

SUBMISSION TO THE SOCIAL ISOLATION AND LONELINESS INQUIRY

Volunteering Queensland

VOLUNTEERING QUEENSLAND SOCIAL ISOLATION AND LONELINESS SUBMISSION

Background

On 27 May 2021, the Legislative Assembly agreed to a motion that the Community Support and Services Committee inquire into and report on social isolation and loneliness in Queensland (the Inquiry). The terms of reference for the Inquiry include several key components that are directly relevant to volunteering, its benefits for wellbeing and connection, efforts to enable volunteering across the state, the impact of the COVID-19 pandemic and known gaps in the state's volunteering sector.

Volunteering Queensland is providing a submission to present information on the positive and enduring impact of volunteering on social isolation and loneliness, as well as the solutions it presents. Also, this submission seeks to represent and advocate for Queensland's volunteers and volunteer-involving organisations, especially those that actively provide services that relate to wellbeing, social connection and inclusion, and mental health.

Glossary

ABS	Australian Bureau of Statistics
ACNC	Australian Charities and Not-for-profits Commission
ANU	Australian National University
UQ	University of Queensland

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Introduction

Social isolation and loneliness have significant effects on the health and wellbeing of many Queenslanders. The Australian Institute of Health and Welfare describes social isolation as “*the state of having minimal contact with others*”, while loneliness is “*a subjective state of negative feelings about having a lower level of social contact than desired*”¹. Social isolation and loneliness are common experiences. The 2018 *Australian Loneliness Report* found that:

- 1 in 4 Australians are currently experiencing an episode of loneliness
- 51% feel lonely at least one day each week²

Applying these findings to Queensland, an estimated 2 million adults experience loneliness on a weekly basis, with 1 million currently suffering from an episode of loneliness. Social isolation and loneliness can be caused by a range of stressors, including the loss of a loved one, unemployment, living alone, separating from a partner, or fragmentation within a community¹. The COVID-19 pandemic has had a compounding effect, especially during the peak periods of social distancing and lockdowns. This has resulted in increased demand for mental health services that assist the isolated and lonely³.

There are negative health consequences to social isolation and loneliness, such as increased depression, poor immune response, obesity and increased mortality¹. Specifically, loneliness is associated with a 40% increased risk of dementia⁴ and a 48% increased likelihood to be admitted to hospital with cardiovascular disease⁵.

The act of volunteering and services it enables have numerous benefits for people experiencing social isolation and loneliness, those at risk and the volunteers themselves. Many services that target the socially isolated rely on volunteer participation to operate sustainably. Volunteer-supported services and activities outside of this focus area may also help those at risk of isolation or loneliness. Examples include community events, sport and recreation, arts and culture, and groups focused on a cause, such as animal welfare or the environment. Further, the reciprocal nature of volunteering provides many benefits for the volunteers themselves through upskilling, stronger social networks and a feeling of purpose.

Volunteers, whether participating formally through an organisation or informally in the community, are an essential, effective component of Queensland’s response to social isolation and loneliness. Their contribution provides unique benefits to individuals, enhances the ability of organisations to deliver services and has a positive impact on the social wellbeing of the volunteers themselves.

¹ Australian Institute of Health and Welfare. (2021). *Social Isolation and Loneliness*. <https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness>

² Australian Psychological Society & Swinburne University of Technology. (2018). *Australian Loneliness Report*. <https://psychweek.org.au/2018-archive/loneliness-study/>

³ O’Flaherty, A., Levingston, R. (2021). Mental health need increases amid long waitlists for professional help, sharp rise in emergency presentations. ABC. <https://www.abc.net.au/news/2021-03-17/waitlist-for-mental-health-appointments-amid-sharp-rise-in-need/13253612>

⁴ Sutin, A.R., Stephan, Y., Luchetti, M., Terracciano, A. (2018). Loneliness and Risk of Dementia. *The Journals of Gerontology: Series B*, 75(7), pages 1414-1422

⁵ Bu, F., Zaninotto, P., Fancourt, D., (2020). Longitudinal associations between loneliness, social isolation and cardiovascular events. *Heart* 2020(106), pages 1394-1399

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Formal volunteering and its impact on social isolation and loneliness

Volunteers support a range of causes, from animal welfare to sport and recreation, aged care to human rights, environment and conservation to arts and culture. Volunteering that takes place in formal settings with volunteer-involving organisations (not-for-profit, government and private organisations) is referred to as '*formal volunteering*'. The breadth of the formal volunteering sector is vast and each role creates opportunities for social connection.

Volunteering directly combats social isolation and loneliness. The majority of services designed for this purpose are delivered by the health and community sectors, as socially isolated and lonely individuals often fall within their target demographics. This submission provides examples of the essential work provided by volunteers in these areas.

Many other opportunities for social connection are provided by the volunteering sector. For example, children's sport presents opportunities for parents and young people to connect and establish ties with their community each week. Newly-arrived migrants may find a common link with their neighbours through a community garden, creating opportunities to share knowledge, integrate socially and build cultural competency.

Volunteering is inherently an act of reciprocity. Participation in volunteering results in the reciprocal exchange of services, interests and interactions for the benefit of others and for the volunteer. This relationship is why volunteering is such a powerful force in creating opportunities for connection.

Volunteer involvement in programs addressing social isolation and loneliness

A wide variety of organisations provide support for the socially isolated and, for many, volunteer participation is at the core of their operation. Prominent examples include the Kids Helpline from yourtown, The Benevolent Society, Men's Sheds, Salvation Army, St Vincent de Paul, Lifeline, Reclink, Beyond Blue and the work of Neighbourhood and Community Centres. Often, volunteer-involving organisations will seek to focus on one or more of the vulnerable groups associated with social isolation and loneliness: seniors, youth, single parents, carers, people with a disability, LGBTIQ+ people, culturally and linguistically diverse people, and Aboriginal and Torres Strait Islander people.

Red Cross provides another example of formal volunteering benefitting socially isolated Queenslanders. The Telecross program connects vulnerable people with Red Cross volunteers through a daily phone call, checking on their wellbeing and ensuring they have regular human contact. Through this program and others, over 17,000 volunteers⁶ across the country supported Red Cross in making more than 1 million calls and visits in the 2019 – 2020 financial year⁷.

⁶ Red Cross. (2020). *International Volunteer Day 2020*. <https://www.redcross.org.au/news-and-media/news/international-volunteer-day-2020>

⁷ Red Cross. (2020). *Annual report 2019-20*. <https://www.redcross.org.au/annual-reports/annual-report-2019-20/year-in-review/goal-4>

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The Community Visitors Scheme is a federally-supported program that is delivered by volunteer-involving organisations in their local area. This includes Red Cross volunteers and some of the social calls and visits mentioned previously. Under the Scheme, volunteers provide companionship to seniors at risk of social isolation through regular visits, which may include games, sharing a meal, or just having a chat. The 2017 *Review of the Community Visitors Scheme* reports that volunteer visits resulted in “decreases in loneliness and depression [...] with increased social engagement”⁸.

Review of the Community Visitors Scheme (CVS)

Among all stakeholder groups consulted there was a very high level of support for the CVS. In the residential aged care context, it is seen as a long-running and highly successful scheme that brings substantial benefit to both visitors and consumers alike, and that engages people who are particularly isolated who may not be willing or able to participate in other social connectedness activities.

Support for the socially isolated can also be found online through volunteer-involving organisations such as ReachOut. ReachOut is “the most accessed online mental health service for young people and their parents in Australia”⁹ and was the overall winner of the 2019 Queensland Mental Health Week Achievement Awards¹⁰. Formal volunteering makes up a key part of the service, with Online Community Builder volunteers responding to thousands of forum posts on mental health, anxiety and social isolation from Australia’s youth. With young people increasingly looking online for resources and support¹¹, ReachOut’s volunteers contribute to a vital program that bridges geographic divides and provides options to those who feel isolated within their local community.

Many other social isolation services are provided by charities and not-for-profits in the health sector. The ACNC reports that Queensland has the highest proportion of formal volunteers in not-for-profit health workforces in Australia¹². Nationally, this workforce has approximately one volunteer for each paid staff member. Our state engages over 50% more volunteers per paid staff member, with a volunteer-to-employee ratio exceeding 1.5 : 1. Queensland not-for-profits identifying as ‘mental health and crisis intervention’ services are almost entirely reliant on formal volunteering, with a ratio of 9.4 : 1. That is, over 90% of people within these organisations are volunteering their time.

Within the community services sector, many localities depend on Neighbourhood and Community Centres for support addressing social isolation and loneliness. Like the health sector, these centres rely on extensive and ongoing collaboration between paid and unpaid staff to maintain their operations and sustainability. In a given week, the average workforce of a centre is comprised of 2.2 : 1 volunteers to paid staff¹³, with some being entirely volunteer-run. Proportionally high engagement of volunteers brings many benefits and may represent a highly-engaged community that sees value in the organisation. At times, it may also reflect that a sector is under-funded and under-resourced, or that the community feels the need to respond to identified gaps locally. In each case, volunteer engagement must be adequately supported to be sustainable and effective.

⁸ Australian Healthcare Associates. (2017). *Review of the Community Visitors Scheme Final Report*. <https://www.health.gov.au/resources/publications/final-report-of-the-community-visitors-scheme-cvs-review>

⁹ ReachOut. (2021). *About ReachOut Australia*. <https://about.au.reachout.com/>

¹⁰ openminds. (2019). *QLD Mental Health Achievement Awards winners!* <https://openminds.org.au/news/qld-mental-health-achievement-award-winners>

¹¹ ReachOut (2021). *How young people seek help online*. <https://schools.au.reachout.com/articles/how-young-people-seek-help-online>

¹² Findings derived from raw data available via <https://www.acnc.gov.au/node/6191086>

¹³ Queensland Families and Community Association. (2020). *Neighbourhood Centre Survey Results 2020*. <https://www.qfca.org.au/survey-results>

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Challenges for formal volunteering in combatting social isolation

Formal volunteering provides additional opportunities for organisations addressing social isolation, such as increased capacity building, deeper engagement within communities and more sustainable service delivery. These benefits are accompanied by several challenges.

In like-for-like comparisons, participation in formal volunteering is in decline. According to the ABS, Queensland's rate of formal volunteering has fallen short of the national average for the past five years¹⁴. *The State of Volunteering in Queensland 2021 Report* identifies that 75.7% of adult Queenslanders volunteered in 2020¹⁵. However, a large number participated in ad-hoc, informal volunteering outside recognised organisations (30.3%), or a mix of formal and informal volunteering (55.5%). Only 14.1% of volunteers contributed exclusively through volunteer-involving organisations.

Without additional support, Queensland organisations that help the socially isolated may lose the benefits afforded by their volunteer teams. Resources are needed to implement effective volunteer management, to recruit and retain suitable volunteers, and to design adaptable and inclusive volunteer roles. A reduction in formal volunteering increases the risk to vulnerable groups when organisations lose capacity and services are cut. When volunteers aren't adequately supported, they become a transient workforce lacking coherent management.

A declining volunteer workforce may also be a consequence of social isolation in a community, furthering the negative impacts of this cycle. When volunteers experience social isolation and loneliness, they may be more likely to withdraw from their social networks and workplaces, including volunteer roles. Isolated and fragmented communities are less likely to have strong volunteer support without outside intervention, perpetuating existing causes for social isolation and loneliness in those areas.

To ensure Queenslanders' needs are met, volunteer-involving organisations that address social isolation and loneliness need processes and frameworks to sustain their existing volunteer workforces and build capacity for the future. An opportunity exists to recognise the essential role of volunteer personnel in all volunteering sectors by including them in strategic plans and other key workforce documents. For example, *Advancing health service delivery through workforce: a strategy for Queensland 2017-2026*¹⁶ and the *Medical Practitioner Workforce Plan for Queensland*¹⁷ do not include strategies to recruit, retain and empower volunteers, despite Hospital and Health Services benefitting from formal volunteering. When strategic and operational plans don't specifically acknowledge volunteer involvement as part of the workforce, it can result in poor engagement, confusion around policies and stagnation.

Volunteer participation carries innumerable benefits and the role of volunteers within organisations must be encouraged and supported. Recognition of volunteers and their unique role in the workforce should be a fundamental part of any community, health and social strategy, both within organisations and at a state level.

¹⁴ Derived from 2019 GSS and 2014 GSS, accessed via: Australian Bureau of Statistics. (2021). General Social Survey: Summary Results, Australia. <https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia>

¹⁵ Volunteering Queensland. (2021). *The Inaugural State of Volunteering in Queensland Report*. <https://volunteeringqld.org.au/resources/state-of-volunteering-in-queensland-report>

¹⁶ Queensland Health. (2020). *Health workforce strategy*. <https://www.health.qld.gov.au/system-governance/strategic-direction/plans/health-workforce-strategy>

¹⁷ Queensland Health. (2019). *Medical Practitioner Workforce Plan for Queensland*. <https://www.health.qld.gov.au/system-governance/strategic-direction/plans/medical-practitioner-workforce-plan-for-queensland>

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The social health benefits of volunteer participation

Social health benefits experienced by volunteers

Volunteering has a wealth of intrinsic social benefits for recipients of services and the volunteers themselves. Many attributes of positive mental health are associated with volunteering, including social connection, established routines, increased physical activity, gains in knowledge, and a sense of purpose, belonging and accomplishment. Queensland-specific data on the impacts of volunteering on wellbeing is not available, however there are many international studies that confirm the role of volunteering in improving mental health and combatting social isolation and loneliness.

Volunteering and health benefits in general adults: cumulative effects and forms, a study of adults in the United States of America, found that “volunteering, regardless of the form being examined, had significant health effects”¹⁸. In particular, volunteering that benefits others “was significantly predictive of better mental health, physical health, life satisfaction, and social well-being, as well as fewer depressive symptoms”. This study accounted for other socio-demographic variables and found that volunteering specifically “resulted in an 8.54% increase in mental health, 9.08% in physical health, 7.35% in life satisfaction, and 11.11% in social well-being, as well as 4.30% decrease in depression”.

These benefits have been confirmed in other studies. It was found that taking up volunteering has significant benefits for people who have experienced loss in their social circle. A recent study found that “among volunteers who had experienced the death of a family member or friend, new volunteers showed significant improvement in positive affect”¹⁹ and that volunteers “gained additional social contacts through volunteering”. Additionally, a review conducted by the University of Wales Lampeter concluded that “volunteering was shown to decrease mortality and to improve self-rated health, mental health, life satisfaction, social interaction, healthy behaviours and coping ability”²⁰.

Queensland volunteer case study: Chaya

After graduation, Chaya became lonely and depressed, often isolating herself in her bedroom for long stretches of time. With her mother’s support, Chaya enrolled in an animal handling course through Happy Paws Happy Hearts and went on to join them and RSPCA Queensland as a volunteer. “**Volunteering brought her out of a deep, dark hole**”, said Michelle, Chaya’s mother. “Chaya’s a different person now. She doesn’t have depression or anywhere near the level of anxiety she did before.”

¹⁸ Yeung, J. W. K., Zhang, Z., Kim, T. Y. (2018.) Volunteering and health benefits in general adults: cumulative effects and forms. *BMC Public Health*, 18(8)

¹⁹ Jang, H., Tang, F., Gonzales, E., Lee, Y. S., Morrow-Howell, N. (2018). Formal volunteering as a protector of health in the context of social losses. *Journal of Gerontological Social Work*, 61(8), pages 834-848

²⁰ Casiday, R., Kindsman, E., Fisher, C., Bambra, C. (2008). *Volunteering and health: what impact does it really have?* <https://dro.dur.ac.uk/9269/>

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Chaya has Global Development Delay and Autism Spectrum Disorder and is the first volunteer with this disability to join the team. Through her volunteering, **Chaya has helped hundreds of socially isolated people feel welcome and included**, especially those that have difficulty forming new social connections. *"I like meeting new people. Some of the other young adults with disability look up to me and feel that they can be themselves",* said Chaya. *"There was a young boy who was very quiet and now he talks every day – he's more confident now."*

The social benefits of volunteering are not always known to volunteers or people interested in volunteering. They may be intangible, developed slowly and left out of recruitment campaign messaging. *The State of Volunteering in Queensland 2021 Report* found that only 34% of volunteers included 'social connection' among their motivations. While this was the second-ranked selection, it fell far behind the leading motivation of 'to help others' which was cited by 63% of respondents. An opportunity exists to expand the influence of social connection as a motivation to volunteer.

Social health benefits for recipients of volunteer services

The positive impact of formal volunteering for people receiving help with social isolation is undeniable. Whether an isolated person is engaging with a community group, team sport, religious institution or medical service, volunteers are almost certainly involved. Many forms of support are received through community outreach services. ABS data reports that community services typically encompass 20% to 30% of all formal volunteering activity¹². Applied to the most recent data from *The State of Volunteering in Queensland 2021 Report*, this indicates that approximately 500,000 adult Queenslanders volunteered in community services in 2020, contributing hundreds of millions of hours to the common good.

Some social benefits for recipients are only found through volunteers and cannot be replicated by paid staff. For example, a study of Ronald McDonald House – a charity that supports the health and wellbeing of children – found that 98.7% of guests said there was a positive difference associated with having volunteers instead of paid staff²¹. One client added *"the fact that volunteers provide the services, shows us that we are surrounded by a community in which people care for us"*.

The University of Liverpool conducted a study in January 2021 of aged care services, examining the social impacts of programs delivered by paid staff, volunteers, or a blend of the two. The study found that the increased feelings of belonging and community offered by volunteers led to observable social health outcomes²², noting that ***"older people attending blended and voluntary services were over twice as likely to experience a reduction in De Jong loneliness score from baseline and their final follow-up"***.

²¹ Haski-Leventhal, D., Hustinx, L., Handy, F. (2011). What Money Cannot Buy: The Distinctive and Multidimensional Impact of Volunteers. *Journal of Community Practice*, 19(2), pages 138-158

²² Lunt, C., Shiels, C., Dowrick, C., Lloyd-Williams, M. (2021). Outcomes for older people with long-term conditions attending day care services delivered by paid staff or volunteers: a comparative study, *Palliative Care and Social Practice*, 15

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Queensland volunteer case study: Bill

Bill has been volunteering for decades, supporting those suffering from spinal conditions and the late effects of polio. Using his extensive network of contacts, Bill helps people in need form valuable connections with service providers and new friends. Diagnosed with polio as a child, Bill spent seven years in hospital, isolated from his family. The support Bill received during this time inspired the work he has done to combat social isolation and loneliness.

Bill is currently the Chair of an organisation that covers most of Queensland and may have thousands of people requesting help in a given week. He described last year's lockdowns and isolation period as being particularly difficult, saying *"it becomes a despair. It is a despair that people don't always want to discuss with government. They'd rather talk to someone like me, someone going through a similar experience."*

Volunteering as a wellbeing initiative

The Ways to Wellness Social Isolation Project maximises the potential for the health benefits of volunteering by implementing a 'social prescribing' model. Under this model, there is a formal referral pathway from a medical professional to a link worker, and on to a community group or volunteer-involving organisation. People experiencing social isolation and loneliness may also be referred to the program by friends and community groups, or someone may self-refer. In many cases, patients are prescribed volunteering activity with local groups. Formal volunteering activity is a necessary part of the program, with link workers collaborating with volunteer-involving organisations to find appropriate placements.

Ways to Wellness was created through a partnership between UQ, the Queensland Community Alliance, the Mt Gravatt Community Centre and the Mt Gravatt Men's Shed. Establishing strong connections within the community is important to the program, with Dr Genevieve Dingle saying of Ways to Wellness, *"a community-led approach has the potential to ease the pressure on our primary health system at the same time as meeting the social needs of individuals"* ²³.

Quotes from Ways to Wellness participants

"I know I have lost out on lots of experiences staying at home all the time. Thank you for giving me the confidence and support to meet new people and make friends."

"Both my son and I have joined the Mt Gravatt Men's Shed. We go once a week together and everyone is so welcoming. It is the highlight of my week." ²⁴

²³ University of Queensland Faculty of Health and Behavioural Sciences. (2019). *Tackling the growing problem of loneliness and isolation*. <https://habs.uq.edu.au/article/2019/07/tackling-growing-problem-loneliness-and-isolation>

²⁴ Consumers Health Forum of Australia. (2020). *Social prescribing roundtable stimulus paper*. <https://chf.org.au/publications/social-prescribing-roundtable-stimulus-paper>

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Programs with a similar focus include The Older Mens Network (TOMNET) and the Queensland Mental Health Commission's Regional Wellbeing Hubs. TOMNET promotes the social wellbeing of men over the age of 50, fostering connections and friendship through volunteering initiatives in their community. A 2018 study of this program noted that that *"members were able to feel valued and less socially isolated and, as a result, less marginalised within the community [...] Through mentoring others and/ or volunteering within their organisation or outside in the wider community, men feel valued and of service"*²⁵.

The Queensland Mental Health Commission partnered with Relationships Australia and Centacare to deliver a series of Regional Wellbeing Hubs across the state. In this model, coordinators engage local leaders, stakeholders, motivated individuals and volunteer-involving organisations to develop networks and volunteer activities that are tailored to reduce social isolation and loneliness in the region. Where possible, the Hub leverages existing state and volunteering infrastructure to deliver reciprocal social benefits to other programs in the community.

Evaluation of the Regional Mental Health and Wellbeing Hubs Initiative

Hub members identified a need to facilitate closer community connections to allow community members to support each other, **preventing isolation and loneliness**. As a result of community engagement activities and processes, each of these satellite Hubs has established a group of interested and motivated local volunteers.²⁶

Social benefits of volunteering in rural communities

Rural communities present a unique intersection of needs for those at risk of social isolation and loneliness. Queenslanders living in rural areas are more likely to:

- Live in areas of lower population density where they are physically isolated
- Have less access to internet services, especially at speeds that enable video calls
- Have access to fewer social services than those living in major cities
- Be older, with a higher proportion of senior Australians living outside major cities than the rest of the population.

Some regional communities have accounted for these risks through higher social participation, often taking the form of volunteer committees and projects. A study conducted by La Trobe University in 2017 said of rural communities, *"many work together to deliver services to meet local needs, and friendship networks occur across the community, which creates a web of caring relationships, and this in turn can provide important supports for people as they age. **Volunteering is thus a key dimension of the social structure**"*²⁷.

²⁵ Mulligan, D. (2018). *Time to find a new freedom: TOMNET and Men's Sheds - meeting older men's contributive needs in regions within South East and South West Queensland, Australia*. <https://eprints.usq.edu.au/36499/>

²⁶ Stewart, V., Harris, P., Betts, H., Roennfeldt, H., Wheeler, A. (2019). Evaluation of the Regional Mental Health and Wellbeing Hubs initiative: Evaluation Report. <https://www.qmhc.qld.gov.au/awareness-promotion/mental-health-wellbeing/regional-wellbeing-hubs>

²⁷ Warburton, J., Winterton, R. (2017). A far greater sense of community: The impact of volunteer behaviour on the wellness of rural older Australians. *Health Place*, 48, pages 132-138

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This study also highlighted the therapeutic role of volunteering activity in regional areas. In areas that have fewer structured opportunities for interaction, the social infrastructure created by regional communities themselves becomes especially valuable. The importance of volunteering to the social wellbeing of regional Australians has been supported by several other studies, such as a 2018 study published by Curtin University which concluded, “**volunteering is vital for rural communities in building and maintaining a sense of community**”²⁸.

Informal volunteering

The volunteer-supported services that address social isolation and loneliness described in this submission have primarily been those delivered through recognised organisations. These organisations are enabled and enhanced by formal volunteering models, but many means of support for the socially isolated and lonely come in the form of ad-hoc, unstructured networks. Volunteering that takes place without organisational support is referred to as ‘*informal volunteering*’.

The State of Volunteering in Queensland 2021 Report found that a large number of Queenslanders participated in informal volunteering in 2020. Approximately 900,000 Queensland adults exclusively volunteered informally, without any organisational structure, and 1.7 million volunteered both formally and informally. Internationally, informal volunteering is increasingly being recognised as a major component of volunteering efforts around the globe.

Volunteering Practices in the Twenty-First Century – United Nations Volunteers

There has also been global recognition of the contribution of informal volunteering or person-to-person helping activities in many communities, with 70 percent of the world’s volunteering carried out directly and informally between individuals, outside of “formal” organizations and groups. Recognizing that volunteering goes beyond a “service-delivery mechanism” and is in fact a regular part of many people’s everyday lives and livelihoods means acknowledging that volunteering practices can shape and are shaped by social issues at the community and individual levels.²⁹

Most resourcing, support and coordination for volunteers is delivered through organisations. This leads to challenges in assessing and enhancing outcomes for volunteers that participate informally. The ABS’ General Social Survey and *The State of Volunteering in Queensland 2021 Report* agree that ‘emotional support’ is the most common form of informal volunteering³⁰, with hundreds of thousands of Queenslanders saying they provided this service in 2020. While it is difficult to measure its direct impact, the scale and ubiquity of informal emotional support may indicate it has

²⁸ Davies, A., Lockstone-Binney, L., Holmes, K. (2018). Who are the future volunteers in rural places? Understanding the demographic and background characteristics of non-retired rural volunteers, why they volunteer and their future migration intentions. *Journal of Rural Studies*, 60, pages 167-175

²⁹ United Nations Volunteers. (2020). *Volunteering Practices in the 21st Century*. <https://www.unv.org/publications/21st-century-volunteering-practices>

³⁰ Australian Bureau of Statistics. (2021). *General Social Survey: Summary Results, Australia*. <https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/2020>

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a larger effect than better-known means of prevention, intervention and care for the socially isolated.

In particular, the onset of the COVID-19 pandemic has led to numerous instances of people forming connections through informal volunteering. When communities were affected by lockdowns and the cessation of face-to-face services, individuals often responded in kind with small acts of generosity, giving their time for the benefit of others. Many examples have been reported anecdotally, such as people offering to pick up food and supplies for their neighbours, performing welfare checks on seniors in the community, or helping out locals with household maintenance.

Queensland informal volunteering case study: Taylor and Sue

Gold Coast retiree Sue publicly thanked her neighbour Taylor with a shout-out on ABC Brisbane radio after he left a note with his details offering to help with whatever she needed.

"I had tears in my eyes, it was just so lovely, and my husband Roger felt the same," [Sue] said. "We were so thrilled someone cared. We don't know what's going to happen and that's our big concern – my husband has medical problems and we don't know if we'll be isolated. It is very comforting to know they are just over the road."

[Taylor] said his note sparked a friendship with his older neighbours, whom he had not previously spoken to much before he decided to reach out. "We live in that era where some people don't even talk to their neighbours, so to reconnect and get to know them has been a plus," he said. "I would definitely recommend other people do it. If we stick by each other, we'll be right." ³¹

COVID-19 and its impact on volunteering

Formal volunteer participation rates and life satisfaction

The COVID-19 pandemic, social distancing measures and lockdowns had a substantial impact on communities and individuals across Queensland. During the height of the pandemic in 2020, demand for Medicare-subsidised mental health services increased by 15% and mental health incidents called in to triple zero increased by 20% ³². Vulnerable groups within communities are exposed to greater risk, with approximately 25% of older Queenslanders in private dwellings living alone³³, recent migrants being less likely to have face to face contact, and mental health referrals increasing by 20% among youth in the third quarter of 2020³². The ABS General Social Survey

³¹ Hartley, A., van Vonderen, J. (2020). Australian neighbours and businesses spread good vibes amid COVID-19 crisis, ABC, <https://www.abc.net.au/news/2020-03-20/coronavirus-crisis-prompts-australian-acts-of-kindness/12070590>

³² QLD. Debate on Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill. Queensland Parliament. 24 February 2021, page 158

³³ Australian Bureau of Statistics. (2016). Ageing Population, 2016. <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Ageing%20Population~14>

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reported that only “two in five (42%) [Australians] had face-to-face contact with family or friends living outside their household at least once a week in 2020, compared to three in five (68%) in 2019”³⁰.

Within the volunteering sector, the impacts of COVID-19 were significant, sudden and widespread. Social distancing measures, mandated lockdowns, the need to pivot to new business models, and health concerns for older or vulnerable Queenslanders had a particular impact on formal volunteering. Many volunteers stepped down from their roles or had their roles suspended. In some cases, a lack of clarity around workforce strategies, policies and processes resulted in volunteers being stood down unnecessarily – especially older and vulnerable volunteers, many of whom experienced social disruption as a result. Most volunteering activity in Queensland takes the form of in-person, face-to-face services. *The State of Volunteering in Queensland 2021 Report* found that only 10% of the state’s volunteer-involving organisations engaged volunteers remotely in 2020 and that less than 30% of volunteers participated from home or online.

ANU published two studies that investigated the impact of COVID-19 on formal volunteering, as well as links between volunteering activity and loneliness. Nationally, ANU found that there has been a decline in formal volunteering of approximately one-third since the onset of the pandemic³⁴. This contraction reached a peak in February to April 2020, when formal volunteering declined by up to 70% across the country. While these figures are likely influenced by the extended lockdowns in other states, this decline highlights the potential fragility of formal volunteering and the need to foster a resilient, adaptable volunteering sector.

The ANU studies also examined the impact of formal volunteering on life satisfaction and loneliness before and during the pandemic. A study released in May 2020 found that “volunteers had a higher level of life satisfaction prior to COVID-19 than non-volunteers” and that volunteers who were able to continue participating during COVID-19 had a smaller decline in life satisfaction than non-volunteers and those who stopped volunteering. This study also notes that “being able to maintain volunteering activity appears to be a very important protective factor” and “not volunteering and/ or stopping volunteering is associated with a larger decrease in life satisfaction, equivalent to a reduction in income of \$216 per week”.

Released in May 2021, ANU’s subsequent study measures formal volunteering and associated changes to life satisfaction, loneliness and social isolation³⁵. While life satisfaction fell for all groups from April 2020 to April 2021, new and ongoing volunteers proved the most resilient. Those who previously volunteered and stopped during COVID-19 were approximately 20% more likely to say they felt lonely. They also had a decrease in life satisfaction three times larger than people who continued volunteering. One participant in the study commented, “our group worked hard to establish the ability to continue volunteering from home throughout the whole year to ensure we didn’t feel isolated”.

The reason why volunteers stopped participating was also significant. More than 50% of people who ceased volunteering due to COVID-19 reported feeling lonely within a four-week period, compared to approximately 38% for volunteers who stopped due to other reasons. This gap may represent the loss of agency experienced by volunteers during the pandemic, feeling that their social connections and sense of purpose had been taken away. This contrasts with volunteers who may

³⁴ Biddle, N., Gray, M. (2021). *Volunteering during the first year of the COVID-19 pandemic*.

<https://csrcm.cass.anu.edu.au/research/publications/volunteering-during-first-year-covid-19-pandemic-april-2021>

³⁵ Biddle, N., Gray, M. (2020). *The experience of volunteers during the early stages of the COVID-19 pandemic*.

<https://csrcm.cass.anu.edu.au/research/publications/experience-volunteers-during-early-stages-covid-19-pandemic>

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have left organisations for positive reasons (for example, securing paid employment). Organisations that had the opportunity to continue engaging volunteers didn't only provide benefits in their sector – they also improved the social wellbeing of volunteers in their team.

Care Army

The onset of COVID-19 also led to the creation of the Care Army initiative. Delivered by Volunteering Queensland in partnership with the Department of Communities, Housing and Digital Economy, Care Army volunteers provide support to older and vulnerable Queenslanders and volunteer-involving organisations that have been impacted by the pandemic.

Almost 30,000 Queenslanders registered for the Care Army, with approximately 23,000 being offered opportunities to volunteer. During the peak of the pandemic, the supply of Care Army volunteers outstripped the capacity for volunteer-involving organisations to recruit and host them. Care Army volunteers were referred to many services that support socially isolated and lonely Queenslanders:

- Neighbourhood and Community Centres and libraries, such Acacia Ridge and Samford
- Red Cross COVID Connect
- Churches of Christ, in a companionship role
- Indoor sports centres, encouraging participation in team sports
- ComLink, which fosters connections with isolated residents

The Care Army continues to enable volunteer involvement in protecting and caring for older and vulnerable Queenslanders, including through the rollout of the COVID-19 vaccination program.

Recommendations

1. Understand the supply and demand of formal volunteering geographically across Queensland

Research is required to map the supply of volunteers in Queensland and measure it against local demand. This will result in volunteering initiatives, support and resources being directed to the areas of greatest need. It will also **identify where services that address social isolation and loneliness have the biggest volunteer workforce shortfall**. *The State of Volunteering in Queensland 2021 Report* recommended that the opportunity cost of vacant volunteering roles is investigated, including its social, economic and health impacts. This was further detailed in [*The State of Volunteering in Queensland Policy Position and Advocacy Plan*](#), which called for research into the 'Volunteering Vacancy Rate' across the state and the missed value it presents.

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2. Enhance support provided to volunteer-involving organisations

Volunteer-involving organisations require greater support to address known challenges and enhance their capacity, capability and resilience. When volunteer-involving organisations have the information and resources to effectively manage volunteers, they are **more equipped to deliver services that address social isolation and loneliness issues in the community**. Currently, communities rely on these valuable services, but many organisations lack sufficient support. Additional government resources could allow volunteer-involving organisations to maximise the value of existing programs, as well as design new programs that are supported by volunteers.

For existing volunteers, one of the most prominent barriers that prevents them giving more time is the cost of volunteering, which was estimated to be \$1,600 per volunteer in 2020. Volunteer-involving organisations reported that they only reimbursed 11% of this cost, which restricts the ability of financially disadvantaged volunteers to participate. Financial assistance for organisations to reimburse their volunteers allows for a more inclusive and sustainable volunteering sector.

Other support may be provided in many forms, including funding for grants, or through commissioning dedicated resources and training. In particular, *The State of Volunteering in Queensland 2021 Policy Position and Advocacy Plan* identified a need to support organisations with volunteer management training and creating opportunities for remote volunteering.

This recommendation is supported by similar recommendations in submissions from the Queensland Council of Social Services, the Queensland Families and Communities Association and the Community Services Industry Alliance. It is also supported by recommendation 44 of the *Royal Commission into Aged Care Quality and Safety*³⁶ and focus area 2.2 of *My health, Queensland's future: Advancing health 2016*³⁷.

3. Promote interest and awareness of volunteering and its benefits

To maximise the strong benefits of volunteering in combatting social isolation, a promotional campaign is needed to motivate the general public to volunteer, targeted to geographical areas of need. This recommendation aligns with Community target 6 in the *Queensland Plan*: “Queensland has the highest rates of volunteering and community participation in Australia”³⁸.

The State of Volunteering in Queensland 2021 Report found that approximately 200,000 adult Queenslanders are unsure why they do not volunteer or have never been asked to participate. The accompanying *Policy and Advocacy Plan* recommends investment in volunteer expos and the promotion of volunteer roles online to overcome this barrier. Further, *Volunteering Queensland's 2021 – 2022 State Budget Submission* advocated for a state-wide recruitment campaign focused on engaging youth, lapsed volunteers (including older volunteers stood down during COVID-19) and new volunteers, delivered in partnership with Neighbourhood and Community Centres and other volunteer-enabling organisations.

³⁶ Royal Commission Into Aged Care Quality and Safety. (2021). *Aged Care Royal Commission Final Report: Recommendations*. <https://agedcare.royalcommission.gov.au/publications/final-report-list-recommendations>

³⁷ Queensland Health. (2016). *My health, Queensland's future: Advancing health 2026*. <https://www.health.qld.gov.au/system-governance/strategic-direction/plans/vision-strategy>

³⁸ Queensland Government. (2018). *Building safe, caring and connected communities*. <https://www.queenslandplan.qld.gov.au/gov-response/communities.aspx>

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Dr Alex Haslam, Professor of Social and Organizational Psychology, UQ

“Although research shows that lack of social integration and support are the most important determinants of mortality, we found that people tend to see them as among the least important [...] These results suggest that education has a role to play in increasing awareness, in the same way that we have seen very successful campaigns to quit smoking, exercise more, and have a healthy diet.”³⁹

4. Acknowledge and specifically mention volunteer involvement in all government and non-government workforce frameworks

Volunteers play an essential part in volunteer-involving organisations and government agencies that assist the lonely and socially isolated. Measuring, celebrating and tracking the impact of formal volunteering allows for volunteer management strategies to be implemented effectively.

Consideration of volunteers in workforce strategies provides clear direction, especially in times of sudden change or adversity.

State government strategic plans that address social isolation and loneliness could also leverage volunteer involvement by supporting community-led projects, such as those identified earlier: The Ways to Wellness Social Isolation Project, regional wellbeing hubs, TOMNET and others across the state. Volunteers engaged and supported in this way may provide a valuable opportunity for cost-effective programs that deliver solutions specific to their community, especially when aligned with existing government resources, programs and infrastructure.

This recommendation aligns with standard 7 of the *National Standards for Volunteer Involvement*⁴⁰ and focus area 1 of *Advancing health service delivery through workforce: A strategy for Queensland 2017–2026*.

³⁹ University of Queensland School of Psychology. (2018). *Social isolation health message fails to cut through*. <https://psychology.uq.edu.au/article/2018/02/social-isolation-health-message-fails-cut-through>

⁴⁰ Volunteering Australia. (2015). *The National Standards for Volunteer Involvement*. <https://www.volunteeringaustralia.org/resources/national-standards-and-supporting-material>