

Institute for Social Science Research and Life Course  
Centre  
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# Inquiry into Social Isolation and Loneliness in Queensland

## Community Support and Services Committee

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This submission is jointly presented by the Institute for Social Science Research and the Life Course Centre at The University of Queensland. It highlights relevant Life Course Centre research as well as international best practice examples that have been successful in mitigating social isolation and loneliness in other countries and other states of Australia.

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## **LIFE COURSE CENTRE**

The Australian Research Council Centre of Excellence for Children and Families over the Life Course (the Life Course Centre) is a national research centre focused on investigating the drivers of deep and persistent disadvantage. It is committed to leveraging evidence-based research to develop new knowledge and practices to better equip Australian children and families to overcome social and economic disadvantage. Administered by ISSR, it is a collaboration with The University of Western Australia, the University of Sydney and the University of Melbourne and a range of government, non-government and private partners.

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Our submission specifically addresses:

**Social isolation and loneliness in Queensland** and the following Terms of Reference:

2. **the causes and drivers of social isolation and loneliness, including those unique to Queensland**
3. **the protective factors known to mitigate social isolation and loneliness**
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**
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**

## Summary and Recommendations

Loneliness and social isolation are growing concerns globally due to their impacts on health and wellbeing. One in four Australians were lonely prior to the COVID-19 pandemic.<sup>1</sup> With the onset of COVID-19 restrictions, including social distancing requirements and self isolation, it is more likely Australians previously experiencing loneliness, will experience poor physical and mental health compared to connected Australians with strong social networks. By implementing screening activities and early interventions designed to mitigate social isolation and loneliness, the Federal Government and the Queensland Government could reduce spending in the health sector to combat issues such as mental health, coronary heart disease, stroke and dementia which are directly linked to loneliness. In this submission, we have provided some recommendations that the Queensland Government could consider to mitigate loneliness and social isolation. We are pleased to provide this submission to the *Inquiry into Social Isolation and Loneliness in Queensland*.

Recommendations outlined in this document are:

1. The Queensland Government should prioritise screening and early interventions during adolescence for signs of peer victimisation/conflict, loneliness, sleep disturbances, alcohol use etc., and develop tailored programs that enhance peer and parental supports. School-based anti-bullying and social engagement initiatives would be most beneficial.
2. The Queensland Government should prioritise organised group activities for retirees, and targeted communications about the availability of such activities, to support the wellbeing of retirees, particularly those who have been retired for three years or longer.
3. The Queensland Government should consider best practice intervention programs including community and strengths based approaches complemented by technological solutions being implemented in other countries and other states in Australia to date and adopt aspects of these programs to mitigate social isolation and loneliness.
4. The Queensland Government has the opportunity to leverage existing investments by the Queensland Government, other levels of government, non-government, corporate and other sectors to prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland.

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<sup>1</sup> Lin, M. & Australian Psychological Society. (2018). *Australian loneliness report: a survey exploring the loneliness levels of Australians and the impact on their health and wellbeing*.  
<https://researchbank.swinburne.edu.au/items/c1d9cd16-ddbe-417f-bbc4-3d499e95bdec/1/>

## 2. the causes and drivers of social isolation and loneliness, including those unique to Queensland

Investigating loneliness through a life course lens, our researchers have identified two key life course stages, and associated drivers, where the risks of loneliness are elevated:

### Adolescence

#### Driver: Bullying victimisation

A global study from Life Course Centre researchers has highlighted the strong association between bullying victimisation, loneliness, and suicidal behaviours in teenagers. This study<sup>2</sup> covered more than 280,000 teenagers aged 13-17 in 90 countries and was one of the first to shed light on the factors in the relationship between bullying victimisation and adolescent suicidal ideation, planning and attempts. It found 32.4 per cent of teenagers had been bullied at school and, as a result, were at increased risk of a wide range of adverse outcomes, including loneliness, physical inactivity, fast food and alcohol consumption, smoking, truancy and sleep disturbance. Of these, loneliness was identified as the single strongest link in the relationship between adolescent bullying and suicidal behaviours. This research described a ‘feedback loop’ between loneliness and bullying victimisation, with students who experienced one also more likely to experience the other. Alcohol consumption and sleep disturbances could also feed into this cycle. Separate Life Course Centre research<sup>3</sup> has shown that approximately one-third of school students were bullied in a comprehensive study of more than 310,000 students aged 12-17 years in 83 countries. It described the many negative impacts of bullying victimisation across a person’s life course, including increased physical, cognitive and mental health issues, difficulties in academic performance, and long-term employment and financial consequences. The study identified younger males from poorer backgrounds as most at risk of being victims of school bullying. The wide variation between and within countries suggests that regional, social and cultural factors may influence the national prevalence of bullying victimisation. This is an important consideration for Queensland given the state’s geographic size, large regional and rural populations, and diverse cultural communities.

### Retirement

#### Driver: Loss of social connection/support

Retirement is a major life course transition for adults, and Life Course Centre researchers have been specifically investigating the impact of this event on personal satisfaction, wellbeing and happiness. This includes the first evidence from Australia on the effects of retirement on personal wellbeing, which provides valuable insights into post-retirement wellbeing trajectories. This study<sup>4</sup> finds that

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<sup>2</sup> Hasan, Md. M., Fatima, Y., Pandey, S., Tariqujjaman, Md., Cleary, A., Baxter, J., & Mamun, A. A. (2021). Pathways linking bullying victimisation and suicidal behaviours among adolescents. *Psychiatry Research*, 302, 113992. <https://doi.org/10.1016/j.psychres.2021.113992>

<sup>3</sup> Biswas, T., Scott, J. G., Munir, K., Thomas, H. J., Huda, M. M., Hasan, M. M., de Vries, T., Baxter, J. & Mamun, A. A. (2020). Global variation in the prevalence of bullying victimisation amongst adolescents: Role of peer and parental supports. *EClinicalMedicine*. <https://doi:10.1016/j.eclinm.2020.100276>

<sup>4</sup> Nguyen, H.T., Mitrou, F., Taylor, C. L. & Zubrick, S.R. (2020). Does retirement lead to life satisfaction? Causal evidence from fixed effect instrumental variable models. *Life Course Centre Working Paper Series: 2020-10*.

retirement does causally improve overall life satisfaction, explained by improvements in satisfaction with one's financial situation, free time, health, and participation in local community activities. While the positive wellbeing impact of retirement is sizable initially, this research highlights that it is short-lived and the positive impact fades rapidly beyond the first three years of retirement. Separate Life Course Centre research has examined the evolution of social supports around retirement, both own and spousal retirement, and its moderating effect on mental wellbeing. Using Australian longitudinal data to test social support changes around retirement, the results of this study<sup>5</sup> point to the efficacy of social support as a flag for disparate trajectories in mental wellbeing around retirement. It finds the dynamics in mental wellbeing differ between those with low and high social supports. Our research shows that spousal retirement seems to matter more than one's own retirement, particularly for males, suggesting the value of a retired spouse in providing social support to their partner. The spill-over benefits of spousal retirement on life satisfaction are also much larger for those with low social support. This supports the idea that spousal retirement can improve wellbeing for people lacking social support.

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<https://www.lifecoursecentre.org.au/wp-content/uploads/2020/05/2020-10-LCC-Working-Paper-Series-Nguyen-et-al..pdf>

<sup>5</sup> Kettlewell, N. & Lam, J. (2020). Retirement, social support and mental wellbeing: A couple-level analysis. *Life Course Centre Working Paper Series: 2020-15*. <https://www.lifecoursecentre.org.au/wp-content/uploads/2020/06/2020-15-LCC-Working-Paper-Kettlewell-Lam.pdf>

### 3. the protective factors known to mitigate social isolation and loneliness

- **Adolescence**

Social connectedness and peer relationships are critical to adolescent development, health and wellbeing. In the context of COVID-19, social distancing, school closures, and stay-at-home orders may have further exacerbated feelings of loneliness as well as increasing adolescents' exposure to cyberbullying through more time spent online. Our research has shown that peer supports play a crucial role in lowering the risks of bullying victimisation during adolescence<sup>6</sup>. Parental support is another important protective factor. Family environments also play a critical role in adolescent mental health, and parenting skills training can help to improve parent-child relationships. Increased parental involvement can help in the early the detection of loneliness and problematic relationships/peer conflict, and can also assist with problem solving, peer interactions and interventions if required. However, parental control can also be problematic. A Life Course Centre study of more than 275,000 adolescents aged 12-17 in 82 countries found one in five had experienced suicidal thoughts or anxiety with the risks higher for those with higher levels of parental control<sup>7</sup>. Therefore, for parental skills training and support to be an effective protective factor, they must also be culturally appropriate, which can include recognising the adolescent's individual separation, while still maintaining parental monitoring and understanding. Peer and parental supports may also need to be tailored to other sub-populations, including LGBTQ/sexual minority adolescents who have been identified as being at heightened risk of peer and emotional problems<sup>8</sup> and who can benefit from enhanced peer and parental supports<sup>9</sup>.

#### **Recommendation**

The Queensland Government should prioritise screening and early interventions during adolescence for signs of peer victimisation/conflict, loneliness, sleep disturbances, alcohol use etc., and develop tailored programs that enhance peer and parental supports. School-based anti-bullying and social engagement initiatives would be most beneficial.

- **Retirement**

Protective factors should focus on strongly promoting social supports and connections as moderators between retirement and retirees' mental wellbeing, including loneliness. Our research has highlighted that the beneficial impact of retirement on wellbeing can be short-lived<sup>10</sup>. This finding is supported by a call for governments in Australia to provide broader support of organised

<sup>6</sup> Hasan, *Pathways linking bullying*, 8.

<sup>7</sup> Biswas, T., Scott, J. G., Munir, K., Renzaho, A., Rawal, L. B., Baxter, J., & Mamun, A. (2020). Global Variation in the Prevalence of Suicidal Ideation, Anxiety and Their Correlates Among Adolescents: A Population Based Study of 82 Countries. *EClinical Medicine*.

<sup>8</sup> Perales, F., & Campbell, A. (2019). Early roots of sexual-orientation health disparities: associations between sexual attraction, health and well-being in a national sample of Australian adolescents. *J Epidemiol Community Health*, jech-2018.

<sup>9</sup> Perales, F., & Campbell, A. (2020). Health Disparities Between Sexual Minority and Different-Sex-Attracted Adolescents: Quantifying the Intervening Role of Social Support and School Belonging. *LGBT Health*, 7(3): 146-154.

<sup>10</sup> Nguyen, *Does retirement lead*, 21.

group activities for seniors/retirees and, crucially, ensure that the availability of these activities is effectively communicated. This will help to support retirees, particularly those who have been retired for three years or longer, to maintain positive levels of wellbeing. Research also points to the evolving nature of social supports during own and spouse's retirement<sup>11</sup> (Kettlewell, N. et al 2020), highlighting the need for ongoing monitoring, evaluation and further research in this field. With population ageing occurring and increasing in most developed countries, including Australia, research encompassing the various dimensions of social engagement, social capital and social integration in old age, across different institutional settings, would be highly worthwhile.

**Recommendation**

The Queensland Government should prioritise organised group activities for retirees, and targeted communications about the availability of such activities, to support the wellbeing of retirees, particularly those who have been retired for three years or longer.

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<sup>11</sup> Kettlewell, *Retirement, social support*, 12.



#### **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**

In determining the benefits of addressing social isolation and loneliness, the Queensland Government must be mindful of the enormous amount of money they have to spend in the health sector in general to combat issues such as mental health, coronary heart disease, stroke and dementia which are directly linked to loneliness. In this respect, the Queensland Government could learn from the best practices that other countries have implemented to combat isolation and loneliness.

- **Case study**

Existing research reveals that many community-based solutions adopt an asset or strengths based community development approach<sup>121314</sup>, where members of the community mobilise available community assets and create local economic opportunities to mitigate social isolation and loneliness. For example, in the UK, a local charity called LinkAge works with people aged 55 and over and local communities to facilitate social activities developed to reduce social isolation and loneliness and promote active participation and positive ageing. LinkAge is funded by a partnership of Bristol City Council, St Monica Trust, the Anchor Society, Bristol and Anchor Almhouse Trust and Redcliffe Care. The organisation works with local community members and community activities and help them to make it successful and sustainable. LinkAge works through community hubs, each of which has a local Advisory Group of people aged over 55. The Advisory Group oversees what activities to develop in consultation with the wider community at open days and wellbeing days where people can share their ideas. LinkAge provides support in developing new groups off the ground and negotiating deals on venues, but it aims for activities to be self-sustaining with participants taking on organisation and contributing to costs<sup>15</sup>. A wide range of activities including archery, choirs, cooking, holistic therapies, golf, IT, ping pong, walking football, and yoga have been offered to community members through the hubs in the city. LinkAge also developed a volunteering scheme where people start attending the community activities and later become volunteers. LinkAge reaches out to lonely and isolated older people through referrals from a range of individuals and agencies and match lonely older people with other older volunteers who “find out their interests and support them to get involved with a range of activities, building confidence and self-esteem”. An independent evaluation of Linkage by the University of West England concluded that “LinkAge helps people feel more socially connected through its activities and meet the agenda established by the Marmot Review – Fair Society Healthy Lives”.

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<sup>12</sup> Mathie, A. & Cunningham, G. (2003). From clients to citizens: asset-based community development as a strategy for community-driven development. *Development in Practice*, 13(5), 474–486.

<sup>13</sup> Ennis, G. & West, D. (2010) Exploring the potential of social network analysis in asset-based community development practice and research. *Australian Social Work*, 63(4), 404–417.

<sup>14</sup> Lim, M. H., Eres, R., & Vasan, S. (2020). Understanding loneliness in the twenty-first century: an update on correlates, risk factors, and potential solutions. *Social psychiatry and psychiatric epidemiology*, 55(7), 793–810.

<sup>15</sup> Jopling, K. (2015). *Promising approaches to reducing loneliness and isolation in later life*. London: Age UK. Available from: <https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>, p. 47.

- **Case study**

In the Netherlands, the Friendship Enrichment Programme (FEP) have been developed to help women aged 55 and over to improve their wellbeing by alleviating loneliness either by strengthening their current friendships or forming new friendships. Two studies found that the FEP program successfully decreased loneliness by 11 per cent among the number of women who were part of the intervention program whereas 6 per cent decrease for women who did not participate in the FEP<sup>16</sup>.

- **Case study**

Existing research suggests that interventions using technologies showed positive outcomes in mitigating loneliness. These interventions included both individual and small group sessions and covered the use of computers, how to access online apps and search the internet, online shopping, online shopping, email, Facetime, online news and entertainment and the use of social media including Twitter, Facebook and Skype. For example, the *Connecting Older Adults* project in NSW, delivered brief training in using Twitter, Facebook and Skype to 150 older people living in the community before taking part in a six-month trial. The evaluation of this program found a significant decrease in loneliness for those who had participated in using the technology. More than 50 per cent of the participants said that they were able to be more engaged with the community using social networking tools<sup>17</sup>. A similar project in South Australia provided internet connection and one on one tutoring to six clients from a community aged care program. An evaluation of this program found that using social media reduced the participants' loneliness<sup>18</sup>.

## **Measurement of social isolation and loneliness**

The Queensland Government could use the de Jong Gierveld (dJG) Loneliness Scale<sup>19</sup> to measure social isolation and loneliness and they could use the same scale to measure social isolation and loneliness before an intervention is implemented and after an intervention is implemented. The dJG scale has been used in a number of studies to measure social isolation and loneliness<sup>20</sup>. The dJG 11-item scale includes a six-item emotional subscale (negatively worded) and a 5-item social subscale (positively worded). The scale can be used in face-to-face interviews, telephone interviews, self-administered (mail) questionnaires, and in an electronic data collection system. The dJG 11-item scale is presented below.

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<sup>16</sup> Martina, C. M. S., & Stevens, N. L. (2006). Breaking the cycle of loneliness? Psychological effects of a friendship enrichment program for older women. *Aging and mental health*, 10(5), 467-475.

<sup>17</sup> The University of Sydney (2013). *Social media decreases loneliness in older adults*. The University of Sydney, <http://sydney.edu.au/news/84.html?newsstoryid=11208>

<sup>18</sup> Ballantyne, A., Trenwith, L., Zubrinich, S., & Corlis, M. (2010). 'I feel less lonely': what older people say about participating in a social networking website. *Quality in Ageing and Older Adults*, 11(3), 25-35.

<sup>19</sup> de Jong Gierveld, J., & Van Tilburg, T. (1999). *Manual of the Loneliness Scale*. Vrije Universiteit Amsterdam, Department of Social Research Methodology (ISBN 90-9012523-X). [http://home.fsw.vu.nl/tg.van.tilburg/manual\\_loneliness\\_scale\\_1999.html](http://home.fsw.vu.nl/tg.van.tilburg/manual_loneliness_scale_1999.html)

<sup>20</sup> Penning, M. J., Liu, G., & Chou, P. H. B. (2014). Measuring loneliness among middle-aged and older adults: The UCLA and de Jong Gierveld loneliness scales. *Social Indicators Research*, 118(3), 1147-1166.

1. There is always someone I can talk to about my day-to-day problems
2. I miss having a really close friend
3. I experience a general sense of emptiness
4. There are plenty of people I can lean on when I have problems
5. I miss the pleasure of the company of others
6. I find my circle of friends and acquaintances too limited
7. There are many people I can trust completely
8. There are enough people I feel close to
9. I miss having people around me
10. I often feel rejected
11. I can call on my friends whenever I need them

**Recommendation**

The Queensland Government should consider best practice intervention programs including community and strengths based approaches complemented by technological solutions being implemented in other countries and other states in Australia to date and adopt aspects of these programs to mitigate social isolation and loneliness.

- 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**

Preventing social isolation and loneliness requires a multi-dimensional approach that includes targeted and tailored solutions that respond to the ways in which social isolation and loneliness are experienced differently by different cohorts across social contexts, new knowledge about why an intervention may work better for some people than others, and broad population-based and preventative approaches.

To prevent social isolation and loneliness among vulnerable populations, the Queensland Government could utilise its existing Care Army<sup>21</sup> initiative, which is designed to deliver food, medical and essential services to Queenslanders most at risk including Queenslanders over 65 and over 50 if they're of Aboriginal and Torres Strait Islander descent during the COVID-19 pandemic. The Care Army also provides social support to most at risk Queenslanders by teaching them about swapping the physical catch-ups with a telephone call or video-call, maintaining contact with family and friends through sending letters and postcards or group chats and informing them about online yoga and other appropriate exercise websites so that they could still exercise while staying at home. The Queensland government could encourage volunteers to continue this social support initiative even after recovery from the COVID-19 pandemic.

In addition, the Queensland Government could fund local community centres to take initiatives to reduce loneliness as they did for the Mt Gravatt Community Centre. The Mt Gravatt Community Centre secured \$100,000 from the Queensland Government as well as received more than \$200,000 funding from the Federal Government to implement their the *Ways to Wellness Social Isolation* Project. The project intends to reduce social isolation through 'social prescribing' process. This process "focuses on helping people connect with their local community by supporting them in joining a group, club, activity or even an exercise class"<sup>22</sup>. If this program is successful, the Queensland Government could fund Queensland's 125 neighbourhood and community centres<sup>23</sup> to replicate this program to reduce loneliness and social isolation.

In addition, the Queensland Government could work with non-government organisations such as the Uniting Church to reduce social isolation and loneliness among the vulnerable populations. The

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<sup>21</sup> Queensland Government. (2021). *Care Army*. <https://www.covid19.qld.gov.au/carearmy>

<sup>22</sup> Mount Gravatt News. (2021). *Mt Gravatt Community Centre Launches Program to Reduce Social Isolation*. <https://mountgravattnews.com.au/index.php/mt-gravatt-community-centre-launches-program-to-reduce-social-isolation/>

<sup>23</sup> Queensland Government. (2020). *Neighbourhood and community centres*. <https://www.qld.gov.au/community/your-home-community/groups-in-your-community/neighbourhood-community-centres>

Uniting Church in partnership with Housing NSW and the Greenway Wellbeing Steering Committee developed a Community Outreach Program in Public Housing Project<sup>24</sup>. The project focused on increasing access to Aged Care Services to individuals who resided in Greenway. Prior to the Community Outreach Project, while providing aged care services to individuals at Greenway, the Uniting Church had received feedback that other known individuals or friends would benefit from receiving services. The Uniting Church identified that a partnership model would benefit in gaining trust from the residents at Greenway and would increase the uptake of individuals receiving aged care services. The Uniting Church found that “many individuals over the age of 65yrs who resided at Greenway were socially isolated, that of the 360 tenants all were financially and socially disadvantaged, 75% of individuals were over the aged of 65, 25 per cent were of a Culturally and Linguistically diverse background and 0.5 per cent were Aboriginal and Torres Strait Islander”<sup>25</sup>. To solve these issues, the Uniting Church engaged in a social participation project with Greenway. The project design was developed to promote social participation and connection through group activity which promotes health, wellbeing and independence. The project emphasised facilitating engagement and participation to improve individual social wellbeing, physical health, mental health and relationships.

Prior to the community outreach program, due to the location of the Greenway Estate, many individuals found it difficult to leave their apartments and those that could leave their apartments needed to be physically mobile to be able to gain access to their local community. Many individuals did not know who their neighbours were. As part of the Community Outreach Project, the Uniting Church conducted focus groups with individuals from the Estate who were over the age of 65 to gain information on what individuals felt was important to them in participating in a Social Support group service. The focus groups raised issues related to the level of health and wellbeing that individuals wanted but also expanded into new areas of skill development. The findings from this program revealed that the tenants of Greenway Estate got the opportunity to meet people and form relationships with people that they hadn’t met before through the focus group discussions. This has further enabled them to engage with others, have positive social interactions within their local community and increased their participation in activities together and have had an overall positive interaction. The tenants also had the opportunity to learn new skills, e.g. badminton, computer work and playing pool, which had increased their ability to take control of their learning. Due to all these activities and social interactions, the Community Outreach Project was successful in reducing social isolation.

The Federal Government has initiated several programs to increase digital literacy among Australians, particularly older Australians. One of these initiatives, known as *Be Connected* is a \$47.2 million Australian Government initiative that aims to support and enable older Australians to develop their digital skills and confidence as well as helping them to understand the benefits of being connected online. The program started in 2016 and was scheduled to conclude in June 2021. Drawing evidence and insights from 915 program participants and stakeholders, McCosker et al.<sup>26</sup>

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<sup>24</sup> Community Housing Industry Association NSW. (2020). *Social Isolation & Loneliness Building the capacity of Community Housing Providers to Support Tenants to Age in Place*. <https://communityhousing.org.au/wp-content/uploads/2020/07/Module-5-Social-isolation-loneliness-and-older-tenants.pdf>.

<sup>25</sup> Ibid., 7.

<sup>26</sup> McCosker, A., Tucker, J., Critchley, C., Hiruy, K., Walshe, J., Suchowerska, R., Barraket, J. (2020). *Improving the digital inclusion of older Australians: The social impact of Be Connected*. Swinburne University of Technology, Melbourne.

(2020) conducted a mixed methods study including a two time point survey to measure change as a result of participation in *Be Connected*. The research team conducted a social return on investment (SROI) analysis to determine the program's efficiency and social value and found a significant reduction in loneliness over the time that learners were involved with the program. The findings further showed that survey participants' social connectedness increased due to their ability to connect with family and friends digitally. The program invested in successful online resources through the Learner Portal ([beconnected.esafety.gov.au](https://beconnected.esafety.gov.au)) that offered a vital template and touchpoint for learners, Network Partners and Digital Mentors. The findings further demonstrated good value for money:

- “\$4.01 is created in social value for every \$1 invested.
- Be Connected has created an additional \$229.5 million in social value”<sup>27</sup>.

*Be Connected* established a geographically diverse network of program partners operating in each Australian state and territory including Queensland. The Queensland Government could provide funding to continue the *Be Connected* program to mitigate social isolation and loneliness among older and younger Queenslanders who are at risk of being socially isolated.

**Recommendation**

The Queensland Government has the opportunity to leverage existing investments by the Queensland Government, other levels of government, non-government, corporate and other sectors to prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland.

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<sup>27</sup> Ibid., 9.