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Committee Secretary  
Community Support and Services Committee  
Parliament House  
George Street  
Brisbane Qld 4000

Submission to the Inquiry into social isolation and loneliness in Queensland

17<sup>th</sup> August 2021

Dear Committee Members,

Thank you for the opportunity to provide feedback for the Inquiry into Social Isolation and loneliness in Queensland.

I am a retiree with a wife still working providing domestic care to ACAT assessed clients in their own homes as a home-carer. I am providing this submission based on the stories my wife relates to me about her interaction with her clients.

I applaud the intention of this Inquiry to identify the nature and extent of the impact of social isolation and loneliness, and the role, scope and priorities of a state-wide strategy to address social isolation and loneliness. I recognise that this inquiry has been initiated in response to grass-roots process of community listening and community organising.

### **Response to Terms of Reference**

I would like to share my views, knowledge and recommendations on this issue in accordance with the terms of reference stated in the submission guidelines:

#### **A. The nature and extent of the impact of social isolation and loneliness in Queensland, including but not limited to:**

- **identification of and consultation with vulnerable and disadvantaged individuals or groups at significant risk across the life course**

My wife has been supplying domestic services to ACAT assessed clients over several years and has become friends with a number of them with stories similar to that published by Anglicare<sup>1</sup> In particular, clients who are men who have lost partners, have little or no family support or communication and are limited in their ability to move outside their own home. In this setting the loss of contact with a home-carer who has become a friend, results in a personal loss for both the client and home-carer and potential loneliness for the client. This leads to or exacerbates depression which contributes to other adverse medical issues<sup>2</sup>.

There is no framework for this type of friendship to be recognised, supported or prioritised when changes to schedules or packages are undertaken.

1 [An insider's story: 'Being a home-care carer is so rewarding for me and my clients' - Starts at 60.](#)

2 [Ending-Loneliness-Together-in-Australia Nov20.pdf \(endingloneliness.com.au\) Page 19 3<sup>rd</sup> paragraph](#)

- **the interplay of COVID-19 with this issue**

**B. The causes and drivers of social isolation and loneliness, including those unique to Queensland.**

**C. The protective factors known to mitigate social isolation and loneliness**

Social isolation can lead to loneliness because it limits the potential social interactions that let people select from all those they meet, other with whom they can develop a friendship, a meaningful relationship. Ending Loneliness Together in Australia<sup>3</sup> indicates that meaningful relationships are a protective factor against loneliness.

Therefore it is important that when a client/home-carer friendship has developed, that efforts are made to acknowledge and support that as an ongoing friendship.

3 [Ending-Loneliness-Together-in-Australia\\_Nov20.pdf \(endingloneliness.com.au\)](#) Page 15

**D. 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.**

**E. 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:**

- **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.**

In the provision of home care services as listed on Queensland government health web site<sup>4</sup> home care packages indicates they cater for the clients physical needs but does not specifically reference mental health, social isolation or loneliness mitigation.

Within the ACAT assessment levels<sup>5</sup>, under social domain, social isolation is addressed in respect to access to social interactions, however only the symptoms of loneliness such as depression are addressed under psychosocial category.

Greater recognition and visibility of loneliness as a major health factor needs to occur in all Government programs.

4 [Home Care Packages | Queensland Health](#)

5 [User Guide: Aged Care Assessment Team Guidance Framework for Home Care Package Level \(health.gov.au\)](#) pages 9 & 12

- **targeted support to vulnerable and disadvantaged groups and those most at risk**

My wife has suggested use of a tablet or personal computer maybe of assistance to her isolated clients, however most find the IT systems too complicated to set up and are apprehensive about using them.

Schemes similar to The Digital Community Visitor scheme<sup>6</sup> run by the Nundah Activity Centre -Brisbane North PHN could be set up and extended to the above group of isolated people to allow social contacts with others without the need for them to learn how to use or set up the IT systems.

6

<https://www.bing.com/videos/search?view=detail&mid=BB26F87803D5C9C56D2BBB26F87803D5C9C56D2B&q=community> visitors scheme queensland&shtp=OutlookCom&shid=253a994e-8f20-4d5f-

b4567cbde7991562&shtk=RGInaXRhbCBDb21tdW5pdHkgVmlzaXRvcnMgU2NoZW1lIC0gTnVuZGFoIEFjdGl2aXR5IENlbnRyZSBhbmQgQnJpc2JhbmUgTm9ydGggUEhO&shdk=VGhpcyBpcyAiRGInaXRhbCBDb21tdW5pdHkgVmlzaXRvcnMgU2NoZW1lIC0gTnVuZGFoIEFjdGl2aXR5IENlbnRyZSBhbmQgQnJpc2JhbmUgTm9ydGggUEhOliBieSBOZXcgV29yZCBPcmRlci9OZXcgUGljdHVyZXMgb24gVmltZW8sIHRoZSBob21lIGZvciBoaWdo4oCm&shhk=JlXkVcW%2BhvwhDd5jn8P4dSiS%2FfVY6jK66xhh6Tu8Zxo%3D&form=VDSHOT&shth=OVP.lDUjvDkyUduxCoVEESaLwQEsCo

## **Recommendations**

Develop a framework that recognised, supported and prioritised the maintenance of friendships between socially isolated people and their domestic support staff when such friendships occur. This is especially important when undertaking changes to schedules or care packages.

I also support the following Queensland Community Alliance recommendations for the Inquiry:

### **a. The Social Cure**

We recommend that the research by University of Queensland's School of Psychology around "Social Cure" should be the central reference point and underpinning of the new Queensland State-wide strategy to address social isolation and loneliness.

This research is brought together in "*The New Psychology of Health: Unlocking the Social Cure*"

In addition to this book we refer the committee to a summary and further detailed references at: <https://stories.uq.edu.au/research/impact/2020/a-social-cure-for-better-health/>

This research includes social prescribing and "Groups for Health" as evidence-based interventions.

### **b. Expand Ways to Wellness**

The Ways to Wellness program is a world-leading social prescribing network in the Mount Gravatt area of Brisbane. It has been developed through a community organising process led by the Qld Community Alliance in collaboration with University of Queensland, and funded by the Queensland Government.

We submit that social prescribing should be developed as a key pillar of the Queensland State-wide strategy to address social isolation and loneliness. Ways to Wellness builds upon the experience of social prescribing overseas by more deeply linking health providers, community initiatives, and isolated people.

Further information can be obtained from Mt Gravatt Community Centre which coordinates the project.

- **Increase base funding for Community Neighbourhood Centres**

We submit that Community Neighbourhood Centres be considered as key social infrastructure, which should play a central role in Queensland State-wide strategy to address social isolation and loneliness.

Effective community neighbourhood centres reduce social isolation right across a local community. They build exactly the type of group relationships proven to strengthen social identity and therefore reduce social isolation. They are the right scale to build these relationships in ways that address local needs and local nuances for local communities.

Despite this, Community Neighbourhood Centres only receive a yearly average of \$134,000 in Neighbourhood Centre funding per centre from the Queensland Government. This has not increased over several decades, effectively amounting to a cut in local services, programs and support to our local communities every year as centres are asked to do more with less.

We recommend that Community Neighbourhood Centres be considered as frontline services, and that their funding be increased accordingly.

- c. Involve cultural community leaders from first nations and multicultural communities in leadership and co-design of relevant initiatives**

We submit that there will need to be particular approaches used in first nations communities and multicultural communities. The Queensland Government should engage community leaders in these areas as agents of leadership who co-design effective initiatives. Community leaders and community associations should be funded adequately to do this work.

- d. Creation of a ministerial portfolio for social isolation and loneliness**

We encourage the creation of a ministerial portfolio which will help to maintain this issue as a priority issue on the political agenda. This will help strengthen state government action, provide a platform for federal lobbying, and raise media and public awareness.

- e. Community Hearings**

We encourage the committee to conduct community hearings hosted by civil society organisations (charities, ethnic associations, faith organisations, unions) that are engaged on the issues of social isolation and loneliness. It is important that the committee hear directly from people who are isolated and lonely, which is difficult in a written format or through centralised hearings.