



**Mt Gravatt**  
COMMUNITY CENTRE INC

Supporting the Community Since 1990

ABN 64 764 139 090

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

To Whom It May Concern

It is with great pleasure that I provide the Mt Gravatt Community Centre Inc submission on social isolation and loneliness to the Parliamentary Committee. I am excited to work with the Queensland Government and look forward to the final report presented to Parliament by the Committee in December 2021.

Should you require any further information, please do not hesitate to contact me on [REDACTED].

Yours faithfully

Deb Crompton  
Chief Executive Officer  
18 August 2021



---

# Submission to Parliamentary Inquiry into Loneliness and Social Isolation.

## Submission prepared by:

*Elise Marr & Debra Crompton  
Mt Gravatt Community Centre  
1693 Logan Road, Mt Gravatt*

### Introduction

The Mount Gravatt Community Centre has been operating since 1992, working alongside the community to provide support and services that strengthen its capacity whilst improving quality of life for individuals and families. The Centre functions as a 'hub' for connection by bringing people together from all backgrounds and across the lifespan whilst promoting inclusion and social connectedness. This is done through the various programs and activities on offer, collaboration and connection with other local groups and organisations, opportunities to volunteer and participate in local groups and events, provision of aged and disability services, and through listening and responding to the needs of local community members, particularly in times of crisis.

**Terms of Reference 1:** *The nature and extent of the impact of social isolation and loneliness in Queensland, including but not limited to:*

- a) identification and consultation with vulnerable and disadvantaged individuals or groups at significant risk across the life course*
- b) the interplay of COVID-19 with this issue*

### Social Isolation in Mt Gravatt and Surrounding Suburbs

In November 2018, the Mt Gravatt Community Centre, and the Queensland Community Alliance (QCA) consulted with local members of the community and other organisations to find out what they felt was the most concerning issue in the Mt Gravatt and surrounding area. We listened to over 100 stories from local residence and sought professional input from local organisations and identified social isolation and loneliness as the number one issue. Regularly, Centre staff hear stories of social isolation and its impact on the community. People accessing emergency financial and food relief regularly report experiences of loneliness and barriers to accessing sources of group support, such as transport, low income, and mental health concerns.

Social Isolation and Loneliness are two separate factors that impact on people's lives. Loneliness is a feeling of sadness or distress because of a disparity between the level of social connection a person wants and the level they have. It is also possible to feel lonely even when surrounded by people. One can experience loneliness at work, with friends or in a relationship. Feelings of loneliness can also come because of experiencing mental ill health.

Isolation is the physical separation from other people. Sometimes this occurs through decisions made, or because of life circumstance and events e.g. loss of a loved one, retirement, cultural and language barriers, working away from home or relocation, or the impact of COVID-19 and lockdowns.

Whilst social isolation is often associated with older people, and loneliness is often associated with young people; our neighbourhood centre regularly bears witness to the impacts of both across the life course. The Ways to Wellness Project often sees referrals for people experiencing loneliness at points of transition or life changing events such as leaving school, loss of employment, loss, or separation of a loved one, becoming a parent or carer and relocation. We often see how social isolation impacts our most disadvantaged and vulnerable members of our community. One family who had lost employment due to COVID-19 reported:

*“Things just keep getting tougher. It’s hard to think about anything else but trying to put food on the table, find work, keep a roof over our heads. Then you realise you haven’t talked to anybody else but the kids in weeks. It’s a lonely place, especially when you feel like there’s no one who really understands.”*

The COVID-19 crisis certainly brought social isolation and loneliness to the attention of governments around the world. The on-going measures to reduce the spread of COVID has resulted in increased reports of mental health, community wellbeing, isolation, and loneliness in the community. Loss of employment or reduced employment has impacted on many of our community members and the stress levels in the community are extremely high.

During 2020, the Centre provided outreach support to those isolating due to the COVID-19 pandemic. This particularly difficult time saw a spike in people reporting feelings of social isolation and loneliness and reported increases in poor mental health as a direct result of isolation. This impacted our most vulnerable members of the community, particularly older people, people living with disabilities, culturally and linguistically diverse community members (particularly international students), people experiencing financial disadvantage, and people experiencing homelessness:

*“Even though I was sleeping rough, I still felt I belonged to a community. I could go to the local church group that provided meals a couple of times a week and sit with my mates, have a yarn you know? I could share some of my tips – where to get a shower, wash your clothes, get a feed. I felt useful. Now because of COVID it’s just takeaway meals and off you go, back to your corner.”*

Another example of the impact of COVID-19 on already vulnerable and isolated people is captured in this statement from a community member who was spoken to during lockdown:

*“If it wasn’t bad enough before the pandemic, I’m now stuck and feel locked up in my own home. It feels like there’s no hope, no light at the end of the tunnel. You feel forgotten. I miss meeting my friends at the library, running into people at the supermarket, having coffee with my neighbours. I didn’t realise how important this was to me until it wasn’t there anymore.”*

The Mt Gravatt Community Centre sits on the very frontline of our community, and therefore witnesses the impact of social isolation and loneliness, and the factors contributing to it. By virtue of our position in the community and the reason we exist, community and neighbourhood centres are in a unique position to reach our most vulnerable cohorts and mitigate the risk factors for loneliness.

The Centre has daily interactions with people experiencing loneliness and isolation and we know people access the Centre for opportunities to connect. One person who comes along to a weekly craft group stated:

*“This is the only social interaction I have. I often don’t see anyone for days, and don’t want to bother anyone. I am grateful for the craft group and look forward to it, but it’s not enough sometimes.”*

Another person who accesses our services stated:

*“Since losing my wife, I’ve slowly become more reclusive. My kids have grown up and moved on, I don’t know my neighbours anymore and I can no longer drive so I can’t even get out to my local newsagent like I used to.”*

Another young family reported:

*“I am the carer for my son who has a disability. I don’t feel connected to my community at all. It’s a lonely job. I feel like people don’t understand my situation and I don’t know where to go for support.”*

The isolation of older people, our homeless and other vulnerable community members out of fear of contracting COVID-9 is leading to an increase in anxiety and stress in our community. We see clients on daily basis who are fearful for the future and distressed as people become increasingly isolated from each other. We have clients who have cancelled services as they do not want anyone in their homes, we have had staff resign because they are fearful of the injections and the impact on their family.

**Terms of Reference 2:** *The causes and drivers of social isolation and loneliness, including those unique to Queensland.*

The health implications of social isolation and loneliness have been well researched and can be linked to cardiovascular disease, obesity, mental illness, dementia, and premature death. The risks associated with loneliness are greater than smoking, poor diet, and lack of exercise, and can in fact influence these poor health behaviours. A recent report published by the Australian Institute of Health and Welfare found that 1 in 4 Australians were experiencing an episode of loneliness and 1 in 2 reported feeling lonely at least one day per week. This report reflects the feedback the Centre receives daily from community members accessing services, however, for every individual that presents to the Centre reporting social isolation and loneliness there are many more that are not visible or able to access support.

Discussions with local residence revealed the barriers to participation in community activities that lead to social isolation including limited transport options, limited access to financial resources (activities cost too much), emotional barriers to participation linked with mental health concerns and lack of activity options that suited their physical and emotional needs. This information was supplemented with research provided in consultation with key academics and experts in this field of research.

---

**Terms of Reference 3:** *The protective factors known to mitigate social isolation and loneliness.*

Having a sense of belonging and meaningful connections to community can prevent and reduce social isolation and loneliness. Providing equitable access to community groups such as sporting clubs, faith and spiritual groups, interest groups and therapeutic/support groups is a key protective factor to mitigating the risks of social isolation and loneliness. In our daily interactions with community members through the Ways to Wellness program, we often hear the benefits of group membership and the positive impacts it has on individual's health and wellbeing. One participant shares their story:

*"My husband and I moved to the area not long ago. Since we moved here his health declined rapidly and he had to be placed into aged care. I wasn't coping on my own and he doesn't know who I am anymore. I was so alone. Then I was introduced to the knitting group by the Link Worker at the community centre. I've been going every week ever since. I have met lots of friends and we catch up outside of the knitting group too. I've also started walking every morning with one of the ladies and I feel so well now. It's still hard sometimes but it's so nice to have people to talk to and something to look forward to."*

In addition, providing a space and place for groups to meet enhances social cohesion and builds healthy and sustainable communities that are less likely to rely on intensive and costly services. The Ways to Wellness Project works closely with local GPs from where a lot of our referrals are generated. Feedback from these community partners has indicated that linkage to social groups and activities through the program has improved the health and wellbeing of their patients and has reduced non-medical presentations to their clinics.

**Terms of Reference 4:** *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.*

**Mt Gravatt Community Centre's Approach to Social Isolation and Loneliness**

In 2018, the Mt Gravatt Community Centre together with the Queensland Community Alliance (QCA) and the University of Queensland formed a working group of local stakeholders to address the issue of social isolation and loneliness in the Mt Gravatt and surrounding areas through the development and implementation of the Ways to Wellness Social Isolation Project. The project was developed utilising an evidence-based social prescribing model that has been successfully implemented in the United Kingdom, the USA, and New Zealand. The Centre procured funding from the Department of Communities to employ a Community Link Worker to connect individuals and families to meaningful sources of group activities in their local community, with an emphasis on inclusivity, connection, and a sense of belonging. The program utilises a strengths-based, person-centred framework that values the inherent skills, knowledge, and capacity of individuals. Referrals are received from general medical practices, outpatient clinics, allied health professionals, other community organisations and agencies and through self-referral. The social prescribing program provides medical practitioners with a non-medical referral option to community supports that can complement clinical care and improve health and wellbeing.

Since the initial pilot in 2019, the Ways to Wellness Project has connected over 300 individuals and community members to local groups, activities, social and sporting clubs, volunteering opportunities, training, and employment. In addition to this, a network of Link Workers has been established and

collaboration between the Centre and other local organisations has been established. The Centre has engaged with over 200 local community-based groups and organisations forming a network that is committed to promoting social cohesion and enhancing the health and wellbeing of not only Ways to Wellness participants, but the community.

The University of Queensland is providing the research and evaluation of the project and has developed a survey to measure social isolation and loneliness, and research the impacts of group membership participant health and wellbeing, and their feelings of loneliness. Whilst the results of this research are yet to be finalised, data collected by the Mt Gravatt Community Centre has shown that 77 percent of clients that participated in a group activity reported improvement in their wellbeing that could be directly attributed to feelings of belonging and social connectedness.

Ben's story reflects the positive impact of social connection in providing a sense of belonging and purpose:

*"I became involved in the Ways to Wellness program after finishing my post-graduate degree in social work. I had experienced a rough couple of years leading up to the end of the course, and I had put off dealing with a lot of the emotional impact of that. I have a personal and family history of mental health concerns, and I was aware that I would have a lot to deal with. I am quite a reserved person, and after my degree concluded, I had little outside the house to take my mind from things. My relationship with loneliness is tied to my relationship with my mental health. My life has been through several upheavals that have resulted in me losing or feeling as though I was required to sever connections with others.*

*I was referred to one of the Community Centre's link workers after talking to my GP and discussing my situation. My GP and I agreed that it would be best for me to engage in meaningful activity outside the home. At this point, my mood was very low, and I had no self-confidence. I felt as though it would be best if I did not exist.*

*After speaking to the link worker, I was connected to several groups and to the Community Centre's volunteering program. Through volunteering, I have had the option to meet people I would not have otherwise met. I have been able to utilise skills and knowledge that I have learned through life and study in a meaningful way. Connections with the community and having meaningful activity that contributes to the wellbeing of others has not solved all my problems, of course, but I did not expect my problems to be solved. Life is full of problems and expecting them to disappear is unrealistic. Unlike other methods of assistance, I have been offered in the past, the link worker I met through the Ways to Wellness program looked primarily at my strengths and passions rather than my problems and deficits. I think this is what really set the initial experience apart and allowed me to look at myself through that frame, too.*

*I am employed now, but I continue to volunteer at the Community Centre nine hours a week. As I said, there are still problems, and some days are hard. But it is easier to face problems and hard days when you don't feel alone. Knowing that those things that you think are worthwhile about yourself are able to assist and connect with others with those traits and skills."*





In addition to the Ways to Wellness Project, the Community Centre offers a range of groups and activities facilitated by staff and volunteers. These include:

- Seniors Social Group (meets monthly and organises bi-monthly outings)
- Card making group
- Afternoon Friends – social group for women that meets weekly
- Musically Speaking – fortnightly group for music theory enthusiasts
- Ukulele Group – meets weekly and welcomes anyone interested in learning the ukulele
- Computer Club – meets every second week
- Community Crafternoons – craft group for everyone that meets weekly
- Crochet Group – meets weekly and has been running for nearly ten years

The Centre also offers free weekly community lunches and morning tea that welcome everyone and target people experiencing homelessness and financial disadvantage. In welcoming people from all backgrounds, the community meals have had a positive impact on people experiencing social isolation and offered a place and a space for people to come together and meet other community members.

These programs and initiative have been developed in consultation with the community and rely on centre staff, volunteers, and students to run groups, engage with community members, bring people together and deliver services. These activities provide a unique opportunity to ensure holistic and place-based support reaches those who need it most.

**Terms of Reference 5:** *How current investment by Queensland Government, other levels of government, the non-government and other sectors may be leveraged to prevent, mitigate, and address the drivers and impacts of social isolation and loneliness across Queensland including:*

- a) *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*
- b) *targeted support to vulnerable and disadvantaged groups and those most at risk.*

Community and Neighbourhood Centre are in a unique position to prevent, mitigate and address the issue of social isolation and loneliness and their associated risk factors. The fiscal benefits of this are immeasurable. The Mt Gravatt Community Centre alone engages more than twenty volunteers collectively contributing around 600 hours each week. The community meals feed over 60 people per week whilst training 15 students in a Cert II in Food Preparation through the Skilling Queenslanders for Work program. Our group programs bring 150 people together each month and our regular community events support local business, improve social cohesion, and promote diversity and inclusivity. The Ways to Wellness Project is funded for two Link Workers who provide support to over 80 clients at any given time.

This snapshot is only a small percentage of the services delivered by the Centre and do not include emergency relief, information and referral services and disability and aged care services. However, neighbourhood centres face reduced funding each year, impacting the capacity for programs that target the impacts of social isolation on the most vulnerable and socially disadvantaged members of our community.

Loneliness increases the likelihood of experiencing depressions by 15.2%, and increases experiencing social interaction anxiety by 13.1% (Australian Psychology Society – 2018 Volume 40). The Health Department must be a partner/investor in programs that help to reduce Isolation and Loneliness to improve the people of Queensland's overall mental health. Our experience working with Medical Practices has demonstrated providing services through the Ways to Wellness program to those that are lonely has reduced the number of visits to the medical practice and burden on the health system.

**Terms of Reference 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.*

## Recommendations:

*The Queensland Government Role* should be one of leadership and collaboration on a whole of government communications and partnerships to support the *Social Isolation and Loneliness* pandemic. All government departments should have a strategy to address Social Isolation and Loneliness.

As per the Government Strategic Plan 2019-2023 "... achieve transformational outcomes for Queenslanders."

- a) A **Minister for Social Isolation** and Loneliness is appointed to support a whole of government approach to this issue. This would achieve a funded portfolio; align with a developed State-wide Strategy including development of programs and services to address this crisis. Address the findings of this Inquiry.
- b) **State-wide roll-out of the Ways to Wellness Program** - leverage the government's strategic relationships with Neighbourhood/Community Centres across Queensland to support the delivery of Social Isolation and Loneliness projects to meet the needs of each different community utilising flexible service approaches.
  - a. Reducing demand on the healthcare system and other funded/non funded services, to effective, low intensity community support programs
  - b. Reducing excess cost to the healthcare system by helping people manage their own loneliness and isolation as much as possible
- c) **Consistency of Skills, Knowledge and Work undertaken by Link Workers** – Currently many organisations have staff in link worker positions, however they are not necessary undertaking the same functions and undertaking social prescribing services
- d) **Develop training modules for Link Workers and/or criteria of Link Workers to be qualified Social Workers**
- e) **Improve reporting of outcomes** by services and providers including the healthcare system tackling social isolation and loneliness
- f) A **digital inclusion strategy** would go a long way to reduce the impact of loneliness and social isolation.
- g) Increase the access to **affordable transport** for the most vulnerable *and disadvantaged groups and those most at risk*
- h) Develop a **Community Awareness Campaign** of Social Isolation and Loneliness and equip Queenslanders with the skills and confidence to manage their distress and to support their family, friends, neighbours that are struggling with Isolation and Loneliness.



A handwritten signature in dark ink, appearing to read "Deb Crompton".

*Deb Crompton:*

*Chief Executive Officer*

P: [REDACTED]

M: [REDACTED]

E: [REDACTED]

1693 Logan Rd | Mt Gravatt | 4122

[mgcci.org.au](http://mgcci.org.au) | [@MtGravattCommunityCentre](https://www.instagram.com/MtGravattCommunityCentre)

