



Our reference: 2021-001

Your reference:

18 August 2021

Via Email Only: CSSC@parliament.qld.gov.au

Ms Corrine McMillan MP
Chair
Community Support and Services Committee
Parliament House
George Street
BRISBANE QLD 4000

Dear Ms McMillan

Inquiry into social isolation and loneliness in Queensland

1. Introduction

- 1.1. End Loneliness Inc is a not for profit formed in Central Queensland. It was created as a result of research carried out by CQUniversity Australia's (CQU) Rockhampton Regional Engagement Committee (REC). This research project was called the "Loneliness Project" and eventually morphed into our association, End Loneliness Inc.
- 1.2. The REC is a group of 15 Rockhampton region business people, industry people and government people. About 4 years ago, the REC coordinated research to be carried out into the issue of loneliness in Central Queensland.
- 1.3. The result of this research, now, is the formation of an independent not for profit separate from CQU, called End Loneliness Inc.
- 1.4. End Loneliness Inc incorporates the following key movements focused on ending Loneliness:
 - a. Smile Zone;
 - b. Hello Neighbour;
 - c. Connectivity Pack;
 - d. Conversation Corner.
- 1.5. The purpose of this paper is to respond to the Inquiry into social isolation and loneliness in Queensland (**the Inquiry**) so we will not expand on our strategy or mission here however we do focus on some elements of it in this

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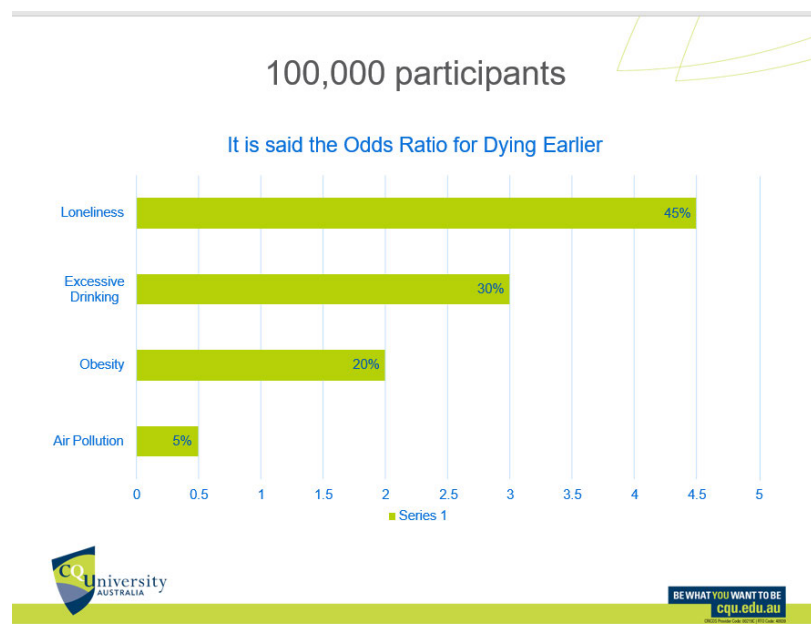


submission. Our website is under development and if you are interested in further discussions about our purpose, we would be happy to help.

- 1.6. We extend our thanks to CQUniversity and CQUniversity's Rockhampton Regional Engagement Committee who were instrumental in the research that ultimately lead to the creation of End Loneliness Inc.
- 1.7. We acknowledge that End Loneliness Inc is in its formative stages and we are continuing to develop materials for roll out. However, our research into this area is quite detailed and the solutions that we have developed have been carefully developed. We trust that, on this basis, we will be in a position to provide valuable input to the Inquiry.
- 1.8. We were quite pleased to be notified of the Community Support and Services Committee's (**the Committee**) Inquiry. We welcome the terms of reference for the Inquiry, which line up neatly with the questions that we are investigating and working to deal with currently in Central Queensland but are working toward a national answer.
2. **The causes and drivers of social isolation and loneliness, including those unique to Queensland**
 - 2.1. The Loneliness Project committee discovered 40% of the population admit to being lonely. This lead to the Committee asking "what percentage of people don't acknowledge that they are lonely?"
 - 2.2. The Loneliness Project believe *'In a global community more connected than at any other time in history, increasing numbers of people of all ages, circumstances, religions and cultures are becoming more isolated, disconnected and lonely'*.
 - 2.3. Loneliness:
 - a. doesn't discriminate
 - b. is across all ages
 - c. is a worldwide problem
 - d. across all economic & social sectors
 - e. lives in remote areas
 - f. lives in metropolitan cities and be surrounded by people
 - 2.4. The Loneliness Project, through community forums and workshops, explored *'who are the lonely people in our neighbourhood?'* This consultation process identified the following people as being particularly vulnerable to loneliness:
 - a. Young people, especially those who are more connected to devices and social media and lack suitable social skills over those who are connected to other people.
 - b. Elderly people who live alone or in independent living often feel isolated.
 - c. People with socially disruptive work commitments – 12 hour shifts and FIFO and DIDO workers.
 - d. Lifestyle choice may be living alone, single households are on the increase.



- e. People with a disability.
 - f. Social exclusion – through addiction: drugs, alcohol, gambling.
 - g. Young professionals relocating from their hometowns.
 - h. Separated/divorced, friends often support the partner who was the original friend, rather than attempting to remain in contact with both, post separation.
 - i. Families with one child.
 - j. Automatic gates/garage roller doors, results in neighbours no longer chatting on the footpath.
- 2.5. The first community forum which the Loneliness Project hosted, attracted 70+ participants, breakout groups formed part of the forum consultation and three problems were agreed upon:
- a. Re-education, recognition, cultural acceptance. How to make people feel safe. **How to recognise when people need someone.**
 - b. Finding solutions to remove barriers to connecting. How to find out what is available. **How to re-kindle neighbourhood connection.**
 - c. Life balance. Remove stigmas around loneliness. **How to respond to lonely people.** Affordability to bond/connect. **How to respond to people who admit to being lonely but don't/can't help themselves.**



- 2.6. Loneliness attributes common to Regional Queensland – Rockhampton and Capricorn Coast region, are:
- a. FIFO/DIDO workers, young people (those moving to the region for boarding school and those moving away from the region to attend university or employment in a metro city);
 - b. higher percentage of elderly population;
 - c. increase in one child families;



- d. divorce rates well above the average rate for Queensland creating separations between people where they would otherwise be connected and away from loneliness;
 - e. young professionals relocating to the region for work (particularly government positions).
- 2.7. In 2019 CQUniversity undertook research on 'Comparing the Effects of FIFO/DIDO Workers Being Home versus Away on Sleep and Loneliness for Partners of Australian Mining Workers'.
 - 2.8. The research paper was published 6 March 2020; Fly in Fly out/Drive in Drive out (FIFO/DIDO) is a prevalent work arrangement in the Australian mining industry, including in the Central Queensland mining sector and has been associated with adverse outcomes such as psychological stress, sleep disturbances, fatigue, and work/life interference.
 - 2.9. FIFO/DIDO work arrangements have the potential to not only impact the FIFO/DIDO worker, but also the partner of the FIFO/DIDO worker. The primary aim of this study was to describe and compare partners' sleep quality, sleep duration, sleepiness, and loneliness when the FIFO/DIDO workers were at home (off-shift) and away (on-shift).
 - 2.10. A secondary aim of this study was to examine whether differences in partners' sleep quality and sleep duration because of FIFO/DIDO worker's absence could be partially explained through the presence of dependents in the home, relationship duration, chronotype, duration in a FIFO/DIDO role, and loneliness.
 - 2.11. Self-reported questionnaires were completed by 195 female and 4 male participants, mostly aged between 18 and 44 years and who had been in a relationship with a FIFO/DIDO mining worker for more than five years.
 - 2.12. Of note, most participants subjectively reported poor sleep quality, insufficient sleep duration, excessive sleepiness, and moderate to extreme loneliness compared to the general population regardless of whether the FIFO/DIDO workers were at home or away.
 - 2.13. Secondary analyses revealed that loneliness may partially underpin the negative effect that FIFO/DIDO workers' absence has on sleep quality.
 - 2.14. Further research is needed to understand the factors that contribute to poor sleep quality, insufficient sleep duration, excessive sleepiness, and loneliness of FIFO/DIDO partners to inform appropriate strategies to support FIFO/DIDO partners' health and wellbeing not only in the mining population, but other industries that incorporate similar FIFO/DIDO work arrangements (e.g., emergency services, offshore drilling, and transport).
 - 2.15. Psychological distress in mining workers has been found to be higher than the average Australian day worker.
 - 2.16. Further, both FIFO/DIDO workers and their partners have reported feelings of isolation, loneliness, and tiredness. Loneliness has been linked to increased rates of cognitive decline, which is associated with increased blood pressure and can affect everyday life, including sleep.



- 2.17. Further, people who feel lonely tend to exhibit decreased sleep efficiency (i.e., less total sleep within the sleep period) and greater impairments in daytime functioning than individuals who experience a normal level of loneliness, even in instances where duration of sleep is the same. Sleep duration was also significantly inversely associated with loneliness, suggesting that loneliness increased as sleep duration decreased.
- 2.18. The current study also found that loneliness may partially explain the difference in sleep quality across the FIFO/DIDO roster. Notably, the relationship between sleep quality and loneliness remained significant even after controlling for whether FIFO/DIDO workers were home or away, suggesting that loneliness impacts sleep quality beyond any consequential effects of the partner being home or away.
- 2.19. However, further research is needed to understand the causality of the contributors and consequences of loneliness for the FIFO/DIDO mining population. There is no literature examining the impact of loneliness on sleep.
- 2.20. Research undertaken by Swinburne University and published in 2019 found more than one in three young adults aged 18 to 25 reported problematic levels of loneliness.
- 2.21. Overall, one in four young people (aged 12 to 25) reported feeling lonely for three or more days within the last week. Young adults are managing new challenges, such as moving away from home and starting university, TAFE or work.
- 2.22. Members of the Loneliness Project, observed loneliness in teenagers aged 12 – 18 living in Central Queensland, whilst formal research has not been undertaken it is thought loneliness is heightened due to having the added complexity of leaving home at a younger age to attend high school.
- 2.23. In the Rockhampton & Capricorn Coast region there are five secondary boarding schools and one university college, these are significantly higher numbers than in other parts of regional Queensland.
- 2.24. The young teenager that leaves home is often lonely and the family members left behind often mask loneliness. Young teenagers may feel more disconnected from their existing family and friends, in addition, they are likely to have to put in extra effort to forge new ties.
- 2.25. The saying that young people ‘need to disconnect – to connect’ comes from the thought that reliance on social media to communicate is often thought to cause loneliness. There is some evidence <<https://www.ncbi.nlm.nih.gov/pubmed/28937910>> that those who are lonely are more likely to use the internet for social interactions and spend less time in real-life interactions. However, it is unclear whether social media use *causes* more loneliness.
- 2.26. When lonely people do socialise, they are more likely to engage in self-defeating actions, such as being less cooperative, and show more negative emotions and body language. This is done in an (often unconscious) attempt



to disengage and protect themselves from rejection, with youth demonstrating this type of behaviour, often viewed as just being a difficult teenager.

- 2.27. CQUniversity 2010 research *'Divorce and separation in the Australian mining sector: Is it what we expect?'* placed Rockhampton at 14.43% well above the average rate for Queensland (10.86). Divorce or separated rates for Rockhampton in 2016 Census was 13.6%.
- 2.28. The 2016 Census results highlighted Rockhampton has an unusually high number of single families, with 22% of the population raising their children alone.
- 2.29. These statistics are higher than the state and Australian averages, at 16.5% and 15.8% respectively.
- 2.30. Of these single parent families, the majority (82.7%) were women, with sole dads making up 17.3%.
- 2.31. Further to this, the 2016 Census showed 15% of Rockhampton's residents were aged 65 years and over.

3. The protective factors known to mitigate social isolation and loneliness

- 3.1. In 2017 the Regional Engagement Committee Loneliness Project hosted an Indaba community forum to explore the issue of loneliness in our communities.
- 3.2. Over 70 people registered for this forum, representative of the young and elderly, government agencies, health workers, community groups, and young professionals. The participants reported that loneliness was present in all age groups and occupations, including:
 - a. Young people who may have many "friends" on social media but little meaningful interaction with others;
 - b. Young professionals who relocate to regional areas for work and struggle to engage with others in their new community;
 - c. Family members separated for a large proportion of their time by the prevailing rostering patterns in mining and other industries that incentivise drive-in-drive out attendance at the work location rather than living together as a family in that community;
 - d. People with a disability and their carers isolated by their disability or their caring duties;
 - e. Older people isolated by mobility issues, grief, or the absence of family/friends located in their community.
- 3.3. Sue Lester, the keynote speaker at the forum, explored several key points relevant to loneliness:
 - a. "Self-talk" moves people through loneliness and into/out of depression;
 - b. Every individual has his/ her own version of reality, based on their stories;
 - c. Reconnection through community activities will attract those with more positive self-talk;



- d. Lonely people can develop protective behaviours, e.g., anger, criticism, withdrawal;
 - e. Social media can increase loneliness;
 - f. A sense of purpose, an achievable challenge, feeling needed and a sense of belonging are antidotes to loneliness and low self-worth.
- 3.4. The forum and subsequent engagement with community members and stakeholders identified the need for a multi-phased approach to the issue of loneliness in our communities. These consultations have highlighted the importance of collaboration and cross-sectoral participation in addressing loneliness. Using a Human-Centred Design approach, the project members adopted 3 phases of work to address this issue – inspiration ideation, and implementation. The forum and consultation completed phase 1.
- 3.5. For the ideation phase of the Loneliness Project, the REC sourced sponsorship funding in 2018 to commission a review of loneliness and promising interventions. The resulting literature review examined the concept of loneliness, its consequences, and features of loneliness interventions.
- 3.6. In this paper the authors note that, whilst the terms social isolation and loneliness are often used interchangeably, these concepts have demonstrably separate features and unique influences on physical and psychological wellbeing. Social isolation, generally understood as social disconnectedness, is observable and may in some cases be intentional. Indeed, it is suggested by some that social isolation may be understood as a socially constructed concept, resulting from assumptions about what is an adequate number of social contacts or relationships. Thus, negative emotions or other consequences may or may not occur with social isolation.
- 3.7. The authors contrast this concept with loneliness and its internalised features. They note that the literature often conceptualises loneliness as a “subjective state of perceived isolation, stemming from concerns that existing relationships do not fill inherent needs for intimacy, attachment and belonging.” In short, loneliness can be defined as “the discrepancy between a person’s desired and actual social relationships.” Whilst loneliness is common, and believed to be experienced by everyone at some point in life, it can be a chronic and unrelenting experience for 30 per cent of individuals. For these people loneliness is shown to have significant consequences for physical and mental wellbeing.
- 3.8. The literature appears to contain few prescriptions for the prevention of loneliness, and instead is more focused on interventions after the fact. Upon considering the widespread incidence of loneliness, one could be forgiven for thinking that this problem is unsolvable. We have noted above that loneliness is prevalent across all parts of our community, and that causative factors may be linked to factors outside a person’s control or to individual decisions made by them. Furthermore, preventative measures need to consider that the difference between social isolation and loneliness, and that the ideal number of social contacts and relationships is subjective.



- 3.9. The implementation phase of the Loneliness Project, commenced by the REC, seeks to recognise and respond to these complex issues by establishing a community group which can work on local activities designed to provide opportunities for people experiencing loneliness to connect to others at a level that meets their needs. A workshop, conducted in 2019 identified projects that could be implemented in our communities to address loneliness in a way that would impact on the broadest cross-section of people. They include:
- a. Smile Zone – ‘pop-up’ conversation corners that will be located in places that people attend for shopping (shopping centres), health needs (hospital foyers), and community activities (e.g., food festivals, outdoor events)
 - b. Connectivity pack – information packs covering community organisations, sports, hobbies, social groups that are available in the community to be distributed by employers to staff who moved to our region to take up job opportunities.
 - c. Hello Neighbour – a neighbourhood level initiative to encourage people to have conversations with their neighbours and maintain awareness of their welfare.
- 3.10. The Loneliness Project sought members from the community interested in working toward implementation of these projects. Sufficient members were obtained to facilitate the incorporation of End Loneliness Inc in 2021, and the projects are now in early stages of progress.
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**
- 4.1. Research conducted for our Loneliness Project confirms that loneliness is a significant issue linked to poor physical and mental health outcomes. Thus, the impacts of loneliness are personal, in that it affects the day-to-day ability of a person to function, and economic in terms of the impact of this condition on a person’s ability to earn an income.
 - 4.2. Given the information available about the prevalence of loneliness across the worlds, it is reasonable to suggest that the aggregate impacts of loneliness across Queensland would therefore be a significant issue for the health of our communities and the productivity of the state’s economy.
 - 4.3. End Loneliness Inc suggests that the benefits of addressing social isolation and loneliness in Queensland include:
 - a. Lower rates of mental health presentations;
 - b. Improved physical health outcomes across the state;
 - c. Improved workforce productivity due to lower rates of absenteeism and presenteeism; and
 - d. Healthier communities with higher rates of active citizenship.



- 4.4. The research commissioned by the Loneliness Project reviewed national and international literature concerning loneliness. The report noted that there is general consensus that the evidence base for interventions is weak.¹
- 4.5. Interventions described in the literature reviewed by our research covered four categories – group-based, One to one, psychological therapies, and technology and internet-based interventions. Reviews of these interventions suggested that group-based interventions produced superior outcomes, with education, shared interest and health and fitness groups believed to be more successful than others. Examples of these interventions active in Australian include the University of the Third Age and Men's Shed movements.
- 4.6. On to one interventions were found to have advantages for particular client groups, particularly individuals affected by loneliness who were isolated by mobility issues or disabling health problems. Examples of these types of interventions include:
 - a. befriending or mentoring programs;
 - b. psychological therapies – individual or group, mostly accessed by those with clinically significant symptoms, long term benefit;
 - c. technology and internet-based interventions – evidence supports effectiveness, versatility and affordability.
- 4.7. The review concluded that the effectiveness of interventions to address loneliness was linked to:
 - a. a holistic, community-wide approach;
 - b. utilising existing services and building existing strengths; and
 - c. involving the target demographic in identification of the issue and the creation of the intervention.
- 4.8. Some key characteristics of effective interventions include:
 - a. grounded in evidence-based practice;
 - b. top-down approach to intervention design- assess what is already available in the community, community-wide approaches;
 - c. designed with group consultation – recipient involvement in design and implementation and ongoing trajectory;
 - d. implemented within current community services where possible;
 - e. quality support staff – passion and skill;
 - f. increasing the visibility of intervention;
 - g. active rather than passive activities;
 - h. consider individual barriers to independence; and
 - i. duration should be at least 3 months to be effective in the long term.
5. **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**

¹ Signal, Trot, Canoy, Burke and Dravnsnik. P9.



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.

- 5.1. Research conducted by CQUniversity academics suggests:
 - a. 21-70% of adolescents in western countries are lonely sometimes or often;
 - b. 40-50% of older adults are often lonely and loneliness in rural/regional communities is often unacknowledged and unaddressed.
- 5.2. Pre COVID, 40% of the population admitted to being lonely. Loneliness doesn't discriminate. In a global community more connected than any other time in history, increasing numbers of people of all ages, circumstances, religions and cultures are becoming more isolated, disconnected and lonely. Community forums, workshops and research has identified people within the Rockhampton community as lonely.
- 5.3. In 2019, the Loneliness Project (mentioned in previous sections of this letter) stakeholders and community members were invited to a facilitated human design centred workshop and tasked with ideating solutions to lessen or end loneliness and further connections in Queensland communities. The result of the workshop was the development of the four pillar projects of Loneliness Inc.
- 5.4. Together these projects form a suite of interventions designed to alleviate loneliness within communities.
- 5.5. The four pillar projects are:
 - a. Smile Zone:
 - i. Numerous psychological studies indicate the positive effects of smiling and laughing. Receiving a smile from others or smiling oneself are seen to change biochemistry and increase positive emotions. But not only does receiving or producing a smile increase happiness, it is also evidenced to make people more hopeful and expect positive outcomes, to treat or be treated by others more favourably, to cope better with stress or pain, to increase helpfulness and to enhance resilience. Studies even indicate that a lack of smiling is associated with loneliness and may contribute to its perpetuation, consequently signalling that increasing smiles may play a part in reducing loneliness. Smile Zones are designated areas located in hospitals, local government offices and other spaces designed to elicit a smile from its visitors and foster a sense of connection and contribution.
 - b. Hello Neighbour
 - i. This is a neighbourhood level initiative to encourage people to have conversations with their neighbours and maintain awareness of



their welfare. Funding for advertising campaigns and develop material would be critical in program success.

- c. Conversation Corner
 - i. Conversation corners encourage connection through conversations. Conversation starters are provided to assist people with initiating connections. These might be odd questions on a coaster at a pub or a funny shirt.
 - d. Connectivity Pack
 - i. Online directory connecting people to local services and events happening in the Rockhampton and Capricorn Coast region. Information packs covering community organisations, sports, hobbies, social groups that are available in the community to be distributed by employers to staff who moved to our region to take up job opportunities.
 - ii. Leveraging government and private sector funding to scale these projects across Queensland could lessen the impact of loneliness in the State.
- 5.6. As noted in item 4 of this letter, community intervention is shown to be more successful than individual intervention.
 - 5.7. Our research shows that people struggle to become connected to their community because:
 - a. They are fearful of taking the step to connect and be vulnerable;
 - b. They do not know how to connect with community groups or aren't sure what they can do to connect with those around them;
 - c. They may not be confident in their social skills to be able to connect with others.
 - 5.8. The Smile Zone is developed to really help people feel better and happier generally. This is designed as the key stone project. The Hello Neighbour and Conversation Corner are designed to build people into making connections, even small connections, with other people. Finally, the connectivity pack is a formal way for people to connect with all types of community groups.
 - 5.9. Loneliness is often linked to people feeling disconnected and dissatisfied with their work in city and regional locations. Accordingly, programs to increase connectedness in communities will reduce loneliness and dissatisfaction.
 - 5.10. Pulling these resources together is not a cheap exercise to ensure it is done properly.
 - 5.11. Government funding for programs such as these would help to facilitate the development of such products and assist in the rollout.
 - 5.12. Most government funded bodies have an individual specific focus – such as counselling and so on. There are few programs targeted specifically at loneliness in the community though many funded programs and events could easily link back to a end loneliness funded campaign.



5.13. We are of the view that a targeted funded approach state wide would assist in reducing loneliness and its impacts.

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

6.1. We propose that the statewide response incorporate some elements of the four key approaches we have adopted being:

- a. Smile Zone;
- b. Hello Neighbour;
- c. Conversation Corner;
- d. Connectivity Pack.

6.2. We consider that many of these will help to leverage off existing community social opportunities and connect people reducing loneliness. Our view is that a real solution to this loneliness issue is improve communication.

6.3. We would be pleased to share our research in further detail to support a statewide solution or to put in a proposal for a funding grant to leverage our research statewide to roll out a response to dealing with the issue of loneliness.

7. No Submission

7.1. We have not provided submissions on the following items:

- a. the nature and extent of the impact of social isolation and loneliness in Queensland, including but not limited to:
 - i. identification of and consultation with vulnerable and disadvantaged individuals or groups at significant risk across the life course
 - ii. the interplay of COVID-19 with this issue
- b. 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 targeted support to vulnerable and disadvantaged groups and those most at risk.

8. Final Notes

8.1. Thank you again for the invitation to submit a submission to the Committee on this important issue. I trust this information is of assistance.

8.2. Should you require further information, please contact me.

Yours Sincerely

Matthew Doyle

Matthew Doyle
President
End Loneliness Inc