



18 August 2021

Committee Secretary  
Community Support and Services Committee  
Parliament House  
George Street  
Brisbane Qld 4000  
By e-mail: [CSSC@parliament.qld.gov.au](mailto:CSSC@parliament.qld.gov.au)

Dear Committee Secretary,

### **Response to the Parliamentary inquiry into social isolation and loneliness in Queensland (the Inquiry)**

Thank you for the opportunity to make a submission in response to the Inquiry.

The Queensland Council of Social Service (QCROSS) is the peak body for the social service sector in Queensland. Our vision is for equality, opportunity and wellbeing for every person, in every community.

We welcome the inquiry into social isolation and loneliness as this is a well-known issue that can significantly impact people's health and wellbeing.<sup>1</sup>

Because we are the peak body for community services in Queensland, we have limited our submission to considerations related to users and providers of community services.

Queensland's *Human Rights Act 2019* protects the human rights of Queenslanders, including the rights to equality and non-discrimination and the right to take part in public life. The information outlined in our submission indicates that not all Queenslanders are currently enjoying these fundamental human rights. The community services sector has a role to play in improving this situation.

### **Exploring the causes of social isolation and loneliness for community service users in Queensland**

To support our submission to the Inquiry, QCROSS conducted a survey exploring the causes of social isolation and loneliness among people accessing community services in Queensland. The survey was targeted at community service providers and asked the respondents to identify:

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<sup>1</sup> We note the differences between the terms 'social isolation' and 'loneliness' and acknowledge that the two do not necessarily co-exist. However, for the purposes of this submission, we use the term social isolation and loneliness to speak about the associated risks and negative impacts to physical and mental wellbeing.

- individuals or groups of service users who are at high risk of social isolation and loneliness
- main barriers to social inclusion experienced by service users
- impacts of COVID-19 on social isolation and loneliness
- programs and resources required to improve social inclusion for individuals or groups vulnerable to social isolation and loneliness.

The survey was open for two weeks from 20 July to 3 August 2021 and was shared widely through QCOSS networks and social media. A total of 22 responses were received from community service providers based in South-East Queensland, Cairns and Far North and Darling Downs regions. We also undertook in-depth conversations with other peak bodies in Queensland to discuss and validate findings. These responses were subsequently themed and analysed. The results show that social isolation and loneliness is a significant issue.

### **Community service users are impacted by social isolation and loneliness**

Our survey identified groups of community service users who are particularly impacted by social isolation and loneliness. These groups include seniors, people with a disability, people experiencing physical or mental health issues, unpaid family carers, single mothers and people from culturally and linguistically diverse (CALD) communities.

#### **Seniors**

The following factors were identified as increasing the risk of social isolation and loneliness for seniors:

- Factors related to growing older, like reduced physical ability or mobility, as well as sight or hearing impairments.
- Shrinking of traditional social circles and networks as friends and family passed away over the years. One respondent noted the only social contact for many seniors are visiting home care services staff, on whom they rely on for everything including home care, conversations and emotional support.
- Lack of affordable transport facilities, especially in remote communities, preventing access to social activities and healthcare. As one respondent from a remote community noted, there are limited bus services in and out of town and taxi charges are \$12 for less than a kilometer ride from the nursing home to shops.
- Limited financial capacity prevents access to essential services, transport, and digital connectivity.
- Living in aged care facilities can result in a loss of identity for some residents, in addition to the loss of confidence due to health reasons.

COVID-19 significantly impacted social activities for seniors. Respondents noted that many seniors do not cope well with the lockdowns as they are not digitally connected and do not use social media. In addition, it was identified that fear of the pandemic is prevalent among older community members, along with distrust that other people are not vaccinated (or do not believe in vaccination). These factors have increased social isolation and loneliness for older community members.

### ***People experiencing mental health issues***

Respondents identified people experiencing mental health issues as being at a higher risk of social isolation and loneliness and outlined the following issues:

- Stigma associated with mental health issues prevents healthy social relationships and networks. One respondent noted this is because few people in society endeavour to develop meaningful social relationships with people experiencing mental illness.
- Factors like depression, anxiety, lack of motivation and in some cases over-medication reduce the ability for people experiencing mental health issues to participate in social activities.
- Some respondents highlighted that the transition of mental health services to the NDIS has left a significant number of people who cannot access the NDIS without any support.

### ***People with a disability***

People with a disability and their families were identified as having high risk of social isolation and loneliness, primarily because not all events and activities are accessible. In addition, access to transport and services are a significant barrier for people with a disability living in remote areas.

### ***Unpaid family carers***

Respondents identified unpaid family carers, including those caring for children with additional support needs, as having a high risk of social isolation and loneliness. The main drivers of isolation and loneliness for carers are:

- Lack of respite from caring duties
- Reduction in funded social supports and carer support groups, resulting in lack of opportunities for meaningful social participation
- Lack of time and money
- Guilt associated with taking time off from caring duties.

One respondent noted that partners of people living with dementia are at a high risk of social isolation and loneliness. It was commented that, in this situation, family and friends may not be aware of how to deal with dementia, so they just stay away.

### ***Single mothers***

The survey identified the following factors that impact social inclusion for single mothers:

- Single mothers are often primary care givers for children and are more likely to be time poor. This limits their ability to participate in social networks and activities, especially where social or peer support groups are absent.
- Financial hardship creates added disadvantages for single mothers if they are not able to afford transport, internet connection or other devices that lessen the feelings of loneliness.
- Single First Nations mothers who come from larger families may be particularly impacted by rental and tenancy requirements that prevent them from having relatives

or family members over. Being alone for these mothers can be very isolating, especially if they have lived in a large family.

- COVID-19 significantly impacted a single mothers' access to play groups and activities. Even when these resumed, they have been less often and take place with several restrictions.

### ***People from culturally and linguistically diverse (CALD) communities***

Cultural and language barriers, as well as lack of suitable activities or peer groups in the community were identified as key barriers to social inclusion for people from CALD communities. Another factor identified as significantly increasing the risk of social isolation and loneliness for people from CALD communities is separation from family and friends or death or loss of a loved one.

Refugees were identified as being at higher risk of social isolation and loneliness. This included women, elderly, those with disabilities and those with caring or parenting responsibilities. The main drivers of social isolation and loneliness for refugees were identified as:

- Lack of access to mainstream support services, with many services unable or unwilling to use interpreters.
- Insufficient settlement support, where time limits on support discriminate against these groups.
- Separation from family members who are still refugees overseas (who may be missing or dead) with little hope of family reunification due to immigration barriers.
- Poverty, as many refugees are unable to afford many basic necessities and participate fully in society.

### **Current investment in community services**

Through analysing our survey data, we identified the following barriers to using current investment in community services to ameliorate social isolation and loneliness for people experiencing the most disadvantage in Queensland:

- lack of adequate funding for community service organisations, including Neighbourhood Centers, to design and deliver sustainable person-centered programs and activities
- lack of flexibility with funding arrangements to design and deliver programs that benefit a wide range of community service users
- inadequate income and other support provided to people experiencing disadvantage
- poor transport and digital connectivity that prevents access to existing services and resources.

### **Opportunities**

There is significant opportunity for community organisations to play a greater role in ameliorating social isolation and loneliness. We have outlined some of these below.

1. Provide funding to community service organisations, including Neighbourhood Centers and other place-based initiatives, for the implementation of ongoing services and activities that are designed to reduce social isolation and loneliness.

Respondents identified the following initiatives to prevent social isolation and loneliness:

- provide funding for outreach work so that activities and services can be delivered to individuals or groups in their preferred location
  - provide additional support for carer support groups, retreats, and events
  - implement strategies using place-based and community-led approaches. QCOSSE endorses the submission made by the Queensland Families and Communities Association and supports their recommendation to increase Neighbourhood Centre Investment, as they are key pieces of social infrastructure that improve community connection and wellbeing
  - provide funding to Neighbourhood and community centers to undertake ongoing data collection and analysis to monitor community need and design evidence-based programs
  - provide funded community support for non-NDIS participants experiencing mental health issues
  - support more activities for smaller groups on a local scale, including group activities with cheap or free transport options and are all-abilities accessible
  - provide easier and clearer access to online libraries and catalogues, especially for people who may not know how to use technology to connect with resources
  - facilitate learning in home, including coaching on how to use technology and devices for interaction or participation
  - increase provision of social and affordable housing
  - provide easier access to transport and more affordable transport options, especially in remote communities
  - subsidise the purchase of digital devices that improve connectivity for groups that are financially disadvantaged and vulnerable to social isolation and loneliness
2. Volunteering is an effective way to prevent, mitigate and address the drivers of social isolation and loneliness across Queensland. QCOSSE endorses Volunteering Queensland's submission to the Inquiry and would like to reinforce their recommendation to enhance capacity, capability and resilience of volunteer-involving organisations so that they are more equipped to deliver services that address social isolation and loneliness in the community.
  3. Scale-up peer navigator and social prescribing models as effective ways to enhance social inclusion for vulnerable groups. Successful examples from Queensland include:
    - the Queensland Positive People [HIV Peer Navigator Program](#)
    - Wesley Mission's [Group 61 volunteer mental health befriending program](#)
    - Council on the Ageing's [Aged Care Navigator Trial program](#)

- Open Arms [community and peer program](#)
- [Health Service Navigator program](#)
- [Ways to Wellness program](#) at the Mt Gravatt Community Centre.

4. Advocate to the Federal government to increase income support. These include:

- increasing income support payments for those who are dependent on Centrelink payments
- ensuring schemes to help refugees include settlement support beyond five years.

#### **A rights based state-wide strategy to address social isolation and loneliness**

If a state-wide strategy is developed to address social isolation and loneliness, it should be framed in accordance with the *Human Rights Act 2019*. This will ensure that the amelioration of social isolation and loneliness is linked to the realisation of Queenslanders' fundamental human rights.

In addition, the social isolation and loneliness strategy should align with existing relevant Queensland and national strategies including the [2016 Age Friendly Action Plan](#)<sup>2</sup> and the [Queensland Alliance for Mental Health Wellbeing First Report](#).<sup>3</sup>

Thank you once again for the opportunity to provide input into this inquiry.

Yours faithfully,



Aimee McVeigh  
Chief Executive Officer

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<sup>2</sup> Queensland government. *Queensland: an age-friendly community action plan*. 2016. Accessed 11/08/2021. <https://www.dsdsatsip.qld.gov.au/resources/dcdss/seniors/age-friendly-community/gafc-action-plan.pdf>

<sup>3</sup> Queensland Alliance for Mental Health. *Wellbeing first*. 2021. Accessed 11/08/2021. <https://www.qamh.org.au/wp-content/uploads/EMBARGOED-Copy-Wellbeing-First-Report-DIGITAL.pdf>