Community Support and Services Committee

Inquiry into social isolation and loneliness in Queensland

Contact
Sue Cooke, A/Executive Director, Anglicare Southern Queensland
Ph: ███████████
Email: ███████████████████
Web: anglicaresq.org.au

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This submission may be quoted in public documents.

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Figure 1: Thread Together volunteers on a site visit to Anglicare's Homelessness Services for Women and Families, Toowong (see p. 11)

Introduction

Anglicare Southern Queensland (Anglicare SQ) welcomes the opportunity to make a submission to the Community Support and Services Committee Inquiry into Social Isolation and Loneliness in Queensland.

The support we offer to the community is underpinned by connection and relationships. Our staff gain deep insights into what matters to individuals and families as staff work together with our clients to improve their lives. Like others right across Australian society, we see social isolation and loneliness at pandemic levels — a description that is no longer used loosely.

This submission draws upon the on-the-ground experience of our staff to address the nature, extent, causes and impact of social isolation and loneliness among our clients and in the community, and the ways in which COVID-19 has intensified that experience.

We outline examples of successful programs, services and activities offered by Anglicare that contribute to the protective factors that we know mitigate social isolation and loneliness; and suggest ways in which existing programs can be leveraged to benefit Queenslanders at risk.

Finally, we address the potential for a statewide strategy to establish and maintain a community-wide focus on social isolation and loneliness, and to encourage action that builds connectedness, wellbeing and social inclusion.

Figure 2: Volunteers growing connections through the Thread Together Qld project: sorting and stacking the mobile wardrobe at St Andrews

About Anglicare SQ

Anglicare SQ is a not-for-profit Anglican Church organisation that provides care and support services to more than 1 in 30 Queenslanders. Our first priority is a commitment to high quality, client-centred care, support and counselling, enabling those we work with to reach their own goals and to live a flourishing life.

Our 3000 professional staff and volunteers support Queenslanders across a geographic area double the size of the United Kingdom, stretching from Townsville to Coolangatta and across the southwest of the state. We work towards the promotion of wellness, social inclusion and social justice through our diverse and extensive range of support services. These include foster and kinship care; children and family services, including intensive family support and family intervention services; as well as targeted family support programs; mental health and family wellbeing; homelessness services; disability services; residential aged and community care; and spiritual and pastoral care.

The extent of social isolation and loneliness

The chances of loneliness increase with social isolation.
(AIHW 2019. Social isolation and loneliness.)

One in four Queenslanders lives in a one-person household.
(ABS 2016, from Queensland Housing Profiles)

Almost 40% of solo households are on a low income, living below the poverty line.
(King et al. 2018. Going it Alone.)

About 1 in 4 Australians report that they are currently lonely
(AIHW 2019. Social isolation and loneliness.)

1 in 2 people feel lonely for at least 1 day each week.
(AIHW 2019. Social isolation and loneliness.)

Increasing proportions of young adults agree with the statement that 'I often feel very lonely'.
(Kung 2021. Economic aspects of loneliness in Australia).

The nature, extent and causes of social isolation and loneliness

The nature of social isolation and loneliness: understanding the link

While the terms are often used interchangeably, social isolation and loneliness are related but distinct concepts. Social isolation is an objective, measurable state of disconnection from important social networks,[1] whereas loneliness is the individual's felt experience[2] — the negative feelings one might have about having less social contact than desired.[3] Loneliness can be fleeting or temporary, triggered by an event such as a relationship breakdown; or it can be embedded and longer term, where a perceived absence of social support and lack of a sense of belongingness can have long term physical and mental health consequences.[4]

To further complicate issues, it is possible to be socially isolated but not lonely, or socially connected but still feel lonely. The chances of loneliness, however, increase with social isolation, and some researchers[5] have argued that the two concepts are most usefully considered together to gain a fuller understanding of how loneliness can best be addressed. The evidence is clear that the two concepts share a 'common core' of experiences.[6]

This is not only an academic issue, but is relevant when considering the nature of social isolation and loneliness, and the interventions designed to address the problem. Researchers Newell and Menec discuss the fact that increasing the pool of people's social contacts is often considered a 'cure' for loneliness, without considering that factors other than network size are also relevant to the experience of loneliness.[7]

Social isolation and loneliness manifest themselves in complex, interwoven and individual ways, sometimes time-limited and other times long term; and influenced by personal histories and disposition; age, gender, stage of lifecycle, socioeconomic circumstances, rurality and other factors. They are also, as Warburton and Lui note, culturally defined and related to social expectations.[8]

In this submission therefore we deliberately address the related concepts of social isolation and loneliness under the one umbrella, which captures the *subjective feelings of living without social connectedness or supports* — what might be called 'perceived social isolation'.[9] Conflating the two terms also captures the critical importance of focusing on relationship *quality* rather than *quantity* in addressing this problem.[10]

Causes and risk factors for social isolation and loneliness

Socioeconomic disadvantage, which restricts social activities and leads to the breakdown of social networks

Living alone

Loss of relationships eg relationship breakdown, death of a partner

Disability and/or chronic health conditions, largely due to environmental and structural barriers that restrict people's participation in activities outside the home.

(Qld Government 2009. Cross-Government Project to Reduce Social Isolation of Older People Best Practice Guidelines.

Macdonald et al. 2018. 'The invisible enemy': disability, loneliness and isolation.)

Vulnerable groups

The sidebar to the left summarises some key causes/risk factors for social isolation and loneliness. Combinations of these factors further increase the risk of social isolation and loneliness, and research has identified a range of groups who may be more vulnerable in this regard. These include the following:

Older people

While ageing is not *in itself* a risk factor, isolation among older people tends to increase because they have greater exposure to structural risk factors such as those in the side bar to the left.[11]

Anglicare staff in our respite centres note that people tend to feel more isolated as their functionality decreases and barriers to mobility increase — when they are unable to walk or drive, become incontinent, or lose the ability to eat normally, and their coping behaviour may be perceived by others as less socially acceptable. People's awareness of this gradual distancing from others can contribute to their feelings of isolation and loneliness. This is often exacerbated when siblings, friends and acquaintances die, leaving older people without the comfort of a peer network. Younger family members — the 'sandwich generation' — face pressures managing work, commitments to their own children, and spending time with their parents. Even in situations where an older person lives with family, they are often alone for much of the working day. Geographic (including rural or remote) or cultural isolation (including older people from culturally and linguistically diverse backgrounds) can exacerbate the issue.

Older women and older men have both been identified in the literature as groups at risk of social isolation and loneliness. Older women are more likely to have lost a partner and live alone than older men,[12] and are among the family types at highest risk of poverty[13,14] — all risk factors for loneliness. Older men with limited social networks, low socioeconomic status, poor levels of community participation, and low sense of purpose in life, have also reported high levels of loneliness.[15]

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Young adults

Since around 2013, an increasing proportion of young adults aged 15–24 years have agreed with the statement that, 'I often feel very lonely' in the HILDA longitudinal survey.[16] This is consistent with a recent Victorian survey that asked 1500 young Victorians aged 12–25 years about their experiences of loneliness and social isolation.

The Victorian research found that young adults aged 18–25 years reported higher levels of loneliness, social isolation, social anxiety and depressive symptoms than adolescents in the younger age bracket; and indicated the impact of the pressures facing young adults as they negotiate major life events and transitions such as leaving school, moving out of home, and starting employment or higher education.[17] COVID is a further source of stress and concern about the future for many young people.[18]

In last few weeks - I always/most of time feel lonely.

1 in 5 Care leavers (19%)
Comparison data - 10% of 16-24yrs report being lonely often/always.³

It's mostly an alone feeling like I can't go anywhere or do anything because of the way I look and having nobody."

Figure 3: Data from Our Lives Beyond Care

For young adults facing such challenges without the support of a family, such as those transitioning from state care, the risks are even higher. A 2018 UK survey, *Our Lives Beyond Care*, found that one in five care leavers feel lonely most or all of the time (see above) and nearly a quarter have low life satisfaction – seven times higher than among young people in the general population.[19] The voice of care-leaver Louise Hughes is poignant:

> *I've felt lonely and isolated for most of my life … To this day, as a 23-year-old, I struggle to form friendships, which has led to a constant feeling of loneliness.*[20]

In Queensland, state support for care leavers finishes at 18 (for residential care and self-placements) or 19 years (for foster and kinship care). In addition to the myriad challenges faced by all young people transitioning to adulthood, when social connections are often disrupted or severed and identity can be dislocated,[21] these young people are less likely to have the support of traditional support structures such as family, friendship circles and community. This limits the social support young people transitioning from care can leverage to **address social isolation and loneliness.**

A number of researchers have noted the reciprocal relationship between social isolation and loneliness, and the negative consequences such as poor physical and mental health — for example, 'where loneliness is associated with an increased risk of mental illness, but individuals with mental illness also tend to be lonelier'.[22] While this may hold for all groups at risk of loneliness and social isolation, it is particularly significant for vulnerable young adults with their lives ahead of them.

Extending care and support to at least the age of 21 years in Queensland has the potential to break the cycle, not only of social isolation and loneliness, but also the cycle of structural disadvantage which, if left unaddressed, has the potential to span generations.[23]

People with a disability

Macdonald et al. call loneliness and social isolation 'the invisible enemy' for people with a disability, who are significantly more likely to experience social isolation and emotional loneliness than the rest of the population.[24]

Consistent with the discussion above in relation to ageing, it is important to note that key risk factors for people with a disability are largely structural barriers to participation and connection, rather than related to the physiological nature of an individual's disability. In Macdonald et al.'s UK study, around 70% of participants who experienced loneliness and isolation also experienced environmental barriers within their communities; and they reported that disabling barriers impacted on their accessing leisure activities outside the home.

The difference that connection makes to people with a disability is evident in the words of one of our respite clients, Louise, who was unable to access any leisure activities for a long period after a stroke. The support of Anglicare staff overcame the barriers around her return to our bus trip outings:

> "When I came back I nearly cried because people told me how much they'd missed me when I wasn't there."

Louise also faced trauma when a family member died, and the care and support of her bus trip friends gave her the support she needed:

> "I didn't want to be home alone but I broke down on the bus. People just put their arms around me and I got through the day."

Inaccessible communities, structural barriers to employment and insufficient social care are among the factors that cause people with a disability to be over-represented among those who feel lonely and isolated.[25]

People in financial stress

Research strongly indicates a causal effect between poverty and the risk of becoming socially isolated. In their work on loneliness, poverty and older people, Dahlberg and McKee suggest that restrictions on social activities and the breakdown of social networks often arise from poor economic resources and result in social isolation.[26]

Other research indicates that this effect is not restricted to older people. Limited resources can curtail opportunities to initiate or maintain personal relationships at any age; and poverty can generate feelings of shame or inferiority that might induce people to withdraw socially.[27]

Impacts of social isolation and loneliness

Detrimental physical health consequences such as:

- increased risk of coronary heart disease and stroke
- dementia
- mortality
- increased blood pressure
- depressed immune system
- reduced cognitive function
- hypertension
- reduced physical activity
- poor nutrition and insomnia

Poor mental health outcomes

- psychological distress
- depression and suicidal ideation

Social and economic costs

- increased physical and mental health care use
- increased likelihood of admission to a residential care facility
- increased likelihood of poorer life outcomes for care leavers requiring long term welfare and other support
- Australian costs from employee absenteeism, caring responsibilities, lost productivity and turnover could be in the vicinity of $4.5 billion per year, based on UK research

Menec et al. 2019. Examining individual and geographic factors associated with social isolation and loneliness ...
Bartlett et al. 2013. Preventing social isolation in later life
AIHW 2019. Social isolation and loneliness.
Neville 2018. Loneliness in men 60 years and over
Qld Home Stretch Steering Group. 2020. Extending Care to 21 years: The Case for Qld

Examples of the impact of Covid 19

Fear of infection, particularly among older people, has led some people to withdraw from activities, potentially making them more vulnerable to loneliness. In our respite centres, older people are showing increased anxiety and distress about masking and social distancing; and respite services are periodically reduced to meet limits on the number of people entering households.

Worries related to job security and finances, the length of the pandemic and prolonged uncertainty have contributed to a sense of meaninglessness and concern about the future for many younger people. Staff have seen a deterioration in young people's wellbeing and sometimes mental health, as their access to socially protective activities such as sport is limited, and external services such as Anglicare's are curtailed during periods of high alert or lockdown. Increased online bullying and loneliness has been apparent.

Anglicare consultation.

Bonsaksen et al. 2021. Loneliness and its associated factors nine months after the COVID-19 outbreak

The work of the Anglicare network on affordability in the private rental sector over the past decade has highlighted some of the social and personal costs that accompany poverty and inadequate housing. University graduate Luke, relocating to Brisbane for work, for example, told us:

> You just can't live on [JobSeeker] if you have to pay rent. I only have me to look after – I don't know how anyone could do it with kids. You can't afford to spend time with your friends, or even to leave the house sometimes. It's very isolating.[28]

Luke's words are consistent with the substantial research linking poverty and social marginalisation, with its related impacts on social isolation and loneliness.

The diversity of the groups above, and the complex interrelationships between risk factors, suggests that while some people will be more vulnerable than others, social isolation and loneliness do not discriminate, and anyone can feel lonely at any point in their lives.[29] The impact of Covid has made this clear for us all (see examples in the sidebar).

Addressing loneliness and social isolation

Protective factors

Quality social networks and a sense of belongingness[30] are at the core of a socially connected life, and are key protective factors against loneliness. 'Quality' relates both to the strength of relationships, built on such things as shared meaning, interests and events; and to diversity, where mixed friendship networks can help to buffer against loneliness or disadvantage by providing different kinds of resources (actual physical resources, as well as knowledge, opportunities and support).[31]

Opportunities to build these networks are strongly influenced by interactions between individuals and the environments in which they live, work, and play.[32] While governments and other organisations cannot prevent people ever feeling lonely or isolated, they can help to shape the environment and reduce structural barriers in ways that support social connection.

Employment or volunteering

An Australian Institute of Health and Welfare report on social isolation and loneliness noted that having paid work and/or engaging in volunteer work are important protective factors against loneliness, particularly where these activities lead to the

development of quality relationships rather than just social contact.[33] For some people, this can include active involvement in a religious organisation.[34]
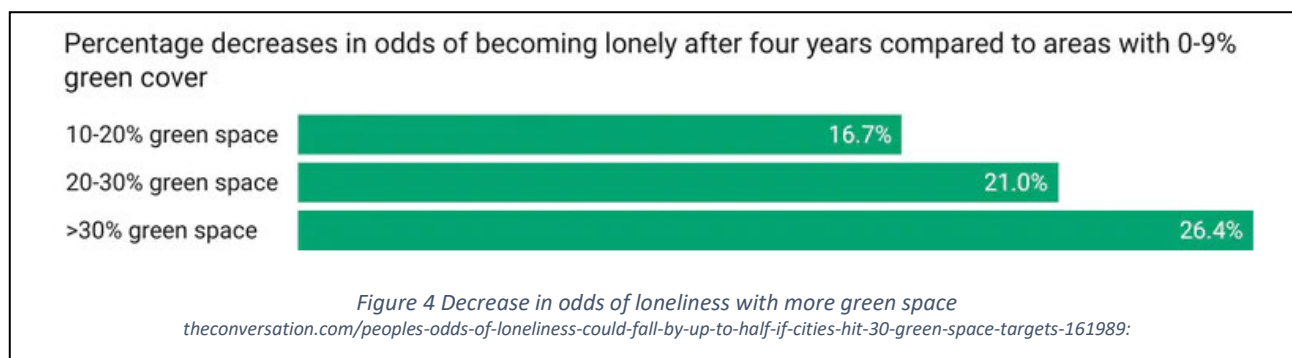
Ability to 'get around'

Mobility is a key protective factor in enabling people to participate in their communities. Research supports the observations of our staff that for older people, the loss of the ability to drive is often associated with a decrease in social activity and an increase in social isolation and feelings of loneliness. This is particularly the case for people who live in rural or outer suburban areas, where there are fewer alternative transport options.[35]

Socioeconomic stress can have a similar effect for people of all ages, even where public transport exists. There is considerable research on the way in which reducing the cost of public transport can support older people to engage in their communities, much of which is equally applicable to people on low incomes.[36]

Green space and safety

Australian research shows that green space is an important protective factor against loneliness. People living in neighbourhoods where at least 30% of nearby land is green space have 26% lower odds of becoming lonely compared to people in areas with less than 10% green space. For people living alone where there is 30% or more green space, the odds of becoming lonely halve.[37]

Percentage decreases in odds of becoming lonely after four years compared to areas with 0-9% green cover

10-20% green space	16.7%
20-30% green space	21.0%
>30% green space	26.4%

Figure 4 Decrease in odds of loneliness with more green space
theconversation.com/peoples-odds-of-loneliness-could-fall-by-up-to-half-if-cities-hit-30-green-space-targets-161989:

Pet ownership

Pet ownership can be a further protective factor against loneliness and social isolation. One survey found that 60% of owners felt more socially connected as a direct result of owning a pet. Pets can help to facilitate contact with neighbours, act as a trigger for conversations, and encourage physical activity in spaces that support social interaction with others, such as dog parks and walking tracks.[38] Recent Queensland legislative changes that make it easier for renters to have pets are a positive move in this regard.[39]

What can we do to address loneliness and social isolation?

There have been and continue to be myriad initiatives addressing loneliness and social isolation locally, nationally and internationally. These range from the national leadership and significant commitments made by governments in the UK[40] and Japan;[41] previous activity undertaken by the Queensland Government in its Cross-Government Project to Reduce the Social Isolation of Older People[42] and an ACT Government paper on isolation and loneliness in older people;[43] through to local projects that occur in small communities and suburbs across Australia and elsewhere. While some of the difficulties in assessing the effectiveness of such initiatives are outlined in articles such that by Bartlett et al.,[44] there are also some generally accepted success factors.

Success factors

Community development approaches were identified by the previous Queensland Cross-Government Project to Reduce Social Isolation of Older People as effective in reducing social isolation in later life. The project developed best practice guidelines[45] that included the importance of:

- a **capacity building focus** that builds skills, support and connections more broadly in the community. The Guidelines note: "Simply bringing people together for short-term group activities may not be enough to build community capacity or to reduce social isolation in the long term"[46]
- **co-design** — involving participants meaningfully in the design, implementation and evaluation of a project, to encourage ownership of the initiative and to ensure that the project meets their needs: "Communities need support to establish their own projects that will best meet local needs rather than having projects imposed on them"[47]
- a **culture of caring, trust and inclusiveness** that supports people to feel welcome, secure and valued
- **adequate time frames** — at least 12 to 18 months for projects to become established
- **sufficient resourcing**, including funding for a paid coordinator where projects involve establishing, maintaining and potentially growing volunteer networks. Recruitment, training and supervision of volunteers is a significant task that is unsustainable without paid support.
- **'early intervention'** — targeting interventions soon after critical life events or transitions such as retirement, loss or relocation
- **multiple entry points** to the project, recognising different needs and preferences, and giving people the flexibility to participate in aspects of the program that are meaningful to them.

The above principles are echoed in other research. Gardiner et al. noted that the most effective interventions were characterised by adaptability, a community development approach and productive or meaningful engagement — activity with a purpose.[48] The UK 'Building Connections Fund' provides '10 tips to help your project reduce loneliness' that address principles such as those above, as well as structural barriers such as transport.[49] Also in the UK, the Local Government Association, Age UK and the Campaign to End Loneliness collaborated on a framework and guide for those interested in taking action at a local level to combat loneliness. They note particularly the value of partnerships in assisting those who are hardest to reach, and the role of early intervention in prevention.[50]

Case studies

The two case studies below feature projects and services that were not designed specifically and/or solely to address loneliness and social isolation, but clearly incorporate many of the above principles and have strong social connectedness outcomes.

- Through its community development approach, Thread Together Queensland has had significant impact in encouraging social connection in a diverse range of ways.
- The two Anglicare SQ respite centres, Nalingu and Killara, provide short term relief for carers, offer activities and services for older people that focus on building bonds and friendships, and provide a range of stimulating activities that keep body and mind active.

Anglicare SQ

Thread Together Queensland is a collaboration between Anglicare Southern Queensland, Thread Together (a national not-for-profit that sources and redistributes new excess clothing from fashion retailers), and St Andrews Anglican Parish at Indooroopilly.

We operate a mobile wardrobe stocked with brand new clothes that are provided free to people who need them across the Greater Brisbane area. Our team is a genuine three-way partnership with complementary roles, strong communication and a shared desire to create a long-lived, sustainable initiative that builds community at the same time as supporting those who are doing it tough.

How does Thread Together Queensland reflect a community development approach that encompasses meaningful social connection?

> We have a capacity building focus that builds skills, support and connections more broadly in the community.

We offer training to our volunteers that encompasses Active Listening skills, workplace health and safety (manual handling), basic first aid and 'styling' fashionable outfits! All these sessions are offered to the community as well as current volunteers; and we are aiming to build a train-the-trainer structure in some of these areas so that skills and responsibilities are distributed beyond the immediate project team.

We also explore ways in which the project can appropriately support customers at our various sites to build skills. For example, we have recently become a host organisation for the Department of Youth Justice, and will support young people on community orders to contribute to the community.

> We involve project participants meaningfully in the design, implementation, and evaluation of the project, to encourage ownership of the initiative and to ensure that the project meets their needs

Because our partnership has been a series of 'Queensland firsts', we have developed our processes in constant consultation with our volunteers, who are at the heart of the initiative. The sustainability and longevity of the program rests on the commitment to and meaningfulness of the project to our volunteers, so we communicate often, and ensure they feel supported, confident and part of a team.[51] Recent interviews with volunteers demonstrate that our volunteers are indeed engaged and connected, as the words of volunteers Allana and Shubhra suggest:[52]

> *When volunteers are in the church undercroft or the garage sorting or packing clothes, we have the benefit of truly invaluable time with friends who are either connected to or who attend the parish. When we drive the van out for a Thread Together site visit, we meet volunteers from other organisations (both secular and ecumenical) and we enjoy showing*

how the van is fitted out. Often this is a springboard for more conversation and recommendations for other potential sites to visit. The flow of enrichment across our communities is manifold (Allana)

Far from my hometown in Lucknow, India, I came to Brisbane, Australia to live. I have seen people here with the same emotions and feelings as in India. We can see on the ground why Australia is called a multicultural country, and that we are all fundamentally the same… Through volunteering for this project, I have learned so many things. One of the things I value most is being able to serve people from different communities, cultures and backgrounds. Through Thread Together, clothing is diverted from landfill and people are respectfully clothed, and this is making a meaningful contribution to society (Shubhra).

> **We have allowed adequate time frames to establish, grow and embed the project in the community.**

The Thread Together Queensland project has developed over more than 12 months, with early conversations gathering information and building support for the project taking place for months before that. It continues to grow in a steady and sustainable way, supported by regular and ongoing engagement and communication among the partners, and with our volunteers and community partners. We know that building quality relationships is not a quick exercise, and that people often take time to 'find their place' in a new initiative.

> **We resource the project sufficiently to support its long term success.**

Each of the partners makes significant, although different, contributions to the project and has a deeply embedded commitment to its success.

- Through their philanthropic relationships, Thread Together donated our 'mobile wardrobe', provide all the clothing required to stock the van, and provide ongoing support and advice.
- Anglicare has provided a project manager to establish and oversee the project; and a part time volunteer coordinator (who is also an active member of the St Andrew's community) to provide day-to-day support for volunteers and ensure the smooth running of the project.
- St Andrew's volunteers drive the initiative on a day-to-day basis — sorting and stacking the van, and taking it out on site visits several times weekly. Approximately one third of the active St Andrew's community are currently involved in Thread Together, as well as a growing number of volunteers from outside the parish.

Through our partnerships, communication and relationship building with the community we are often also able to supplement our resources with donations.

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We welcome a diverse group of volunteers from within and external to the parish, and ensure there is a meaningful role for everyone who wants one; and a culture of caring, trust and inclusiveness that supports people to feel welcome, secure and valued

As parish priest, The Rev'd Suzanne Grimmett, wrote recently:

What Thread Together has taught me is that when we work together to make a difference for others, we also develop some of the strongest relationships with one another. I have seen volunteers gather day after day to sort clothes, pack the van and organise the storage as they chat and support one another. Elderly parishioners can contribute in folding and arranging clothing, community volunteers with no connection to our church gather to plan for the next outing, and teams head out on site to meet with clients who may be struggling with unemployment or homelessness.

As customers wait, there is also time for conversation and, most importantly, the dignity of being seen and being heard. As we attend and listen to one another, this shared time is yet another of the 'win-win' moments of Thread Together — a gift for both clients and volunteers.

*Figures 5 and 6: Thread Together volunteers on site visits:
Changing Lanes at Manly and the Beddown trial*

Killara and Nalingu Respite Centres

Killara, at Cleveland, and Nalingu, on Brisbane's northside, offer programs for older people that serve a two-fold purpose: providing carers with some space and time to connect with others, outside their caring responsibilities; and offering older people themselves the opportunity to form new friendships, and enjoy different experiences and activities.

Some poignant stories emerged from our consultation with staff and clients for this Inquiry. The bus outings offered by Nalingu and Killara for example are a constant source of friendship, laughter, care (and even romance) for the people who attend them, and many people have been going for a number of years. 'Frank' met his friend on an Anglicare outing nine years ago. They have since been on nine overseas cruises together, but it is their regular catchups over coffee and good conversation that feed the soul and stave off loneliness. The comments of other clients, captured in the infographic below, also show what it means to connect meaningfully with others.

What is clear from the comments of our older people is that existing services can also be key resources in addressing social isolation and loneliness. Nalingu and Killara demonstrate that culture of caring, trust and inclusiveness that supports people to feel welcome, secure and valued; and they are mindful of the life transitions and critical events that put people at risk of loneliness — times when gentle intervention and support will be particularly important. They recognise that acknowledging different needs and preferences, and giving people the flexibility to participate in aspects of the program that are meaningful to them is critical. As one of our coordinators observed: "People have said to us – 'Anglicare is my lifesaver. I was just sitting at home on my own'".

Figure 7: Comments on social isolation and loneliness from Anglicare respite centre bus trip clients

A Queensland strategy

Finally, we address the potential for a statewide strategy to establish and maintain a community-wide focus on social isolation and loneliness, and to encourage action that builds connectedness, wellbeing and social inclusion.

Anglicare strongly supports the development of such a strategy, an associated action plan, and sufficient resourcing to support its success.

We can learn from similar initiatives in other jurisdictions. In particular, the United Kingdom has made significant commitments in this sphere, establishing a Minister for Loneliness,[53] a strategy for loneliness,[54] annual reporting on progress[55] and a £5 million community Covid 19 loneliness grants fund.[56] The UK initiatives aims to both support greater opportunities for meaningful social contact and "reduce the stigma attached to loneliness so that people feel better equipped to talk about their social wellbeing".[57] The strategy and related action is multi-pronged, acknowledging that people experience loneliness in diverse ways and in a range of environments.

This is an important point, reinforced by the literature and Anglicare's own experience. As we have noted above, loneliness and social isolation are complex, diverse and multifaceted; highly dependent on and interwoven with the environment and personal factors.

This means that a strategy for loneliness must be flexible, creative, adaptable and inclusive. It needs to address **structural and systemic barriers** to connectedness in areas such as transport and housing; and to support and resource **diverse opportunities for social connection** through both specific localised projects and by leveraging existing programs and activity. **Supporting partnerships** across sectors and the community will be critical: as the earlier Queensland Government project noted, interventions must support a whole-of-community response.[58]

Above all, the strategy must take account of the fact that relationships take **time** to build, and that simply bringing people together does not necessarily address loneliness or social isolation. One Anglicare SQ client, Martin, who regularly attends bus trip outings coordinated by one of our respite centres, comments on this point. He notes the importance of the meaningfulness of the contact — having things in common that draw people together, and the time to grow a relationship:

> *You don't just meet someone today and be lifelong friends tomorrow. There are people on the bus who have formed very close friendships over 5–6 years. It can take a while to break in. That's the story of life.*

A strategy to address social isolation and loneliness must support the **longevity of projects** in ways that enable them to embed themselves into the community. Our ongoing resourcing of a coordinator for Thread Together for example has been absolutely core to its success. The coordinator knows her community, and how to best extend the invitation to participate. She and others create an environment of welcome, where people know they are valued and accepted. We can constantly expand our circle of relationships into the community because our foundations are solid, and we take one sustainable step after another when the time is right. Other projects, such as Rosies and Orange Sky, are similar. They deliver a service and create connections at many levels at the same time.

Almost every Queensland Government department has an opportunity to connect existing programs and initiatives with a loneliness strategy. Neighbourhood and community centres, with their reach into rural and regional as well as metro areas, are an obvious connection point, but further connections should be explored with diverse strategies and initiatives such as:

- the *Queensland Plan*, with its diverse approaches to building cohesive and inclusive communities, where people 'look out for each other'[59]
- opportunities offered by the new *Queensland Women's Strategy*, currently in its consultation phase[60]
- the inclusion of social connection as a measure of success in future iterations of and activity related to *My health, Queensland's future: Advancing health 2026*[61] and the *Queensland Youth Strategy*[62]
- expanding the initiatives under 'Reducing the cost of transport for households' in the *Queensland Transport Strategy* to explore more fully the potential for expanded concessions, supporting people on low incomes at risk of loneliness to connect more actively with their community[63]
- reviving the *Queensland Greenspace Strategy 2011-2020*,[64] and including a focus on the social benefits of green space for social connection and the reduction of isolation and loneliness
- exploring further options for individuals on community service orders that focus on building relationships as well as completing tasks[65]
- actively linking with community arts initiatives in *Creative Together: A 10-year Roadmap for Arts, Culture and Creativity in Queensland.*[66]

There are also opportunities to connect across jurisdictions, with federal programs such as the Community Visitors Scheme; and the community development activity supported by Brisbane City Council and other councils across the state.

Similarly, targeted activity to address loneliness and social isolation, particularly for vulnerable groups, can be woven into existing or slightly expanded programs. The introduction of extended care and support until the age of 21 years for young people in care would have a significant impact on the connectedness and life opportunities for these young people. Supporting programs such as Wesley Mission's Art from the Margins and Group61, Anglicare's A Place to Belong model, the St Vincent de Paul Compeer Friendship Program and others are established paths to help people build connection through meaningful relationships.

As King et al. conclude in the Anglicare Sydney report, *Going it Alone*: "Social isolation and disadvantage are not just issues for the individual; these are community issues requiring broad-based solutions". Loneliness does not discriminate, and we need to reach out from as many directions as possible to find the connection that can change someone's life.

References

1   King, S. et al. 2018. *Going It Alone: A Study of Lone Person Households, Social Isolation and Disadvantage in Sydney*. Social Policy & Research Unit, Anglicare Sydney. At: www.anglicare.org.au/media/3948/anglicaresydney_going_it_alone_2018.pdf

2   Naufal, R. and Naughtin, G. 2008. *Social Isolation Amongst Older Victorians A Literature Review of Causes and Interventions*. Report prepared for the Office of Senior Victorians. Brotherhood of St Laurence, Melbourne. At: library.bsl.org.au/jspui/bitstream/1/3472/1/Social%20isolation%20older%20Victorians_Naufal&Naughtin2008.pdf

3   Australian Institute of Health and Welfare. 2019. Social isolation and loneliness, 11 Sept. At: www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness

4   Hawthorne, G. 2008. Perceived social isolation in a community sample: its prevalence and correlates with aspects of people's lives, *Social Psychiatry and Psychiatric Epidemiology*, vol.43, no.2, pp.140–150.

5   For example, Newall, N. and Menec, V. 2019. Loneliness and social isolation of older adults: Why it is important to examine these social aspects together. *Journal of Social and Personal Relationships,* vol.36, no.3, pp.925–939.

6   Hawthorne, G. 2008. Perceived social isolation in a community sample: its prevalence and correlates with aspects of people's lives, *Social Psychiatry and Psychiatric Epidemiology*, vol.43, no.2, pp.140–150.

7   Newall, N. and Menec, V. 2019. Loneliness and social isolation of older adults: Why it is important to examine these social aspects together. *Journal of Social and Personal Relationships, vol.36, no.*3, pp.925–939.

8   Warburton and Lui 2007 in Queensland Government Department of Communities. 2009. *Cross-Government Project to Reduce Social Isolation of Older People Best Practice Guidelines*. At: www.bristol.gov.uk/documents/20182/34732/Queensland%20Govt%20-%20Social%20Isolation%20of%20Older%20People.pdf/f6b58c4c-720c-4bd6-ae45-a69ba7ff5b45

9   Hawthorne, G. 2008. Perceived social isolation in a community sample: its prevalence and correlates with aspects of people's lives, *Social Psychiatry and Psychiatric Epidemiology*, vol.43, no.2, pp.140–150.

10   Hawthorne, G. 2008. Perceived social isolation in a community sample: its prevalence and correlates with aspects of people's lives, *Social Psychiatry and Psychiatric Epidemiology*, vol.43, no.2, pp.140–150.

11   Queensland Government Department of Communities. 2009. *Cross-Government Project to Reduce Social Isolation of Older People Best Practice Guidelines*. At: www.bristol.gov.uk/documents/20182/34732/Queensland%20Govt%20-%20Social%20Isolation%20of%20Older%20People.pdf/f6b58c4c-720c-4bd6-ae45-a69ba7ff5b45

12   Menec, V. et al. 2019. Examining individual and geographic factors associated with social isolation and loneliness using Canadian Longitudinal Study on Aging (CLSA) data. *PLoSONE*, vol.14, no.2. At: www.ncbi.nlm.nih.gov/pmc/articles/PMC6358157

13   Heath, N. 2017 (updated 2019). Aged over 60 and female? Here's why you might be at risk of poverty. At: www.sbs.com.au/topics/voices/culture/article/2017/11/24/aged-over-60-and-female-heres-why-you-might-be-risk-poverty

14   Melbourne Institute. 2020. *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 18*. University of Melbourne. At: melbourneinstitute.unimelb.edu.au/__data/assets/pdf_file/0009/3537441/HILDA-Statistical-report-2020.pdf

15   Neville, S. et al. 2018. Loneliness in men 60 years and over: the association with purpose in life. *American Journal of Men's Health*, vol.12, no 4, pp.730–739. At: www.ncbi.nlm.nih.gov/pmc/articles/PMC6131432

16   Kung, C., Kunz, J. and Shields, M. 2021. Economic aspects of loneliness in Australia. *The Australian Economic Review*, vol.54, no.1, pp.147–163.

17   Lim, M., Eres, R. and Peck, C. 2019. *The Young Australian Loneliness Survey: Understanding Loneliness in Adolescence and Young Adulthood*. Report prepared for the Victorian Health Promotion Foundation. Iverson Health Innovation Research Institute and Centre for Mental Health, Swinburne University of Technology. At: www.vichealth.vic.gov.au/media-and-resources/publications/young-australian-loneliness-survey

18 Bonsaksen et al. 2021. Loneliness and Its associated factors nine months after the COVID-19 outbreak: A cross-national study. *International Journal of Environmental Research and Public Health*, vol.18, no.6, pp.1–11.

19 Baker, C. et al. 2019. *Our Lives Beyond Care: Care Leavers' Views on their Well-being in 2018*. Coram Voice, United Kingdom. At: coramvoice.org.uk/wp-content/uploads/2019/09/OLBC-Snapshot-online-2018.pdf

20 Hughes, L. 2019. It was lonely growing up in care — but I felt even more isolated after I left. *The Guardian* (online), 2 April. At: www.theguardian.com/society/2019/apr/02/lonely-growing-up-care-even-more-isolated-left

21 Jordan, M. 2019. Times of transition are lonely – particularly for young people. The Health Foundation, 2 April. At: www.health.org.uk/news-and-comment/blogs/times-of-transition-are-lonely-particularly-for-young-people

22 Kung, C., Kunz, J. and Shields, M. 2021. Economic aspects of loneliness in Australia. *The Australian Economic Review*, vol.54, no.1, pp.147–163.

23 Queensland Home Stretch Steering Group. 2020. *Extending Care to 21 years: The Case for Queensland.* A report drawing from Deloitte Access Economics' analyses of extended care commissioned by Anglicare Victoria and the Home Stretch Campaign NSW. March. Brisbane. At: thehomestretch.org.au/site/wpcontent/uploads/2020/06/2020_Home-Stretch-report_Qld-edition_final_v1.1.pdf

24 Macdonald, S., Deacon, L. et al. 2018. 'The invisible enemy': disability, loneliness and isolation. *Disability & Society*, vol.33, no.7, pp.1138–1159.

25 Macdonald, S., Deacon, L. et al. 2018. 'The invisible enemy': disability, loneliness and isolation. *Disability & Society*, vol.33, no.7, pp.1138–1159.

26 Dahlberg, L. and McKee, K. 2014. Correlates of social and emotional loneliness in older people: evidence from an English community study. *Aging & Mental Health*, vol.18, no.4, pp.504–514.

27 Eckhard, J. 2018. Does poverty increase the risk of social isolation? Insights based on panel data from Germany. *The Sociological Quarterly*, vol.59, no.2, pp.338–359.

28 Anglicare Southern Queensland. 2018. *Rental Affordability Snapshot, Brisbane Metropolitan Area April 2018*. Anglicare SQ, Brisbane. At: anglicaresq.org.au/wp-content/uploads/2019/04/2018_Anglicare_SQ_Rental_Affordability_Snapshot_V1.0.pdf

29 Kung, C., Kunz, J. and Shields, M. 2021. Economic aspects of loneliness in Australia. *The Australian Economic Review*, vol.54, no.1, pp.147–163.

30 Baskin, T. et al. 2010. Belongingness as a protective factor against loneliness and potential depression in a multicultural middle school. *The Counseling Psychologist*, vol.38, no.5, pp.626–651.

31 King, S. et al. 2018. *Going It Alone: A Study of Lone Person Households, Social Isolation and Disadvantage in Sydney*. Social Policy & Research Unit, Anglicare Sydney. At: www.anglicare.org.au/media/3948/anglicaresydney_going_it_alone_2018.pdf.

32 National Academies of Sciences, Engineering, and Medicine et al. 2020. Risk and protective factors for social isolation and loneliness. Chapter 4 in *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington (DC): National Academies Press. At: www.ncbi.nlm.nih.gov/books/NBK557971

33 Australian Institute of Health and Welfare. 2019. Social isolation and loneliness, 11 Sept. At: www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness

34 National Academies of Sciences, Engineering, and Medicine et al. 2020. Risk and protective factors for social isolation and loneliness. Chapter 4 in *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington (DC): National Academies Press. At: www.ncbi.nlm.nih.gov/books/NBK557971

35 National Academies of Sciences, Engineering, and Medicine et al. 2020. Risk and protective factors for social isolation and loneliness. Chapter 4 in *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington (DC): National Academies Press. At: www.ncbi.nlm.nih.gov/books/NBK557971

36 See for example National Center for Mobility Management (NCMM). 2020. *The Role of Transportation in Addressing Social Isolation in Older Adults*. At: nationalcenterformobilitymanagement.org/wp-content/uploads/2020/06/FINAL_CONDENSED_SOCIAL-ISOLATION-RESEARCH-PAPER.pdf

See also Reinhard, E., Courtin, E., van Lenthe, F.J. et al. 2018. Public transport policy, social engagement and mental health in older age: a quasi-experimental evaluation of free bus passes in England. *Journal of Epidemiology and Community Health*, vol.72, pp.361–368.

37   Astell-Burt, T. and Feng, X. 2020. People's odds of loneliness could fall by up to half if cities hit 30% green space targets. *The Conversation*, 10 June. At: theconversation.com/peoples-odds-of-loneliness-could-fall-by-up-to-half-if-cities-hit-30-green-space-targets-161989

38   Australian Institute of Health and Welfare. 2019. Social isolation and loneliness, 11 Sept. At: www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness

39   Gramenz, E. 2021. Proposed changes to leasing and tenancy agreements for renters met with mixed reactions. 19 June. *ABC News* (online). At: www.abc.net.au/news/2021-06-19/qld-rentals-renting-lease-tenancy-agreements-laws-changes/100227230

40   UK Government Department for Digital, Culture, Media & Sport and Office for Civil Society website. 2018. Government's work on tackling loneliness. Last updated 13 August 2021. At: www.gov.uk/government/collections/governments-work-on-tackling-loneliness

41   Anon. 2021. Battling loneliness: Japan setting up a ministry of loneliness brings much-needed focus to mental health. *The Financial Express* (online), 25 Feb. At: www.financialexpress.com/opinion/battling-loneliness-japan-setting-up-a-ministry-of-loneliness-brings-much-needed-focus-to-mental-health/2201391

42   Bartlett, H. et al. 2013. Preventing social isolation in later life: findings and insights from a pilot Queensland intervention study. *Ageing & Society*, vol.33, pp.1167–1189.

43   Australian Capital Territory Community Services Directorate, Office for Seniors and Veterans. 2020. *Loneliness and Isolation: Background Paper for the Ministerial Advisory Council on Ageing*. At: www.communityservices.act.gov.au/__data/assets/pdf_file/0004/1555771/Loneliness-and-Isolation.pdf

44   Bartlett, H. et al. 2013. Preventing social isolation in later life: findings and insights from a pilot Queensland intervention study. *Ageing & Society*, vol.33, pp.1167–1189.

45   Queensland Government Department of Communities. 2009. *Cross-Government Project to Reduce Social Isolation of Older People Best Practice Guidelines*. At: www.bristol.gov.uk/documents/20182/34732/Queensland%20Govt%20-%20Social%20Isolation%20of%20Older%20People.pdf/f6b58c4c-720c-4bd6-ae45-a69ba7ff5b45

      See also 2003.*Cross-Government Project to Reduce Social Isolation of Older People — Townsville Report.* At: www.tdsa.org.au/wp-content/uploads/2012/08/Townsville-Social-Isolation-Report-2003.pdf

46   Queensland Government Department of Communities. 2009. *Cross-Government Project to Reduce Social Isolation of Older People Best Practice Guidelines*, p. 15. At: www.bristol.gov.uk/documents/20182/34732/Queensland%20Govt%20-%20Social%20Isolation%20of%20Older%20People.pdf/f6b58c4c-720c-4bd6-ae45-a69ba7ff5b45

47   Queensland Government Department of Communities. 2009. *Cross-Government Project to Reduce Social Isolation of Older People Best Practice Guidelines*, p. 16. At: www.bristol.gov.uk/documents/20182/34732/Queensland%20Govt%20-%20Social%20Isolation%20of%20Older%20People.pdf/f6b58c4c-720c-4bd6-ae45-a69ba7ff5b45

48   Gardiner, C., Geldenhuys, G. and Gott, M. 2018. Interventions to reduce social isolation and loneliness among older people: an integrative review. *Health and Social Care in the Community*, March, vol.26, no.2, pp.147–157. At: pubmed.ncbi.nlm.nih.gov/27413007/#:~:text=The%20majority%20of%20interventions%20reported,development%20approach%2C%20and%20productive%20engagement

49   Abrams, T. 2019. 10 tips to help your project reduce loneliness. Building Connections Fund (UK) resource. At: whatworkswellbeing.org/wp-content/uploads/2020/02/10-tips-to-help-your-project-reduce-loneliness_NPC.pdf

50   Local Government Association (LGA), Age UK and the Campaign to End Loneliness. 2016. Combating loneliness: A guide for local authorities. At: www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e_march_2018.pdf

51   See our monthly newsletters on the Thread Together project webpage at anglicaresq.org.au/thread-together

52   Wales, A., Gill, S., Butson, S. and Srivastava, S. 2021. Thread Together: transforming lives, one piece of clothing and conversation at a time. *Anglican Focus* (online), 12 July. At: anglicanfocus.org.au/2021/07/12/thread-together-transforming-lives-one-piece-of-clothing-and-conversation-at-a-time

53   UK Government Department for Digital, Culture, Media & Sport, Office for Civil Society, and Baroness Barran. 2021. Loneliness minister: "It's more important than ever to take action". Media release, 17 June. At: www.gov.uk/government/news/loneliness-minister-its-more-important-than-ever-to-take-action

54   UK Government Department for Digital, Culture, Media and Sport. 2018. A connected society: A strategy for tackling loneliness — laying the foundations for change. At: www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness

55   UK Government Department for Digital, Culture, Media and Sport. 2018. A connected society: A strategy for tackling loneliness — laying the foundations for change. At: www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness

56   UK Government Department for Digital, Culture, Media and Sport. 2018. A connected society: A strategy for tackling loneliness — laying the foundations for change. At: www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness

57   UK Government Department for Digital, Culture, Media and Sport. 2018. A connected society: A strategy for tackling loneliness — laying the foundations for change, p.7. At: www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness

58   Bartlett, H. et al. 2013. Preventing social isolation in later life: findings and insights from a pilot Queensland intervention study. *Ageing & Society*, vol.33, pp.1167–1189.

59   Queensland Government Department of Premier and Cabinet. 2014. *The Queensland Plan*. Website last updated 2 December 2020. At: www.queenslandplan.qld.gov.au

60   Queensland Government Department of Justice and Attorney-General. 2021. Queensland Women's Strategy website, last updated 11 May. At: www.justice.qld.gov.au/about-us/services/women-violence-prevention/women/queensland-womens-strategy

61   Queensland Government (Queensland Health). 2016. *My Health, Queensland's Future: Advancing Health 2026*. At: www.health.qld.gov.au/__data/assets/pdf_file/0029/442982/vision-strat-healthy-qld-snapshot.pdf

62   Queensland Government Department of Communities, Child Safety and Disability Services. 2017. *Queensland Youth Strategy: Building Young Queenslanders for a Global Future*. At: www.des.qld.gov.au/__data/assets/pdf_file/0020/231095/qld-youth-strategy.pdf

63   Queensland Government (Queensland Transport). 2020. *Queensland Transport Strategy*. Website last updated 26 February. At www.publications.qld.gov.au/dataset/draft-queensland-transport-strategy

64   Queensland Government Department of Infrastructure and Planning. 2010. *Draft Queensland Greenspace Strategy for Public Comment: Protecting our Lifestyle, Environment and Places to Play*. At: cabinet.qld.gov.au/documents/2010/mar/greenspace%20strategies/Attachments/Draft%20greenspace%20strategy.pdf

       See also Stone, L. 2021. Architectural institute gives Brisbane CBD red mark over green space. *Brisbane Times* (online), January 18. At: www.brisbanetimes.com.au/national/queensland/architectural-institute-gives-brisbane-cbd-red-mark-over-green-space-20210118-p56v09.html

65   Queensland Government Corrective Services. 2017. Need another pair of hands? Community service workers may be the answer. Brochure. Website last updated 11 March 2021. At: www.publications.qld.gov.au/dataset/queensland-corrective-services-community-information/resource/5ea07ff3-ae39-4a6d-8662-e3e9f34d054c

66   Queensland Government (artsQueensland). 2020. *Creative Together 2020-2030: A 10-year Roadmap for Arts, Culture and Creativity in Queensland*. At: www.arts.qld.gov.au/creative-together