



18th August 2021

Inquiry into social isolation and loneliness in Queensland
Committee Secretary
Community Support and Services Committee
Parliament House
George Street
Brisbane Qld 4000
Email: CSSC@parliament.qld.gov.au

Dear Committee Secretary

Centacare Brisbane welcomes the opportunity to respond to the challenges of social isolation and loneliness, especially concerning the needs of vulnerable Queenslanders affected by the COVID-19 pandemic.

As part of the Catholic Archdiocese of Brisbane, we share a belief that everyone deserves loving care. Across aged, disability, community, child and family care, our teams walk alongside people on life's journey, providing the support they need to achieve what is important to them now and into the future.

The boundaries of the Archdiocese of Brisbane begin in the south at the Queensland/New South Wales border and run north for about 350 kilometres to Gin Gin, north of Maryborough, and then reaches from 100-300 kilometres west to Eidsvold and Gatton. Across this region, the Archdiocese of Brisbane encompasses 214 Centacare sites supporting 120,000 people and employing over 3,000 people.

Many vulnerable people in our community are falling through the safety net due to loneliness and social isolation. The requirement to self-isolate during the COVID-19 crisis has deepened a sense of trauma and distrust for many in the community. We have identified two social groups in particular whose isolation and loneliness has been exacerbated by the pandemic that I would like to bring to your Committee's attention:

- People with disabilities, especially mental health issues, who may have difficulty navigating administrative systems (particularly those designed around online access and digital literacy).
- Prisoners and those leaving prison, as well as their families.

Mental health is a recurring theme across our client base as well as those already living with a mental health condition. Centacare practitioners report there are people with a mental illness whose only contact is through their support service. Many of our clients fear catching COVID 19 and consequently disengage from their regular routine of attending classes, clubs or social activities. We also see increases to the number of people needing reassurance over the phone as they withdraw from face to face contact.

While the internet presents an opportunity to diminish the impact of physical distancing by enabling a range of social interactions to be maintained, data from the Australian Digital Inclusion Index 2020 shows that older Australians are more likely to lack effective and affordable internet access and the digital abilities to benefit from this opportunity. Other groups in Queensland that are more digitally excluded include people in low-income households, people who did not complete secondary school, people with a disability, and people not in the labour force (*Measuring Australia's digital divide*, October 2020, <https://apo.org.au/node/308474>, published by RMIT University, Centre for Social Impact, and Telstra).

Centacare practitioners also report that people who have been in prison are particularly vulnerable to social isolation and loneliness. Prison is isolating. Contact with family and friends is interrupted or ceased. If formed, friendships are based on survival or by necessity. All contact with the free world is ceased and prisoners experience many years without human touch and meaningful connections. Not only does the loneliness and isolation experienced by prisoners affect their spiritual wellbeing, but it also negatively affects their mental health. Research indicates that prisoners who score higher on measures of loneliness reported higher levels of depression, hopelessness and indicators of suicidal behaviour. The protective factor of consistent positive engagement is taken away.

After prison, most experience the transition to community as lonely. Many have lost all family and social connections. They no longer hold valued social roles, such as friend and employee. Many are unable to see their children. Rebuilding community presents them with numerous barriers, such as judgment, discrimination, fear, criminal records, poverty, lack of stable housing, deteriorating mental and physical health and the complex effects of institutionalisation. Many have lost both social and life skills. Prison is a traumatic experience, and released people often experience anxiety and hypervigilance, making prospects of community engagement overwhelming for them.

Others have difficulty with authority figures and perceptions of authority. They feel judged. Each of these issues present significant barriers to social inclusion.

A high proportion of people in the criminal justice system have been incarcerated because of addiction. Addiction specialists have suggested that the treatment response to addiction should be connection, rather than a focus on sobriety. This recognises addiction as a social disorder and underpins twelve step recovery programs. Research into alcohol consumption has shown high rates of individuals diagnosed with alcohol abuse reporting loneliness. Recovery is also experienced as lonely. Those who give up a drug also give up the social context of that drug. Others have turned to drugs and alcohol to respond to feelings of loneliness. Addiction is a lonely disease.

Humans need to be able to attach and trust. Many people who have been in prison have experienced poor or disrupted attachments as children that affects their adult life. They have a most difficult time forming relationships with others, understanding social norms and boundaries and feeling as though they fit in. Loneliness can also be understood as a side effect of trauma. Many prisoners have suffered profound childhood abuse and trauma. Trauma affects the brain. As psychiatrist James S. Gordon stated, "When it feels like we are fighting for our life; it doesn't serve us to trust others" (Transforming Trauma, cmbm.org, 2021). Trauma does need a witness and people who have been in prison are often without a witness.

The experience of loneliness and social isolation as experienced by those who have been in prison is profound. It is common that the only connections individuals have are those who are paid to provide a professional service to them. Prison is lonely and release from prison is lonely. Full inclusion requires a growth mindset from the broader community as exclusion correlates with discrimination and judgment. Real inclusion is about making sure that no one is left out.

In light of these reflections, Centacare Brisbane supports a two-pronged strategy to treat the causes of social isolation and loneliness. A Queensland Together Strategy could firstly fund community organisations to improve age-friendly, disability-friendly, carer-friendly, and dementia-friendly communities and spaces. We would be happy to participate in a working group to develop such a strategy.

A second aspect to this strategy could involve collaborating with volunteer faith and/or social communities. As a Catholic organisation, in our submission, we refer to parishes and networks to enhance community strategies to reduce social isolation and loneliness however, we recognise the valuable contribution different faith based and social communities make to addressing social isolation. There are many local churches, for example, which already demonstrate innovative and inclusive solutions in the areas of housing security, violence prevention, reconciliation, and solidarity with marginalised groups. Co-designing initiatives that build the capacity of faith and social-

based communities to respond to social isolation and loneliness in their regions may represent cost effective and targeted initiatives.

I wish your Committee well with this important Inquiry. To reiterate, we would be delighted to participate in exploring the two pronged strategy outlined above and any other initiatives addressing social isolation and loneliness with the Queensland Government. If you require further information about our submission, please contact me on telephone [REDACTED] or via email [REDACTED].

Kind regards,



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aged care
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