

Submission to Loneliness and Isolation enquiry.

My personal experiences of isolation were when my marriage broke up and moving to a new city. I also have experience as a special educator and relatives in the disability sector. I am now a member of St Bartholomew's Anglican Church, Mt Gravatt and volunteered at Romero Centre and in a local OP Shop, so will mention observations and anecdotes on isolation gleaned in conversations at these places.

From my own experience of marriage breakup and many conversations with women over the years, it is vital to have a central place where you can go for advice on services available, support on a personal level and overall assistance with counselling and practicalities such as rent and finances. Community centres or neighbourhood centres are an excellent source for such help but were and are extremely over stretched. People in these situations need ongoing help- again putting pressure on scarce resources. But it is better to put resources at this level rather than more costly medical and children's services that might be needed later.

Personally, when moving towns I was able to reduce the isolation through finding a Church community and family. However, again listening to other experiences, community and neighbourhood centres often provide a central point of safety, access to groups and practical counselling. Their resources are too limited and they can't always physically give the support sought in a timely way.

Through my experiences teaching in special education and understanding from having family as both recipients and providers of care in the disability sector, I know there is a lack of social facilities and ways of finding part time work. Finding what is available is time consuming and frustrating for parents and carers. Particularly since Covid19, many are experiencing increased isolation and loneliness through inability to access usual outings. People suffering from a mental illness who are in supported care face extreme isolation. Many would benefit from social activities at a central, local venue but lack the ability to reach out to the community. If there were more communication and referrals across sectors, especially the medical sectors, this might be avoided to an extent. I understand that programs like "Ways to Wellness" try to build networks across sectors and can surely recommend that such a program continue to be supported and extended.

In Covid19, the aged and those without access to modern communication technology have suffered. Again, it would be helpful if medical practitioners could be encouraged to see the benefits of alerting people to the availability of local resources for social contact. Providers of such opportunities need ways to "advertise". Neighbourhood centres often know the need and some solutions but are too pressed to provide the services -which leads to burnout and frustration for workers and volunteers.

My 3 years of volunteering at the Romero Centre which supports people who are migrants and those seeking asylum, brought to vivid relief the plight of many, women especially, who crave safe places to learn English, other skills and seek human contact. More assistance through reduction in transport costs would help this group, and also again providing professional groups with the means of suggesting social experiences at a community level. Sharing information across sectors and groups which is necessary but time consuming and hard for case managers to do as it is not core business. Volunteers are willing but often not skilled in dealing with the added fear, uncertainty and increasing racism of this groups encountered during covid.

Anecdotal evidence shows that social contact can be provided as a secondary aspect of the stated goal of a group. Eg at my Church, young mothers, often isolated, come to a weekly music group where they are able to enjoy social contact with other mums and older women. Numbers are limited to about 12 to facilitate more meaningful relationship building. A card group of about 20 people meets weekly, ostensibly for cards, but several join for social contact and stay. There needs to be greater facilitation and awareness of such groups at a local level. Ways to Wellness has helped in this area. Community and neighbourhood centres often provide such access but are sadly often too busy and without sufficient staff or volunteers to provide the services needed. Structured information sharing is needed.

There is ample, undisputed evidence that loneliness and isolation exacerbate physical and mental health issues, so it behoves the government to put health funding into this area as a preventative measure. There is empirical evidence that loneliness can have greater health impacts than cancer or heart disease. Helping to integrate the lonely and isolated into the community can therefore lead to long-term savings in the area of health. Very recent research that I

