

# **Inquiry into social isolation and loneliness in Queensland**

**Community Support and Service  
Committee**

**AUGUST 2021**



**AASW**

Australian Association  
of Social Workers

## About the Australian Association of Social Workers

The Australian Association of Social Workers (AASW) is the national professional body representing more than 15,000 social workers throughout Australia. The AASW works to promote the profession of social work including setting the benchmark for professional education and practice in social work, while also advocating on matters of human rights to advance social justice.

## Acknowledgements

This submission has been developed in consultation with our members in Queensland, many of which are currently working in community mental health services.

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## Executive Summary

Amid COVID-19 pandemic, vulnerable people in Queensland have been further exposed to the risk of experiencing social isolation and loneliness. The AASW identifies that individual casework and counselling are not sufficient to address social isolation and loneliness associated with socio-economic vulnerabilities. Therefore, a new model of care is required to consider how social environment enables individuals to feel content with their connection with social environments. The AASW proposes a community-led approach to wellbeing so that all policy and program should endeavour to improve the connectivity and quality of connection between vulnerable people and their carers, and community members.

This submission will cover the following key structural barriers:

- An over-reliance on caring arrangements to provide connection and support to reduce social isolation and loneliness.
- Resources for community services, mental health workforce and transportation in regional and remote Queensland cannot meet the needs of people living in regional and remote areas
- A Non-biomedical approach to social isolation and loneliness is not widely adopted in Queensland

This submission will respond to terms of reference 1, 2, 5 and 6.

## Recommendations

The AASW recommends:

- The Queensland Government establish a new cross-portfolio strategy for social isolation and loneliness in consultation with a diverse range of stakeholders to understand the nature, extent and causes of social isolation and loneliness
- That the Queensland Government continue current investments beyond COVID-19 pandemic to community services for communities that are at risk of social isolation and loneliness
- That the Queensland Government budget 2022-23 include an injection of funding to programs that increases the digital literacy of Queenslanders who do not have reliable access to internet and information technology devices.
- That Queensland Health collaborate with universities in regional and remote Queensland and the AASW to streamline the employment pathway of social work graduates into entry-level mental health practitioner roles
- That Queensland Health provide financial incentives and community support programs for mental health clinicians relocating from other localities to regional Queensland.

- That the Queensland government collaborate with the private transportation sector to subsidise the transportation cost for people who reside in regional and remote Queensland to receive formal and informal care
- The Queensland Government commit to a strategy to allocate grants for local councils to provide community designed initiatives and services for community engagement
- That the Queensland government consider the expansion of a 'wellbeing' (or the so-called 'social prescribing') model of care in Queensland

## Definition of social isolation and loneliness

The AASW has advocated, and continues to advocate, for a human rights approach to mental health care. This is in keeping with Goal 3 of the UN's Sustainable Development Goals, which addresses "good health and well-being". Social workers maintain a dual focus in their work, appreciating the needs of the people they work with, while also understanding the systemic and cultural issues that contribute to their mental ill-health.

Based on this approach, the social work professional sees social isolation and loneliness as two distinctive yet interconnected concepts. While social isolation is defined as the 'inadequate quality and quantity of social relations with other people at the individual, group, community, and larger social environment levels where human interaction takes place', loneliness is a 'subjective emotional state occurring when there is a discrepancy between desired and achieved patterns of social interaction'.<sup>1</sup> We recognise that while it is critical to work individuals and their families to identify the risk factors for social isolation, it is equally important for the government to provide the social environment where individuals are empowered to make meaningful connections with family and community members.

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<sup>1</sup> Portacolone, E., Perissinotto, C., Yeh, J.C. and Greysen, S.R., 2018. "I feel trapped": The tension between personal and structural factors of social isolation and the desire for social integration among older residents of a high-crime neighborhood. *The Gerontologist*, 58(1), pp.79-88.

## Responses to the Terms of Reference

### TOR 1: the nature and extent of the impact of social isolation and loneliness in Queensland

#### Recommendation(s):

- The Queensland Government establish a new cross-portfolio strategy for social isolation and loneliness in consultation with a diverse range of stakeholders to understand the nature, extent and causes of social isolation and loneliness
- That the Queensland Government continue current investments beyond COVID-19 pandemic to community services for communities that are at risk of social isolation and loneliness
- That the Queensland Government budget 2022-23 include an injection of funding to programs that increases the digital literacy of Queenslanders who do not have reliable access to internet and information technology devices.

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

Members of the AASW suggest that there is a common characteristic among people who are at risk of social isolation and loneliness – reliance on caring arrangements to provide connection and support to reduce social isolation and loneliness. For example, people with a disability and older single people often rely on their family members and the social services system (like the HomeCare package or National Disability Insurance Scheme) to receive informal and formal care respectively. While formal and informal caregiving are recognised as a protective factor for social isolation and loneliness and these arrangements can reduce the risk of social isolation and loneliness, individual participation in their community should not be limited to these circumstances due to disability or age.

The AASW recognises that there are existing strategies in place to address some aspects of social isolation and loneliness experienced by specific vulnerable groups, such as the Queensland Disability Action Plan 2018-2022 and Shifting minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018-2023. However, these strategies do not have a focus on addressing social isolation and loneliness. In order to understand the nature, extent, impact and causes of social isolation and loneliness in Queensland, it is important to have a dedicated cross portfolio strategy to address this issue in consultation with a diverse range of stakeholders, including those at high-risk of experiencing social isolation and loneliness. This will help the Queensland Government to accurately identify the causes and impacts of the issue and to co-design effective responses accordingly. The below are key at-risk groups and individuals that our members work with and should be prioritised under a new strategy.

*People with disability*

People with mental illness, intellectual and physical disability, are at risk of social isolation and loneliness due to increased experiences of discrimination, their caring needs and a reliance on other people for formal and informal care and support. People with disability report experiencing higher levels of discrimination and inability to access services due to their disability. This increases their risk of social isolation and can have negative impacts on their health and wellbeing<sup>2</sup>

In addition, People with disability identified experiencing discrimination due to their disability or having unmet needs for health care. In 2018, 1 in 5 who need help with health-care activities have their need only partly met, 1 in 3 avoided situations because of their disability (about 1.1 million people), 1 in 3 had difficulty accessing buildings or facilities, and 1 in 6 had difficulty using public transport. Avoiding situations due to a disability and not being able to use public transport or to access a building or facilities leads to an increased risk of social isolation and loneliness.<sup>3</sup>

*Parents with young children*

Single parents and partnered parents who do not live with their partner and isolated at home can experience significant pressure and responsibility, leading to anxiety and depression. According to the Australian Institute of Family and Welfare, recently separated men are more than 13 times more likely to develop loneliness than married men, as opposed to twice as likely for separated women compared with married women.<sup>4</sup> Single parents also experience higher levels of social isolation (38% for men, 18% for women) than singles adults without children, or couples with or without children, according to the statistic provided by Relationships Australia.<sup>5</sup>

*Older people*

Followed by the loss of friends and family members, older people are at increased risk of social isolation and loneliness. Older people rely on forms of formal and informal supports, such as the care provided by their younger family members and peers, and are also at increased risk of elder abuse.<sup>6</sup> Our members report that the feeling of loneliness is greater in older single males and people in aged care facilities and this can be attributed to the lack of transportation options for them to move around their community and engage with service providers easily.

*LGBTIQ people and Sister Girl and Brother Boy communities*

This community experiences social isolation and loneliness far higher rates than the general population.<sup>7</sup> The lack of acceptance of their gender and sexual diversity, limited targeted services to meet their wellbeing needs contribute to poorer mental health outcomes and isolation. A quantitative

<sup>2</sup> Australia Institute of Health and Welfare, 2020. *People with disability in Australia*. Canberra: AIHW.

<sup>3</sup> Ibid.

<sup>4</sup> Australian Institute of Health and Welfare, 2019. 'Social Isolation and Loneliness'. In *Australia Welfare 2019*. Accessed 17<sup>th</sup> Aug 2021. Available at: <https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness>

<sup>5</sup> Relationships Australia 2018. *Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey*. Canberra: Relationships Australia.

<sup>6</sup> Australian Institute of Health and Welfare, 2017. '5.1 Aging and Aged Care'. In *Australia Welfare 2017*. Canberra: AIHW.

<sup>7</sup> Eres, R., Postolovski, N., Thie king, M. and Lim, M.H., 2020. Loneliness, mental health, and social health indicators in LGBTQIA+ Australians. *American Journal of Orthopsychiatry*.



study in 2021 shows that LGBTIQ adults experienced higher levels of loneliness, depression, and social anxiety than the non-LGBTIQ comparison group. LGBTIQ adults also reported lower perceived social support and were at higher risk of social isolation than the non-LGBTIQ group.

### **The interplay of COVID-19 with this issue**

COVID-19 has exacerbated the issues of social isolation and loneliness for all age groups, particularly for at-risk groups, due to the restrictions on personal movement and social interaction.<sup>8</sup> Our members reported that COVID-19 has impacted on the accessibility of both formal and informal care arrangements and contact with family and friends, which are protective factors for reducing the risk of social isolation and loneliness. In particular, asylum seekers and refugees and others who speak languages other than English, particularly those with families overseas have not been able to visit families overseas. We acknowledge that recent policy announcement has been made to support asylum seekers and refugees and family violence services via an injection of funding to community organisations.<sup>9,10</sup> The AASW recommends that targeted funding like this should continue beyond the COVID-19 pandemic.

COVID-19 has also exacerbated and highlighted the extremes of the digital divide – those who have the internet and the digital literacy to use it to connect with others and access services, compared to those who do not have the internet and are not able to use it. This digital divide cuts across the age, geographical, and incomes dimension in which people who are older and/or living in remote areas and/or poorer are less likely to have the access to reliable internet connection and IT equipment.<sup>11</sup>

Alongside the rollout of telehealth under BetterAccess, our members have observed a shift from face-to-face consultations to telehealth. However, this unevenly benefits people living in metropolitan areas who have more reliable access to internet connection and people who are more technologically savvy. Due to the COVID-19 health measures like lockdown and movement restriction, people have limited ways to connect with other people and hence the digital divide has further increased the risk for social isolation and loneliness.<sup>12</sup> In response to this, the AASW supports the existing digital transformation program in Tasmania that addresses the digital divide by increasing the digital literacy of people who will not otherwise have access to internet in regional and remote areas.<sup>13</sup> We are disappointed that the Queensland budget 2021-2022 has no mention of a program that build the digital literacy of Queenslanders and hence, this should be addressed in the next budget.

<sup>8</sup> Smith, B.J. and Lim, M.H., 2020. *How the COVID-19 pandemic is focusing attention on loneliness and social isolation*. Public Health Res Pract, 30(2), p.3022008.

<sup>9</sup> The Government of Queensland, 2020. '\$900,000 COVID-19 package to support vulnerable communities'. Accessed 17<sup>th</sup> Aug 2021. Available at: <https://statements.qld.gov.au/statements/89886>

<sup>10</sup> State of Queensland, 2021. 'Grants boost support for Queensland's domestic and sexual violence services'. Accessed 17<sup>th</sup> Aug 2021. Available at: <https://statements.qld.gov.au/statements/91931>

<sup>11</sup> Martin, C., Hope, S., Zubairi, S. and Scotland, I.M., 2016. The role of digital exclusion in social exclusion. Ipsos MORI Scotland, CarnegieUK trust.

<sup>12</sup> Centre for Ageing Better, 2021. COVID-19 and the Age Divide. Accessed 17<sup>th</sup> Aug 2021. Available at: <https://www.ageing-better.org.uk/sites/default/files/2021-07/COVID-19-and-the-digital-divide.pdf>

<sup>13</sup> State of Tasmania, 2021. 'Our Digital Future: Tasmanian Government strategy for digital transformation'. Department of Premier and Cabinet. Accessed 17<sup>th</sup> Aug 2021. Available at [https://digital.tas.gov.au/\\_\\_data/assets/pdf\\_file/0024/91068/Our-Digital-Future.PDF](https://digital.tas.gov.au/__data/assets/pdf_file/0024/91068/Our-Digital-Future.PDF)

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

### Recommendation(s):

- That Queensland Health collaborate with universities in regional and remote areas and the AASW to design employment pathways for social work graduates
- That Queensland Health provide financial incentives and community support programs for mental health clinicians relocating from other localities to regional Queensland.

### Lack of mental health practitioners in regional and remote areas

There is a significant skill shortage for skilled mental health practitioners in regional Queensland, as they provide support to those who experience severe depression and otherwise wouldn't see other people. Among these mental health practitioners, social workers, accredited mental health social workers, and accredited clinical social workers provide critical therapeutic services and rapport for vulnerable people in these areas. Our members reported that the lack of qualified staff is due to the difficulty to recruit, train, and retain quality staff within regional localities.

Therefore, it is critical to develop strategies to attract skilled practitioners to re-locate from metropolitan cities, like Brisbane and the Gold Coast, to designated regional areas. While financial incentives are critical, our members who have recently relocated to regional Queensland suggest that networking and receiving supports from other social workers in the same locality has helped them to debrief and provide rapport for each other. Therefore, in addition to financial incentives, the AASW recommends that Queensland Health provide community support programs for mental health practitioners who are willing to relocate from metropolitan to regional areas. This additional step recognises the workers' own experience of social isolation and increase their job satisfaction.

Retaining graduates from regional Queensland universities is a key to ensure the sustainability of the workforce. One of the key responsibilities of the AASW is to accredit social work programs in regional Queensland to ensure their alignment with the standard of the social work profession. You can find the list of accredited programs [here](#). Graduates who have completed an accredited program with relevant mental health related placements are ready to work as entry-level mental health practitioners, as they would have acquired the essential skills through a compulsory 1000-hours placement. As a professional association with a long-term working relationship with universities in regional Queensland, the AASW welcomes the opportunity to collaborate with Queensland Health and the Heads of School of Social Work to develop effective graduate recruitment strategies.



## TOR 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

### Recommendation(s):

- That the Queensland government collaborate with the private transportation sector to subsidise the transportation cost for people who reside in regional and remote Queensland to receive formal and informal care
- The Queensland Government commit to a strategy to give grant for local councils to provide community designed initiatives and services to for community engagement

### Lack of transportation subsidies for people from regional and remote areas to receive informal and formal care

Our members work with people who do not have reliable and affordable means to receive formal care and informal care. For formal care like mental health services, people without a car usually have to wait for public transportation that is not reliable in regional localities. People receiving care from the National Disability Insurance Scheme (NDIS) would have received supported transportation when they have mobility needs. However, people who are not eligible to this program receive no transportation support for medical appointments or other formal care. For informal care, this includes visiting family and community members who are not in the same regional localities or residing in metropolitan Queensland. However, flying from regional to metropolitan airports can be very costly due to the small number of flights that operate on these routes. This is a structural barrier for poorer Queensland in regional and remote area to maintain social connections with their family and community members in other parts of Queensland. The lack of transportation options also particularly impacting older Queenslanders in regional areas. Our members in Townsville have reported that older people living alone or in residential aged care facility do not have means of transportation to visit their community members, which is a clear risk factor of social isolation. Evidence has shown that transportation subsidies have assisted people from regional and remote areas in participating in social activities and accessing essential care, as they reduce out-of-pocket costs.<sup>14</sup> For example, the Local Fare Scheme—airfare subsidy for regional and remote Queensland is a successful collaboration model between the Queensland government and airlines to drastically reduce the cost of transportation for people living in designated regional localities.<sup>15</sup> A similar model

<sup>14</sup> Anthony, C., 2007. Growing smarter: achieving livable communities, environmental justice, and regional equity. MIT Press.

<sup>15</sup> Department of Transportation and Main Road, 2021. Local Fare Scheme—airfare subsidy for regional and remote Queensland. Accessed 17<sup>th</sup> Aug 2021. Available at: <https://www.tmr.qld.gov.au/Travel-and-transport/Local-Fare-Scheme-Far-North-Queensland.aspx>

can be used to subsidise the transportation costs for individuals to attend essential services and social activities in remote and regional areas via rideshare or taxi services.

**Lack of opportunity to access community designed and driven services** A lack of opportunity for individuals to access community resources, local councils, and age/gender-friendly communities create social networks can lead to social isolation and loneliness.<sup>16</sup> There is often a discrepancy of the kind of services provided by councils in metropolitan and regional localities. Many Queensland councils give grants to community organisations to organise activities or provide venues without rent according to their eligibilities and criteria. While these grants aim to increase community engagement, there is a lack of consistent strategy across the state to establish community-designed programs and service provision that can engage people who will otherwise be at risk of experiencing social isolation and loneliness. For example, the Brisbane Council's LGBTIQ community grant is a good model that addresses the need of a group at risk of social isolation by providing grants for community owned organisations to run activities. However, similar initiatives are not been found in councils in regional and remote areas where the higher proportion of their revenue comes from government grants instead of municipal rates. In this case, they would need greater fiscal support from the Queensland government to run communal facilities such as library and swimming pools to promote community engagement, as well as facilitating community-led programming. If the Queensland government strengthens the funding to all local councils to run community-led programs and services, they deliver community based programmes that provide activities of interest, and enable individuals to create their own social networks outside of the organised programs.

## TOR 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

### Recommendation(s):

- That the Queensland government consider the expansion of a 'wellbeing' (or the so-called 'social prescribing') model of care in Queensland

The AASW supports the further expansion of a 'wellbeing' (or the so-called 'social prescribing') model of care in Queensland and this should be one of the main priorities if a state-wide strategy is under development. The so-called 'social prescribing' model of care refers to 'the practice where health professionals, including GPs, have the resources and infrastructure to link patients with social services – or even social groups – in a bid to address the social determinants contributing to poor health and stave off the epidemic of loneliness and social isolation.'

<sup>16</sup> Dickens, A.P., Richards, S.H., Greaves, C.J. and Campbell, J.L., 2011. Interventions targeting social isolation in older people: a systematic review. BMC public health, 11(1), pp.1-22.

While we support this model of care, the AASW rejects the use of the term 'social prescribing' to describe referral and linkage services, as it still reflects a biomedical understanding of social isolation where it needs to be 'treated' by a 'prescription'. Instead, the so-called social prescribing model is actually akin to the case management model commonly used by social workers in Australia. We want to refer to the AASW publication on case management which details the social work's role in identifying the social determinants contributing to their poor health and wrapping services around their needs.<sup>17</sup> Therefore, we refer this approach as a 'wellbeing' model of care where service provision is structured around the needs of an individual. Regardless of its terminology, The United Kingdom has been pioneer in incorporating this model of care into the general healthcare by partnering with the College of General Practitioners. A marco-analysis on the so-called social prescribing programs in the UK showed that the outcomes of this model of care included increase in self-esteem and confidence, improvement in mental well-being and positive mood, and reduction in anxiety, depression and negative mood.<sup>18</sup> All of which promotes general wellbeing and reduces the risk of social isolation and loneliness. More recently, this model has been trialled in some localities in New South Wales and Queensland. A mixed-methods evaluation of a twelve-week program for injured workers in Sydney has concluded that this model of care encourage optimism and connectedness and can promote workplace injury recovery and improve wellbeing.<sup>19</sup> In Queensland, the 'Ways to Wellness' program has been rolled out in 2018 to provide linkage services for individuals who are living in designated suburbs in Southern Brisbane and experiencing social isolation and loneliness to access non-medical services in collaboration with GPs and allied health professionals. We highly recommend the Queensland Government fund an expand this wellbeing model of care to other local government areas after reviewing the outcome of 'Ways to Wellness' programs.

## Conclusion

The AASW recognises the need for a new cross portfolio strategy that addresses social isolation and loneliness in Queensland. Our recommendations illustrate a community-centred approach to social isolation and loneliness where the role of Queensland government is to provide an enabling environment for vulnerable people to develop networks and rapport with family and community members. With the emerging evidence supporting a wellbeing model of care (or so-called 'social prescribing'), the AASW also recognise the potential for this model to be rolled out further in Queensland to address social isolation and loneliness. We welcome the future opportunities to provide the expertise of our members for the Queensland government.

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<sup>17</sup> AASW, 2015. *Scope of Social Work Practice: Case Management & Care Coordination*. Accessed 17<sup>th</sup> Aug 2021. Available at: <https://www.aasw.asn.au/document/item/8310>

<sup>18</sup> Chatterjee, H.J., Camic, P.M., Lockyer, B. and Thomson, L.J., 2018. Non-clinical community interventions: a systematised review of social prescribing schemes. *Arts & Health*, 10(2), pp.97-123.

<sup>19</sup> Aggar, C., Caruana, T., Thomas, T. and Baker, J.R., 2020. Social prescribing as an intervention for people with work-related injuries and psychosocial difficulties in Australia. *Advances in Health and Behavior*, 3(1), pp.101-111.



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