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Community Support and Services Committee
Parliament House
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Inquiry into social isolation and loneliness in Queensland – Submission

Relationships Australia welcomes the opportunity to provide a submission to the Inquiry into social isolation and loneliness in Queensland. We thank you for the opportunity to contribute to a report that will establish a statewide strategy to address this growing social issue.

Relationships Australia's work in the Loneliness and Social Isolation

Relationships Australia is a federation of community-based, not-for-profit organisations with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances. We aim to support all people in Australia to live with positive and respectful relationships.

Relationships Australia provides a range of services, including counselling, dispute resolution, children's contact services, services for victims and perpetrators of family violence, services for people living with disability, services for older Australians, problem gambling support and relationship and professional education. We are nation-wide, with outreach programs that target rural, remote and Aboriginal and Torres Strait Islander communities. We aim to support all people to live with positive and respectful relationships.

Relationships Australia understands there is a bi-directional relationship between healthy relationships and loneliness. While we recognise that loneliness is considered a subjective experience and is distinct from the objective state of being socially isolated, the health of our social connections plays an important part in helping to combat these issues. Family and relationship services offer one source of community-based preventions and interventions. These can help individuals and families to strengthen and repair their relationships and ultimately support health and wellbeing. As such, we consider our family and relationship services to be an integral part of the response to social isolation and loneliness.

Contents

Key Recommendations

1. Understand that loneliness is complex, as are the solutions.

2. Ensure family and relationship services, and other community-based preventions and interventions, are part of a strategy to address loneliness and social isolation.

3. Fund community awareness campaigns to increase awareness and capacity of the community to combat social isolation and loneliness.

4. Increase awareness of the importance of connecting with multiple groups. While our relationships with partners, families, friends and colleagues are important, connecting with your community strengthens these relationships and is a protective factor against social isolation, loneliness, mental ill health and suicidality.

Those at risk of social isolation and loneliness

Loneliness and social isolation can affect anyone, at any age. In 2019, Relationships Australia published an important loneliness study that explored the 16 waves of Household Income and Labour Dynamics Data (HILDA). It found that the Australian experience of loneliness is most likely to affect:

- Those who are experiencing a lack of employment and/or receipt of income support, with the highest rates for younger men in receipt of income support,

- Single parents, particularly single fathers, are most likely to experience a lack of social support with almost 40% of younger fathers reporting a lack of social support and more than 40% reporting emotional loneliness,[1]

- Widowed men and women under 65 years of age,

- People in de facto relationships,

- People with poorer health, and

- Overall levels of loneliness for men are higher than women for all 16 waves of available data, although the reverse is true when examining the proportion of people reporting emotional loneliness.

However, it is important to note that loneliness and social isolation affect different people at different times. Our analysis also showed that:

- The number of people moving in and out of loneliness has been persistently high over the past decade,

- A substantial minority of people experience a lack of social support, while

- A substantial majority report emotional loneliness at some time in their life.

This research was conducted as part of a broader project aimed at increasing our understanding of the impact of loneliness on Australians. Relationships Australia is committed to understanding

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[1] Emotional loneliness as the subjective expression of dissatisfaction with a low number of social contacts (Van Baarsen et al., 2001)

how loneliness and social isolation affects the Australian community. We are also committed to providing solutions to this issue.

Neighbour Day

Neighbour Day, a social connection campaign managed by Relationships Australia, is a nation-wide intervention which develops social capital and inclusion in neighbourhoods across Australia. Neighbour Day has been proven to:

- Increase social connection among neighbours and communities,

- Increase wellbeing and improve mental health among participants, and

- Reduce loneliness and social isolation in singular and community settings.

External evaluations of the Neighbour Day Campaign have been conducted since 2018 (Cruwys et al., 2021; Cruwys et al., 2020; Cruwys et al., 2019; Long & Lim 2018). Over several years, these evaluations have found:

- 85% got to know their neighbours better because of the campaign (2020),

- 99% continue these relationships in the first few months beyond the campaign (2018-2020), and

- Six months on, 75%+ had continued connecting with their neighbours in tangible ways (2018-2020).

This has led to outcomes such as:

- 85% said knowing their neighbours better, led to improve neighbourhood identification. We found that those who identified with each other were more likely to support one another. This led 80% to say their neighbours had been a source of support during lockdown (2020),

- Greater neighbourhood identification was also associated with better mental wellbeing – this is because perceived access to neighbours' support reduced people's feelings of loneliness (2020),

- 63% reported an improvement to their mental health (2020),

- 75% reported improvements to feelings of safety and support (2020), and

- Multiple groups identification was positively associated with mental wellbeing - this occurred in part due to greater perceived access to support from family & friends and reduced loneliness (2020).

Through Neighbour Day, Relationships Australia supports Australians to connect with their neighbours, and ultimately improve their mental health and wellbeing. These findings demonstrate that supporting connections between neighbours and communities is a key social isolation and loneliness intervention. Neighbour Day uses standardised measurement and evaluation frameworks and is therefore considered an evidence-based campaign. The findings from 2018-2020 unequivocally demonstrate that connecting with people outside of your traditional support network is a key aspect of reducing loneliness and social isolation. Positive sources of group connection include, but are not limited to, neighbourhood groups. We believe it is imperative

that any strategy to address social isolation and loneliness considers the effects of group-based connection for mental wellbeing.

The Social Model of Loneliness

While Neighbour Day is a community-wide prevention campaign and not a service intervention, Relationships Australia is also a leading provider of acute relationship support services. We work with people to enhance and improve relationships of all kinds, including among families (whether or not the family is together), with friends and colleagues, within communities and people's relationship with themselves. This relational approach leads us to believe it is also important to understand the context of loneliness within a social model.

The social model of loneliness recognises that there are systemic barriers that inhibit people from making social connections. An important study investigating the effect that cognitive impairment had on older peoples pathway to loneliness found that it was *the social structures themselves* which (dis)empowered older cognitively impaired people, leading to social exclusion (Burholt et al., 2017). This research established that it was the social environment's treatment of the people that limited social resources, which in turn, lead to loneliness, rather than the biological experience of dementia that disrupted social abilities (Burholt et al., 2017).

Establishing a social model of loneliness highlights that social isolation and loneliness are complex problems, which require complex solutions. Loneliness is not a singular or universal state, and solutions must recognise this. One example of a simplified understanding of loneliness is evidenced by the medicalisation of loneliness. The medicalisation of loneliness has helped garner the public concern necessary for this concerning phenomenon.[2] While the medical issues associated with loneliness remain of significant concern, Relationships Australia would now like to see governments and organisations adopt a more nuanced understanding which incorporates the social realities of social isolation and loneliness, to address the complexity of this issue.

The role of community-based treatment, care and support

Relationships Australia believes that a key aspect of addressing loneliness and isolation is supporting the people to achieve respectful and fulfilling relationships. We also believe that strategies addressing social isolation and loneliness must focus on creating a more supportive social environment. Some of the groups Relationships Australia services who are at increased risk of social isolation and loneliness include:

- People affected by complex grief and trauma, intersecting disadvantage and polyvictimisation,

- People living with intergenerational trauma,

- Survivors of all forms of abuse, including institutional abuse,

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[2] For example, descriptions of a 'loneliness epidemic' or the over-emphasis on studies that illustrate loneliness as comparable to smoking 15 cigarettes a day (Valtorta 2016).

- People who come from culturally and linguistically diverse backgrounds,

- Aboriginal and Torres Strait Islander people,

- People with disability,

- People experiencing mental ill-health,

- People experiencing social and financial disadvantage,

- People who identify as members of the LGBTIQ+ communities, and

- Younger and older people.

Some of the approaches Relationships Australia has adopted in bid to address loneliness across all service streams include:

- Supporting clients to shift their narrative away from impairment-thinking, to strengths-based practice which recognises and leverage the qualities and resources that even the most vulnerable clients bring to the table, including their social connections,

- Person-centred counselling and trauma-informed counselling,

- Employing universal screening tools such as DOORS to support practitioners to engage clients in exploration of evident risks, and to plan and share effective responses to risk, which can include social isolation and loneliness, [3]

- Conducting authentic co-design with those with lived experience to ensure services provide the appropriate support for people (and recognising this as a valid contribution to the evidence base),

- Recognising the interconnection between social isolation and loneliness and the increased risk of becoming a victim or perpetrator of abuse, and

- Acknowledging the protective impacts of safe and healthy family relationships, and of social belonging and connection in both preventing violence, abuse, neglect and exploitation, and mitigating its impacts.

Australia's current service system to address social isolation and loneliness is in dire need of services which can support tertiary care through preventative measures. We believe that while there is clearly a place for medical models of intervention and treatment, there is also real and unmet need for properly-resourced community models of social support. Relationships Australia urges the Queensland government to ensure family and relationship services, and other community-based preventions and interventions, are part of a strategy to address social isolation and loneliness.

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[3] For more information please see https://familydoors.com/

Risk and Protective Factors

Supporting a strategy to address social isolation and loneliness that is holistic and preventative requires an understanding of the factors which inhibit and support social connection. While this submission has outlined some of the particular risk factors for social isolation and loneliness, we would also like to focus on the protective factors, which provide people with resilience in the face of adversity and, importantly, moderate the impact of inevitable stress on social and emotional wellbeing. About one in four Australian adults consider themselves to be lonely, and as many as half of all Australians feel lonely for at least one day each week (APS 2018). While feelings of loneliness are widespread and people are expected to move in and out of loneliness in their lifetimes, managing these experiences and transitions and avoiding chronic loneliness is integral to mitigating the effects (Baker,2012; Franklin & Tranter, 2008). Relationships Australia believes that recognising the risk factors is important for understanding the issue, while conceptualising the protective factors supports a robust response. Social services play an integral role in repairing harm, providing support, and capacity-building to ensure that people's protective factors against social isolation and loneliness are developed and sustained. Some sociocultural protective factors for loneliness and social isolation that are harnessed through social services include:

- Strong social relationships and networks,
- Stable and secure housing,
- Positive family functioning,
- Supportive communities,
- Employment and a supportive work environment; and
- Alcohol and problem-gambling reduction.

This is not an exhaustive list of protective factors, however it begins to represent the integral role community-based treatment plays in addressing social isolation and loneliness. Understanding how these factors interact with, and prevent loneliness, provides the Queensland government with a foundation upon which they can design and select appropriate interventions and support systems.

The climate disaster and COVID-19

The climate disaster and COVID-19 have led to direct increases in feelings of loneliness and social isolation. One in two Australians reported feeling lonelier since the onset of the COVID-19 pandemic and the ABS found loneliness to be the most common personal stressor identified during 2020 (Lim 2020; ABS 2020). The pandemic and climate crisis also further exacerbate existing issues and challenge people's wellbeing by limiting ability to access traditional support networks such as social networks, communities and work. This, in turn, leads to increases in negative family functioning and alcohol, drug and problem-gambling issues. The pandemic has also restricted people from accessing institutions and services where, organisations such as Relationships Australia, would usually intercept and intervene.

The interconnection between the protective factors discussed above was brought to light during the pandemic. COVID-19 and the increase in climate-related disaster events impacts the ability of support services to work with individuals, families and the community to enhance and build these protective factors. Damage done to relationships during pandemics and disasters have

long-term effects on loneliness and social isolation. A longitudinal study found that ten years on from the 2009 Black Saturday bushfires, people continue to face increased depression, PTSD, anxiety and other mental health challenges (Gibbs et al., 2016). Social isolation was found to be a key risk factor, especially those living alone. Most notably, the risks of living alone appeared to be offset by group involvement. This provides further support for connecting with your community, as it strengthens these relationships and is a protective factor against social isolation, loneliness, mental ill health and suicidality. Importantly, those who have recovered still require support from social services.

This was further exemplified in a recent survey of over 700 Australians. A collection of service providers found that a third of respondents reported not being able to access a support group during the pandemic, which had adversely impacted their mental health (Wellways 2021). The same survey found that community-based services were vital for building resilience during COVID-19, as these psychosocial supports enable the community connections and networks that reduce isolation and sustain wellbeing in the *absence* of services. This includes recovery-oriented support and peer support to increase confidence, self-efficacy and skills in connecting with family, friends and professionals (Wellways 2021).

The effects of the pandemic and climate crisis will continue to pose challenges to Australians, particularly those in Queensland who will experience more extreme weather patterns. This is confounded for those experiencing loneliness and social isolation. In response, Queensland, and Australia in general, needs to address the following issues:

- Finding new ways to access hard-to-reach communities,

- Provide interventions that are funded to connect clients with social support systems and provide support for all who require it, not just the presenting-client,

- Promoting services which place social participation and inclusion at their centre, especially for those experiencing other risk factors like mental ill-health, treatment for which, can lead to further social exclusion,

- Funding innovative solutions to provide blended services to reduce the burden on socially isolated and lonely clients; and

- Explore group-based and community-wide interventions to entrenched issues. For example, Groups 4 Health, a University of Queensland initiative, is an evidence-based psychological intervention designed to improve health by providing people with the knowledge, skills and confidence to increase their social connectedness, and in particular, their group-based social identifications. It relies on social prescribing so also supports a shift to more local, non-clinical services.[4]

Benefits of addressing the problem

The sociocultural and health benefits of addressing loneliness have been outlined throughout this submission. While the full economic benefits of addressing loneliness are difficult to pinpoint, an investment in addressing loneliness provides clear value for money. Economic modelling conducted by the National Mental Health Commission shows that for every $1

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[4] For more information on Groups 4 Health please see http://www.socialidentitynetwork.com/g4h-info/

invested in programs that address loneliness, the return on investment is between $2.14 to $2.87 respectively (2019). It is understood that the savings beyond the healthcare system would be vast.

Other initiatives

Given the interconnectedness of social isolation and loneliness with other social issues that are currently being considered, it is difficult to consider solutions to this issue, without also acknowledging other reviews taking place, or those that have recently concluded. These include, but are not limited to:

- Productivity Commission's Inquiry into Mental Health

- Select Committee on Mental Health and Suicide Prevention

- Royal Commission into Victoria's Mental Health System

- The interim report by the National Suicide Prevention Officer

- Joint Select Committee on Implementation of the National Redress Scheme

- The Department of Social Services Consultation on Supporting improvements to the Families and Children activity

- Joint Select Committee on Australia's family law system

- Australian Law Reform Commission's Review of the Family Law System

- House of Representatives Standing Committee on Social Policy and Legal Affairs inquiry into family, domestic and sexual violence, and

- A variety of recently announced reviews commissioned by the Commonwealth Attorney-General's Department into the operation and effectiveness of elements of Australia's Family Law System

Some of these reports specifically address the interconnection between their topic and social isolation and loneliness. The interrelated nature of these issues means that improvement in some areas will affect others.

Conclusion

Thank you for your consideration of this submission. Should you wish to discuss any aspect of it, or the services that Relationships Australia provides, please do not hesitate to contact me by email (████████████████████████) or our Senior Research and Project Officer, Claire Fisher (████████████████████████, by telephone on ███████████.

Kind regards

Nick Tebbey
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