



ENQUIRIES: Brett Spencer
 PHONE: 4044 3334
 YOUR REF: COM 04372-2021
 OUR REF: #6723660

17 August 2021

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

Via email: CSSC@parliament.qld.gov.au

Cairns Regional Council Submission: Inquiry into Social Isolation and Loneliness in Queensland

Cairns Regional Council appreciates the opportunity to make a submission into the above inquiry.

As part of its social resilience platform and local disaster management arrangements, Cairns Regional Council facilitates the Human and Social Sub-Committee to centralise information on community impacts during and post events and to coordinate service response needs. This sub-committee comprises some 45 organisations from across agencies and the community and social services sector in Cairns. Council is pleased to submit this paper on behalf of the Human and Social Sub-Committee.

Consistent with the inquiry guidelines, this paper will focus on the nature and impact of social isolation and loneliness in the Cairns LGA, particularly as experienced by vulnerable cohorts, and the interplay of COVID-19 with this issue. The paper has been informed by three rounds of research commissioned by CRC on this group's behalf - 'Cairns Local COVID-19 Rapid Social Needs Assessment' (JCU, 2020), 'Pulse of the Community' COVID-19 Report' (CRC, 2021; JCU, 2021), and 'Cairns COVID-19 Three-day Snap Lockdown: Effects and Learnings' (CRC, 2021) among other sources.¹

1. Overview of Social Isolation and Loneliness in the Cairns LGA

The detrimental impacts on people experiencing levels of social isolation and loneliness on individual mental and physical health is well recognised. There is also increasing awareness of the scale of the problem, with some describing the phenomenon as an 'epidemic' (Kung *et al.*, 2021; SU, 2018; JCU 2020). Estimates are that one in four Australians report problematic levels of loneliness (Smith and Lim, 2020). The issue also transcends public health. Its effects have significant impacts on levels of economic productivity and annual investment in the health care system and preventative strategies (Smith and Lim, 2020; Kung *et al.*, 2021).

¹1) 'Cairns COVID-19 Rapid Social Needs Assessment' (JCU, 2020) Service level data - focus group of 35, 11 in-depth interviews, literature review. 2) 'Pulse of the Community' COVID-19 Report' (CRC, 2021; JCU, 2021) Community level data - online and face-to-face survey, 602 respondents; 12 in-depth case studies with residents. 2) 'Cairns COVID-19 Three-day Snap Lockdown: Effects and Learnings' (CRC, 2021) Online survey - 450 responses received to date (open 11th - 31st August). The iterative phases of research consolidated evidence from across these streams.



As a chronic social stressor, social Isolation and loneliness has been significantly amplified during COVID-19. Primary health directives necessary to protect the population have inadvertently created a sense of forced aloneness, as the fabric of social connectivity changes and traditional support mechanisms are disrupted (JCU, 2020; Smith and Lim, 2020).

This is particularly the case for highly vulnerable groups such as those that are living alone or dependent on in-home care including people living with a disability and seniors, their carers and single parents. The gendered impacts of COVID-19 mean disproportionately more women are isolated at home. In some cases, this has presented an increased risk of family and domestic violence, providing opportunity for technologies and access to information to be weaponised. First Nations peoples also reported feeling isolated from community, country and culture (WGEA, 2020; JCU, 2020; CASS, 2021).

It is acknowledged that social contact alone does not reduce isolation and loneliness. Rather it is the quality of relationships that foster a sense of belonging, connection and inclusion and this can be exacerbated by financial disruptions. Likewise, loneliness is not the same as social isolation, recognising the powerful benefits of solitude (JCU, 2020; Kung *et al.*, 2021).

This paper presents an overview of the impacts experienced in the Cairns LGA during COVID-19 and provides recommendations on responses including areas for further research.

- **Analysis of local research**

A disaster declaration was issued for Queensland on 22 March 2020, in response to the COVID-19 pandemic. At the time, via CRC's Human and Social Sub-Committee, services reported that their service users were experiencing disruptions to critical in-home care, were isolated from most formal and informal support networks and were self-reporting significantly increased levels of stress and anxiety (CRC, 2021). JCU analysis in the Cairns LGA during this time identified that there were diverse impacts across different cohorts and that these were not well understood. The research identified that people were reporting increased levels of uncertainty, loneliness and depression, feelings of being trapped, and were voicing concerns for their mental health and wellbeing (JCU, 2020).

In July 2021, when asked to report on their experiences of the past 12 months, respondents to a survey seeking to understand the change in impacts over time reported a 12.7% overall decline in levels of health and wellbeing. Of the 602 respondents, 6.5% (39) of people reported a significant decline – from 'excellent' or 'good' to 'somewhat poor' or 'poor' (CRC, 2021). Drivers were attributed to financial distress and loss of employment, housing availability and affordability, and disruptions to face-to-face support services, social engagements, education, sport and cultural activities among other contributing factors (JCU, 2021; CRC, 2021).

The emotional toll of being physically distant and feeling isolated from family and friends was a common theme. When thinking about their sense of personal safety and security, almost 22% of respondents described feeling isolated from these support networks and disconnected from surrounding neighbours (14.5%). For some, this was a driver for relocation away from the region (1.9%). One respondent described the sensation of loneliness after interactions with family members located outside of Cairns, stating, "*I feel even lonelier when I get off the phone*" (CRC, 2021).

These themes were mirrored in responses related to the region's attributes. When asked to describe the things most valued about living in Cairns during COVID-19, the six highest responses all related to strong social capital. Almost 38% (228) of respondents identified living close to family, and 28.4% of respondents said being near friends was most valued. For a further 27%, having relationships and connection to their neighbours ranked third highest of the ten categories. This was followed by access to local community, schools and social groups (21%) and a sense of generosity and kindness of my local community (18.3%) (CRC, 2021).

It should also be noted that 15% (89) of responses described what they saw as the positive aspects of isolation. These respondents focussed on the health and emotional benefits related to solitude, local freedom of movement, access to nature and a sense of space and protection afforded by being remote from other regions. Respondents stated that “*staying away from people*” and “*being away from big city crowds*” were valued attributes. In addition, survey respondents highlighted both the positive and negative impacts of families being forced to reunite in households due to the displacement effects of unemployment and housing unaffordability (JCU, 2021).

More recently in August 2021, residents were asked to assess the impacts of a three-day snap lockdown on levels of wellbeing. While this survey is still open at the time of writing this submission, of the 238 responses to date, 35% (83) of respondents said the three-day lockdown had a ‘negative’ or ‘very negative’ impact in contrast to 14.5% that said the experience was a positive one. In relation to levels of isolation, 26.5% of respondents indicate that they felt lonelier and more isolated. In addition, almost 40% of respondents said they felt more anxious and stressed, while 26.5% said they felt less optimistic about the future. Interestingly, while 45.6% (104) of respondents identified ‘no real impact’, of these 25% reported an increase in levels of stress and anxiety, feeling more isolated or lonely (13%) and less optimistic (12%).

Overall, the responses highlighted a correlation between levels of anxiety and stress and levels of optimism about the future, with 21% (50) of respondents selecting both sets of indicators. Almost 17% of respondents connected feelings of stress and anxiety with a sense of loneliness and social isolation and 14% connected a sense of isolation with reduced optimism. Some 12% of respondents selected all three sets of indicators, highlighting the pandemic’s contribution as a significant psychological stressor (CRC, 2021;). As one respondent highlighted, “*Three-day lockdowns don’t just have three-day impacts*” (CRC, 2021).

Through their research James Cook University have identified the lack of understanding and evidence defining the nature of social isolation in the Cairns LGA. This includes prevalence rates, predictors, consequences and maintenance factors associated with the phenomenon (JCU, 2020).

2. Recommendations:

Resilience is the result of a combination of protective factors. Research demonstrates that strengthening protective factors that build different forms of meaningful connection during events are critical to sustain levels of wellbeing through a sense of belonging, sharing and safety (JCU, 2020; CHS, 2021;). The recommendations below focus on various aspects of connection at a household and neighbourhood level including socio-environmental factors, measures to sustain in-home servicing, and strengthening digital inclusion – particularly for the most vulnerable cohorts (H&SSC, 2021; CHS, 2021; Smith and Lim, 2020).

- **Community Neighbourhood Centres - strengthening neighbourhood connection**

The role of accessible and inclusive spaces that foster social connection close to where people live and work is well recognised. Access to safe community spaces facilitate a person’s capacity to initiate and maintain meaningful social connections with others living nearby. The specific role of community neighbourhood centres and hubs as a soft entry point and community ‘heart’ makes a valuable contribution to communities helping each other and themselves (QCOS, 2017; EL, 2020; QFCA, 2021).

As essential community infrastructure, neighbourhood centres also provide the ‘widest open door’ for those most disadvantaged and vulnerable, including First Peoples, youth, seniors and culturally and linguistically diverse groups. They also provide vital (and often unfunded) services such as Food Banks, combining the goodwill of the surrounding community and businesses. As such, they are pivotal in providing centralised place-based supports, tailored

programs, streamlined communication and are also an accessible mechanism for local volunteerism (QCOSS, 2017; EL, 2020; QFCA, 2021).

These centres also provide a critical response and recovery role in disasters, often redeploying to become recovery hubs. There are more than 125 community and neighbourhood centres in Queensland and since April 2020 at the outset of the pandemic, centre operators have reported a significant increase in demand and expect this trend to continue (QFCA, 2021; H&SSC, 2021).

For Example, Mission Australia operates the Hambledon House Community Centre on the southern side of Cairns. This service has historically provided specialist counselling, community development and events, family support and emergency relief to some 5000 people per year, many from highly vulnerable populations. Since May 2020, when the centre re-opened, centre managers have reported an estimated 70% increase in demand for emergency food relief, 50% increase in older residents attending the centre to access support and information and a 30% increase in demand for counselling services onsite. Of concern, this service currently has a three-month wait time for counselling support and 60% of those clients in the service and on the waitlist are children or youth (CRC, 2019; MA, 2021). Likewise, servicing the northern suburbs, the Marlin Coast Neighbourhood Centre has reported an exponential increase in both in-person and telephone enquiries for assistance. This centre supports approximately 500 people per year and centre management report that people are clearly more anxious about their safety, wellbeing and financial security (MCNC, 2021).

However, the Queensland Families and Communities Association highlight that neighbourhood centres are *the lowest funded form of social service*. Centre operators describe base funding that is limited and varied and is often inadequate for appropriate staffing for service delivery, programming and centre coordination. This is particularly acute in times of community disruption, such as the current operating environment. Evidence indicates that increased investment in community neighbourhood centres is a direct investment in place-based infrastructure that enables social capital for disaster recovery (QFCA, 2021; QCOSS, 2017).

Recommendation: *That increased and sustained investment for community neighbourhood centres be considered that expands or enhances hard infrastructure, operating funds and place-based programming as part of COVID-19 recovery planning.*

- **Volunteer Programs – Sustaining In-home Connection**

For those members of the community that are dependent on in-home care and support, disruptions to formal servicing during COVID-19 had direct impacts. Particularly vulnerable cohorts such as seniors, people living with a disability and chronic illness were acutely impacted and expressed deep levels of stress, anxiety and isolation (H&SSC, 2020).

Due to the age profile of their volunteer workforce and the specialist skills required to work in a pandemic environment, several essential frontline organisations (such as Meals on Wheels) reported the need to suspend or significantly modify service delivery in this period (non-contact material support only). For many service recipients, this outreach offers essential health supports as well as much needed wellbeing checks and social interaction (JCU, 2020; H&SSC, 2020). It was not until much later that younger workers displaced from highly impacted sectors such as tourism and hospitality were redeployed to supplement older volunteer cohorts and sustain service delivery (H&SSC, 2021).

Formal volunteering is an important form of social capital. It offers participants the opportunity to contribute to the wellbeing of a community, provides social connection for both the service user and the volunteer, as well as meets mutual obligation requirements. During events, volunteers are also vital to meet surge capacity or workforce shortfalls. However, many service organisations are already at capacity during a crises and local volunteer coordination groups

often do not have the staffing levels or systems to manage the complexity of recruitment, vetting, specialised training and placement in a pandemic environment (JCU, 2020).

At the outset of COVID-19, some 700 people registered in Far North Queensland as part of the COVID-19 Care Army, however JCU research indicates that this group was not utilised to its full potential. It was felt that this was due to issues including remote coordination that lacked relationships with local organisations, knowledge of service needs and geography, as well as inadequate equipment, training and development to support deployment (JCU, 2020).

The experience during COVID-19 has highlighted the need to develop a locally based volunteer workforce with the specialist skills and equipment to work in a pandemic environment, including convergence events (e.g. natural disaster with a COVID-19 overlay). Additionally, there is a need to build the capacity of local volunteer coordination mechanisms to ensure effective activation and deployment of volunteers during events to sustain essential services such as in-home care.

Recommendation: *That increased and sustained investment for local volunteer coordination groups and networks be considered to develop a pandemic ready volunteer workforce and effective coordination during activations including convergence events.*

- **Improving Digital Equality and Inclusion:**

The digital inclusion score for Cairns is low at 54.3, compared to national level score of 61.9 and Queensland score of 60.9. The Cairns region score is also below that of rural Queensland. Data indicates that one in five people do not have access to the internet in Cairns and there is a digital divide across different population cohorts (JCU, 2020).

Research undertaken during COVID-19 revealed that the way information was received, accessed and utilised was critical to good mental health outcomes. This included households' ability to engage in employment, education, social interaction and access essential online health and social service supports. Situations that perpetuated social disconnection and isolation compounded mental health impacts (JCU, 2020; H&SSC, 2021).

Digital exclusion is related to affordability, access and ability. Adverse impacts are higher for certain groups, including seniors, First Nations peoples and migrant communities and is further exacerbated by levels of disadvantage. Impacts during COVID-19 included limited or no network connectivity, low levels of digital literacy, no or limited access to technology or data, or control of access (JCU, 2020; H&SSC, 2021). This resulted in some people being unable to access support via online substitutes or remaining in unsafe situations (JCU, 2020; JCU, 2021).

For example, in June 2020, social services reported that the pandemic increased family tensions, and domestic violence situations intensified for women, children and youth. They reported that many women endured their abusive situations, as they were not aware of their options which further increased their sense of isolation and mental distress (JCU, 2020). In addition, Cairns West State School reported that 85% of their CALD students were unable to engage in on-line learning due to a range of barriers effecting their levels of class interactions and learning outcomes (JCU, 2020).

Digital capability is critical to responding to pandemics, and COVID-19 has highlighted the risks of the digital divide to sustain the health and wellbeing of the population during these events. A bi-lateral approach is required to improve infrastructure connectivity for internet speeds and coverage, improvement of levels of digital literacy, and access to technology particularly for the most vulnerable.

Recommendation: *Establish a bi-lateral approach and increased and sustained investment in digital infrastructure, technology and literacy to increase levels of digital access and inclusion, particularly for vulnerable cohorts during pandemics.*

- **Understanding the impacts of COVID-19 - Social Resilience Research to improve disaster response and recovery capability in pandemics.**

COVID-19 is an unprecedented event that is having wide-ranging human, social and economic impacts. Effectively managing and mitigating these impacts will be one of the biggest challenges faced by our generation.

For many COVID-19 was an event of first-time experiences: First time to access welfare payments, accessing counselling supports, suffering extreme financial hardship, and for some, a first-time experience of family violence. This also involved needing to navigate new service pathways, many of which evolved as the event unfolded and continue to emerge in response to lag effects (JCU, 2020; H&SSC, 2020).

However, current events also offer an unparalleled opportunity for learning. The impact of COVID-19 on individuals, communities and service systems provides a unique learning experience to better understand and improve future response and recovery arrangements.

This includes the complexities and interface between pre-existing social conditions and pandemic events, the profile of who is vulnerable in communities and their specific support needs, together with understanding models of effective service coordination and delivery with a pandemic overlay.

This process will help to build an evidence base to inform ongoing COVID-19 preparedness, response and recovery arrangements related to pandemics.

Recommendation: *That investment in research is made to strengthen the evidence-base for COVID-19 Social Resilience to improve disaster response and recovery capability in pandemics.*

We thank you for your consideration of the recommendations above and we would welcome the opportunity to discuss the matters outlined in more detail. Should you have any further enquiries or require additional information, please contact Brett Spencer, Local Recovery Coordinator and Manager Community Development on the phone number above.

Yours sincerely,



Mica Martin
Chief Executive Officer

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