



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

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STANDING COMMITTEE ON EDUCATION AND COMMUNITY INCLUSION  
Mr Michael Pettersson MLA (Chair), Miss Laura Nuttall MLA (Deputy Chair),  
Ms Nicole Lawder MLA (Member)

## Submission Cover Sheet

Inquiry into Loneliness and Social Isolation in the ACT

**Submission Number: 34**

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The Committee Secretary  
Standing Committee on Education and Community Inclusion  
ACT Legislative Assembly  
By email: [LCommitteeECI@parliament.act.gov.au](mailto:LCommitteeECI@parliament.act.gov.au)

## Submission - Inquiry into Loneliness and Social Isolation in the ACT

Dear Committee Chair,

Thank you for the opportunity to make a submission to the Standing Committee on Education and Community Inclusion (the Committee) Inquiry into loneliness and social isolation in the ACT.

I provide the ACT Government's response to the Inquiry's Terms of Reference as below:

### **a) The prevalence of loneliness and isolation in the ACT community.**

According to the 2023 *Living Well in the ACT Region Survey* results published on the ACT Government's Wellbeing Dashboard, 64.3% of Canberrans hardly ever felt lonely, 26.9% sometimes felt lonely, and 8.8% often felt lonely<sup>1</sup>. These are the lowest levels of loneliness recorded in the ACT since loneliness began being measured in the University of Canberra survey in late 2019. During the early stages of the COVID-19 pandemic there was a large and significant increase in loneliness, but the results have improved since 2021. However, the levels of loneliness did not improve significantly for those born overseas, with caring responsibilities, or for LGBTIQ+ people.

While ACT level data on social isolation is not available, the 2023 *Living Well in the ACT Region Survey* measured social connection, that is, face-to-face activities like meeting in person with family and friends or chatting with neighbours. The proportion of Canberrans reporting high levels of social connection increased from 8.3% in 2019 to 29.1% in 2023. The improvement is likely due to the end of COVID-19 related public health restrictions.

Nationally, the frequency of social contact has been declining across all age groups in Australia for decades, with data from the Household Income and Labour Dynamics in Australia (HILDA) survey showing a relative decline of 13% overall from 2001 to 2021. On average, a person now gets together socially with friends or relatives about once a month. Although people aged 15–24 reported the highest frequency of social contact overall, they have also shown the greatest relative decline over this period. On average, people in this age group have gone from socialising 2 or 3 times a month to about once a month<sup>2</sup>.

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<sup>1</sup> ACT Government (2023), *Levels of Loneliness – ACT Wellbeing Framework*, accessed 19 December 2023.

<sup>2</sup> Australian Institute of Health and Welfare (2023), *Social isolation, loneliness and wellbeing in Australia's welfare: 2023 data insights*, accessed 11 December 2023.

**b) Experiences of loneliness and social isolation among residents of the ACT, including but not limited to seniors, young people, people with a disability, parents, carers, LGBTIQ+ people, and recently arrived migrants and refugees.**

While experiences of loneliness and social isolation cut across the ACT population, the 2023 *Living Well in the ACT Region Survey* points to groups which are more likely to experience loneliness and low levels of social connection. These include younger people (18-29 years old), people born overseas (particularly in non-English speaking countries), LGBTIQ+ people, carers, and people with disability (see Table 1)<sup>3</sup>. Additionally, national data indicates people living alone and people experiencing financial hardship are more likely to be lonely<sup>4</sup>.

Intersectional data on the experiences of these groups is currently limited, but people who belong to more than one of these groups—for example younger LGBTIQ+ people or women who are carers—may have compounded disadvantage resulting in worse experiences and outcomes overall.

*Table 1: Levels of loneliness and social connection for different groups of people in the ACT*

Population characteristics	Often lonely (%)	High level of social connection (%)
General population in the ACT	8.8	29.1
Gender (Female)	9.0	29.7
Gender (Male)	7.4	29.2
Carers	12.5	34.2
Age group (18-29)	13.6	15.1
Age group (30-49)	11.2	26.9
Age group (50-64)	8.6	34.5
Age group (65+)	5.6	48.2
Born overseas (English-speaking country)	9.7	31.7
Born overseas (non-English-speaking country)	11.3	25.6
LGBTIQ+ people	18.7	20
Person with disability	15.1	25.6
Person with disability, restriction in cognitive or mental health functioning	26	15.6

*Gender/Carers*

Women in the ACT report higher levels of social connection than men, but also feel lonelier than men. This is due to perceived quality of social connections, as loneliness is defined as a subjective feeling distinct from the objective quantity of social relationships and roles. According to Australian Institute of Health and Welfare:

<sup>3</sup> ACT Government (2023), *Social connection – ACT Wellbeing Framework*, accessed 19 December 2023.

<sup>4</sup> Ending Loneliness Together (2023), *State of the Nation Report: Social Connection in Australia 2023*, accessed 11 December 2023.

Social isolation means having objectively few social relationships or roles and infrequent social contact... It differs from loneliness, which is a subjective unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships... The 2 concepts may, but do not necessarily, coexist – a person may be socially isolated but not lonely, or socially connected but feel lonely<sup>5</sup>.

It should also be noted that women are overrepresented among carers who have significantly higher rates of loneliness as well as lower levels of social connection as compared to the general population. Therefore, women's experiences are likely to differ based on intersectional attributes such as age, disability, LGBTIQ+ identities and/or country of birth.

### *Age*

It is often assumed older people feel more isolated and lonelier than younger people. There is a link between living alone and experiences of loneliness and while older women make up a large proportion of people living alone, it is not a given that older people are lonelier than the general population. In the ACT, 14,636 people over the age of 65 live alone (70% women and 30% men)<sup>6</sup>, which can be a risk factor for loneliness and/or social isolation. Yet, national and ACT level data point to younger age groups experiencing the highest prevalence of loneliness.

In the ACT, 13.6% of those aged 18-29 reported feeling “often lonely” as compared to 5.6% of those aged 65 and above. Similarly, 15.1% of people aged 18-29 reported having high level of social connection in contrast to 48.2% of those aged 65 and above. Nationally, 22% of people aged 18-24 reported feeling often/always lonely<sup>7</sup>. Young women report particularly higher rates of loneliness, with the 2021 HILDA survey showing 1 in 4 females aged 15–24 agreed with the statement ‘I often feel very lonely’, the highest proportion of any age group<sup>8</sup>. This age group has shown a marked increase over the last few years.

In contrast the frequency of people aged 55 and over reporting loneliness has been steadily declining. It should, however, be noted the concurrence of certain factors can make older people more likely to experience loneliness and social isolation. For example, older people living with dementia have been shown to have chronic isolation and high risk of loneliness<sup>9</sup>, and a third of older people living in residential aged care are socially isolated.<sup>10</sup> The needs and levels of social isolation and loneliness is also likely to vary by age, with people over the age of 75 reporting higher rates of loneliness than people aged between 65 and 75. Factors including poor health and the loss of a spouse contribute to loneliness and social isolation.<sup>11</sup>

### *People born overseas*

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<sup>5</sup> Australian Institute of Health and Welfare (2023), *Social isolation, loneliness and wellbeing in Australia's welfare: 2023 data insights*, accessed 11 December 2023.

<sup>6</sup> Australian Bureau of Statistics (2021), *Australian Capital Territory 2021 census community profiles*, accessed 11 December 2023.

<sup>7</sup> Ending Loneliness Together (2023), *State of the Nation Report: Social Connection in Australia 2023*, accessed 11 December 2023.

<sup>8</sup> Australian Institute of Health and Welfare (2023), *Social isolation, loneliness and wellbeing in Australia's welfare: 2023 data insights*, accessed 11 December 2023.

<sup>9</sup> Alzheimer's Australia (2016), *Dementia and loneliness*, accessed 11 December 2023.

<sup>10</sup> Aged Care Research & Industry Innovation Australia (ARIIA) *Social Isolation*, accessed 6 March 2024.

<sup>11</sup> Relationships Australia, *Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the household income and labour dynamics of Australia survey*, accessed 6 March 2024.

People born overseas, particularly in non-English speaking countries also report higher levels of loneliness and lower levels of social connection in the ACT. Studies from across the country also indicate non-English speaking migrants report higher levels of loneliness compared with Australian-born, non-Indigenous Australians<sup>12</sup>. A range of issues including language barriers and lack of family connections and social networks impact migrants and refugees, particularly those who have arrived recently.

### *LGBTIQ+ people*

In the ACT, LGBTIQ+ people are more than twice as likely to feel “often lonely” in comparison to the general population, and significantly less likely to have high level of social connection. In 2022, the ACT Office of LGBTIQ+ Affairs conducted a survey of LGBTIQ+ people living in the ACT to understand the experiences of, and challenges faced by LGBTIQ+ Canberrans. 62% of respondents felt they could not participate in things they enjoyed because they were LGBTIQ+, with Aboriginal and Torres Strait Islander LGBTIQ+ people most likely to face barriers to participation and accessing services<sup>13</sup>. While there are similarities across the identities captured in the LGBTIQ+ acronym, it is critical to recognise experiences of loneliness and social isolation may vary within LGBTIQ+ communities given their diversity. The intersection of ability, cultural background, age, socio-economic status and migration status with LGBTIQ+ identities will also impact on experiences of loneliness and social isolation.

### *Disability*

People with disability, their families and carers in the ACT identified social isolation and lack of inclusion as a priority issue during public consultation on the ACT Disability Strategy<sup>14</sup>. People with disability in the ACT are twice as likely to report “being often lonely” (15.1%) than the general population (8.8%). The percentage of those feeling “often lonely” increases to 26% when “restriction in cognitive or mental health functioning” is included in the definition of disability<sup>15</sup>. People identifying with this definition also have significantly lower levels of social connection compared to the general population. Nationally, younger groups of people with disability have higher rates of loneliness than older age groups; 31% of those aged 15-44, 26% of those aged 45–64, and 21% of those aged 65 and over feel lonely<sup>16</sup>.

### *Veterans*

There is limited data on veterans’ experiences of loneliness and social isolation in the ACT. National data show veterans in poor mental health were twice as likely to have infrequent social contact as persons who had never served in the Australian Defence Force (ADF). Over half of veterans in psychological distress (51%) did not feel part of their local community; this was higher than those who had never served in the ADF (39%)<sup>17</sup>.

It is important to note none of the groups mentioned are inherently more likely to experience loneliness or social isolation. Rather, it is the societal conditions which often increase their

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<sup>12</sup> Lam J. (2022), *Neighbourhood Characteristics, Neighbourhood Satisfaction, and Loneliness Differences Across Ethnic-Migrant Groups in Australia*, The Journals of Gerontology, Series B, 77(11):2113-2125.

<sup>13</sup> ACT Government Office of LGBTIQ+ Affairs (2023), *Capital of Equality Community Consultation Survey Analysis Report*, accessed 11 December 2023.

<sup>14</sup> ACT Government (2022), *Towards a 10-year ACT Disability Strategy: Listening Report*, accessed 11 December 2023.

<sup>15</sup> ACT Government (2023), *Levels of Loneliness – ACT Wellbeing Framework*, accessed 19 December 2023.

<sup>16</sup> Australian Institute of Health and Welfare (2022), *People with disability in Australia 2022*, accessed 11 December 2023.

<sup>17</sup> Australian Institute of Health and Welfare (2023), *Veteran Social Connectedness*, accessed 11 December 2023.

experiences of loneliness and social isolation. Impacts of certain societal conditions can be seen across the diverse groups, such as stigma and discrimination, and impacts of poverty and financial hardship on people's ability to participate in social activities.

Those who experience loneliness often report feeling ashamed when they feel lonely, feeling too embarrassed to talk about it or admit it to others, and concealing their loneliness<sup>18</sup>. Self-stigmatisation is also common and may lead to loss of self-esteem, which further hinders attempts for social reconnection<sup>19</sup>.

Some groups are particularly impacted by societal stigma, discrimination, and the financial cost of seeking social connection. For example, people with disability report avoiding everyday activities such as going to school or work, attending events, or seeking health or disability supports and services due to widespread exclusion, segregation, marginalisation, and high financial costs associated with leaving their houses<sup>20</sup>. Similarly, people with mental illness are subject to stigma and discrimination which can lead to, or reinforce, social isolation and loneliness<sup>21</sup>. For LGBTIQ+ people, factors such as stigma, discrimination, rejection from family after coming out, and higher rates of depression and anxiety which influence ability to connect socially may reinforce higher levels of loneliness.

**c) The personal and social costs associated with loneliness and social isolation in the ACT, including the impact of loneliness and social isolation on mental and physical health.**

Social isolation and loneliness have clear detrimental impacts on health and other social factors. Both are associated with increased mortality and have been linked to a wide array of physical and mental health conditions including depression, alcoholism, suicidality, high blood pressure and diminished immunity<sup>22</sup>.

People who are often/always lonely are 4.5 times more likely to have social anxiety, 4.8 times more likely to have depression and 5.9 times more likely to report poor wellbeing<sup>23</sup>. Social isolation has also been linked to the development of dementia, poor health behaviours, smoking, physical inactivity, and poor sleep<sup>24</sup>.

The interplay between mental illness and loneliness is complex and multi-factorial. While loneliness is associated with an increased likelihood of having clinical depression and social anxiety, this is not necessarily causal as they each have common determining factors and impact on each other. Common determining factors for both mental illness and loneliness include difficulties with employment, housing, or experiences of family and domestic violence. The causal relationship is, therefore, likely to be reciprocal rather than unidirectional<sup>25</sup>.

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<sup>18</sup> Ending Loneliness Together (2023), *State of the Nation Report: Social Connection in Australia 2023*, accessed 11 December 2023.

<sup>19</sup> Ending Loneliness Together (2020), *Ending Loneliness Together in Australia White Paper*, accessed 11 December 2023.

<sup>20</sup> ACT Government (2022), *Towards a 10-year ACT Disability Strategy: Listening Report*, accessed 11 December 2023.

<sup>21</sup> Productivity Commission (2020), *Report of Inquiry into Mental Health – Chapter 8: Social Inclusion and Stigma Reduction*, accessed 11 December 2023.

<sup>22</sup> Ending Loneliness Together (2020), *Ending Loneliness Together in Australia White Paper*, accessed 11 December 2023.

<sup>23</sup> Ending Loneliness Together (2023), *State of the Nation Report: Social Connection in Australia 2023*, accessed 11 December 2023.

<sup>24</sup> Australian Institute of Health and Welfare (2023), *Social isolation, loneliness and wellbeing in Australia's welfare: 2023 data insights*, accessed 11 December 2023.

<sup>25</sup> Hawkey, L. C. et al. (2010), *Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms*, *Annals of Behavioural Medicine*, 40 (2):1-11.

Social isolation and loneliness can also have significant impact on the utilisation of healthcare services. Research suggests lonely people have higher rates of consultations with general practitioners and are more likely to use emergency services than people who are not lonely<sup>26</sup>. People who are lonely also report increased use of mental health care services (psychiatrists, psychologists, and mental health nurses) compared with people who are not lonely<sup>27</sup>.

Social isolation is also correlated with experiences of violence and abuse. Australia's first major prevalence study into abuse of older people indicates social isolation may be a risk factor for older people experiencing abuse and can reduce help-seeking in situations of abuse<sup>28</sup>. Similarly, it is well recognised that perpetrators of family and domestic violence use social isolation to control their victims, to control the information the victim receives, reduce their help-seeking opportunities, and control the victim's ability to leave the abusive relationship<sup>29</sup>.

**d) Opportunities for the ACT Government to support organisations and individuals to address loneliness and social isolation and improve social connectedness in the ACT community.**

Opportunities to address loneliness and social isolation in the ACT should consider risk and protective factors associated with loneliness and isolation.

Risk factors associated with loneliness and social isolation include<sup>30</sup>:

- Biological factors; for example, sensory impairment.
- Psychological factors; for example, mental health difficulties.
- Social factors; for example, economic disadvantage, low civic engagement, and trust.
- Cultural factors; for example, membership of a stigmatised group or racial minority.
- Environmental factors; for example, distance to services, walkability of surroundings, and perceived safety of the locality.
- Life events; for example, becoming a parent, leaving school.

Protective factors known to reduce loneliness and social isolation include:

- Being in a relationship for people (predominantly men) aged 25-44<sup>31</sup>.
- Participation in paid work, volunteering, and membership of sports and community organisations (according to some studies)<sup>32</sup>.
- Companion animals<sup>33</sup>.
- Availability of green spaces, parks, reserves, and woodlands in the locality<sup>34</sup>.

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<sup>26</sup> Ending Loneliness Together (2020), *Ending Loneliness Together in Australia White Paper*, accessed 11 December 2023.

<sup>27</sup> Ending Loneliness Together (2023), *State of the Nation Report: Social Connection in Australia 2023*, accessed 11 December 2023.

<sup>28</sup> Australian Institute of Family Studies (2021), *National Elder Abuse Prevalence Study: Final Report*, accessed 13 December 2023.

<sup>29</sup> Australian Institute of Health and Welfare (2023), *Social isolation, loneliness and wellbeing in Australia's welfare: 2023 data insights*, accessed 11 December 2023.

<sup>30</sup> Badcock, J. C. et al. (2022), *Position Statements on Addressing Social Isolation and Loneliness and the Power of Human Connection*, accessed 13 December 2023.

<sup>31</sup> Australian Institute of Health and Welfare (2023), *Social isolation, loneliness and wellbeing in Australia's welfare: 2023 data insights*, accessed 11 December 2023.

<sup>32</sup> Ibid.

<sup>33</sup> Australian Institute of Health and Welfare (2023), *Social isolation, loneliness and wellbeing in Australia's welfare: 2023 data insights*, accessed 11 December 2023.

<sup>34</sup> Lam, J. et al. (2022), *Built Environment and Loneliness Among Older Adults in South East Queensland, Australia*, *Journal of Applied Gerontology*, 41(11):2382–2391.



- For LGBTIQ+ people, feeling connected to LGBTIQ+ communities is frequently cited as a protective factor<sup>35</sup>.
- Intergenerational programming and initiatives can address social isolation and loneliness, not just for older people but for all ages<sup>36</sup>.
- Access to appropriate cultural services and programs<sup>37</sup>.

Addressing loneliness requires a multifaceted approach which reduces the risk factors while enhancing the protective factors at both an individual and societal level.

The ACT Government currently funds several programs and initiatives which directly or indirectly address loneliness and enhance social connection among Canberrans. Some examples include The Way Back Support Service, Youth and Wellbeing Outreach Support Program, ACT Libraries Storytimes, and Rainbow Reads. Details of these programs as well as a list of other programs and initiatives supported by the ACT Government are included at [Appendix A](#).

A wide range of responses is needed across the human services system to address loneliness for people across the lifespan and to address the needs of specific cohorts. Effective responses should include mental health support and focus on the wider social determinants of loneliness, such as education, employment, and socio-economic status<sup>38</sup>. They should also take intersectional needs of diverse cohorts into account and prioritise tailored programs for specific groups of people with particularly high levels of loneliness.

Some opportunities which may be considered across the human services system to address loneliness and social isolation for all cohorts of people in the ACT include:

- Addressing the stigma associated with loneliness, which prevents people from talking about it and seeking the connections they want.
- Ensuring mental health services: screen for and support people who are experiencing loneliness; are complemented by programs and supports which promote good mental health and address mental illness particularly early in life; and address the psychological aspects for people experiencing loneliness.
- Connecting programs addressing and promoting stronger social connections with mental health supports and ensuring they are targeted to people most at risk. This approach recognises social connection alone does not directly reduce loneliness.
- Supporting health professionals to refer people to local, non-clinical services typically provided by voluntary and community sector organisations. This can reduce pressure on the primary health care system and have positive impacts including decreasing loneliness, improving mental health, social connections and overall wellbeing<sup>39</sup>.

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<sup>35</sup> Hill, A. O. et al. (2021), *Writing Themselves In 4: The Health and Wellbeing of LGBTQA+ Young People in Australia*, accessed 13 December 2023.

<sup>36</sup> Campbell E. et al. (2023), *Non-familial intergenerational interventions and their impact on social and mental wellbeing of both younger and older people—A mapping review and evidence and gap map*, Campbell Systematic Reviews, 19(1).

<sup>37</sup> Australian Institute of Health and Welfare (2022), *Determinants of health for Indigenous Australians*, accessed 22 December 2023.

<sup>38</sup> A good example of such a government response is the United Kingdom's *A connected society: a strategy for tackling loneliness*, world's first government strategy to address loneliness, launched in 2018.

<sup>39</sup> Campaign to End Loneliness (2023), *Social prescribing offer connection for loneliness*, accessed 11 December 2023.



- Continuing to collect disaggregated data on experiences of different cohorts of people with loneliness and social isolation, particularly through the ACT Wellbeing Framework indicators. Data collection and presentation could be further improved to enable intersectional data analysis for people who belong to or identify with multiple groups and/or identities in the ACT.
- Continuing to address discrimination, harassment, and prejudice towards disadvantaged and/or marginalised groups of people across the community and online through awareness and education initiatives, and visible representation. Some of this work is already underway; for example, the ACT Children and Young People’s Commissioner has committed to education and awareness about racism in ACT public schools, public transport, sport, and the wider community. The ACT Human Rights Commission has also committed to implementing the National Anti-Racism Strategy and *Racism. It Stops With Me* campaign.
- Outreach and social connection services, such as those funded through the Capital of Equality Grants Program Connection Fund. This is targeted at supporting community projects to create a sense of community, belonging and togetherness for LGBTIQ+ people.
- Supporting new arrivals to Canberra, in particular migrants and refugees, to avoid loneliness and social isolation. There are already a wide range of services provided by various parts of the ACT Government (ACT Migration, Office for Multicultural Affairs) and external organisations such as The Multicultural Hub and the Migrant and Refugee Settlement Services. Job fairs for new migrants, particularly those on skilled visas, could facilitate their integration in the ACT economy.
- Supporting the Aboriginal Community Controlled sector to deliver culturally appropriate services and programs.

**e) Opportunities for the ACT Government to integrate improving social connectedness into other areas of policy making.**

In developing the Wellbeing Framework for the ACT, the ACT Government sought to engage Canberrans to understand what matters to their quality of life and uses this to inform Government priorities, policy and investment. The Wellbeing Framework shapes Government decision-making and Budget investment. The Wellbeing Impact Assessment is a tool for use in the early stages of policy, program and project development which helps to ensure policy-makers are thinking about how their work may impact on one or more areas of wellbeing and who within the community will be impacted. This tool encourages consideration of all twelve wellbeing domains, which include social connection, and identity and belonging.

The development of the next Age-Friendly City Plan, the next ACT Women’s Plan, and the Veterans’ Wellbeing Framework all provide opportunities to consider social connectedness. The ACT Government is also developing a Volunteering Strategy which is likely to enhance social connection as volunteering has been shown to offer people a way of staying connected or reconnecting to the community by helping them build social networks and increase their personal connections with

others<sup>40</sup>. Volunteering has also been linked to an improved sense of personal achievement and self-worth, as well as reducing feelings of social isolation<sup>41</sup>.

The ACT will consider measures to improve social connectedness and reduce feelings of loneliness in particularly vulnerable groups and communities in the ACT as part of its response to the Royal Commission into Defence and Veteran Suicide (DVSRC) Report, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (DRC) Report and the National Disability Insurance Scheme (NDIS) Independent Review’.

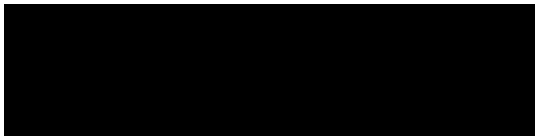
**f) Any other related matters.**

The ACT Government currently funds several programs and initiatives which directly or indirectly address loneliness and enhance social connection among Canberrans, including those belonging to specific groups. A list of these programs and initiatives is included at [Appendix A](#) for your reference.

The ACT Government welcomes the opportunity to continue to engage with the Committee to enhance our shared understanding of experiences of loneliness in the ACT and to ensure supports are in place for those experiencing loneliness and isolation. The ACT Government is committed to its vision of a city where everyone has a high level of social connection and a strong sense of belonging.

Should further information be required, please contact my office. Thank you again for the opportunity to provide input to the Inquiry into Loneliness and Social Isolation in the ACT.

Yours sincerely



Emma Davidson MLA

11 March 2024

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<sup>40</sup> Health Direct (2021), [Benefits of volunteering](#), accessed 25 January 2024.

<sup>41</sup> Australian Institute of Health and Welfare (2021), [Determinants of wellbeing: Social Connection](#), accessed 25 January 2024.

## Appendix A: ACT Government programs addressing loneliness and improving social connectedness.

### ACT Health programs

In the ACT Health Directorate, the Mental Health and Suicide Prevention Division funds a range of programs delivered by non-government community organisations which directly address social isolation and loneliness. [Table A](#) contains a list of these programs, and their descriptions. It is important to note many mental health programs are likely to contribute to reducing social isolation and loneliness. [Table B](#) contains programs which have an indirect impact on loneliness by addressing mental illness.

*Table A: Mental Health and Suicide prevention funded programs which directly address social isolation and loneliness*

Service name	Target Group	Description of service
A Gender Agenda	LGBTIQ+ people	Education and peer support for intersex, transgender and gender diverse people.
Brindabella Women's Group and Majura Women's Group	Women with young children	Self-help wellbeing groups which facilitate parenting, social, educational, arts, and community activities for women with young children, to develop their skills, networks of mutual support, and social contact.
Safe Haven	Anyone experiencing mental distress in the community	The Community Safe Haven Café Pilot is a non-clinical, safe space people can go to if they are experiencing emotional distress, mental health concerns, isolation and loneliness and are seeking connection and support. The Café will assist people in their journey of recovery by offering support and opportunities in a safe, comfortable, and supportive environment to address challenges, and develop skills and resources, to help them navigate their distress and promote successful community living.
GROW Residential and mutual support groups	Adults with dual diagnosis mental health and recovering from alcohol and other drug issues	GROW delivers a 12-step program through a supported residential recovery/rehabilitation service and includes community self and mutual help groups.

*Table B: Mental health funded programs which indirectly address social isolation and loneliness by supporting mental health and wellbeing*

Service name	Target Group	Description of service
The Way Back Support Service	People who have attempted suicide	Support with development of a safety plan and connection to support services.
National Psychosocial Support Measure	People with psychosocial mental health needs, who are not supported through the NDIS	Support and improved service coordination for people with mental illness.
Bungee Youth Resilience	Children and young people at risk of mental health issues	Early intervention and preventative mental health support through arts-based activities and individual counselling.

Service name	Target Group	Description of service
Youth and Wellbeing Outreach Support Program	Young people in the ACT experiencing mental health difficulties	Home-based outreach using a case-management model.
Discharge Accommodation Program	People exiting acute mental health inpatient units, who have, or are at risk of, accommodation issues	Discharge accommodation.
Mental Illness Education ACT (MIEACT) school and workplace programs	School groups at year 9 level, adults in workplaces, and general population	Mental illness education programs promoting early intervention in addressing mental illness and reducing stigma.
Ozhelph Industry and community suicide prevention and social capacity building program	People in building and construction trades, mostly male workforce	Health promotion and screening programs, including Tradies Tune Up and Workplace Tune Up.
Youth Aware of Mental Health (YAM)	Delivered to Year 9 School groups	School-based program for young people ages 13 to 17, in which they learn about and explore the topic of mental health.
Moderated Online Social Therapy (MOST)	Young People with mental health concerns	On-demand digital mental health service which supports young people while they are waiting for care, to augment their face-to-face sessions, and to use after discharge from a service. MOST offers self-directed therapy, safe, moderated online forums, peer workers, careers counselling and one-on-one professional support.
Parentline	Parents	Phone service which supports the provision of counselling and information support services for parents and carers.
Perinatal Mental Health Support	Mothers and partners either during pregnancy or with a child aged 0-2	Support and information service for women and families affected by perinatal mental health issues, including depression and anxiety.
Coronial Counselling	People affected by deaths which are subject to a coronial process	Information, support, and specialist therapeutic counselling.
COMPEER Program	People with a diagnosed mental illness	Community based social support which matches individual volunteers with people over 18 years living with a diagnosed mental illness who are currently receiving clinical management.
Southside Step up Step Down	People with a mental illness who would benefit from a Step Up or Step Down sub-acute mental health support	A short term (up to 2 weeks), 24 hour, 7 days a week, psychosocial supported residential accommodation (Step Up, Step Down) services for participants at the mental health Southside Community Step Up Step Down (SCSUSD) facility.
Step Up Step Down at Home	People aged 18 and over who are experiencing mental health distress, decline in wellbeing or	Mental health early intervention outreach support to people in their homes, as part of a Step-Up process to divert individuals away from Emergency Department (ED) presentation and acute admission, or to support stepping up

Service name	Target Group	Description of service
	suicidal ideation and who are seeking contact and support from tertiary services.	into other services to prevent further escalation through to acute admission.
Youth and Adult Step-Up Step-Down Programs	Young people and adults with a mental illness who would benefit from a step up or step down sub-acute mental health support	Residential Step-Up, Step-Down mental health services, for up to three months to either provide early intervention (as an alternative to hospitalisation), or additional support (following discharge from an inpatient unit) subject to the level of consumer need.
Transition to Recovery	Adults living in the ACT who have subacute mental health symptoms and would benefit from psychosocial outreach support during a time of transition and can manage in the community with support	A short-term Step-Up Step-Down intensive outreach support service, which includes after hours support, using a recovery-oriented and strengths-based psychosocial outreach approach.
Aboriginal and Torres Strait Islander suicide prevention	Aboriginal and Torres Strait Islander people in the ACT experiencing suicidality	Targeted, culturally appropriate services for Aboriginal and Torres Strait Islander people in the ACT to support suicide prevention, intervention, postvention and aftercare.
Detention Exit Community Outreach (DECO)	People exiting an ACT detention facility who have a diagnosed mental illness and are referred by the Forensic Mental Health Service	Up to 18 months short to medium-term intensive outreach support, using a case management approach to assist people exiting detention to transition back into the community.
Women's Program	Women over the age of eighteen years living in the ACT, who have a mental illness	8 short to medium-term supported accommodation places to accommodate women for a maximum of 18 months.

In addition to the current community sector services funded by the ACT Health Directorate, there are a range of programs being scoped or developed which will have an interaction with loneliness. These include the establishment of a Kids Head to Health Centre, Youth Trauma Service, and the establishment of a hospital based Safe Haven.

#### Transport Canberra and City Services programs

Service name	Target Group	Description of service
ACT Libraries Storytimes	Children and their carers from diverse backgrounds	Giggle and Wiggle, Story Times, Bilingual Story Times and Sensory Storytimes provide many inclusive options for young children to access to group storytelling and literacy activities.
Community Bus Service	Canberrans at risk of social isolation	Transport Canberra in partnership with the Community Services Directorate (CSD) delivers the Community Bus Service, which provides free transport to members of the

		community who may otherwise experience social isolation due to a lack of transport options.
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## Targeted programs for specific groups

### Aboriginal and Torres Strait Islander People

Service name	Target Group	Description of service
Aboriginal and Torres Strait Islander bus service	Aboriginal and Torres Strait Islander people who do not have access to regular buses	The bus service provides a means of transport to access medical appointments, significant cultural events, such as funerals, and social and sporting events.

### Seniors and Veterans

*Table C: ACT Government programs promoting connection and inclusion of ACT Seniors and Veterans*

Service name	Target Group	Description of service
Seniors Grants Program	Community organisations working with ACT seniors	Funding for innovative projects which promote seniors as valued members of the ACT community and enable their active participation in community life. The program has a particular emphasis on supporting projects which address elder abuse, enhance social inclusion, and the needs of diverse seniors, including Aboriginal and Torres Strait Islander elders and culturally and linguistically diverse seniors.
Veterans Grant Program	Community organisations working with ACT veterans	Supports veterans and their families to engage with community activities and create lasting partnerships to share stories and feelings.  The veteran community comprises both current serving and ex-serving members of the Australian Defence Force (ADF) and their families. Veterans and their families may require support in areas such as employment, rehabilitation and recognition to assist with social inclusion, especially as they transition from the ADF.
Supporting customers living with dementia training	Access Canberra staff	Regular training for all staff supporting members of the public so they can better assist those living with dementia.
Dementia friendly film screenings	People living with dementia	Dedicated dementia-friendly film screening program to continue after a pilot screening in 2022.
Silver is Gold Festival	Older Canberrans	Funded by the ACT Government and run by the Council of the Ageing (COTA) ACT, this flagship event supports social participation and community connection among older Canberrans.
ACT Seniors Card Program	Older Canberrans	The program supports community participation for approximately 77,000 older Canberrans' through access to discounts at 470 local businesses as well as discounted entry fees for local ACT government aquatic facilities and the Tidbinbilla Nature Reserve.

Pets and Positive Ageing (PAPA)	Older pet owners	Access to discounted pet registration through the ACT Government for holders of a Seniors Card or Pensioner Concessions Card.
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## People with Disability

*Table D: ACT Government programs promoting connection and inclusion for people with disability.*

Service name	Target Group	Description of service
Disability Inclusion Grants	People with disability	To enable mainstream community groups, organisations, and small businesses to apply for one-off financial support (up to \$100,000) to become more inclusive and accessible to people with disability.
International Day of People with Disability (I-Day) Grants	People with disability and organisations working with them	Funding of up to \$6,000 for individuals and community organisations to support disability led events, projects or initiatives which promote the rights and well-being of people with disability and increase awareness of the benefits of inclusion of people with disability in all aspects of political, social, economic, and cultural life.
ACT Taxi Subsidy Scheme (TSS)	ACT residents with disability	Financial assistance to ACT residents with disability to support access to public and community transport. The TSS supports social inclusion and economic participation of community members who would otherwise be at risk of social isolation and is intended to assist members to attend essential activities such as medical appointments, employment commitments, and social and family gatherings.
Companion Card	People with disability and their carers	Enables people with disability who require life-long attendant care support from a companion to attend participating venues and activities without incurring the cost of a second ticket for their companion. The program aims to support greater social inclusion for people with disability and their carers and provides businesses with a practical way to meet some of their obligations under the anti-discrimination legislation.
Flexible bus service	People with mobility issues	The service operates a fleet of wheelchair accessible minibuses to allow residents with mobility difficulties to get from their home to local community locations such as hospitals, shopping centres and medical centres.

## LGBTIQ+ people

*Table F: ACT Government programs to increase connection for LGBTIQ+ people.*

Service name	Target Group	Description of service
Capital of Equality Grants Program	LGBTIQ+ people	The Capital of Equality Grants Program has been redesigned to better respond to community needs. The program aims to support and strengthen Canberra's LGBTIQ+ communities. Funding is available across three streams: Connection Fund; Partnership and Capacity Building; and LGBTIQ+ Leadership.



Rainbow Reads	Young LGBTIQ+ people	Rainbow Reads is a book group for young LGBTIQ+ people. Libraries ACT sources and provides books for this group.
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## Women

*Table G: ACT Government programs to increase connection for women.*

Service name	Target Group	Description of service
ACT Women's Return to Work program	Women who have been out of workforce	An ACT Government initiative which assists women to achieve increased financial independence by helping them prepare for, obtain and maintain employment.

## Migrants, Refugees and Asylum Seekers

*Table H: ACT Government programs to increase connection for migrants, refugees and asylum seekers.*

Service name	Target Group	Description of service
The Multicultural Hub	Migrants including women, men, youth	Services include information for women to ensure safety, one-on-one support and information for men, employment support, friends and relationships groups for youth, and counselling services.
Migrant and Refugee Settlement Services	Migrants, refugees, asylum seekers, humanitarian entrants	Services include housing support, language and vocational training, emergency relief, and advocacy, youth programs including after school studies and Healthy Eating Active Living (HEAL), Homecare Workforce Support Program, Community Capacity building, driving programs, sewing and craft, and men and women's outreach workshops.
ACT Participation (Multicultural) Grants	Community organisations	Support for programs, activities and events which celebrate cultural diversity and improve social cohesion and community participation in the ACT.