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### Submission into the Inquiry for social isolation and loneliness in Queensland

Loneliness and social isolation are a significant concern for many people living in our community but especially for homeless individuals. Most people experience loneliness at some point of their life. The effect of loneliness can be small but it can turn into social isolation which can often also lead to social exclusion. This is particularly crucial for vulnerable groups who find it difficult to find suitable, safe and affordable housing, employment, support around DFV, mental health and alcohol and other substances.

It could be suggested that the first wave of Covid-19 would have significantly impacted vulnerable groups such as people experiencing homelessness when the social distancing policies were implemented. The number of people experiencing homelessness in Queensland is rapidly increasing and there is evidence that suggests that an individual's social wellbeing including their physical and psychological health can affect a person's capacity seek support to access and maintain a tenancy.

We are experiencing a very competitive private housing market as rental prices continue to rise forcing people on lower incomes to seek financial support to maintain their homes. We are also seeing an increasing demand on social housing as the private rental market is no longer a viable and affordable housing option for many low-income households. More and more people are finding themselves in difficult situations where their tenure is not sustainable and are at risk of homelessness or experiencing homelessness for the first time; for others this is a situation that they can cycle in and out of over their life journey.

There are also concerns that the size of a person's living space and proximity to other people can be a factor that impacts loneliness. Depending on a person's situation and life circumstances they may find it difficult living alone in a 1-bedroom property. Some people would prefer to be living in shared accommodation where they can communicate and have regular contact with others. Our current focus in the social housing has been to build one-bedroom properties to accommodate the need of people on the register of need. It would be helpful for us to also be mindful that not everyone likes to live alone, and consideration should be given to different and alternative models of shared accommodation and housing designs that support connection. Our organisation currently manages nearly 650 properties,

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and our data indicates that 49% of these households are sole occupants and 46% are studios or 1-bedroom properties.

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So, what have we learnt? Homelessness can affect anyone. Homelessness includes people who are sleeping rough, people staying in temporary accommodation, including staying with friends and family and people staying in unstable and substandard accommodation. The lack of affordable housing options is an increasing concern and one of the main causes of homelessness. We also know that homelessness and mental health are closely connected. A person's mental health can often increase the likelihood of poor housing outcomes and homelessness can often impact on a person's mental health and wellbeing.

There is no doubt that the health system is under severe pressure, but we are also experiencing a housing crisis. We are in an uncertain time and people's hopes and aspirations have been affected and the unknown is increasing people's anxiety. Social isolation in lockdown and the restrictions imposed on public movement to contain the spread of the virus have forced people to stay home and to distance themselves from physical social contact. People are using online technology to associate with others through virtual connections.

The Census (2016) highlighted that one in four people are living alone in a property. Often living alone and relationship breakdown, and unemployment can often increase the prevalence of feeling lonely. Feeling lonely and socially isolated can also be linked to poor mental health, physical health and general health and wellbeing. Social contact and building quality relationships can increase the instance of a person feeling more socially connected. There is a strong agreement that by providing support to homeless people that it will lead to economic and social participation.

Community involvement and engagement can improve social isolation and loneliness. People generally want to feel like they belong and are contributing. We want to feel connected. So how can we improve social connectedness? Community planners, housing organisations and councils could invest in ensuring that we have shared spaces for gatherings and interactions, organisations could develop a volunteer strategy to improve community engagement, doctors could check a patient's social connectedness during consultations. To rebuild connections, we need to find way to build relationships.

Yours Sincerely



Liz Brown

Chief Executive Officer