

Committee Secretary
Community Support and Services Committee
Parliament House
George Street BRISBANE Qld 4000

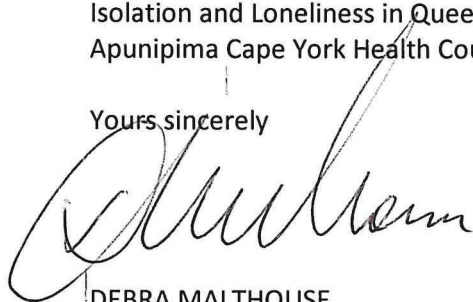
[Click here to enter date](#)

Dear Committee Secretary

RE: INQUIRY INTO SOCIAL ISOLATION AND LONELINESS IN QUEENSLAND

Thank you for the opportunity to provide a submission to the Inquiry into Social Isolation and Loneliness in Queensland. Please find attached a submission from Apunipima Cape York Health Council.

Yours sincerely



DEBRA MALTHOUSE
Chief Executive Officer

[Redacted contact information]

2 August 2021



Apunipima Cape York Health Council

Submission to The Queensland Parliamentary Committee for Community Support and Services Inquiry into Social Isolation and Loneliness in Queensland.

2/08/2021

Content	Page No
• <i>The nature and extent of the impact of social isolation and loneliness in Queensland</i>	1
• <i>The causes and drivers of social isolation and loneliness, including those unique to Queensland</i>	3
• <i>The protective factors known to mitigate social isolation and loneliness</i>	5
• <i>The benefits of addressing social isolation and loneliness, examples of successful initiatives undertaken nationally and internationally and how to measure social isolation and loneliness in Queensland to determine if implemented strategies are effective</i>	6
• <i>How current investment by the Queensland Government, other levels of government, the non-government, corporate and other sectors may be leveraged to prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland</i>	6
• <i>The role, scope and priorities of a state-wide strategy to address social isolation and loneliness, considering interactions with existing Queensland and national strategies.</i>	7
• <i>References</i>	8



Social Isolation and Loneliness

“Social isolation is seen as the state of having minimal contact with others. It differs from loneliness, which is a subjective state of negative feelings about having a lower level of social contact than desired (Peplau & Perlman, 1982). Some definitions include loneliness as a form of social isolation (Hawthorne, 2006) while others state that loneliness is an emotional reaction to social isolation (Heinrich & Gullone, 2006). The two concepts do not necessarily co-exist—a person may be socially isolated but not lonely, or socially connected but feel lonely (Australian Psychological Society, 2018; Relationships Australia, 2018). For example, research suggests that the number of friends a person has is a poor predictor of their loneliness (Jones, 1982).” (Australian Institute of Health and Welfare, 2019).

Responses to the terms of the inquiry

1. *The nature and extent of the impact of social isolation and loneliness in Queensland, including but not limited to:*

- a. *identification of and consultation with vulnerable and disadvantaged individuals or groups at significant risk across the life course***
- b. *the interplay of COVID-19 with this issue***

a) *Identification of and consultation with vulnerable and disadvantaged individuals or groups at significant risk across the life course*

It is well documented that many Aboriginal and Torres Strait Islander people are in the category of vulnerable and disadvantaged at various stages of their lives or sometimes for their whole life due to the ongoing impact of colonisation; social policies; political agendas; denial of language and cultural practice; loss of rights to traditional land; removal of children and breakdown of kinship and family structures; intergenerational trauma; and racism. The World Health Organisation (WHO) (2020) lists social inclusion and non-discrimination as positive social determinants of health.

Anecdotal evidence from Apunipima staff working with Aboriginal and/or Torres Strait Islander people and from their personal perspectives identified the following risks for certain groups across the life course.

- Single parents with children feeling both socially isolated and lonely especially when their only companions were the children. This was especially noticeable when a significant other adult was lacking in their life. Single fathers with children feeling socially isolated and/or lonely and often felt pressured to work hard at being a ‘good dad’ to avoid being judged by others.
- Young people feeling lonely following the suicide of a loved one even when surrounded by family and friends.



- Young people who experience racism and bullying at school are at risk of social isolation on an almost daily basis which is often replicated in their lives in broader society.
- People who have to leave their communities for health reasons, medical appointments and period of hospitalisation experience social isolation in unfamiliar surroundings without family and kinship support.
- People of the Stolen Generation who experience issues with family and cultural identity and connections.
- People of all ages being impacted by lateral violence directly or indirectly resulting in periods of social isolation and/or loneliness.
- Elderly people with limited family or who do not live near family or who are in nursing homes, especially those with mobility issues or some form of dementia are likely to suffer from social isolation and loneliness.
- Lesbian, Gay, Bi, Trans and Intersex (LGBTI) people experience discrimination and social isolation within the general population and may experience greater social isolation as a minority group within a population minority group within Australia.

b) *The interplay of COVID-19 with this issue*

Staff working with Aboriginal and/or Torres Strait Islander peoples reported that their observations were that COVID-19 added to the layers of stress already being experienced by clients and community members: fear of the unknown; social isolation from family; restrictions in carrying out cultural responsibilities; further impact on food security; lack of schooling for children sent home from boarding schools.

2. *The causes and drivers of social isolation and loneliness, including those unique to Queensland*

Staff working with Aboriginal and/or Torres Strait Islander peoples and from their own experiences observed that the causes and drivers of feeling socially isolated and or lonely were those same factors identified in the research below.

In the article “A review of associations between social isolation, loneliness and poor mental health among five population groups”, authors Warr, Cox and Redshaw (2020) reported that:

“The evidence unanimously underlined that physical, mental, social and emotional health and wellbeing (SEWB) for Indigenous people sits within a holistic and whole-of-life view of health, which recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and the significance of these connections for individuals”.

The authors go on to advise risk factors for mental health are connected with “... separation from family and community, historical trauma, racism, quality of social relationships, community processes and generalised community wellbeing” (Warr et al. 2020, p.17).



Beyond Blue (2020) identified that:

“... the significant risk factors that can impact on the social emotional wellbeing of Aboriginal and Torres Strait Islander communities include:

- widespread grief and loss
- impacts of the Stolen Generations and removal of children
- unresolved trauma
- separation from culture and identity issues
- discrimination based on race or culture
- economic and social disadvantage
- physical health problems
- incarceration
- violence
- substance misuse

The experience of racial discrimination is worth specific focus. Over half of people who have experienced discrimination have reported feelings of psychological distress”.

All these risk factors are connected to feelings and experience of social isolation and loneliness.

Other causes and drivers of social isolation and loneliness observed by staff working with Aboriginal and Torres Strait Islander people and from their own personal and family experiences included:

Technology: People who do not have access to technology and/or who are not familiar with the use of technology experience social isolation. Access to technology and being able to use technology is required to survive well in modern society, for example, banking, use of MyGov, mobile phones and apps, computers for general information and for study.

Language and Communication: People for whom English is not the First Language and who use different styles and methods of communication can experience social isolation through lack of access to information that they can understand and/or difficulty in communicating their issues and needs.

Institutional racism and discrimination: People can experience social isolation when they access and/or are involved in services such as educational institutions, health and welfare services, police and justice system where the facilities, services, policies and procedures do not understand or reflect their social and cultural values, beliefs, practices and needs.

Poverty: People who live in poverty can experience social isolation and loneliness through: discrimination; being homeless; lack of affordability for transport and engagement in social, sport and recreational activities, attendance at school or for study purposes; not being able to afford school uniforms or appropriate clothing to feel accepted as part of society.



3. The protective factors known to mitigate social isolation and loneliness

Staff working with Aboriginal and/or Torres Strait Islander peoples advised their clients reported their stressors were lessened when they were on country, had supportive family/friends, had purpose and were in control, these same factors are also identified in the following research.

Beyond Blue (2020) reports that while there are issues such as housing, employment and education that affect everyone, there are also specific protective and risk factors that have a high impact on the social emotional wellbeing and rates of depression among Aboriginal and Torres Strait Islander people which leads to social isolation and loneliness.

Protective factors enable people to feel strong and resilient. For Aboriginal and Torres Strait Islander communities these may include:

- social connectedness and sense of belonging
- connection to land, culture, spirituality and ancestry
- living on or near traditional lands
- self-determination
- strong Community governance
- passing on of cultural practices.

In relation to the importance of connection to land, culture, spirituality and ancestry as an identified protective factor for Aboriginal people, Catherine Liddle, (2020) Arrente and Luritja woman, an Aboriginal activist shared her thoughts with the On Common Ground Team in the article Connection to Country:

"To not know your country causes a painful disconnection, the impact of which is well documented in studies relating to health, wellbeing and life outcomes... It is this knowledge that enables me to identify who I am, who my family is, who my ancestors were and what my stories are. We are indistinguishable from our country which is why we fight so hard to hang on".

Protective Factors therefore include programs that:

- are developed by and for Aboriginal and Torres Strait Islander people
- are based on the principles of self determination, human rights and social justice
- support community initiatives
- focus on culture as an enabler of good health and wellbeing
- support people from the Stolen Generation through healing programs and connection with family and culture



4. *The benefits of addressing social isolation and loneliness, examples of successful initiatives undertaken nationally and internationally and how to measure social isolation and loneliness in Queensland to determine if implemented strategies are effective*

Addressing social isolation and loneliness is complex given the many causes and drivers involved especially from an Aboriginal and Torres Strait Islander perspective. There is evidence to support that Initiatives need to be multilevel and multi strategy, Aboriginal and Torres Strait Islander led and sustainable. (Warr, et al, 2020).

The Social Emotional Wellbeing program at Apunipima is an example of an initiative which provides a locally based culturally responsive program which understands and meets the needs of Cape York communities. The SEWB team have now introduced the Family Wellbeing (FWB) program to complement their work.

The FWB Empowerment Program has been identified as an example of a successful initiative being undertaken nationally. Authors McCalman, Bainbridge, Brown, Tsey and Clarke (2018) report the program has been rolled out in 60 geographical sites across Australia over 24 years and delivered to more than 4,000 participants through a minimum of 220 episodes over that period. While the Family Wellbeing (FWB) Program does not directly aim to address social isolation and loneliness as such, it does by giving people the confidence and skills to identify their own issues in life and more importantly their own solutions to these issues. As people become more empowered and make changes in their lives this impacts positively on their life situations and protective factors which assist in mitigating social isolation and loneliness.

The FWB program has been systemically evaluated over the last 20 years adding to the evidence base in this field.

The Family Wellbeing Empowerment team developed the Growth and Empowerment Measurement (GEM) tool, an instrument to measure empowerment and like the FWB program while it does not directly address social isolation and loneliness there are some aspects of these factors embedded in the concept. (Haswell, Kavanagh, Tsey, Reilly, Cadet-James, Laliberte, Wilson and Doran, 2010)

- 5. *How current investment by the Queensland Government, other levels of government, the non-government, corporate and other sectors may be leveraged to prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland, including:***
- a. *services and programs such as health and mental health, transport, housing, education, employment and training, sport and recreation, community services and facilities, digital inclusion, volunteering, the arts and culture, community development, and planning for accessible, inclusive and connected communities***
 - b. *targeted support to vulnerable and disadvantaged groups and those most at risk***

The Apunipima Cape York Health Council, a community controlled health service provides evidence of established services and programs that address the health needs of Aboriginal and Torres Strait Islander peoples in Cape York.



Apunipima Cape York Health Council emerged out of a health conference held at Pajinka Wilderness Lodge, near Injinoo, in 1994. The conference was attended by representatives of 17 Cape York communities and associated homelands concerned about poor health status of Cape York Aboriginal and Torres Strait Islanders. In the two decades since its inception Apunipima has grown from a small advocacy organisation to the largest community controlled health organisation in Queensland delivering a comprehensive primary health care service to 11 Cape York communities. This service includes Aboriginal and Torres Strait Islander Health Practitioners, outreach midwives, podiatrists, audiologists, physiotherapists, dietitians and nutritionists, diabetes nurse educators, paediatricians, social emotional wellbeing program and GPs. Health Action Teams (HATs) comprised of community members in each community are active in decision making about strategic planning for the organisation and communities. Supporting workforce development from within communities is a priority for Apunipima. Having such a workforce that understands the issues which confront communities regarding historical and local perspectives which impact on social isolation and loneliness is essential in addressing these factors.

Apunipima adheres to a family centred model of comprehensive primary health care which sees clients as people embedded in families and communities empowered to make informed decisions about their life and health. Working within this family and community centred empowerment framework assists in mitigating social isolation and loneliness.

6. *The role, scope and priorities of a state-wide strategy to address social isolation and loneliness, considering interactions with existing Queensland and national strategies.*

Suggested Scope and Priorities:

- Recognition that social inclusion and loneliness exists and can underpin social, cultural and health status of people.
- Facilitate a whole of government and community approach to social isolation and loneliness.
- Acknowledge the links between impact of colonisation, racism, social emotional wellbeing, mental health and social inclusion and loneliness.
- Adequately funded program to address social emotional wellbeing, mental health and social inclusion and loneliness.
- Support for community initiatives and volunteer led activities which bring people together and provide a safe and welcoming place for people to connect and engage in self and peer led support groups.
- Translation of existing evidence to inform policy, practice and service delivery.
- Funded research which specifically investigates social inclusion and loneliness in an Aboriginal and Torres Strait Islander context and strategies to address these factors.
- Funding for proactive programs such as the Family Wellbeing Empowerment Program.
- More targeted support programs for groups at high risk of experiencing social inclusion and loneliness.
- Targeted support programs in schools for children who may be impacted by poverty, racism, lateral violence, bullying, suicide, child protection orders.



References:

Apunipima Cape York Health Council.
(<http://www.apunipima.org.au/about>)

Australian Institute of Health and Welfare. (2019). Social Isolation and Loneliness. Australian Government: Canberra.
(<https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness>)

Beyond Blue (2020). Staying Strong, Responding to Racism.
(<https://www.beyondblue.org.au/who-does-it-affect/aboriginal-and-torres-strait-islander-people/risk-factors>)

Beyond Blue (2020). Risk factors affecting Aboriginal and Torres Strait Islander people.
(<https://www.beyondblue.org.au/who-does-it-affect/aboriginal-and-torres-strait-islander-people/risk-factors>)

Catherine Liddle. (2020). Connection to Country.
(<https://www.commonground.org.au/learn/connection-to-country>)

Haswell-Elkins, Melissa, Kavanagh, David, Tsey, Komla, Reilly, Lyndon, Cadet-James, Yvonne, Laliberte, Arlene, Wilson, Andrew and Doran, Chris (2010) *Psychometric validation of the Growth and Empowerment Measure (GEM) applied with Indigenous Australians*. Australian and New Zealand Journal of Psychiatry 44(9):791-9DOI:10.3109/00048674.2010.482919
https://www.researchgate.net/publication/46147028_Psychometric_Validation_of_the_Growth_and_Empowerment_Measure_GEM_Applied_with_Indigenous_Australians

McCalman, J., Bainbridge, R., Brown, C., Tsey, K., & Clarke, A. (2018). *The Aboriginal Australian Family Wellbeing Program: A Historical Analysis of the Conditions That Enabled Its Spread*. Frontiers in public health, 6, 26. <https://doi.org/10.3389/fpubh.2018.00026>

Warr, Deborah, Cox Jennifer, Renshaw Sarah. (2020). A review of associations between social isolation, loneliness and poor mental health among five population groups. Charles Sturt University: Department of Rural Health RHMT Program Research.
(https://cdn.csu.edu.au/data/assets/pdf_file/0003/3583182/V1008_Mental-Health-summary-report_v1_A4.pdf)

World Health Organisation (WHO). (2020). Social Determinants of Health.
(https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)