in Yarra. Only a fifth of respondents to the qualitative survey said they'd feel "*very comfortable*" telling someone such as a friend, family member or health professional if they felt lonely. A further 49% said they would feel "*somewhat comfortable*" telling someone, with almost a quarter saying "*not comfortable*".

**This suggests that indirect approaches and programs are required alongside targeted ones, and that may be more effective than programs overtly advertised as loneliness interventions**. This similarly aligns with findings from the literature review.[130]

[129] Government of Victoria, "Victorian Public Health Survey (Local Government: Selected Indicators)."
[130] Add – UK, surgeon general and ELT I think.

*Figure 12: How comfortable would you feel telling someone that you feel lonely? (This person could be a friend, family member or health professional). (Qualitative survey, N= 39).*




**Lived experience insight**

*"One day woke up and thought 'I feel lonely'. Came [to Council programs] through incidental encounters, started by going to the exercise group, then started coming here [Willowview]. It's really helped."*

## 2.6.2 There are multiple enablers to social connection

Just as there are multiple barriers, there are also multiple enablers addressing these barriers. Survey respondents and most interviewees indicated informal activities and recurrent group activities were most highly used and valued. Informal activities included going for coffee or walks with others, visiting playgrounds and dog parks with friends or family, and picnics with neighbours. Everyone interviewed that participated in formal Council programs, such as Willowview and Yarra Library events empathised the very high value they received from them, describing them as transformative and a highlight of their week or of living in Yarra.

*Table 2: What Yarra programs, services or community spaces do you participate in? (Qualitative survey, N=38)*

| Response option | Count | % of respondents |
|---|---|---|
| Informal activities like having a coffee or walking with others | 17 | 44.7% |
| Parks, playgrounds and community gardens | 15 | 39.5% |
| Libraries | 15 | 39.5% |
| Cultural events, concerts and festivals | 15 | 39.5% |
| Sport facilities (like the pool, bowls club, basketball courts) | 11 | 28.9% |
| Neighbourhood houses | 8 | 21.1% |
| Volunteering and community planning (such as for a school, church, charity) | 7 | 18.4% |
| Online spaces (social media, games, reddit etc) | 7 | 18.4% |
| Special interest clubs like films, games, books, cycling, politics or gardening | 6 | 15.8% |
| Other clubs or groups not specified | 3 | 7.9% |
| Sports teams – as a player, coach or support | 1 | 2.6% |
| Language lessons or clubs | 1 | 2.6% |

**Additional insights from residents on what helps them become or stay connected**

*"Relaxed and informal activities in quiet spaces".*

*"Twice daily visits to the Ramsden Street oval with my dog, connecting with other dog owners"*

*"Going to the park with my toddler and talking to other parents there, going to the pub or café with my friends, visiting family nearby, chatting with neighbours."*

*"Neighbourhood house, craft activities"*

Analysis of interview and survey data by age ranges provides further nuance, as the barriers and solutions evolve as people lives evolve:

- For those aged 25-34, the greatest barriers were cost, and times activities were offered, and preferred solutions were free or cheap, and flexible and informal
- For those aged 35-44, emotional loneliness was a major theme, and flexible, family-friendly solutions were frequently proposed.
- For those aged 45-54, the main issues could be surmised as 'meaning and fit' -whether they felt they had reason to join and would fit in, and whether it would fit in with other responsibilities. Purpose-driven activities resonated for this cohort.
- For those aged 55-64, the big issue was gaps in information and evolving identities and needs, potentially related to shifting roles (as children left home or as they retired), and they most sought interest-based activities and volunteering roles where they could 'give back'.
- For those aged 65-74, practical issues of accessibility and information availability were the most prescient barriers mentioned, and they sought predictable, daytime activities that they could easily and ideally independently access via foot, public transport or car.
- For those aged 75 and over, health, physical mobility and social isolation presented the greatest barriers, and outreach and transport provision were identified as clear enablers.

### 2.6.3 Strengths-based and activity-based language resonates the most

'Wanting activities with other people' was by far the most preferred among Yarra community survey respondents on the topic of social connection. Other popular choices were 'helping out', 'feeling disconnected', 'joining in' or 'wanting more friends or connections'. (See Table 3, below). These phrases were also repeatedly used in interviews with residents, and in interviews with service providers, and align with the evidence on effective framing from the literature review.

*Table 3: Which words or phrases best describe how you would talk about wanting more social connections? Select all that apply (Qualitative survey, N=39)*

| Response option | Count | % of respondents |
|---|---|---|
| **Wanting activities with other people** | **22** | **56.4%** |
| Helping out | 15 | 38.5% |
| Feeling disconnected | 13 | 33.3% |
| Joining in | 13 | 33.3% |
| Wanting more friends or connections | 11 | 28.2% |
| Feeling lonely | 10 | 25.6% |
| Wanting deeper friendships | 9 | 23.1% |
| Don't know | 2 | 5.1% |
| Prefer not to say | 2 | 5.1% |
| Feeling left out | 1 | 2.6% |

**Notably, *'feeling lonely'* ranks lower than alternative phrases, suggesting residents prefer language that frames the need positively (wanting connection) rather than naming the deficit (loneliness). This has implications for how Council frames programs and communications: language of belonging, connection and participation resonate best with its people and the evidence base**.

### 2.6.4 Residents' other suggestions for Council

When asked if they had any other ideas of suggestions for Council, residents in the surveys and interviews had a lot to say. Their comments reinforced the importance of:

- Accessibility (physical, financial, sensory, transport) of services, programs and facilities
- Positive, inclusive and clear language and framing. One resident said: "*Council tone and language can sometimes exclude*" and another said "*I'm not always sure what Council is saying*".
- Readily findable, comprehensive and up-to-date information on programs and services.
- Maintaining a mix of targeted and universal services – "*something for everyone*", recognising the diversity (cultural, economic, age profile) of Yarra, and the need for cultural/creative spaces as well as physical/recreational opportunities.
- Ensuring a welcoming and inclusive atmosphere, where everyone can feel they belong, which encourages first-time attendance and then repeat attendance to build connections and confidence.
- More opportunities and supports to connect informally with neighbours, such as provision of picnic tables and chairs, for street picnics, encouragement or support for shared nature-strip gardens in their streets, and guidance on setting up WhatsApp groups for buildings or laneways.

*Image 4: Image of two pairs of hands planting a seedling. One pair is wearing gloves.*

# 3. Yarra service providers' perceptions and insights

This section provides key insights from Yarra staff – frontline service providers and those in leadership, management or planning roles overseeing frontline services. It is based on a confidential qualitative survey of 41 staff and service providers and interviews with 23 Council staff drawn from older adults, youth, family and children's services, Yarra Libraries, Yarra Leisure, Community Development, access, equity and inclusion.

The insights show that these staff are knowledgeable, skilled, dedicated and empathetic, and that they view loneliness as a serious and growing issue across Yarra. The data also indicate a slight mismatch in staff perceptions of the loneliest cohorts versus what the population and qualitative data indicate, and a slight mismatch in what staff perceive as the greatest barriers and what residents reported. This is reinforced by a finding that staff overall were not very confident in their ability to identify and respond to loneliness among their service users.

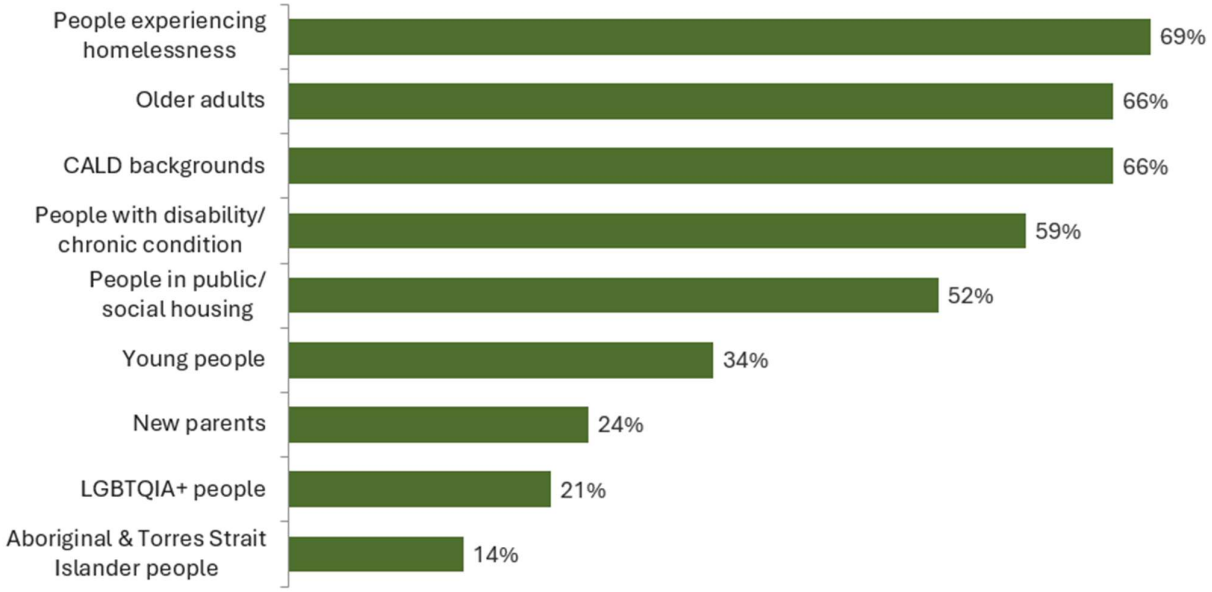
## 3.1 Service providers see loneliness as widespread and increasing

Nearly all respondents (93%, N=29) saw loneliness as common or very common among their service users, with close to half (48%) indicating they think loneliness is getting worse.

Service providers surveyed that responded to this survey question (29) and interviewed (23) readily identified cohorts with elevated rates of loneliness, and these broadly aligned with Yarra and national data (see section 3).

However, the two groups most affected in Yarra (people living with disabilities, and people from low income households) were less frequently identified, and older people and people from CALD backgrounds were more commonly identified. This is striking because these are the groups with highest rates of loneliness, which suggests a gap in visibility or in perception, and highlights the value of continued investment in professional learning and in quality data sets.

*Figure 13: Service providers perceptions of most affected cohorts in Yarra, qualitative survey, n=29*[131]

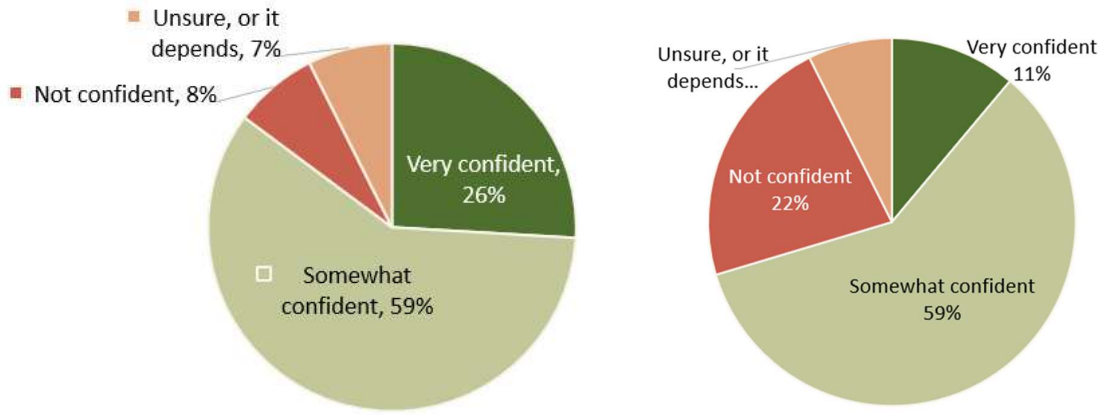



[131] Percentages sum to more than 100% as respondents could select multiple options.

## 3.2 Most service providers feel under-equipped on loneliness

Only a quarter (26%) of service providers reported they felt 'very confident' in identifying loneliness among their service users, and only 11% reported they felt very confident or well-equipped in responding to or addressing loneliness. These same patterns were reflected in the interviews.

*Figure 14: Yarra service providers' confidence in identifying loneliness (left) and responding to loneliness (right) – qualitative survey 2026, N=27.*




The responses services providers responding to the survey thought are most helpful were showing empathy (89%), asking questions (78%), suggesting activities or services (78%), referring to other services (74%) and normalising loneliness (70%) – multiple responses could be selected.

Service providers responding to the survey, and service providers who were interviewed, had mixed views on the impact of stigma. Only 12% thought it had a large impact on their service users being able to talk about or seek help for loneliness, while 64% saw stigma as 'somewhat' of a barrier.

Service providers demonstrated awareness of the stigma associated with the word lonely and of the importance of normalising loneliness and using positive, strength-based and inclusive language when talking with service users. A total of 36% of survey respondents reported never using the world loneliness, 60% sometimes using it, and 4% often using it. This aligns with interview findings, where staff described avoid them term unless the resident/service user raised it – in other words, being responsive to the resident's preferred language and showing them they were heard.

Service providers perceived the biggest barriers facing their service users from accessing social connection opportunities (below) different somewhat from the results of the residents' survey (see Figure 11 in Section 2):

- Not knowing what was available (80%) **(residents identified this as second biggest barrier)**
- Disabilities or health conditions (60%)
- People not thinking the opportunity is for them (60%) **(equal biggest barrier for residents)**
- Cost (56%) **(residents identified this as the equal biggest barrier)**
- Language barriers (56%)
- Transport (52%) **(residents identified this as second biggest barrier)**
- Lack of culturally appropriate options (48%), and
- Digital access (44%).

As for themselves, they perceived the biggest barriers for them in adequately responding to loneliness among their service users as:

- Not enough time (44%)
- Limited referral options (40%)
- Lack of resources (40%)
- Not part of core role (32%)
- Lack of training (28%), and
- Stigma around raising it (85)

**Yarra staff insights**

*"It's like an embarrassment to talk about it [for some people]"*

*"People don't want to show vulnerability to staff"*

# 4. Yarra's current primary prevention program interventions

This section sets out Council's primary prevention programs and initiatives across older adults, family and children's services, youth services, Yarra Libraries, Yarra Leisure, and equity, access and inclusion, and is complemented by the full register of interventions in Appendix A. It demonstrates that Council has many complementary initiatives and programs in place which together address all drivers of loneliness and population cohorts, and that these exist at multiple levels: individual, group, community and policy.

It also presents the findings from the assessment of each service area's portfolio of primary preventions against each against the ten effectiveness criteria from Section 1 using a mixed-methods approach: analysis and triangulation of documentary evidence, population data, interviews, and qualitative and quantitative surveys.

The assessment found that every portfolio meets or strongly meets every criterion, but that some gaps and strengthening opportunities exist. The strengths and gaps identified from this assessment and analysis, along with the population insights, form the foundation for the overarching conclusions and opportunities for improvement, detailed in the next section.

## 4.1 Yarra has evidence-based programs in place at all levels, for all cohorts

Yarra City Council has over 100 initiatives in place either directly or indirectly addressing loneliness (see Appendix A for the full list). Direct programs include the Willowview Centre for older adults, Yarra Libraries' Chatty Café initiative and new parents' groups run by Maternal and Child Health nurses. Indirect initiatives include the many offerings of the leisure centres and neighbourhood houses – although for many residents these actually directly address loneliness. Most programs are at group level, recurrent (with weekly, fortnightly or monthly cadences), resident-led and either free or low-cost. Most of these programs are also available or enabled through community infrastructure, such as libraries, family services and youth hubs, which demonstrates how the levels connect and mutually reinforce each other.

The programs are a diverse mix of activities intended for a mix of cohorts or specific cohorts. Many programs are services are targeted to residents living in public housing and experiencing overlapping forms of disadvantage, and are collocated with the public housing estates and other services to reduce access barriers. However, other residents with low incomes or under financial pressure do not live in the public housing estates, or qualify for some of these excellent initiatives. Similarly, few programs are directly targeted to people living with disabilities or chronic health conditions (although all programs are intended to be accessible and open to them). However, the evidence from the SIS and qualitative survey found this cohort had nearly twice the average rate of loneliness and may benefit from additional targeted services and/or additional measures to reduce access barriers.

Each of Yarra's portfolios were assessed against 10 criteria derived from review of the national and international research evidence on what makes loneliness interventions effective. These criteria were validated with Yarra project team, Yarra service providers, and against resident's insights and needs as shared through interviews, focus groups and a confidential survey to ensure they reflected lived experiences and practical realities in Yarra. Figure 15, on the next page, provides a summary of the findings of these assessments, and detailed descriptive analysis provided for each service area over the following pages.

*Figure 15: Assessment of Council's interventions addressing loneliness against the criteria (service portfolio level)*

| Criteria | Older adults | Family & children | Youth | Libraries | Leisure & recreation | Community Development, Equity, access & inclusion |
|---|---|---|---|---|---|---|
| 1. Lived experience input | | | | | | |
| 2. Language and framing | | | | | | |
| 3. Reach | | | | | | |
| 4. Access and equity | | | | | | |
| 5. Appropriateness | | | | | | |
| 6. Cultural inclusion and responsiveness | | | | | | |
| 7. Quality and evidence-based | | | | | | |
| 8. Effectiveness and evaluation | | | | | | |
| 9. Sustainability | | | | | | |
| 10. Integration. | | | | | | |

## 4.2 Older adults

### 4.2.1 Overview of the older adults portfolio

Yarra City Council provides or supports extensive primary prevention programs for its older residents to prevent or reduce loneliness. These fall into 7 main categories:

1. **Seniors' hubs, such as the Willowview Centre** – which provides recreation and social connection activities ranging from crafts and board games to shared meals and excursions. Residents come one or multiple days a week, the same day each week, providing the opportunity to connect with increasingly familiar faces and form social connections.
2. **Weekly group exercise classes** – focussing on strength and mobility to support healthy ageing and social connections, followed by a community lunch at the Djerring Centre in Abbotsford. These are often a gateway to accessing other Council programs and beginning new friendships. (These are separate to the specialist 'Move for Life' classes delivered by Yarra Leisure.)
3. **Food services** – meal deliveries for older residents and others that are house-bound. (The community lunches are also grouped in this category by Council).
4. **Companion animal support program** – where the dog of a resident over 65 or living with disability can have their dog walked weekly by a volunteer.
5. **Resident-led social groups** – 16 are listed on a document on Council's website. These vary in the memberships – some for specific cohorts, such as the Bent Twig Alliance for those identifying as LGBTQIA+ which meets fortnightly; or specific CALD communities such as the Serbian Pension Group which meets weekly at Yarra's Bargoonga Nganjin Community Hub in North Fitzroy or the Cultural Vietnamese Women's Association which meets twice a month in Fitzroy. Others are open to all within such as the U3A (University of the Third Age) a volunteer cooperative of older people who share educational, creative and leisure activities from guest lectures to historical tours.
6. **Annual events** – such as the Seniors festival held each October.
7. **Special events and programs** – such as the current 'Dancing from the Heart' initiative.

There are also adjacent supports provided by other parts of Council for older adults, such as the Home Library Service and technology borrow and skills services by Yarra Libraries, the Carer Support Walk by Equity, Access and Inclusion, the Move for Life programs by Yarra Leisure, countless offerings from neighbourhood houses, and a Council-wide initiative to make infrastructure and events inclusive for those with heightened mobility, hearing or vision needs.

## 4.3 Families and children

### 4.3.1 Overview of the services and programs in the family and children's portfolio

This is one of Council's largest portfolios and is funded through a variety of mechanisms. It includes:

- The Connie Benn Centre, an integrated and inclusive service hub for children aged 0-12 and their families living in Fitzroy, with "*a strong focus children's rights, education, health and wellbeing*." The Centre includes an early childhood education and care (ECEC) service, a maternal and child health (MCH) service, playgroups, immunisation services, Storytime activities, a toy library, parent activity groups (cooking, craft circle, health and wellbeing), plus services by external and partner organisations such as the Brotherhood of St Laurence; Cohealth, and Fitzroy Legal Service; and meeting rooms people can book.
- A total of 5 Council-run ECEC services (described as 'childcare') including long day care services (some with preschool programs and occasional care services), sessional kindergartens, and Outside School Hours Care (OSHC) services providing care for school-aged children after school, on pupil-free days and in school holidays at three locations – Collingwood, Richmond, and Fitzroy. These are largely funded through Australian Government subsidies of parent fees through the Child Care Subsidy and Three Day guarantee, with kindergarten (preschool) funding largely provided by the Victorian Government[132].
- Playgroups, including supported playgroups facilitated by Council, and parent/community-run playgroups, language-specific and cohort-specific and language-specific playgroups (Japanese, French, Spanish, Italian, Vietnamese, twins-and-multiples, rainbow families, solo parents.
- Maternal and Child Health services delivered across eight centres and including home-visits for newborns and children or families requiring enhanced care (such as families with triplets or other more complex needs). MCH nurses also deliver new parents' groups which provide information, reassurance and social connections with others going through the same life-changing event.
- Parenting Information and Support Services which includes regular in-person and online capability-building for parents and families (such as Tuning in to Teens), warm referrals to social connection opportunities (such as those offered by Youth Services and Yarra Libraries), and a Family Support Team providing individualised supports to parents and families experiencing family violence, isolation, and other wellbeing needs.
- Outreach and cohort-targeted programs including Dad Fit (a 6 week program combining physical activity and a different conversation topic each week to improve fathers' connections and confidence), Community Hugs (a 10-week program for mothers with postnatal depression and anxiety), Young Mums (for mothers much younger than average), and inclusion supports such as Access to Early Learning, CALD Outreach, Preschool Field Officer). Programs for First Nations families are often delivered by Aboriginal Community Controlled Organisations (ACCOs).

## 4.4 Youth services

### 4.4.1 Overview of the youth services portfolio

Yarra's youth services relevant to social connections and belonging include:

- Two active youth hubs (Fitzroy and Richmond) offering an array of group-based activities, most of which are recurrent and take place weekly on a timetable that is refreshed each term and school holiday period. Activities range from practical and skill-building (such as homework clubs and employment preparation and pathways activities), interest-based (around sports, music, art and crafts, fashion, and more), gender-based (boys club, girls clubs), excursions, and providing a safe, inclusive place for young people to hang out. Most of these activities are targeted to specific cohorts, such as 11 to 13 years old, or 15 to 25 years old, with a program that is updated quarterly (each school term). Many of the activities are delivered by or co-delivered with Yarra Libraries and Yarra Leisure (especially school holidays programs), or with external and partner organisations such as the Satellite Foundation and the Drum.
- Youth support services, free generalist case management for 12-25-year-olds covering mental and physical health, disability, housing, AOD, family and peer relationships, education, legal and financial stress).

[132] The Australian Government provides some supplementary and targeted programs to support access, inclusion and quality in preschool, in a mix of funding mechanisms, including through state governments and through its own early education and care funding settings.

- Special events and formation programs, such as the Becoming a Young Leader program.

These programs are reinforced by the Yarra Youth Providers Network (quarterly cross-agency forum); and the programs of other Yarra portfolios, schools and partner organisations.

## 4.5 Yarra libraries

### 4.5.1 Overview of the Yarra libraries portfolio

Yarra has five library branches (Bargoonga Nganjin in North Fitzroy, Carlton, Collingwood, Fitzroy, and Richmond), with library spaces designed intentionally to support social connection and accessibility.

Additionally, Yarra libraries provide a wide and dynamic range of services to further promote social connections and inclusion (though the removal of barriers to access and participation) including:

- Community-led and/or initiated book groups and craft groups supported by libraries (provision of meeting places, promotion, and books – for the book clubs)
- Chatty Café (an evidence-based program tackling loneliness)
- Events: such as author talks, live music and films
- Children's programs (Babytime, Rhymetime, Storytime – including family Storytime and Storytime around the world, and school holidays programs
- Home Library Service for residents who can't visit library branches in person
- Community Pantry at Bargoonga Nganjin for people in financial distress
- iPad lending for over-55s and people with disability.
- A Library of Things (energy efficiency kits, thermal image camera, foldable moving trolley).
- Multilingual collections (Chinese, Vietnamese, Italian, Greek, Spanish, and some First Nations)
- Flexible learning spaces for quiet study or group discussions
- Technology (computers, tablets, Wi-Fi) access and digital help sessions.

*Image 8: Illustration of Richmond Library's interior, showing three people sitting around a table*

## 4.6 Yarra Leisure

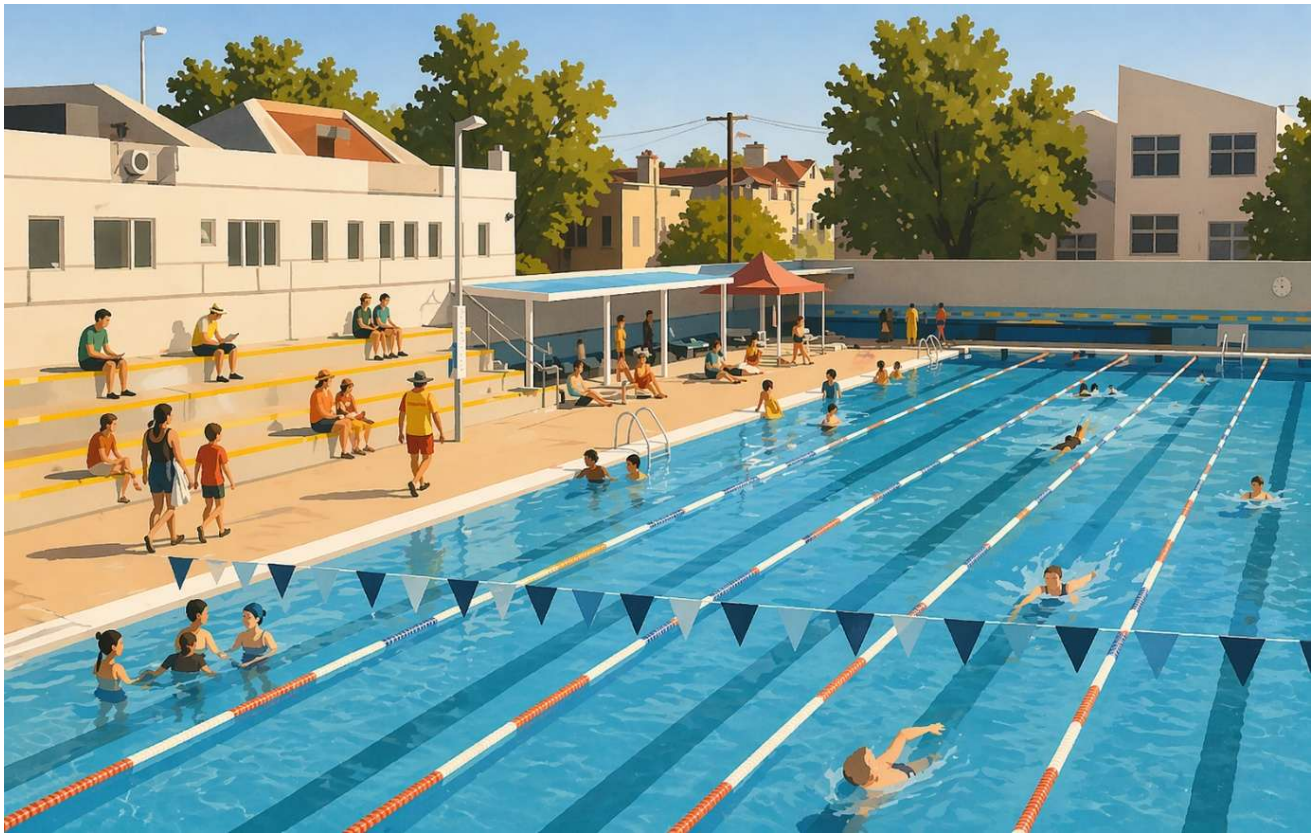
### 4.6.1 Overview of the Yarra Leisure portfolio

Yarra Leisure operates four centres (Collingwood Leisure Centre, Richmond Recreation Centre, Fitzroy Swimming Pool, Collingwood Estate Gym) each of which provides an extensive program including:

- Universal offerings open to all – recurrent group classes and facility use
- Targeted (designed and intended for specific cohorts) offerings at Collingwood Leisure Centre, Richmond Recreation Centre and Fitzroy Pool including: QueerFit's programs for people identifying as LGBTQIA+; Parents and Prams classes for people with infants and young children; Move for Life program for older adults aged 50+; Access all Abilities (AAA) swimming and gym programs for people living with disability or chronic health conditions, tailored for different individuals' strengths and needs. Additionally, there is a women's gym (part of the Richmond gym) and pool (in Collingwood Leisure Centre), each open only to women in certain hours), and
- Events: such as Fitzroy Swimming Pool's Northside Pool Party as part of the Midsumma Pride Festival.[133]

Yarra Leisure also operates the Burnley Golf Course and manages upkeep of and equitable access to community sports and recreation grounds and facilities, such as the ovals and courts for formal, organised sports clubs and local competitive sports matches for children, youth and adults, which it does through its Allocations Policy and Fair Access Policy.

*Image 9: Illustration of Fitzroy Pool, there are people swimming, standing and walking*



[133] Midsumma festival, "Northside Pride Party," Midsumma Festival, 2026, https://www.midsumma.org.au/whats-on/events/northside-pride-pool-party/.

## 4.7 Community Development, Equity, Access and Inclusion

### 4.7.1 Overview of programs and services

Yarra City Council has a broad and diverse array of programs, services and initiatives seeking to directly or indirectly reduce loneliness and promote social connections, belonging and cohesion. **This section focuses on the programs and initiatives not yet covered in the report, and some of the enabling mechanisms operating across all portfolios**.

There are nine neighbourhood houses (which also include community gardens, Men's Sheds and Women's Sheds, repair cafes and Learn Local providers) are embedded across the LGA. Each provides a vast, responsive and diverse array of programs, services, inclusive spaces and events. These neighbourhood houses are Alphington Community Centre, Belgium Avenue Neighbourhood House (Richmond), Carlton Neighbourhood Learning Centre (Carlton North), Collingwood Neighbourhood House, Finbar Neighbourhood House (Richmond), Fitzroy Neighbourhood House/Learning Network, Holden Street Neighbourhood House (Fitzroy North), Railway House (North Carlton Neighbourhood House), and Richmond Neighbourhood Centre (which has three sites).

Additionally, Yarra City Council has:

- Multicultural services, including:
    - Bicultural Liaison Officers (BLOs) representing 11 culturally and 14 linguistically diverse backgrounds. These officers provide advice on effective engagement strategies for a CALD community; development and accessibility of communication materials, and support CALD residents and communities to participate in a project or consultations.
    - Language services: an interpreter phone service for Yarra residents and service providers.
    - Facilitation of the Yarra Multicultural Services network (a network of agencies in Yarra providing services for refugees, asylum seekers and newly arrived migrants).
    - Holding or supporting cultural celebrations and festivals.
- Rainbow Yarra, which advocates for inclusivity and equality across the community.
- Aboriginal Yarra, [134] with information for and about First Nations people, including mention of a Reconciliation Action Plan Working Group and an Aboriginal Partnerships Plan – named the Yana Ngargna Plan which is a Wurundjeri Woi Wurrung phrase meaning "*continuing connection"*.
- Food access and relief services at 16 different locations across the LGA. Types include fresh produce, grocery and pantry items, pre-prepared frozen meals, and warm meals to eat with others. Some are provided directly through Council libraries and neighbourhood houses, others are through external and partner organisations such as Anglicare and St Mary's House of Welcome. Most are free, while the others are described as reduced cost or affordable. One of these is The Community Grocer market held in Atherton Gardens, beside the Fitzroy public housing estate, providing affordable access to fresh food alongside community connections.
- Extensive volunteering and work-experience opportunities across many portfolios.
- The Learning Bank, a "*community space located in Victoria Street, Richmond, for residents and businesses to connect, create and learn. our service hub in Victoria Street, Richmond. It focuses on adult literacy, business training, and life skills*". It also provides the Thread Together Store offering quality clothing for free, and meeting spaces.[135]
- A community grants program for resident-initiated and led projects supporting inclusion. This has three levels of grants (up to $4,000, $4,001 to $20,000, and $20,001 - $40,000)
- Community training sessions, to support not for profit and community organisations to run effectively (noting many of these organisations directly or indirectly work to reduce loneliness).
- A carer support walk, held monthly in Abbotsford and followed by a free morning tea.

[134] Council's Aboriginal Partnerships Officer was not available for an interview over the 6 weeks in which interviews were sought. Information on Aboriginal Yarra is based on what was available on Council's website, especially the Aboriginal Partnerships section of the website. https://www.yarracity.vic.gov.au/residents/diversity-and-inclusion/aboriginal-yarra

[135] Yarra City Council, "The Learning Bank," Yarra City Council, no date, https://www.yarracity.vic.gov.au/business/centres-and-spaces/economic-development-north-richmond/learning-bank.

- Council-wide efforts to support inclusion and social connection and access through accessible programs, services, infrastructure and facilities.

*Image 10: Illustration of Railway House (Carlton North Neighbourhood House)*

# 5. Conclusions and opportunities

Yarra City Council is on a journey to reduce loneliness and strengthen social connections and belonging, and the foundation it has already built is strong. All cohorts and loneliness drivers are catered to, there is a mix of targeted and universal initiatives, the initiatives align with the evidence on what works, and each portfolio meets or strongly meets the criteria on effectiveness derived from the literature and validated with residents with lived experience, with service providers, and with the project team. There are also opportunities to strengthen and sharpen this suite of initiatives to ensure no resident falls through the cracks. These opportunities build upon this existing foundation rather than replace it, and take Council's operational roles, levers and constraints into account. These are presented as three strategic priorities, each with a number of targeted actions. These priorities align with Council's Plan 2025-29.

## 5.1 Overarching findings: A solid foundation with opportunities for improvement

**Council supports multiple broad and diverse portfolios of universal and targeted programs, services and infrastructure that directly or indirectly reduce loneliness across the life course**. These contain a mix of targeted programs (such as Willowview for older adults, and new parents' groups) as well as universal programs, such as those provided by Yarra Libraries, Yarra Leisure and neighbourhood houses. These are supplemented by ongoing investments to create and maintain community assets and infrastructure such as parks, gardens, footpaths that are increasingly accessible and safe.

**The portfolios delivered or managed by Council's older adults, family and children's services, youth services, Yarra Libraries, Yarra Leisure, and equity, access and inclusion service areas all meet or strongly meet the effectiveness criteria derived from the international evidence on what reduced loneliness.** They are delivered by skilled and empathetic staff and partners, and reinforced by the municipal Public Health and Wellbeing Plan 2025–29, and by extensive cross-promotion both within Council, and through external networks and partners that Council participates or supports.

*Figure 16: Assessment of the interventions addressing longlines against the criteria (Council level)*

| Criteria | Assessment |
|---|---|
| **1. Lived experience input**: The intended cohort(s) are involved in the design, delivery, or evaluations of the programs to ensure it fits. Codesign is best practice. | Strongly meets |
| **2. Language and framing:** Programs are named and framed using language that avoids stigma and positively frames social connection and participation. | Strongly meets |
| **3. Reach**: Programs reach the intended population. | Meets |
| **4. Access and equity**: There are no barriers to participation — not financial, physical access, transport or digital. No groups are systematically missing out. | Meets |
| **5. Appropriateness:** The programs fit community/cohort needs and preferences. | Strongly meets |
| **6. Cultural inclusion and responsiveness:** The programs are culturally safe and responsive for all community cohorts (First Nations, CALD groups, LGBTIQA+ and so on). | Meets |
| **7. Quality and evidence-based**: The program is based on evidence on what works for loneliness and these cohorts, is implemented with fidelity, and is well-delivered by skilled staff or volunteers aware of stigma, language, trauma and intersectional disadvantage considerations. | Strongly meets |
| **8. Effectiveness and evaluation:** Evidence is collected and used to understand if the programs are working as intended and reducing loneliness/improving social connections. | Meets |
| **9. Sustainability:** The programs are adequately resourced to meet demand now and into the future (i.e. not dependent on time-limited funding or key individuals). | Meets |
| **10. Integration:** The programs are part of a portfolio that meets different individual and group needs, responds to different drivers, has multiple entry points and intervention levels (individual, group, community), and refers and cross-promotes participants between programs. | Strongly meets |

**Heat-map legend:** ■ Strongly meets ■ Meets ■ Partially meets

Key strengths to celebrate and sustain are listed below, along with enhancements to ensure no one falls through the cracks.

- ✓ **A diverse, place-based portfolio** covering universal and targeted programs across the life course and for different cohorts, including a large network of neighbourhood houses.
  Both targeted and universal initiatives are very highly valued and should be retained. There is a case to extend the universal activity-based initiatives for those not fitting in, not eligible for, or not identifying with cohort-based approaches, such as those in mid-life or on small budgets. Effort is needed to ensure all necessary information for people seeking to learn more is available across multiple platforms and kept up to date.

- ✓ **Caring, skilled and knowledgeable staff and partners** with deep practice wisdom on stigma, empathy and strengths-based language, and high levels of cross-portfolio referral and informal coordination.
  However, staff surveyed indicated low-medium levels of confidence in identifying and responding to loneliness. This suggests value in expanding current investments in targeted professional learning.

- ✓ **Language and framing** that aligns with what Yarra residents say resonates and which is consistent with the international evidence.
  Council should continue this framing and consider extending opportunities to volunteer or 'give back' (relatively under-developed compared to promotion of activity-based and identity-based loneliness reduction initiatives).

- ✓ **Social infrastructure of the kind the evidence prioritises** — libraries, neighbourhood houses, parks and green spaces, leisure centres, MCH centres and community transport is embedded across the LGA and within walking distance of most residents.
  Council should continue investing in improving the accessibility of social infrastructure – from toilets and changing facilities for people using mobility aids or prams, to safe and accessible entrances, footpaths, parks and gardens with places to stop and rest, and to sit and chat.

- ✓ **Access, equity and inclusion is embedded across portfolios as design principles** and given effect through the Fair Access Policy, Allocations Policy, free interpreter services, Bicultural Liaison Officer network, Council funded volunteer Police Checks and Working with Children Checks, deliberate colocation of services with public housing estates, and a very large proportion of free or low-cost services, events and opportunities.
  Extending the number of universal and free recurrent activities would help reach more people experiencing loneliness given that many do not qualify for various targeted and structured programs.

- ✓ **A strong policy and planning backbone.** The Health and Wellbeing Plan explicitly names mental and social wellbeing as a priority, mirrors the strengths-based language of frontline staff, and provides strategic shelter for continued investment over the next four years.

  Carefully monitoring progress against the Plan and measuring demand for and effectiveness of key initiatives (targeted and universal, structured programs and opportunities for informal connection) will provide much needed visibility to ensure the programs remain fit-for-purpose and to communicate their ongoing impact.

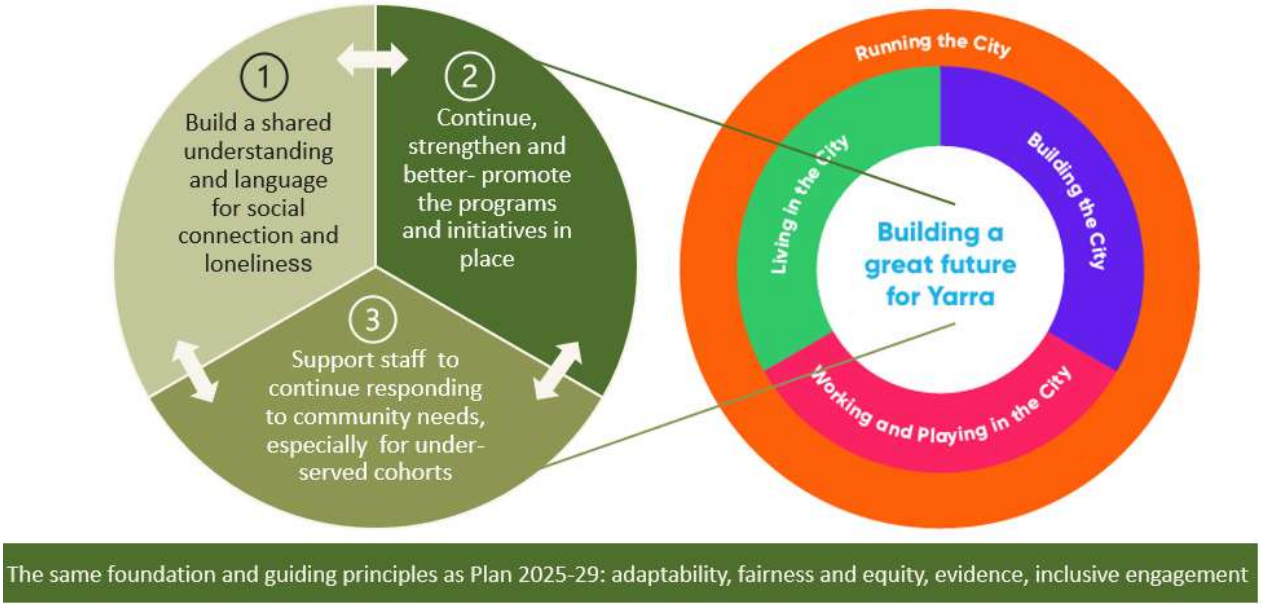
- ✓ **Genuine lived experience input** through resident-led social groups and advisory groups and the large community grants funded for resident-initiated projects, as well as continuously seeking and using feedback.
  These initiatives should all continue and be supplemented by introducing co-design into the development or reform of selected future initiatives to maximise their value to people living with or at risk of loneliness. Codesign is not appropriate or a top priority in all contexts, especially where there is over-consultation or constrained time or budgets. Where codesign is introduced, it should be led by experts in this process, to avoid the risks of disagreements derailing the process or outcomes.
  Council can also strengthen its internal sharing of lived experience insights, for example identifying and sharing completed community engagements (surveys, consultations, co-design) with other service areas. This provides additional resident inputs while minimising burdens.

## 5.2 Strategic priorities and targeted opportunities to reduce loneliness

The ideas together the findings from across the whole report on who is lonely, how it is experienced, what is already in place, and **how Council's mix of services, strategies and plans can be strengthened for greater and sustained positive impact across Yarra**. They are framed to support Council action within current state and Commonwealth funding arrangements, legislative frameworks and Council's constrained budget.

At a high level, they fall into **three, mutually reinforcing strategic priorities** sitting across all Council's service areas and plans, including the Council Plan 2025-29 and the municipal Health and Wellbeing Plan 2025-29 because they share the same foundation: adaptability, fairness and equity, evidence, and inclusive engagement. Each strategic priority is underpinned by opportunities for targeted action.

*Figure 17: The three strategic priorities the research indicates Yarra City Council should pursue. They go to the heart of Council's goal to build a great future for Yarra, and connect with all three of the plan's strategic directions.*




Some structural drivers of loneliness — income support adequacy, healthcare access, the *Aged Care Act 2024* and My Aged Care assessment timeframes, the National Disability Insurance Scheme, public housing supply, mental health funding and the Australian Government's social media legislation — sit beyond local government's direct remit. Council's role in these areas is one of stewardship, targeted advocacy informed by local evidence and lived experiences, and tailoring delivery of its programs to meet local needs and preferences.

### Priority 1: Build a shared understanding and language for social connection

**Yarra staff from various service areas and in various roles described being "*at the start of a journey*" when it came to understanding loneliness, talking about it, and knowing how to respond, including what messages to use. Building on Yarra's already strong language and framing is a low-cost, high-leverage opportunity to strengthen the existing impact of existing efforts**. Opportunities under this priority include:

1.1 **Continue investments in a Council-wide, plain English narrative** on social connection and loneliness, available in community languages, Easy English and visual forms. This should include what loneliness is, why it matters, what causes it, and what reduces it. This will equip executives, councillors, staff and partners with a consistent, evidence anchored frame, and also provide Yarra residents, business owners and other community members with a shared understanding and greater ability to talk about it in a way that could reduce stigma and grow understanding and empathy (including self-empathy). This should recognise that emotional loneliness alongside social loneliness in communications and referral pathways. Group activities address social loneliness well; but bereaved residents and people with more complex psychological needs will still need individualised, professional supports

1.2 **Continue using inclusive, strengths based and activity based language** such as "activities with others", "joining in", "helping out", "belonging", and continue avoiding deficit framing in public communications, while equipping staff to acknowledge and mirror "lonely" when residents themselves use the word.

1.3 **Embed this shared language across the Council** websites, other communications, in performance and reporting frameworks, and in the briefing of new staff and councillors.

## Priority 2: Continue, strengthen and promote the initiatives in place

**Yarra's strongest single opportunity is to leverage existing community services, activities, assets and knowledge so that more residents can benefit from what is already on offer. Not knowing what was available, not thinking it was for them, or if it was free or affordable are major barriers for residents. Some service providers identified not knowing what is available as the biggest barrier facing residents. Neighbourhood houses, in the words of one resident, are an "*Aladdin's cave*" of treasures hiding in plain sight**.

These targeted actions also make financial sense, with return on investment studies finding every dollar invested in effective loneliness-reduction programmes returning between $2 and $21. There is an opportunity to:

2.2 **Continue providing targeted programs (such as Willowview) and universal programs (such as those by Yarra Libraries, Yarra Leisure and neighbourhood houses), and strengthen strong cross-promotion and warm referral practices**. Emphasis should be on keeping these free or low-cost, and accessible, which corresponds with where the identified need was greatest. This should include:

2.2.1 **Greater outreach and promotion to Yarra's loneliness and underserved cohorts**: people on low incomes, people living with disability or chronic health conditions, mid-life adults aged 45–64, and young professionals. Universal promotion of initiatives they may benefit from would also help, such as Move for Life, Empower+, Connie Benn, Chatty Café and neighbourhood house programs. Promotion can be via paper flyers and posters in service centres and windows, via interactions with staff who would suggest opportunities of potential interest and casually answering any questions around cost or suitability ('open to all, no cost'), via social media, and via information system updates, such as the directory proposed in strategic direction 2.1, above.

2.2.2 **Greater collaboration, information sharing and cross promotions between portfolios** where staff identified an appetite for closer collaboration (Yarra Leisure with other portfolios; Youth Services with central data systems and Leisure; older adults programs with mental health and bereavement supports).

2.3 **Continue investments in Council's information system** – internal and public-facing – with a focus on currency, completeness and discoverability. Visible information gaps include the list of seniors' social groups, the Volunteering in Yarra register, and several neighbourhood houses without their own websites. A simple, centrally supported directory searchable by location, cohorts, interests, dates, times of day covering Council programs, neighbourhood houses, partner organisations, resident-led groups, and public events at Collingwood Yards, Abbotsford Convent, ACU and RMIT and other institutions in the LGA, can lift this with little new program spend.

The register of programs created as part of this initiative is a starting point for creating this directory, while the City of Melbourne directory provides a useful reference for additional granularity.[136] The next step in the development of a Yarra City Council directory would be to create a new form with drop-down menus (set up by the information technology specialists in collaboration service portfolios) for all fields of information sought, and then have each service or organisation fill it out, drawing on their deeper knowledge. This should be a live document that each organisation or service-area can update on-demand, with reminder prompts sent by Council at least monthly. It should be accessible on all devices and known by all Council staff.

Investments in the Social Indicators Survey, the annual customer satisfaction survey, and the Culture Counts survey are likewise key elements of Yarra's information system that should continue.

[136] City of Melbourne, "Wellbeing and Connection Map |," City of Melbourne, accessed May 18, 2026, https://www.melbourne.vic.gov.au/wellbeing-and-connection-map.

2.4 **Continue investments in high-impact enhancements to community spaces and the built-environment.** These were repeatedly recommended or suggested by residents and staff as "easy wins" that make it easier for people to connect socially and participate in existing initiatives. Their importance was also emphasised in the literature review. The most frequent suggestions were additional seating along walking routes, additional lighting and shade in parks, accessible footpaths and toilets, and ongoing maintenance and safety of green spaces.

2.5 **Strengthen the evidence base on what is working in Yarra.** Most portfolios currently rely on observational and anecdotal evidence of outcomes, and there is inconsistent collection and analysis of interest, participation, reach and effectiveness. It is understood that any absence of data does not reflect absence of importance of the program by residents or Council. However, capturing and using this information, including where appropriate with validated loneliness measures, will improve learning, fidelity and the case for ongoing investment. Reviews and evaluations of priority programs – new pilots or continued investments – would also provide deeper insights into what is working, why, how, for whom, to what extent, and in what circumstances to inform planning and continued improvements.

2.6 **Build upon existing strong lived experience input by moving from input to formal codesign in selected programs,** recognising that staff have flagged time and "consultation fatigue" as real constraints. Selecting one or two priority programs (for example, programs serving mid-life adults, or residents living with disability whose voices identified themselves as least adequately served) will test the model without overreach. Codesign processes should be led by a trained and experienced expert to ensure any divergent voices are heard and appropriately incorporated into a design that reflects Council's 2025-29 plan, guiding principles and the research and local evidence.

2.7 **Renew the Yana Ngargna Plan, commence (or share information on) a Reconciliation Action Plan, and re-establish visible First Nations programming**, in genuine partnership with Elders, First Nations peoples and Aboriginal Community Controlled Organisations, consistent with Council's commitments.

## Priority 3: Continue to support and equip staff to respond to community needs especially for underserved cohorts

**Council has skilled, caring staff. Building upon this existing strong foundation through targeted capability investment will lift confidence and impact. Only 26% of service providers reported feeling "very confident" identifying loneliness, and only 11% in responding to it.** There is an opportunity to:

1.1 **Continue investments in targeted professional learning** across all portfolios. Priority topics include identifying and responding to loneliness without breaching boundaries, trauma-informed and intersectional practice, the distinction between emotional and social loneliness, the impact of stigma, and strengths-based language. This could be extended to staff in organisations that closely collaborate with Yarra City Council.

1.2 **Continue to encourage and support staff to identify and provide referrals or cross-promotions** to other services and activities.

1.3 **Support key staff members to monitor and provide expert advocacy to** the policies and programs of other levels of government, to expand Council's influence within its remit and to support positive influence in areas beyond its remit.

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# Appendix A: Register of Yarra City Council's primary prevention interventions

This has been provided to Council as an excel spreadsheet for them to share as they see fit.