QUEENSLAND
COMMUNITY ALLIANCE

Submission to

Community Support and Services Committee

Inquiry into Social Isolation and Loneliness in Queensland

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    b. Well Connected Project – in partnership with Inala Primary Care.

Our submission includes:
1. Responses to the Terms of Reference;
2. Organisational Case Studies; and
3. Case Studies of Individual Community Members.

Introduction

The Queensland Community Alliance thanks the Committee for the opportunity to provide feedback for the Inquiry into Social Isolation and Loneliness in Queensland.

The Queensland Community Alliance brings together 34 member organisations representing 1.7 million Queenslanders. We organise our members and communities to act for the common good. We are churches, mosques, other faith groups, trade unions, community organisations and ethnic associations.

Community organising is democracy in action: winning victories that change lives, transform communities, develop leadership and strengthen civil society.

The Queensland Community Alliance has been organising around social isolation and loneliness since 2017. Our work in this area started with local listening in the Mt Gravatt area. This led to the Ways to Wellness initiative, and in 2020 we proposed a state strategy to address social isolation and loneliness, and a Parliamentary Inquiry to inform that strategy. At our Maroonprint Election Assembly we secured bi-partisan commitment to these proposals from both the Premier and Opposition Leader.

We are deeply encouraged by the initiative of the Palaszczuk Government to follow through on those commitments, beginning with this Inquiry.

Executive Summary

Queensland Community Alliance identifies issues for common action through a process of relational listening within the community. Social isolation and loneliness have been raised as significant issues in all listening processes of the Alliance since 2018, including in Mt Gravatt, Logan, Moggill, Inala and a whole-of-Alliance Listening campaign with more than 2000 people sharing stories.

Contemporary research reveals that social isolation is not only a sad reality; it is a substantial health issue. Lonely people go to doctors and hospital emergency departments more often, suffer more and die younger. In **The New Psychology of Health: Unlocking the Social Cure,** the authors rank social isolation as a more significant health risk than smoking, alcohol abuse, lack of exercise or physical activity, obesity and air pollution. (Haslam et al, p.3).

We applaud the intention of this Inquiry to identify the nature and extent of the impact of social isolation and loneliness, and the role, scope and priorities of a state-wide strategy to address social isolation and loneliness.

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Recommendations

Recommendation Summary

Queensland Community Alliance's recommendations for the Inquiry are:

For the Committee to:

a. Conduct community hearings hosted by civil society organisations. This would enable the committee to hear directly from people who are isolated and lonely, which is difficult in a written format or through centralised hearings.

b. To request the Queensland Treasury to provide the Committee with an analysis of the investment and spending across Queensland Government on programs that prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland.

For the Queensland Government to:

c. Explicitly recognise "the Social Cure" research of University of Queensland's School of Psychology as the central framework underpinning the new Queensland State-wide strategy.

d. Expand "Social Prescribing" using the Ways to Wellness program as a model.

e. Significantly increase base funding for Community Neighbourhood Centres.

f. Involve cultural community leaders from First Nations and multicultural communities in leadership and co-design of relevant initiatives, with adequate funding.

g. Create a ministerial portfolio for social isolation and loneliness.

h. Introduce a regular (ie. annual or biennial) research survey to provide a consistent and trusted data source for measuring the true state of social isolation and loneliness in Queensland.

i. To include funding of independent evaluation for any new or expanded initiatives under the strategy.

Recommendations

For the Committee to:

a. Conduct Community Hearings

We encourage the committee to conduct community hearings hosted by civil society organisations (charities, ethnic associations, faith organisations, unions) that are engaged on the issues of social isolation and loneliness. It is important that the committee hear directly from people who are isolated and lonely, which is difficult in a written format or through centralised hearings.

The Queensland Community Alliance has submitted a proposal to the Committee to partner in the running of community hearings in locations across Queensland. We are offering to provide host organisations and engage participation of community members.

b. Request further analysis from Queensland Treasury

We also encourage the Committee to request Queensland Treasury provide an analysis of the investment and spending across Queensland Government on programs that prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland. More detail of the proposed content of this analysis is outlined below.

For the Queensland Government to:

c. Explicitly recognise "the Social Cure" research of University of Queensland's School of Psychology as the central framework underpinning the new Queensland State-wide strategy.

We recommend that the research by University of Queensland's School of Psychology around "Social Cure" should be the central reference point and underpinning of the new Queensland State-wide strategy to address social isolation and loneliness.

This research is brought together in *"The New Psychology of Health: Unlocking the Social Cure"*. In addition to this book we refer the committee to a summary and further detailed references at: https://stories.uq.edu.au/research/impact/2020/a-social-cure-for-better-health/

This research includes social prescribing and "Groups for Health" as evidence-based interventions.

d. Expand "Social Prescribing" across Queensland using the Ways to Wellness program as a model.

The Ways to Wellness program is a world-leading social prescribing network in the Mount Gravatt area of Brisbane. It has been developed through a community organising process led by the Qld Community Alliance in collaboration with University of Queensland, and funded by the Queensland Government.

We submit that social prescribing should be developed as a key pillar of the Queensland State-wide strategy to address social isolation and loneliness. Ways to Wellness builds

upon the experience of social prescribing overseas by more deeply linking health providers, community initiatives, and isolated people.

e. Increase base funding for Community Neighbourhood Centres

We submit that Community Neighbourhood Centres be considered as key social infrastructure, which should play a central role in Queensland State-wide strategy to address social isolation and loneliness. We use the term "Community Neighbourhood Centres" favoured by our members. This term is used interchangeably with the term "Neighbourhood and Community Centres" (NCCs) used by the Department of Communities.

Effective community neighbourhood centres reduce social isolation right across a local community. They build exactly the type of group relationships proven to strengthen social identity and therefore reduce social isolation. They are the right scale to build these relationships in ways that address local needs and local nuances for local communities.

Despite this, Community Neighbourhood Centres only receive a yearly average of $134,000 in Neighbourhood Centre funding per centre from the Queensland Government. This has not increased over several decades, effectively amounting to a cut in local services, programs and support to our local communities every year as centres are asked to do more with less.

We recommend that Community Neighbourhood Centres be considered as frontline services, and that their funding be increased accordingly.

f. Involve cultural community leaders from First Nations and multicultural communities in leadership and co-design of relevant initiatives, with adequate funding.

We submit that there be tailored, place-based approaches used in First Nations communities and multicultural communities. The Queensland Government should engage community leaders in these areas as agents of leadership who co-design effective initiatives and conduct listening and research in their areas. Community leaders and community associations should be adequately funded to leverage existing relationships to facilitate co-design.

g. Creation of a ministerial portfolio for social isolation and loneliness
We encourage the creation of a ministerial portfolio which will help to maintain this issue as a priority issue on the political agenda. This will strengthen state government action, provide a platform for federal lobbying, and raise media and public awareness.

h. **Introduce a regular (ie. annual or biennial) research survey to provide a consistent and trusted data source for measuring the true state of social isolation and loneliness in Queensland.**

Queensland needs a consistent and trusted data source for measuring the true state of social isolation and loneliness. This needs to provide a state-wide picture, as well as detailed data, broken down to the local and regional levels.

The Queensland Government should introduce a regular (ie. annual or biennial) research survey to provide this data. This could be a new initiative, or an expansion of an existing survey such as that collected by Thriving Communities.

i. **To include funding of independent evaluation for any new or expanded initiatives under the strategy.**

Addressing social isolation and loneliness will only grow in future years and decades. All action needs to be underpinned by rigorous and independent evaluation.

We suggest that the Queensland Government's embedding of independent evaluation in the roll out of nurse:patient ratios should be used as a model for adaptation in this area.

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Responses to Terms of Reference

We would like to share our views, knowledge and recommendations on this issue in accordance with the terms of reference stated in the submission guidelines:

A. The nature and extent of the impact of social isolation and loneliness in Queensland, including but not limited to:
- **identification of and consultation with vulnerable and disadvantaged individuals or groups at significant risk across the life course**
- **the interplay of COVID-19 with this issue**

Impact of Social Isolation and Loneliness
Loneliness correlates with significant health and mental health issues, including mortality. The Hidden Citizens report published by The Campaign to End Loneliness in the United Kingdom reveal the deleterious consequences of loneliness, including higher blood pressure, poorer sleep, an increase in immune stress responses, being overweight, higher cholesterol levels, cognitive decline and a 64% increase in the likelihood of developing dementia (Goodman et al 2015). In the 'Loneliness and Social Isolation as Risk Factors for Mortality' report by Holt-Lunstad et al, completed in 2015, social isolation resulted in higher mortality rates. Specific findings based on 70 studies completed over seven years involving over 3.7 million participants concluded the "increased likelihood of death was 26% for reported loneliness, 29% for social isolation and 32% for living alone".

As detailed in the *Well Connected* partnership Report with Inala Primary Care,

> *There is mounting evidence that loneliness is a driver of poorer health, while community connectedness can support better health outcomes (Marmot 2014; Chatterjee et al 2018; Dingle et al 2016). The consequences of loneliness include: poorer mental health, earlier dementia, reduced sleep, obesity, reduced capacity to control inflammation, and early death (Lim 2015). Loneliness is a superior predictor of early death than obesity (Dingle et al 2016).*

Data on Prevalence of Loneliness

Nationally, 1 in 2 Australian adults reported they were lonely for at least one day in the week (Australian Psychological Society 2018). QCA is not aware of data on the prevalence of social isolation and loneliness, by state or region. Of the 50 people interviewed in listening that QCA conducted in Inala, 42 people revealed a story of isolation relating to themselves or someone they knew. Only two people, however, used the word 'lonely' to describe their own circumstances. More often, when asked a direct question about loneliness, people would tense up, change the subject, or speak about how busy they were performing mundane tasks around the home. While loneliness was seldom explicitly disclosed, once relationships were built and people felt safe sharing their story, it would emerge people had in fact experienced social isolation and loneliness in the past year. When a relational approach was taken, language signalling loneliness - such as "feeling forgotten", "irrelevant", "invisible", or "anxious about social events" - surfaced and there was greater receptivity to referrals to a social group formed during the project.

While there are significant gaps in the quantitative data on prevalence of social isolation and loneliness in Queensland, QCA has captured qualitative data on the nature of social

isolation through community listening processes. Social isolation and loneliness has been raised in every listening process over the last 2 years, including:

- 2017-2018 in Mt Gravatt and Surrounds where it was identified as the primary area community members and leaders were prepared to spend their time and resources to act on.
- In 2019, Queensland Community Alliance had listened to over 2,000 stories from Queenslanders. These stories were organised thematically. Given its prevalence, *Safe and Connected Communities* became one of two foci for the Alliance.
- In late 2019, QCA partnered with Inala Primary Care (IPC) to listen to 50 older people about their experiences of loneliness and social isolation.
- In 2020 our Stafford, Mt Gravatt and Moggill districts of QCA conducted rapid listening in response to Covid-19 and identified risks of social isolation and loneliness as pressures for collective community action.

Despite this, we recognise a need for concerted effort to collect qualitative data to inform future initiatives. A consistent and trusted data source for measuring the true state of social isolation and loneliness in Queensland would capture any trends or changes. This needs to provide a state-wide picture, as well as detailed local data, broken down by regional, remote and very remote areas. Survey design that can explore the impact of lock-downs on self-report loneliness by LGA would also provide policymakers with crucial information about areas of priority. We submit that the Queensland Government should introduce a regular (ie. annual or biennial) research survey to provide this data. This could be a new initiative, or an expansion of an existing survey such as that collected by Thriving Communities.

B. The causes and drivers of social isolation and loneliness, including those unique to Queensland

Member organisations have reported that social isolation is experienced across the community and across all demographics. One factor that requires a paradigm shift for governments and service providers is that people who are socially isolated are not necessarily lacking in social skills. "Disrupting events", such as retirement, increased caring responsibilities, job loss or death of a partner, can often plunge people into social isolation. These events sever existing social connections, which are then difficult to reconnect and rebuild. These moments are described in the literature as life transition points. Life transitions can include a range of events over the life cycle, including finishing school, having a child, or dealing with an injury or trauma (Haslam C, 2018).

Poor Physical health

During the Inala listening, poor health was one of the most commonly-cited reasons for a lack of social engagement. It was common that patients reflected on both the physical pain or lack of mobility, which was debilitating, as well as how attending to their physical health needs is a drain on their time and their energy. One couple in their 60's said, "we aren't that bloody healthy, you know. There are so many appointments at our age". Jane, who lives with a fractured spine and chronic illness agreed, "I say yes to a group, but sometimes I wake up and I physically can't get out of bed". The relationship between health and social connection should not be treated as one-directional. Not only does social isolation affect health (Lim 2015), Jane's situation reveals that poor health also influences regular access to social activity.

In Mt Gravatt, an older woman explained the relationship between her health and social connectedness,

> *When you have terminal illness and you're also very lonely, and just can't fill that space. I have a partner who cares for me, and loves me, but I am still so lonely. I want to belong, enjoy other people, make friends, visit new places, and just interact with others.*

Physical Community Environments

The nature of Queensland and Australian communities is that we live in less dense, more dispersed environments. Even our urban environments involve being in lesser physical proximity to other people. This makes our experiences regarding social isolation and loneliness fundamentally different to most developed countries. This underlines the importance of local research as outlined above.

Mental Ill Health

Mental health was regularly stated as a driver of social isolation. Mary, a Mt Gravatt resident said,

> *My only friends were my work colleagues but after over 20 years, I had to leave due to my mental health. Do you know what it is like to not have any contact with anyone for 3 years? Well that was me. I forgot how to connect socially and needed to learn social cues all over again.*

Grief and loss

Grief and loss of a family member emerged as a disruptive event that prevented participation in social activities. Frank told his story whilst waiting for his appointment with the diabetes nurse. Frank's wife had recently passed away. He had made a memorial for her, which burnt down in the 2020 bushfires. His bottom lip quivered and eyes welled up as he recalled, "you don't get over it [losing a partner]. Especially when you have a relationship that deep". Mary, a 79 year old woman from Durack said, "my husband passed away. I'm grieving. It's hard to do anything else". Grief in these stories operated as an all-consuming activity which physically and emotionally prevented people from seeking out social connection, although neither of these people described themselves as lonely.

Intersectional Approach

Our listening revealed that loneliness intensified at the intersection of markers, such as grief and loss and mental health. "I am too anxious to meet new people", Jane said with a frown. Describing the death of her daughter, Jane said, "my world fell apart. I ended up in hospital. You sit at home and mope and think, "what is there left in life". Jane's story of mental health and grief reveals the importance of understanding how multiple factors compound loneliness, necessitating relational and wrap-around support that can be offered from places like community and health centres.

Transportation

Inadequate transport options were repeatedly mentioned as barriers to social participation. Trevor, who is 94 years old, and his wife Jenn who is in her late 70's, live in Doolandella. They were transported to the clinic by their daughter-in-law. Asked about the barriers to attending social events, Jenn remarked, "buses aren't suitable for us. They sometimes take off before we sit down - they are too unsafe. The Community Flyer can arrive at my house an hour early. I don't know why we have to be ready that early. And on the pension, taxis are expensive, even with subsidies. The footpaths are poorly serviced and I'm scared I'll have a fall if I walk too far". Proximity to services and regular, affordable transportation illuminates the need for solutions to involve cross-governmental commitment to addressing the loneliness epidemic.

Gender

Although men were willing to speak and were well represented in the listening, men were less open about their experiences of loneliness. Of the people who agreed to speak about their experiences in the waiting room, men were far less likely to offer their phone number to join a social group, and half as likely to attend a gathering. Jon, a man who agreed to "come along and see what the gathering is about", chuckled and, with a gentle punch to my shoulder, said "I almost didn't come [to the gathering] because you asked me to share part of my story. I was going to make some excuse to stay at home. It's a big deal opening up like that. Us men don't like to share in front of others like that". The commission would do well to apply a lens of gender to better understand the challenges faced by cohorts, including gender diverse peoples.

Changing demographics

Alliance leaders in Mt Gravatt district were initially surprised to learn social isolation was a significant issue in their community. Their suburbs are not classified as high-needs by many socio-economic measures. Various people during this listening cited the shift in demographic in this area resulting in increased isolation and loneliness. Some people we spoke with named this transition as gentrification. Specifically, many long-term residents with deep local connections had relocated, and new arrivals did not have the same local networks to develop connections that had once formed. Further research is needed to explore the relationship between gentrification and loneliness in areas around Queensland and whether these changes are noticed in other cities, rural and remote areas, and post-mining regions.

Community Members and Leaders from our member organisations also noted the following groups deserve unique consideration in an inquiry into social isolation:

- People fleeing or caught in domestic and family violence situations
- First Nations peoples who have been displaced (e.g. historical missions in the North of Queensland)
- CALD communities particularly affected by the rise in racism throughout the covid period
- Those affected by gentrification which perpetuates social isolation. Including that such considerations are not given weight under the Planning Act in Qld.

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

The social identity approach to health (a.k.a. the 'Social Cure', mentioned in the executive summary) has over a decade of research evidence indicating that membership of meaningful groups that the person feels highly identified with produces a sense of connectedness and supports health and wellbeing. We believe that social prescribing is the best way to do this. While there is no widely agreed model for social prescribing, schemes commonly involve three components: (1) a referral into the program, generally via a GP or other health or social care professional; (2) a series of consultations with a link worker; and (3) supported connection to local groups and community organisations. We understand that the research team behind this work will be making detailed submissions to the Inquiry and we commend their submissions.

D. 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.

Mary, who lives in Mt Gravatt, captured the transformational promise of evidence-based social prescription,

> *I heard about Ways to Wellness program from my Doctor. It took me a long time to start to trust people and feel comfortable to talk to others. I now attend community meals, attend different events at the Centre such as Trivia and Community BBQ. I finally feel like a human being, after many years of loneliness and isolation.*

GP clinics and Health Department

The Health Department must be a partner/investor in programs that help to reduce Isolation and Loneliness to improve the people of Queensland's overall mental health. Our experience working with Medical Practices has demonstrated providing services through the Ways to Wellness program to those that are lonely has reduced the number of visits to the medical practice and burden on the health system.

E. 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:
- 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
- targeted support to vulnerable and disadvantaged groups and those most at risk

We note the detailed responses provided by most Queensland Government departments and published on the Inquiry website. We will not seek to replicate this detailed information. However we do wish to highlight three items:

a. Ways to Wellness program

The written brief by the Department of Communities, Housing and Digital Economy nominates the funding of the Ways to Wellness project implemented by the Mt Gravatt Community Centre as a key investment, and one of the few that is primarily designed to address social isolation. We submit that this model of social prescribing should be leveraged for expansion and adaptation across Queensland.

b. Community Neighbourhood Centres

We support the reflection of the Department of Communities, Housing and Digital Economy that "NCCs at the heart of assisting community members find help and build social connections". Community Neighbourhood Centres, if appropriately leveraged, have the potential to be hubs for the building of group identity which is demonstrated by the Social Cure research discussed above. Queensland Government currently provides quality hard infrastructure in the building and maintenance of centres. However the current level of funding does not allow funding for sufficient social infrastructure to service the communities.

c. Seeking further analysis from Queensland Treasury

We suggest that The Committee seek an economic modelling of the investment and spending across Queensland Government on programs that prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland.

It would assist the Committee and the public if this analysis was published, including:
- Comparison of 'Investment in Social Isolation and Loneliness' to Total Government Spending.
- Comparison of 'Investment in Social Isolation and Loneliness' to Total Health Spending.
- Within the category of 'Investment in Social Isolation and Loneliness,' a comparison between:
    a. Investment in measures specifically and primarily targeting social isolation and loneliness,
    b. Investment in measures that impact social isolation and loneliness as a non-primary benefit (including where the social isolation and loneliness are not part of a program's stated intention or evaluation framework)

Case Study 1: Building an evidence base in Inala

In 2019, QCA partnered with Inala Primary Care (IPC) to listen to 50 older people about their experiences of loneliness and social isolation. The listening built an evidence-base from which to co-design initiatives that targeted loneliness and social isolation in Inala. Listening to patient stories and then inviting patients to gatherings, patients and staff at IPC deepened relational ties, built confidence, and the leadership abilities needed to improve connectedness in the community. Relational conversations with patients of Inala Primary Care were held in the waiting room over five weeks and we co-designed and facilitated three workshops.

Ingrid, a regular at Inala Primary Care, captures the value of community organising and social prescribing in addressing social isolation. She explained, "I know what it is like to be socially isolated. I have been living with agoraphobia meaning I rarely leave my home due to anxiety. Thanks to good medication and treatment from Inala Primary Care, I have been able to leave my home. I am now volunteering with Four Paws looking after the most neglected animals in my home. They [RSPCA] give me the hardest ones now, cats, dogs – everything. This makes me really happy!" Discussing her desire to be a part of the listening project, Ingrid said, "I would volunteer my time to pick people up, visit people, whatever is needed. I will do whatever is needed to ensure one less person goes through what I went through". During the January 2020 gathering, Ingrid delivered on her promise to help out, volunteering to organise the next gathering. Here lies the promise of relational organising: lonely people orient their focus to helping others, finding meaning, connection to others and building group identification.

The Inala project demonstrated how community organising provides a vehicle whereby patients deepenen ownership of the community, a voice about the future of the practice. Patients developed in hope and respect, which came from leading action and negotiating with political decision makers and other allies. Organising uses the "iron rule" which is never do for others what they can do for themselves, challenging the learned helplessness and dependencies from service only experiences. Through this approach, people move from being patients who just receive help into being active leaders who drive change themselves.

For more detail, see Inala Primary Care and Community Alliance's *Well Connected* Project write-up, appended to this submission.

Case study 2 – Ways to Wellness

In November 2018, Queensland Community Alliance (QCA) and Mt Gravatt Community Centre consulted with community members and local organisations to find out the most pressing issues in the Mt Gravatt area. We heard and collected more than 100 stories from people in the area. Social isolation and loneliness were named as the number one issue this community faced.

Consequently, Queensland Community Alliance (QCA), Mount Gravatt Community Centre and the University of Queensland invited a group of local leaders to address the issue of social isolation and loneliness in Mt Gravatt. The group held oversight, and development and implementation of the Ways to Wellness Social Isolation Project.

The project was developed utilising an evidence-based social prescribing model that has been successfully implemented in the United Kingdom, the USA, and New Zealand. The Centre sought and secured funding from the Department of Communities to employ a Community Link Worker to connect individuals and families to meaningful sources of group activities in their local community, with an emphasis on inclusivity, connection, and a sense of belonging. The program is modelled on a strengths-based, person-centred framework that values the inherent skills, knowledge, and capacity of individuals.

Referrals come from general medical practices, outpatient clinics, allied health professionals, community organisations and agencies, and through self-referral. The prescribing program provides medical practitioners with a non-medical referral option to community supports that complement clinical care to improve health and wellbeing.

In the two years the project has been operational, Ways to Wellness has connected over 300 individuals and community members to local groups, activities, social and sporting clubs, volunteering opportunities, training, and employment. Additionally, the collaboration has formed a network of Link Workers to collaborate between the Centre and other local organisations.

The Mt Gravatt Community Centre submission (2021) describes the value of such programs in combating the epidemic of loneliness,

> A few years ago, I was diagnosed with Multiple Sclerosis, and left my much-loved job due to my health. Now I use a walking aid, don't drive, and feel like a burden on my family and friends and don't like to ask for support from them. I have lost my confidence, self-esteem and felt hopeless and helpless. The Ways to Wellness Program has helped me with referral to several services and advocated to appeal my NDIS package to include transport, advocated with MS Qld and arranged for council cabs to assist me and linked me to Transit Care for travel. I now attend my local church and have met many new friends. I am even working with my OT to apply for a driving test to regain my license.

Health inequities are often rooted in power disparities. This individual, institutional, and historical powerlessness has been a theme elicited through the stories from both groups discussed above. Community organising is a process that builds deep, long term community power, which addresses the root causes of problems. Organising deepens the strength of institutions by deepening the relational social fabric of the community, and develops leaders who can advocate for the solutions to their own issues. This leadership development builds individual agency and resilience by enabling people to own their situation and develop ways to act together. Resilience is built through organising by helping people to embrace change, gain perspective, take action, find hope and develop confidence.

We appreciate the Committee's time for reading this submission and QCA would be delighted to provide further information and discuss opportunities for collaboration.

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All the lonely people.

Addressing the social isolation and loneliness crisis in Queensland.

"People who are more socially connected live longer and experience better mental and physical health."[1]

[1] Haslam, C., Cruwys, T., Haslam, S., Dingle, G., & Chang, M. (2016). Groups 4 Health: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health. *Journal of Affective Disorders*, 194, 188–195. https://doi.org/10.1016/j.jad.2016.01.010 p.1

[2] Image: https://images.app.goo.gl/qf4feDGCH9xw2mWP6

Acknowledgement to Country

Queensland Community Alliance acknowledges the Turrbal and Yugara peoples, as the First Nations owners of the land on which this report has been prepared, and their continuing connection to land, waters and community. We pay respect to their Elders, lores, customs and creation spirits.

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60 Second Summary

Inspired by a listening campaign conducted by Queensland Community Alliance (QCA). The 'All the lonely people' report is motivated by the personal stories shared in community meetings throughout Queensland of their common experiences of social isolation and loneliness. Both academic literature and local studies demonstrate that social isolation and loneliness are an increasing public health crisis that needs to be urgently addressed to mitigate the negative impacts on both physical and mental health. Queensland Community Alliance presents this report as an outcome of extensive research; it identifies key recommendations to address social isolation and loneliness in the Queensland context.

Queensland Community Alliance requests that the new parliament conducts a parliamentary enquiry on the topic of social isolation and loneliness to develop a state-wide strategy with a whole-of-person, whole-of-community and whole-of-government approach.

Executive Summary

Purpose of the report

Social isolation and loneliness are an increasing public health concern. Queensland Community Alliance requests that the elected government undertake a parliamentary inquiry within the first 12 months of the new parliament; in response to their commitment during the Alliance Election Assembly held on the 14th of September 2020. This parliamentary inquiry will be fundamental in the development of the strategy to address social isolation and loneliness with a whole-of-person, whole-of-community and whole-of-government approach.

A parliamentary inquiry into social isolation and loneliness is integral to building a state where every Queenslander has equitable access and opportunities to participate meaningfully in all aspects of society. Loneliness can affect anyone in society, but social isolation can lead to prolonged periods of loneliness causing an increase in a range of health conditions due to compounding complexities i.e.: an individual's socioeconomic status, values, beliefs, personality, resilience, self-esteem on how they relate to self and to others[3].

Social isolation and loneliness need a higher profile in Australia that reflects the prevalence, social implications and serious health ramifications. A parliamentary inquiry will significantly raise awareness, highlight the need for better resourcing and funding programs to address social isolation and loneliness. It is imperative that the parliamentary inquiry investigates these issues from a whole-of-person, whole-of-community and whole-of-government perspective and draws upon the knowledge and research from global leaders in social isolation and loneliness. Given the current

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[3] The Campaign to End Loneliness. (2016). *The Missing Million: A Practical Guide to Identifying and Talking About Loneliness*. [Report] https://www.campaigntoendloneliness.org/blog/the-missing-million-a-practical-guide-to-identifying-and-talking-about-loneliness/ p.15

Australian climate as a result of COVID-19, it is more important than ever to address social isolation and loneliness due to prolonged periods of isolation and a disconnect from people's social networks.

Problem

As the health profile of the Australian population changes and with the rise of chronic diseases, mental illness, social isolation, and loneliness it is important to find new ways to support positive health outcomes. It is key to understand that healthcare and medicine should be influenced and concerned with the broader world and all domains of life.

People experiencing social isolation and loneliness are more susceptible to serious health concerns, this creates a significant public health burden for the Queensland and local Governments[4]. There is an identified link between social isolation and loneliness creating an onset of chronic health conditions and preventable illnesses[5].

Aboriginal and Torres Strait Islander (ATSI) people experience a range of social determinants of health specific to their personal and historical welfare interventions i.e.: racism, chronic diseases and intergenerational trauma[6]. Addressing and recognising that social isolation and loneliness is a personal and social problem for individuals and communities from all backgrounds is important. Researching and understanding social isolation and loneliness using a culturally safe research lens is important to not further compound existing elements of disadvantage in their lives. It is important to utilise and fund programs that are culturally empowering for Indigenous people and communities.

In addition to Indigenous Australians it is important to recognise the sociocultural elements that impact culturally and linguistically diverse communities (CALD) within Australia. It is important to identify the unique ways CALD communities are impacted by social isolation and loneliness. Utilising community members and CALD knowledge is key to addressing social isolation and loneliness with a culturally appropriate and safe framework within communities. It is important to also note that many ATSI and CALD communities are collectivist as opposed to the western individualist notion of society.

Social determinants of health heavily influence people's experiences of social isolation and loneliness[7]. People's experience of prolonged social isolation and loneliness are often exacerbated and compounded by factors such as oppression, poverty and stigma[8].

[4] Roychowdhury, D. (2020). 2019 Novel Coronavirus Disease, Crisis, and Isolation. Frontiers in Psychology, Vol 11. https://doi.org/10.3389/fpsyg.2020.01958

[5] Haslam, S., Mcmahon, C., Cruwys, T., Haslam, C., Jetten, J., Steffens, N. (2018). Social Cure, what social cure? The propensity to underestimate the importance of social factors for health. Social Science & medicine, 198 https://gateway.library.qut.edu.au/login?url=https://www.proquest.com/docview/2080989942?accountid=13380

[6] Australian Government. (2013). National Aboriginal and Torres Strait Islander Health Plan 2013-2023. https://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf

[7] Haslam, S., Mcmahon, C., Cruwys, T., Haslam, C., Jetten, J., Steffens, N. (2018). Social Cure, what social cure? The propensity to underestimate the importance of social factors for health. Social Science & medicine, 198 https://gateway.library.qut.edu.au/login?url=https://www.proquest.com/docview/2080989942?accountid=13380

[8] Australian Institute of Health and Welfare. (2019). Social Isolation and Loneliness. https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness

Social determinants of health incorporate a range of complexities that directly influence an individual lived experience such as, where they live, their environment, income, education, health and wellbeing, and interpersonal relationships[9]. The social determinants of health often lead to the social exclusion of individuals from their communities, especially for people experiencing multiple and entrenched levels of disadvantage[10]. These layers of disadvantage are further impacted by social isolation and loneliness resulting in poorer physical and mental health outcomes for individuals and increases the financial burden to both employers and the government[11]. Failure to address the causes of social isolation and loneliness is unacceptable and increases the marginalisation of vulnerable demographics and reduces their capacity to engage in civil society. Including social isolation and loneliness on the political agenda will actively demonstrate the government's commitment to uphold basic human rights for all Queenslanders. As a result of the growing disparity in wealth inequality in Australia, basic human rights are being impacted; it diminishes the ability for all members of society to have equitable access to resources and opportunities.

Research findings have shown that the most successful interventions and approaches to reduce social isolation and loneliness are those which are driven from a neighbourhood or 'grassroots' community level[12]. Similarly, it is important to consider 'how' services are delivered and not just 'what' services are delivered and the incorporation of neighbourhood approaches and asset-based community development[13] in developing strategies. Community centres are a type of 'third space', a public place that facilitates community connection and wellbeing. Community centres are a "key element of social infrastructure of disadvantaged communities,"[14] who rely on funding for them to be effective, research shows a more consistent funding model is needed for them to be able to meet the ongoing needs of the communities they serve[15]. This would provide better resources for community centres to be able to deliver culturally appropriate programs, implementing tailored strategies and approaches to address loneliness and social isolation in their communities.

[9] Marotta, M., Reid, C. (2013). Guidelines and Toolkit for Social Connection Initiatives.
https://www.gvpcp.org.au/wp-content/uploads/2017/01/2016-Social-Connections-Toolkit.pdf

[10] Australian Institute of Health and Welfare. (2016). Australia's Health 2016, Social Determinants of Health. https://www.aihw.gov.au/getmedia/11ada76c-0572-4d01-93f4-d96ac6008a95/ah16-4-1-social-determinants-health.pdf.aspx

[11] Co-Op & New Economics Foundation (2018). The Cost of Loneliness to UK Employers.
https://neweconomics.org/2017/02/cost-loneliness-uk-employers/

[12] The Campaign to End Loneliness. (2015). Promising Approaches to reducing loneliness and social isolation in later life. [Report]
https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf p.44

[13] The Campaign to End Loneliness. (2015). Promising Approaches to reducing loneliness and social isolation in later life. [Report]
https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf p.44

[14] West End Community House. (2011). Strengthening people and places: The role and value of community and neighbourhood centres. [Report] p.4
http://communityplus.org.au/wp-content/uploads/2015/03/Strengthening-people-place-the-role-and-value-of-community-neighbourhood-centres.pdf

[15] Queensland Council of Social Service. (2017). Queensland Neighbourhood Centres Community consultation results paper [Report]
https://www.qcoss.org.au/wp-content/uploads/2019/05/Neighbourhood-Centre-IMS-Report-FINAL-for-web.pdf p.12

Problem Analysis

Social Isolation and Loneliness is a growing concern due to the health ramifications and as a result the additional financial implications create a burden on the health system. In the 'Loneliness and Social Isolation as Risk Factors for Mortality' report by Holt-Lunstad et al, completed in 2015, demonstrated that social isolation results in higher mortality rates whether measured objectively or subjectively. Specific findings based on 70 studies completed over seven years involving over 3.7 million participants concluded the "increased likelihood of death was 26% for reported loneliness, 29% for social isolation and 32% for living alone".[16]

Due to the health system having a biomedical model basis for health interventions, the whole-of-person and social issues are not taken into account in health system responses. This results in frequent general practitioner appointments for unmet social needs which increases health related costs to the Queensland Government[17]. Utilising approaches such as social prescribing has been identified as providing better outcomes for service users due to identifying the person in the environment and addresses the individuals desired social connections. Therefore, reduces feelings of social isolation and loneliness, through targeted social interventions. COVID-19 has added an additional layer of complexity to this issue, with lockdowns, self-isolation, restrictions in social gatherings, border closures, health impacts and job losses impacting levels of anxiety, depression and loneliness.

Social isolation and loneliness are an emerging field of research in Australia and requires further research to gain an in-depth understanding of the Queensland and Australian perspective. The United Kingdom is at the forefront of research and initiatives to understand and prevent social isolation and loneliness. The research conducted in the United Kingdom has informed the report and highlights successful intervention processes due to a lack of Australian research conducted.

The research analysis noted the lack of a cultural lens and culturally safe approaches in the literature. In interviews with community leaders in southeast Queensland the importance of approaches from a grassroots community level was identified as essential for interventions to be successful. By involving the community and recognising diverse cultures working from an asset-based community development approach allows for community led approaches and culturally safe interventions. It is important to note that there is insufficient data available on the actual impact of social isolation and loneliness on persons from minority groups and therefore the best approaches to address the issue. For this reason, it is imperative that service delivery planning requires a collaborative approach that includes minority group members[18].

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[16] Holt-Lunstad, J., Smith, T., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, 10(2), 227–237. https://doi.org/10.1177/1745691614568352 p.233
[17] Cruwys, T., Dingle, G. (2018). Why do lonely people visit the GP more often? https://www.relationships.org.au/news/blog/why-do-lonely-people-visit-the-gp-more-often
[18] The Campaign to End Loneliness. (2015). *Promising Approaches to reducing loneliness and social isolation in later life*. [Report] https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf p.59

Results of analysis

For this report, the research analysis was completed from peer reviewed literature and high-quality research reports produced in the last ten years by leading countries with current policies, strategies and approaches implemented to address social isolation and loneliness in their respective countries. The reviewed literature was largely from the United Kingdom, United States of America, Canada, New Zealand and the emerging field of research underway in Australia. Further, we conducted interviews with community leaders in the Brisbane area to gain scope and a Queensland lens on the complex issue of social isolation and loneliness. Interview outcomes showed consistency in the identified themes within the Brisbane metropolitan area; community leaders are members of QCA a non-partisan collective and represent the perspectives and experiences of their culturally diverse communities.

From the review of literature and successful international approaches it is evident that social isolation and loneliness is a significant health and social issue requiring a non-partisan prioritised health focus by the state government to address the serious health impacts identified. Research suggests that factors such as social class, social group memberships, income, education and employment status shape lifestyles and consequently the risk of experiencing loneliness. In the Hidden Citizens report published by The Campaign to End Loneliness in the United Kingdom[19], serious health impacts caused by loneliness were highlighted, such as, higher blood pressure, poor sleep, an increase in immune stress responses, being overweight, higher cholesterol levels, cognitive decline and a 64% increase in the likelihood of developing dementia[20].

From the analysis it was identified that there is a lack of a cultural lens to the data and findings. The need for research to be more inclusive and minimise the dominant westernised perspective is paramount as currently it is not reflective of cultural differences and how the experience of social isolation and loneliness can vary. It was commonly identified that social isolation and loneliness as a health issue is insufficiently funded by the state government especially when the detrimental health impacts are on par with illnesses and diseases that are leading causes of death in society, e.g.: cancer, heart disease and dementia. One of the most successful approaches to appropriately address social isolation and loneliness has been social prescribing. The benefits of this approach include reducing the strain on General Practitioner (GP) services. Research shows that a high proponent of GP attendance is frequently utilised by a low proponent of their patients with many having complex physical and mental health needs yet are commonly lonely and socially isolated[21]. The implementation of social prescribing for frequent attendees to divert them toward non-clinical means of support has proven to be a more effective solution for the individual and more cost effective for the government[22].

[19] Goodman, A., Adams, A., & Swift H.J. 2015. *Hidden citizens: How can we identify the most lonely older adults?* The Campaign to End Loneliness: London

[20] Goodman, A., Adams, A., & Swift H.J. 2015. *Hidden citizens: How can we identify the most lonely older adults?* The Campaign to End Loneliness: London, p.5

[21] Cruwys, T, Dingle, G. (2018). Why do lonely people visit the GP more often? https://www.relationships.org.au/news/blog/why-do-lonely-people-visit-the-gp-more-often p.1

[22] Social Isolation Predicts Frequent Attendance in Primary Care Annals of Behavioral Medicine Cruwys, Tegan; Wakefield, Juliet R H; Sani, Fabio; Dingle, Genevieve A; Jetten, Jolanda Vol. 52 Issue 10, pp. 817–829, 2018.

Excluded from this report will be the subtypes of loneliness, this report will use a generalised definition of loneliness. There are four classes of loneliness; low loneliness, social loneliness, emotional loneliness and lastly social and emotional class. This report will focus on the fourth class which is social and emotional loneliness, this is individuals experiencing high scores of social and emotional loneliness. Due to the multitude of impacts of social isolation and loneliness it is key to focus on the detrimental nature of loneliness.

Recommendations

- A parliamentary inquiry to investigate the impact of social isolation and loneliness will benefit the Queensland Government to create a more inclusive society by:
    - Improving the overall health of Queenslanders through addressing unmet social needs
    - Identifying the most effective approaches to reducing social isolation and loneliness for socially vulnerable people to ensure best use of government funding
    - Increasing research to determine the most effective social return on funding investment
    - Understanding the community experience of social isolation and loneliness and the importance of 'third spaces'
    - COVID-19 impact: Has COVID-19 exacerbated feelings of social isolation and loneliness?
    - Conduct a travelling enquiry to speak with metropolitan, regional and remote communities in Queensland and listen to the diverse range of experiences of social isolation and loneliness. The travelling inquiry needs to hear the voices of both the communities and the relevant experts in the field.
    - Collaborate and design terms of reference of the parliamentary enquiry with community

- A primary recommendation is funding community centres. Community and neighbourhood centres build capacity for social inclusion, empowerment, community interaction, pathways into education and employment, resilience and social cohesion.
    - Community and neighbourhood centres create an inclusive space and enable gaps of service delivery to be addressed: this reduces the dependency on other forms of service delivery
    - Funding community centres is a cost-effective strategy as diverting to non-clinical means of support is a more effective solution as it reduces repeat interventions

- Creation of a ministerial portfolio for social isolation and loneliness to prioritise the issue within the political agenda.

    o From 2007-2013 the issue of social inclusion was on the political agenda with the Social Inclusion board being formed. In 2007 a Minister for Social Inclusion was initiated, and that role continued until 2013.

    o The Social Inclusion Board was created to address the Australian government's vision of a socially inclusive society in which all Australians feel valued and have the opportunity to be active members in society[23]

- To appropriately address social isolation and loneliness it is essential that the profile of the issue is elevated through government media and educational channels to:

    o increase collective consciousness of social isolation and loneliness as a key health issue in the wider community

    o normalise the lived experience of those who are socially excluded and vulnerable in society

    o recognise the influence of external factors i.e.: social determinants of health on an individual experiencing social isolation and loneliness

- For commissioners and service providers to work in partnership in programs such as health and wellbeing boards.

    o Within this initiative to produce a community resource directory, that can be distributed to a wide range of service providers who may come into contact with those experiencing social isolation and loneliness. Completed on a state level; utilising the knowledge of hospital boards, government agencies and non-government agencies to create a comprehensive directory of services for practitioner and patient use.

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[23] Australian Government. (2013). Social Inclusion in Australia: How Australia is Faring.
https://apo.org.au/sites/default/files/resource-files/2013-08/apo-nid30583.pdf

Background: Queensland Community Alliance

Queensland Community Alliance works in partnership with 35 member organisations representing 1.7 million Queenslanders to address the problems that Queenslanders face. Queensland Community Alliance commits to listening to the voice of the excluded and to create partnerships with the most vulnerable communities in Queensland.

The Queensland Community Alliance organises members and communities to act for the common good. It comprises churches, mosques, other faith groups, trade unions, community organisations and ethnic associations. Committed to community organising; winning victories that change lives, transforming communities, developing leadership and strengthening civil society. The aim is to adequately assist people to improve their own communities by undertaking collective action.

In 2018 the members of the Queensland Community Alliance in the Mt Gravatt area and the community came together to listen to over a hundred stories of issues that communities were facing. This was a process of listening to stories and the pressures that members face and witness. In 2018 community members voted to act on social isolation and loneliness. Since, a pilot program for social prescribing network 'Ways to Wellness' was introduced to the Mt Gravatt Community Centre.

The Queensland Community Alliance recognises the importance of a civil society to address the public health issue of social isolation and loneliness. A strong civil society is fundamental for an inclusive society. Strong community engagement provides opportunities, builds wealth, promotes harmony and ensures greater equality and justice for all citizens. Queensland Community Alliance recognises that as a collective it is important to look at ways to come together. To celebrate diversity, enable meaningful participation, equal opportunities and empowerment to address the public health concern of social isolation and loneliness.

Introduction: Social Isolation and Loneliness

Social isolation and loneliness are becoming increasingly recognised as key public health concerns. The current literature indicates that social isolation's negative impacts on physical and mental health are immense. Due to the severity of the implications of social isolation and loneliness there is an increasing need for effective interventions and policies to reduce the negative consequences associated.

Loneliness has been defined as feelings of not belonging and disconnectedness from others[24]. Loneliness occurs when there is a discrepancy between the quantity and quality of social relationships that humans instinctively desire and those that are had. Loneliness is a subjective

[24] Goodman, A., Adams, A. & Swift H.J. 2015. Hidden citizens: how can we identify the most lonely older adults? The Campaign to End Loneliness. London

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psychological perception different for each individual, therefore a range of person-centred approaches are vital to successfully combat social isolation and loneliness. It is often assumed that social isolation and loneliness

Social isolation in current literature is defined as the inadequate quality and quantity of social relations with other people at the different levels where human interactions take place this includes; individuals, groups, communities, and the larger social environment[25].

Research: Key findings

Despite the public health significance of loneliness and social isolation, in Australia, there is a lack of research and knowledge surrounding successful approaches in addressing social isolation. COVID-19 has exacerbated Australians feelings of social isolation and loneliness. The pandemic is likely to worsen the existing vulnerabilities of certain groups who in Australia already experience compounding disadvantages. This includes but is not limited to individuals subjected to domestic violence and intimate partner violence, marginalised groups such as individuals with disabilities, refugees, the homeless, the unemployed or those living in poverty.

Key findings from research conducted in Australia highlights the prevalence of social isolation and loneliness. In the 2018 interim report, *Is Australia experiencing an epidemic of loneliness?* produced by Relationships Australia it states that one in four people are experiencing loneliness, one in ten people lack social support and one in six people are experiencing emotional loneliness[26]. This data was sourced from a household-based panel survey over a sixteen-year period, the number of survey respondents varies from year to year, however in the 2016 survey there were over 13,000 individual respondents[27]. The current findings in Australia and overseas support the link between poor health and social isolation and loneliness. The research conducted by Relationships Australia[28] highlights the substantial evidence to confirm that poverty, unemployment, and poor relationships are associated with loneliness and those affected make greater use of the healthcare system.

Based on a comprehensive analysis of existing research literature, key findings show that loneliness can affect any person, of any age and from any background[29]. However, research indicates that there are two main demographics that experience higher rates of loneliness. Studies have shown that younger persons (under 25 years of age) and older persons (over 64 years of age) are most

[25] Holt-Lunstad, J., Smith, T., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality. Perspectives On Psychological Science, 10(2), 227-237. doi;10.1177/1745691614568352

[26] Australian Psychological Society. (2018). Australian loneliness report. Retrieved from https://psychweek.org.au/wp/wp-content/uploads/2018/11/Psychology-Week-2018-Australian-Loneliness-Report-1.pdf

[27] Relationships Australia. (2018). Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the household income and labour dynamics of Australia. https://www.relationships.org.au/what-we-do/research/an-epidemic-of-loneliness-2001-2017 p.7

[28] Relationships Australia. (2018). Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the household income and labour dynamics of Australia. https://www.relationships.org.au/what-we-do/research/an-epidemic-of-loneliness-2001-2017 p.23

[29] Health Affairs. (2020). Culture of Health; Social Isolation and Health. https://www.healthaffairs.org/do/10.1377/hpb20200622.253235/full/brief-social-isolation-mortality-Holt-Lunstad.pdf

affected[30]. Examples of the health impacts of loneliness in younger people can include "poor immune response ... more psychological symptoms of maladjustment and are at higher risk of suicide"[31]. For those over 64 years of age can experience health impacts due to loneliness which can include "functional decline...premature death... [and] carrying health risks equivalent to other known risky behaviours such as smoking 15 cigarettes a day"[32].

A key finding evident within research from Australia was the implications of social isolation and loneliness on a structural level. Social isolation and loneliness impact the healthcare system, in particular general practitioners (GP). Evidence shows that 10% of GP patients take up 50% of GP appointments, what has been identified is that many of these patients are lonely or have poor social connections[33]. While these frequent attending patients may have complex and chronic health concerns (both physical and mental) their repetitive GP appointments do not improve quality of life. Frequent GP attendance is often seen as a way to connect and address unmet social needs. Research shows more successful outcomes in addressing social isolation and loneliness come through non-clinical interventions that focus on whole-of-person initiatives to address their unmet social needs. By linking individuals socially, studies have shown this group of frequent attenders to the GP has significantly reduced as they are receiving appropriate means of support[34].

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[30] Relationships Australia. (2018). Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the household income and labour dynamics of Australia. https://www.relationships.org.au/what-we-do/research/an-epidemic-of-loneliness-2001-2017 p.12

[31] Relationships Australia. (2018). Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the household income and labour dynamics of Australia. https://www.relationships.org.au/what-we-do/research/an-epidemic-of-loneliness-2001-2017 p.2

[32] Relationships Australia. (2018). Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the household income and labour dynamics of Australia. https://www.relationships.org.au/what-we-do/research/an-epidemic-of-loneliness-2001-2017 p.2

[33] Cruwys, T., Dingle, G. (2018). Why do lonely people visit the GP more often? https://www.relationships.org.au/news/blog/why-do-lonely-people-visit-the-gp-more-often

[34] Cruwys, T., Dingle, G. (2018). Why do lonely people visit the GP more often? https://www.relationships.org.au/news/blog/why-do-lonely-people-visit-the-gp-more-often
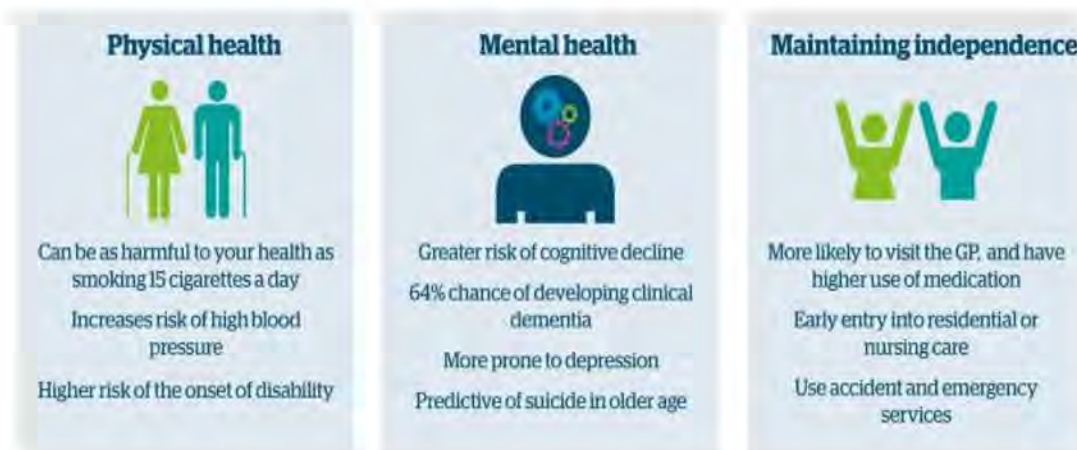
[35] https://images.app.goo.gl/fg7RSH7Ep8AFPbGA9

Health implications of Social Isolation and Loneliness

Social isolation and loneliness are a public health crisis that needs to be addressed[36]. Research indicates that isolation is not only a social problem, but it can also pose serious challenges for the public health system[37]. People experiencing social isolation and loneliness are more susceptible to serious health concerns, this creates a significant public health burden for the Queensland and local Governments. There is an identified link between social isolation and loneliness creating an onset of chronic health conditions and preventable illnesses. Research has identified that people who are socially isolated or lonely are at a higher risk of premature mortality at rates comparable with other well-established risk factors such as; obesity, substance abuse, poor mental health, injury, and violence[38].

"The magnitude of [isolation's] effects on risk for death rivals that of ... obesity, physical inactivity, and air pollution."[39]

How does loneliness impact on our health?

Physical health

Can be as harmful to your health as smoking 15 cigarettes a day

Increases risk of high blood pressure

Higher risk of the onset of disability

Mental health

Greater risk of cognitive decline

64% chance of developing clinical dementia

More prone to depression

Predictive of suicide in older age

Maintaining independence

More likely to visit the GP, and have higher use of medication

Early entry into residential or nursing care

Use accident and emergency services

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[36] Health Affairs. (2020). Culture of Health; Social Isolation and Health.
https://www.healthaffairs.org/do/10.1377/hpb20200622.253235/full/brief-social-isolation-mortality-Holt-Lunstad.pdf
[37] Vic Health. (2019). Loneliness: a new public health challenge emerges.
https://www.vichealth.vic.gov.au/letter/articles/vh-letter-47-loneliness
[38] Health Affairs. (2020). Culture of Health; Social Isolation and Health.
https://www.healthaffairs.org/do/10.1377/hpb20200622.253235/full/brief-social-isolation-mortality-Holt-Lunstad.pdf
[39] Health Affairs. (2020). Culture of Health; Social Isolation and Health.
https://www.healthaffairs.org/do/10.1377/hpb20200622.253235/full/brief-social-isolation-mortality-Holt-Lunstad.pdf
[40] Image: https://www.klusster.com/portfolios/conscious-media-publishing/contents/2253

Social determinants of health

Social determinants of health are the conditions in which people are born, grow, live work and age. The circumstances are influenced by resources, distribution of money, power on both national and local levels[41].

Social determinants of health

These are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing:
[42]

Childhood experiences	Housing	Education	Social support
Family income	Employment	Our communities	Access to health services

The social determinants of health are widely responsible for health inequalities between individuals and communities, this is an important factor to associate with social isolation and loneliness due to compounding inequalities further exacerbating feelings of loneliness and social isolation[43].

Social determinants of health heavily influence people's experiences of social isolation and loneliness. People's experiences of prolonged social isolation and loneliness are often intensified and compounded by factors such as oppression, poverty, and stigma. The structural conditions in which people live, especially their levels of poverty, inequality, and social capital within their community can result in a range of negative health outcomes[44].

Section 12(1) of the United Nations (UN) International Covenant on Economic Social and Cultural Rights (ICESCR) states that "health is a fundamental human right, indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable

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[41] World Health Organisation. (nd). Social Determinants of Health.
https://www.who.int/gender-equity-rights/understanding/sdh-definition/en/

[42] Image: https://images.app.goo.gl/3hoFE2cWyEerqkxh8

[43] Haslam, S., McMahonm C., Cruwys, T., Haslam, C., Jetten, J., Steffens, K. (2017). Social Cure, what social cure?
https://doi.org/10.1016/j.socscimed.2017.12.020

[44] Australian Government. (2016). Social Determinants of health
https://www.aihw.gov.au/getmedia/11ada76c-0572-4d01-93f4-d96ac6008a95/ah16-4-1-social-determinants-health.pdf.aspx

standard of health conducive to living a life in dignity"[45]. The adverse health consequences due to social isolation and loneliness directly impact an individual's ability to achieve the highest attainable standard of physical and mental health. The Australian government is a signatory to this International Covenant and has an obligation to provide the resources and systems to support high standards of health to citizens.

Social Isolation and loneliness have been directly impacted by the COVID-19 pandemic and the mental health ramifications are important to acknowledge. COVID-19 has resulted in the implementation of "social distancing" measures to aid the prevention of the virus spreading, in addition to unprecedented state and international border closes. The ramifications of social distancing measures may disproportionately amplify and impact individuals with pre-existing mental health issues.

Data has identified the impacts of the COVID-19 pandemic on services and individuals. Frontline providers of telephone counselling such as Beyond Blue in Australia, have reported dramatic increases of people reporting feelings of anxiousness and loneliness[46]. The Australian Bureau of Statistics 'national household impacts of COVID-19 'surveyed one thousand adults during the pandemic and found that 28% of women and 16% of men reported feeling lonely as a result of social-distancing and home isolation[47]. Physical distancing measures put in place to reduce the spread of COVID-19 have had significant psychosocial ramifications for young people and adults. The experience of life and the changes made during the pandemic highlights the vital benefits that social connection makes to people's health and wellbeing.

Restrictions on social gatherings and the forced closure of many businesses resulted in job loss and home isolation, this is likely to have a negative effect on people's emotional and physical wellbeing and the social determinants of health. With the high amounts of job loss and home isolation it has resulted in health-related behaviours such as increased snacking, and junk food consumption[48]. In addition, older adults and those with disabilities often experience social isolation and loneliness at higher rates than others in society. The impact of COVID-19 has added an additional layer of disadvantage as the elderly and disabled are functionally dependent on family members or often supported by community services[49]. Due to the service limitations and visitations limited during COVID-19 as a precautionary measure, these cohorts have experienced a lack of direct socialisation and are experiencing high levels of loneliness[50]. As a result of prevention measures individuals who have been identified as high risk have been isolated and receiving minimal support often only engaging with paid employees. The high levels of mandatory social distancing and the associated

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[45] https://www.ag.gov.au/rights-and-protections/human-rights-and-anti-discrimination/human-rights-scrutiny/public-sector-guidance-shee ts/right-health#what-is-the-right-to-health

[46] Beyond Blue. (2020). Beyond blue welcomes new funding for new COVID-19 support service. https://www.beyondblue.org.au/media/media-releases/media-releases/beyond-blue-welcomes-funding-for-new-covid-19-support-service

[47] Australian Bureau of statistics. (2020). Household Impacts of COVID-19 Survey https://www.abs.gov.au/statistics/people/people-and-communities/household-impacts-covid-19-survey/latest-release

[48] Relationships Australia. (2020). Neighbour day; in the time of COVID-19 pandemic. p10 http://www.relationships.org.au/what-we-do/research/neighbour-day-2020-evaluation-report/NeighbourDay2020EvaluationSummary Report.pdf

[49] The Campaign to End Loneliness. (2020). Addressing loneliness in lockdown and beyond: how can communities support residents experiencing loneliness? [Report] https://www.campaigntoendloneliness.org/wp-content/uploads/Addressing-loneliness-in-lockdown-and-beyond-report-2.pdf p.2

[50] Smith, B. Lim, M. (2020). How the COVID-19 pandemic is focusing attention on loneliness and social isolation. https://doi.org/10.17061/phrp3022008

uncertainty of the duration of COVID-19 safe measures have resulted in social isolation and loneliness further compounding the social determinants of health.

A shared social identity approach has been identified as a vital source of social capital that proves imperative when addressing public emergencies such as COVID-19. A report completed by Haslam et al has highlighted the importance of policy initiatives incorporating a social identity approach, especially in times of uncertainty and fiscal austerity[51]. It is a key time for the Queensland government to support the social needs of society to address social isolation and loneliness.

Social Prescribing

The international approach

Australia's work on social isolation and loneliness is an emerging field of practice and research. Research outcomes from other countries such as the United Kingdom indicate that initiatives put in place to address social isolation and loneliness are creating positive outcomes for service users[52]. It is important to utilise the research conducted by the United Kingdom as a benchmark for Australian research and implementing relevant initiatives to address social isolation and loneliness.

The United Kingdom has been at the forefront of social isolation and loneliness approaches and research. The United Kingdom has a Minister for Loneliness whose role is to bring together health services, businesses, local authorities, charities, and community groups[53]. The role aims to raise awareness of loneliness and help people build connections to lead happier and healthier lives. The Minister for Loneliness calls on mayors, council leaders, public sector leaders, business leaders, employers, community and volunteer groups, and everyday citizens as it has been recognized that government alone cannot solve the public health epidemic of social isolation and loneliness.

Current approaches in the United Kingdom provide insight into how to effectively address social isolation and loneliness. A key approach that has been utilized in the United Kingdom is social prescribing; healthcare providers recognized the importance of the determinants of health and social factors in patient wellbeing and outcomes. Social prescribing has resulted in positive patient outcomes, those involved valued the social relationships they were able to create through the social prescribing network[54]. Social prescribing was able to improve individuals' feelings of community belonging and reduced loneliness. As a part of the social prescribing scheme, a link-worker is utilized to refer patients to non-medical group programs in the community which has been linked to greater community belonging and positive outcomes. A link worker is able to work from an asset-based community development approach which includes working with local communities to tap into

[51] Haslam, C., Jetten, J., Haslam, A. (2012). Advancing the social cure: implications for theory, practice, and policy. https: doi://10.4324/9780203813195-27

[52] The Campaign to End Loneliness. (2015). Promising Approaches to reducing loneliness and social isolation in later life. [Report] https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf

[53] Government UK. (2018). PM Launches Governments first Loneliness Strategy.https://www.gov.uk/government/news/pm-launches-governments-first-loneliness-strategy

[54] Kellezi, B., Wakefield, J., Stevenson, C., McNamara, N., Mair, E., Bowe, M., Wilson, I., Halder, M. (2019). The social cure of social prescribing. doi: 10.1136/bmjopen-2019-033137

existing resources, knowledge, and capacity. This effective approach seeks to understand neighbourhoods in terms of individual and community assets and the formal and informal social relationships that exist. This results in delivering social outcomes for people in the community so reduced loneliness can be encouraged and sustained.

Developed by the community, for the community
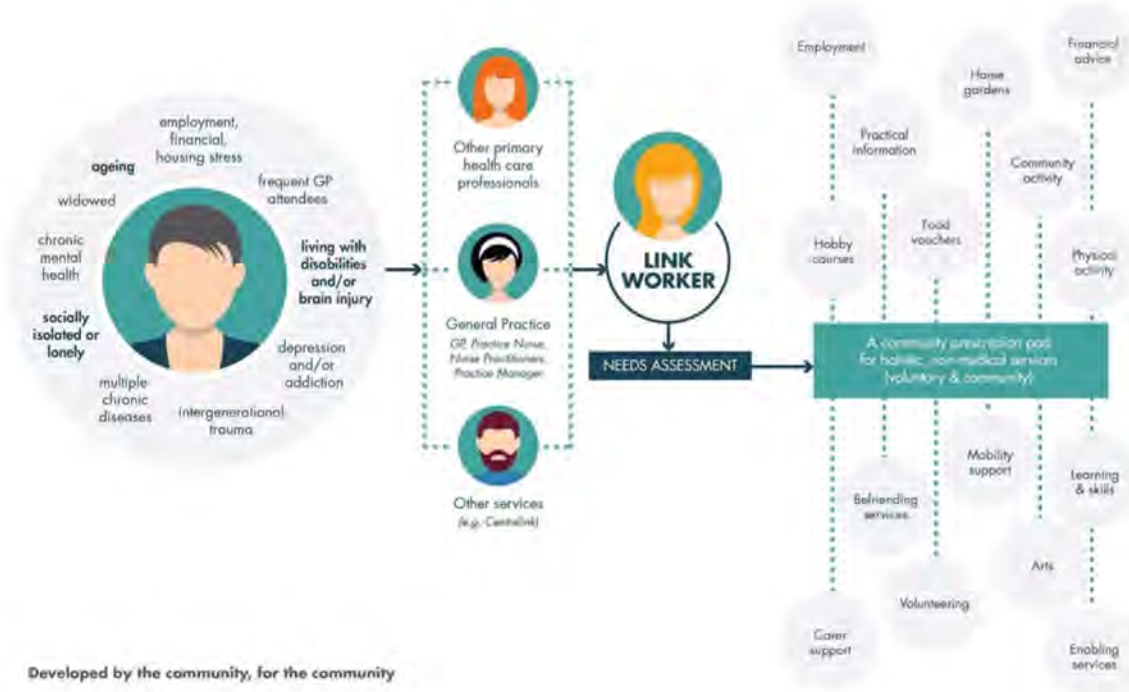
55

A promising approach includes a risk stratification tool used by general practitioners. This tool is utilized when patients are identified as needing non-clinical means of support to improve their health and wellbeing and are referred to the social prescribing scheme. This approach has been proven to result in better social and clinical outcomes and additionally a more cost-effective use of the healthcare system as General practitioner visits is less, and individuals are provided the relevant support they require[56].

A unique health initiative has also been created in the United Kingdom. This initiative involves wellbeing officers providing one-on-one sessions to guide patients through a structured wellbeing review which identifies social issues that may be causing or exacerbating physical health concerns. This individualized approach helps individuals overcome challenges by identifying personal strengths and wider sources of support within their community[57].

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[55] https://images.app.goo.gl/7mrYXhwzZbGLqmkKA

[56] Rotherham CCG, (2020), Social Prescribing, http://www.rotherhamccg.nhs.uk/social-prescribing.htm

[57] Wellbeing Enterprise, (2019), Halton Community Wellbeing Practices; Evaluation Report.https://www.wellbeingenterprises.org.uk/core/media/WE-Community-Wellbeing-Practices-Impact-Report.pdf

Local implementation of Social Prescribing Strategy

The Ways to Wellness pilot program in Mt Gravatt has been created to address social isolation and loneliness through a social prescribing scheme in partnership with the University of Queensland and Queensland Community Alliance[58]. The Ways to Wellness Social Isolation Project is a local model in Queensland that is utilising the social prescribing model. The social isolation project provides community members and organisations the opportunity to refer individuals within the community who have been identified as socially isolated or experiencing feelings of loneliness. A community link worker connects socially isolated members of the community to meaningful programs through the social prescribing resources. The health care link worker receives referrals from GPs and local primary health care providers and links patients to relevant group supports within the community[59].

The University of Queensland's research project led by Dr Dingle, will examine the effects of the social prescribing project alongside Mt Gravatt's Ways to Wellness Program[60]. The research project aims to utilise the research findings to develop a model to address social isolation and loneliness that can be utilised Australia wide.

The Role of Community Centres

Community centres play a vital role in responding to the public health crisis of social isolation and loneliness. Community centres build the communities and individuals capacities for social inclusion and community interaction. Community centres are an indispensable asset to the community, they are inclusive, embracing of diversity and are safe and welcoming spaces within the community. Community centres are a starting point to addressing and filling the gaps of service delivery in relation to social isolation and loneliness[61]. Community Centres are the "conduit for communities helping each other and themselves"[62] that are inclusive of "community members, business, essential services and government"[63].

Community centres provide a link to various community agencies and supports which is key in creating a social isolation and loneliness framework for practice. A social isolation and loneliness framework for practice which provides insights and maps local assets, capabilities, relationships and provision within communities. In the Queensland Council of Social Service (QCOSS) 2017 report, the significance of a placed based approach was highlighted because it incorporates "local responses and [fosters] stability and meaning within [local] communities"[64]. The Queensland community centre approach provides services to all people in the community delivering activities, practical help and support. This is consistent with the United Kingdom approach, which has proven beneficial to

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[58] Ways to Wellness. (2019). Two Projects- One Goal. https://waystowellness.org.au/about/

[59] Ways to Wellness. (2019). Two Projects- One Goal. https://waystowellness.org.au/about/

[60] The University of Queensland. (2019). Tackling the growing problem of loneliness and isolation. https://www.uq.edu.au/news/article/2019/07/tackling-growing-problem-of-loneliness-and-isolation

[61] The Campaign to End Loneliness. (2015). *Promising Approaches to reducing loneliness and social isolation in later life.* [Report] https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf

[62] Queensland Council of Social Service. (2017). Queensland Neighbourhood Centres Community consultation results paper [Report] https://www.qcoss.org.au/wp-content/uploads/2019/05/Neighbourhood-Centre-IMS-Report-FINAL-for-web.pdf p.8

[63] Queensland Council of Social Service. (2017). Queensland Neighbourhood Centres Community consultation results paper [Report] https://www.qcoss.org.au/wp-content/uploads/2019/05/Neighbourhood-Centre-IMS-Report-FINAL-for-web.pdf p.8

[64] Queensland Council of Social Service. (2017). Queensland Neighbourhood Centres Community consultation results paper [Report] https://www.qcoss.org.au/wp-content/uploads/2019/05/Neighbourhood-Centre-IMS-Report-FINAL-for-web.pdf p.19

combating social isolation and loneliness. Age UK also identified the importance of placed based approaches as it creates an environment for stakeholders to engage in collaborative processes to address issues that are experienced in a geographical region[65].

During COVID-19 and the period of crisis as a result, Relationships Australia identified the importance of individuals connecting with their community and neighbours which increased individual and community wellbeing[66]. Despite social distancing measures being introduced, the results of the study identified participation and connectivity within people's neighbourhoods was linked to better mental wellbeing and reduced feelings of loneliness. This is vital in the importance of strengthening and funding community centres in the rebuilding of Queensland after COVID-19 as a third space for people to connect, engage, learn and participate. Relationships Australia identified that people who strongly identify with multiple groups and their neighbourhood are better supported and protected in their mental wellbeing; this is particularly true in a crisis such as the COVID-19 pandemic as it provides the access to support from people that they identify and connect with[67]. There is no way for community centres to do all these wonderful things on their current funding levels.

Community centres currently receive funding from a variety of resources; however, the base level funding is provided through Department of Communities, Child Safety and Disability Services (DCCSDS) for only 1.5 paid staffing positions[68] per centre. Additional funding is received through project grants, donations or community led fundraising endeavours. Community centres rely heavily on volunteer participation to be able to meet the needs of community and deliver activities and services, this creates operational challenges in service coordination, operating hours, staff having to work alone, or staffing rosters affected by unreliable volunteers or volunteers that are not suitably trained to meet the needs of service delivery [69]. In the QCOSS 'Queensland Neighbourhood Centres Community Consultation results paper' of 2017, a common response from community centre staff was feeling the tension in responding to and working with the local needs of the community, and meeting their funding requirements[70]. It was further articulated that community centres "want to be able to do more; to operate safe working environments; and, to be recognised as essential social infrastructure"[71] by the state government.

Additionally, community Centres provide culturally inclusive services with more than 80% of the 124 community centres in Queensland, demonstrating their ability to actively engage with and support

[65] Marmita, M., Reid, C. (2013), Guidelines and Toolkit for Social Connection Initiatives.
https://www.gvpcp.org.au/wp-content/uploads/2017/01/2016-Social-Connections-Toolkit.pdf p.57

[66] Relationships Australia. (2020). Neighbour day; in the time of the COVID-19 pandemic. p8
http://www.relationships.org.au/what-we-do/research/neighbour-day-2020-evaluation-report/NeighbourDay2020EvaluationSummaryRep
ort.pdf

[67] Relationships Australia. (2020). Neighbour day; in the time of the COVID-19 pandemic. p10.
http://www.relationships.org.au/what-we-do/research/neighbour-day-2020-evaluation-report/NeighbourDay2020EvaluationSummaryRep
ort.pdf

[68] Queensland Council of Social Service. (2017). Queensland Neighbourhood Centres Community consultation results paper [Report]
https://www.qcoss.org.au/wp-content/uploads/2019/05/Neighbourhood-Centre-IMS-Report-FINAL-for-web.pdf p.5

[69] Queensland Council of Social Service. (2017). Queensland Neighbourhood Centres Community consultation results paper [Report]
https://www.qcoss.org.au/wp-content/uploads/2019/05/Neighbourhood-Centre-IMS-Report-FINAL-for-web.pdf p.13

[70] Queensland Council of Social Service. (2017). Queensland Neighbourhood Centres Community consultation results paper [Report]
https://www.qcoss.org.au/wp-content/uploads/2019/05/Neighbourhood-Centre-IMS-Report-FINAL-for-web.pdf p.5

[71] Queensland Council of Social Service. (2017). Queensland Neighbourhood Centres Community consultation results paper [Report]
https://www.qcoss.org.au/wp-content/uploads/2019/05/Neighbourhood-Centre-IMS-Report-FINAL-for-web.pdf p.5

community members from both Aboriginal Torres Strait Islander (ATSI) and CALD backgrounds[72]. Given that the research analysis showed a lack of a cultural lens and cultural understanding in relation to social isolation and loneliness, community interviews were conducted with leaders of different cultural community groups to supplement the gaps identified in the research and to better understand the role of community centres and spaces. Meetings were conducted to gain a localised and diverse cultural understanding of how social isolation and loneliness is impacting different community groups in the South East Queensland metropolitan area.

The conversations provided insight into the Queensland context and how community members thought the issue could be addressed on a community level. Language barriers were a key concern of CALD community leaders stating many community members face social isolation and loneliness due to language barriers. In addition, a lack of cultural appropriate services further implements barriers to CALD communities trying to address social isolation and loneliness. A recurring theme identified to address social isolation and loneliness was the use of grassroots initiatives as culturally safe and appropriate approaches to address social isolation and loneliness. Grassroot initiatives involve local communities formulating their own activities and initiatives to best respond to the needs of their communities. The community meetings provided insight and knowledge of responding to social isolation and loneliness in a culturally appropriate and informed way.

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[72] Queensland Council of Social Service. (2017). Queensland Neighbourhood Centres Community consultation results paper (Report) https://www.qcoss.org.au/wp-content/uploads/2019/05/Neighbourhood-Centre-IMS-Report-FINAL-for-web.pdf p.16

Conclusion

In conclusion, it is apparent that social isolation and loneliness are an increasing public health concern within Queensland and the wider Australian context. Queensland Community Alliance has requested that a parliamentary inquiry is undertaken within the first 12months of the new parliament; based on the commitments made during the Alliance Election Assembly. The parliamentary enquiry will provide the basis of a social isolation and loneliness strategy that addresses the whole-of-person, whole-of-community and a whole-of-government approach. Community centres are the "conduit for communities helping each other...reducing social isolation...and support the social fabric of communities"[73] in both good times and bad. The current climate of uncertainty from COVID-19 in Queensland highlights the greater community need and importance of mobilizing socially inclusive resources and practices[74]. Within the context of social isolation and loneliness the associated costs with implementing social identity resources such as social prescribing will be outweighed by the positive influences on societal health, physical health and well-being.

"Society can afford the social cure that the social identity approach promises, but whether it can afford not to have it."

In recap, the 'All the Lonely People' report identified five key recommendations for the parliamentary inquiry into social isolation and loneliness;

- o A parliamentary enquiry to investigate the impact of social isolation and loneliness to create a more inclusive Queensland.

- o The ample funding of community centres to build social inclusion, empowerment, community interaction, pathways of education and employment, resilience and social cohesion.

- o The creation of a ministerial portfolio for social isolation and loneliness to prioritise the issue within the political agenda.

- o Raise the profile of social isolation and loneliness through state government media and educational channels.

- o The implementation of health and wellbeing boards.

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[73] Queensland Council of Social Service. (2017). Queensland Neighbourhood Centres Community consultation results paper [Report]. https://www.qcoss.org.au/wp-content/uploads/2019/05/Neighbourhood-Centre-IMS-Report-FINAL-for-web.pdf p.10

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Glossary

Asset Based Community Development (ABCD): "working with existing resources and capacities … to build something with the community … focus on individual and community 'assets' rather than 'deficits'"[75] such as problems and needs.

Community Centres (Neighbourhood Houses): Neighbourhood houses and centres are not-for-profit, community organisations, all of which share a community development and socially inclusive approach to the delivery and provision of services and activities for socially isolated and disadvantaged local communities. [76]

Diversity: a range of human perspectives reflected in characteristics such as age, class, gender, ethnic origin, ability, sexual orientation, religion, education, marital status, employment, cultural values and beliefs[77]

Link Worker: (referral agent or navigator) acting as a bridge between primary care and community resources[78]

Loneliness: A state of negative affectivity accompanying the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships. [79] Loneliness is defined as a subjective feeling of social isolation that is more related to the perceived quality rather than the quantity of relationships.[80]

Social Determinants of Health: factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family that have considerable impacts on health[81]

Social Exclusion: the range of dimensions which marginalised people and reduce their opportunities to engage in social or civic life[82]

Social Inclusion: refers to a society where all people are able to make valuable contributions in their communities, neighbourhoods and families if their needs are met with dignity, their differences are respected, and their involvement is recognised[83]

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[75] The Campaign to End Loneliness. (2015). *Promising Approaches to reducing loneliness and social isolation in later life* [Report] https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf

[76] Marotta, M., Reid, C. (2013). Guidelines and Toolkit for Social Connection Initiatives. https://www.gvpcp.org.au/wp-content/uploads/2017/01/2016-Social-Connections-Toolkit.pdf

[77] Marotta. M., Reid, C. (2013). Guidelines and Toolkit for Social Connection Initiatives. https://www.gvpcp.org.au/wp-content/uploads/2017/01/2016-Social-Connections-Toolkit.pdf

[78] Helen J. Chatterjee, Paul M. Camic, Bridget Lockyer & Linda J. M. Thomson (2018) Non-clinical community interventions: a systematised review of social prescribing schemes, Arts & Health, 10:2, 97-123, DOI: 10.1080/17533015.2017.1334002 p. 115

[79] Mann, F., Bone, J., Lloyd-Evans, B., Frerichs, J., Pinfold, V, Ma, R., Wang, J., Johnson, S. (2017). A Life less lonely: The state of the art in interventions to reduce loneliness in people with mental health problems.p.628. Doi 10.1007/s00127-017-1392-y

[80] Neighbourhood Houses Victoria. (2020). Social isolation and loneliness – a neighbourhood house perspective. [Report] https://www.nhvic.org.au/Handlers/Download.ashx?IDMF=788b274c-ac2b-4901-a655-eb425dfd2d65 p.2

[81] Marotta, M., Reid, C. (2013). Guidelines and Toolkit for Social Connection Initiatives. https://www.gvpcp.org.au/wp-content/uploads/2017/01/2016-Social-Connections-Toolkit.pdf p. 159

[82] Marotta, M., Reid, C. (2013). Guidelines and Toolkit for Social Connection Initiatives. https://www.gvpcp.org.au/wp-content/uploads/2017/01/2016-Social-Connections-Toolkit.pdf p. 159

[83] Marotta, M., Reid, C. (2013). Guidelines and Toolkit for Social Connection Initiatives. https://www.gvpcp.org.au/wp-content/uploads/2017/01/2016-Social-Connections-Toolkit.pdf p. 159

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Social Isolation: The inadequate quality and quantity of social relations with other people at the different levels, where human interaction takes place (individual, group, community, and the larger social environment)[84] Social isolation related to objectively quantifiable social contacts and network size[85]

Social Prescribing: "A mechanism for linking patients with non-medical sources of support within the community. It is a means of addressing mental, psychosocial, or socioeconomic issues, and enhancing community well-being and social inclusion"[86]

Third Spaces: "public places on neutral ground where people can gather and interact...the third space is remarkably similar to a good home in the psychological comfort and support that it extends...They are the heart of a community's social vitality"[87]

[84] Mann, F., Bone, J., Lloyd-Evans, B., Frerichs, J., Pinfold, V, Ma, R., Wang, J., Johnson, S.   (2017). A Life less lonely: The state of the art in interventions to reduce loneliness in people with mental health problems. Doi 10.1007/s00127-017-1392-y

[85] Neighbourhood Houses Victoria, (2020). Social isolation and loneliness – a neighbourhood house perspective. [Report] https://www.nhvic.org.au/Handlers/Download.ashx?IDMF=788b274c-ac2b-4901-a655-eb425dfd2d65 p.2

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[87] https://www.pps.org/article/roldenburg

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