

Submission to the Queensland Parliamentary Inquiry into Social Isolation and Loneliness (2021) from the School of Public Health and Social Work, Queensland University of Technology (QUT)

Corresponding Author:

Dr Shane Warren, Lecturer, School of Public Health and Social Work, QUT

Email – [REDACTED]

Post Address: School of Public Health and Social Work, OD Block, Victoria Park Road, Kelvin Grove QLD 4059

Contributing Authors:

Ms Amanda Probert, Associate Lecturer, Social Work & Human Services Field Education

Ms Rebecca Moraa Nyabuti, Social Work Student

Ms Ann Callaghan, Social Work Student

Mr Josiah Roberts, Social Work Student

Ms Anna Coutts, Social Work Student

Ms Indigo Nguyen, Social Work Student

Ms Antonia Medhurst, Social Work Student

Ms Selina Cullen, Social Work Student

Ms Ell Harrison, Social Work Student

Ms Sylvia Dera, Social Work Student

Ms Michelle Willis, Social Work Student

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1.0 Introduction

The social work and human services students and staff of the School of Public Health and Social Work provide this submission to the *Queensland Parliament Community Support and Services Committee Inquiry into Social Isolation and Loneliness in Queensland*. The school provides critical human services and social work education to domestic and international students, many of whom graduate and work in front line government and non-government agencies focused on supporting community members experiencing social isolation, disadvantage and loneliness.

This submission has been developed through contributions from academic staff within the school and also third and fourth-year social work students and master's level social work students on placement with agencies where social isolation and loneliness are major issues affecting clients and community members. Although social isolation and loneliness have impacted Queensland communities for some time, the COVID19 pandemic has greatly elevated these public health issues as major public policy matters.

2.0 The community impacts of social isolation and loneliness

Social isolation and loneliness affect different people and groups in different ways. The national and international literature on social isolation and loneliness identifies the distinctions and the commonalities between these two terms, as noted by Gardner & Gott (2016: 4th paragraph)

Social isolation refers to the objective absence or paucity of contacts and interactions between a person and a social network, whereas loneliness refers to a subjective feeling state of being alone, separated or apart from others, and has been conceptualised as an imbalance between desired social contacts and actual social contacts (source <https://doi-org.ezp01.library.qut.edu.au/10.1111/hsc.12367>)

The two concepts are often inter-related and are used inter-changeably. Analysis of literature of peer reviewed social work and related journals notes that most social isolation and loneliness themed literature is specifically about the experiences of older people (Gardner & Scott, 2016). In preparing this submission, advice was obtained from people with lived experiences of social isolation and loneliness, as well service users, social work students, social workers, managers and other professionals about their practice assisting people experiencing

these issues. Collectively this advice and social work practice wisdom shows social isolation and loneliness impact a broad range of social, cultural and demographic groups within the community. This submission will explore the implications of social isolation and loneliness for the following groups: seniors and the ageing population; culturally and linguistically diverse (CaLD) communities; rural and farming communities; young people including young people with a disability and young people at risk of, or experiencing, homelessness; and First Nations peoples and communities. We acknowledge there are other groups also impacted by social isolation and loneliness and that their issues are also important however they are outside of the scope of our submission. This submission will briefly describe the impacts of social isolation and loneliness on these specific cohorts.

2.1 Implications of social isolation and loneliness for different groups and communities

2.11 Seniors and ageing populations – (in residential and community settings).

This population faces issues of frailty and loss of mobility thereby they rely on others to visit and offer social support and assistance, such as driving to appointments. In addition to these physical changes, older populations experience grief through loss of partners and friends and living further from their families. For this population, social isolation and loneliness are often compounded by their living conditions and experience of poverty. Research has shown social isolation and loneliness are risk factors for declining physical and mental health including some studies identifying the association of isolation and loneliness with increased risk of mortality in older men (Warr et al., n.d.; AIHW, 2019).

2.12 CALD communities – (Including refugees, asylum seekers, skilled migrants, international students, accompanying family members through family re-unification schemes).

These communities often face barriers to social integration and a sense of belonging and independence in their host nations, placing them at high risk of experiencing social isolation and loneliness, coupled with factors such as ‘homesickness’, family role disruptions and resettlement pressures. Feelings of loneliness and isolation expose them to experiences of depression, anxiety, and PTSD (Warr et al.,n.d.).

2.13 Rural and farming communities.

In Australia, it is reported that farmers in general have poorer health outcomes, and this includes reporting higher suicide rates, which can be closely linked to physical, psychological and cultural isolation (Perceval et al., 2017). The Australian Bureau of Statistics (2020) and community based mental health organisations such as Beyond Blue report that isolation and challenges accessing services are contributing factors to declining mental health in men living in rural and remote communities.

2.14 Young people including young people with a disability and young people at risk of, or experiencing homelessness

Young people with a disability

Unfortunately, due to the neoliberal and individualistic influences of Australia's society and policy, many young people are being left behind. Rejection of systems designed to create opportunities for community and connection, for example schools, are instead pushing young people further into isolation. Suspensions and school exclusion issues are forcing young people away from peers and other connections, reducing individuals to the 'out of sight, out of mind' mentality seen in Australia's checkered history of disability 'support'.

Young people living with disability continue to be at risk of being relinquished by families into the child safety system, not because families do not want to support them but because the current climate is driving families to the point of exhaustion. The young people are never the problem; nor is having a disability a problem. The real issue is the expectation that all young people suit a one-size fits all when it has been seen time and again that this is not the case. Individuals are unique but through suspensions, expulsions and overall rejection, young people can internalise the message that they are not enough. Social isolation is a complex issue and one deeply felt across the disability community.

Youth at risk of, or experiencing, homelessness

In many regions across Queensland, such the Gold Coast, youth support services are limited in their capacity to support young people due to a lack of resources, vacancies, and housing options. For young people experiencing homelessness or who are at risk of homelessness, social isolation and loneliness are key factors in the risk of transitioning to adult homelessness (Johnson, 2008) . Homeless young people are highly susceptible to losing positive support networks, particularly school, friends, and family. Broader community

interactions are often framed by stigma, shame, and judgment due to their housing stasis, resulting in negative emotional consequences for young people. Many new homeless young people are isolated, confused, and seeking information to survive homelessness. Many young people will foster new networks within the homeless community, and some of these networks are unproductive to exiting homelessness. These young people may seek relationships and companionship within the homeless population, often through crisis accommodation, couch surfing, and community hubs. Young people within the homeless population will connect via social media channels, phone, and texting to maintain relationships across the Gold Coast population and form relationships across the internal homeless communities. Couch surfing is typically a preferred option due to the lack of suitable community housing and their capacity to remain connected with friends, family, and support systems. With no formal support systems or screening processes for couch providers, some couch providers may exploit or abuse the service gap. However, even positive couch surfing relationships will break down due to the additional strain on the individual or family involved.

2.15 First Nations peoples and communities

First Nations peoples and communities are severely impacted by social isolation and loneliness and these issues compound structural disadvantage. Western constructs of social isolation and loneliness need greater discussion and critique when being considered for First Nations peoples and communities. Evidence shows social isolation and loneliness have a great impact on the health and wellbeing of First Nations communities. Beyond Blue report that in 2019, Aboriginal and Torres Strait Islander peoples are:

- Twice as likely to die from suicide than non-Indigenous Australia;
- Three times more likely than non-Indigenous Australians to experience psychological distress; and
- Experience increasing levels and types of racism that impact wellbeing.

(Source: <https://www.beyondblue.org.au/media/statistics>)

More work is urgently needed to understand the impacts of social isolation and loneliness amongst First Nations peoples and communities and the range of culturally safe strategies and services that are helpful.

3.0 The effects of social isolation and loneliness on individual, family and community health and wellbeing

Loss of skills contribution and income

Low socio-economic communities often experience more severe forms of social isolation and loneliness. Single parent households often lack support with childcare which impacts opportunities to secure employment; and communities with higher populations of members from marginalised and vulnerable groups experiencing social isolation and loneliness report heightened health risks associated with use of drugs and alcohol as coping strategies. These challenges significantly reduce opportunities for members residing in these areas to be engaged with employment, education institutions and the means to access services.

Commercialisation of loneliness and social isolation

Wang et al. (2021) discusses loneliness in the post-COVID era and explores the issues associated with lockdowns and restrictions; reduced opportunities for community access and participation such as going shopping and social events. There is also evidence of an increase in risky behaviours such as gambling to derive a sense of social assurance and connection. This article labels people experiencing social isolation and loneliness as ‘lonely consumers’ and discusses a co-relation between attachment to non-human material possessions that result in the person experiencing more severe forms of social isolation and loneliness.

Links to other social and economic issues

It is important to highlight that social isolation and loneliness may also be amplified by factors such as:

- national and climatic disasters (drought, fires), limited access to mental health and wellbeing services or longer waiting periods, shame and stigma associated with feelings of isolation- for farmers;
- anti-immigration attitudes and opinions, language barriers, resettlement challenges in host countries, racism and discrimination and nationalist ideas, trauma from being of refugee status- for CALD communities;
- poverty because of unemployment and low education levels for young people feeling lonely and socially isolated;
- engagement with behaviours that are deemed risky, such as drug and alcohol use, and gambling;

- strain on health professionals affecting quality of health care available for everyone.

4.0 The impacts of COVID-19 on social isolation and loneliness

COVID-19 has had major impacts on the experience of isolation and loneliness on individuals and families due to statutory requirements of lockdowns and social restrictions, as well as the impending fear of contracting the virus. However, it is important to note COVID-19 is not the sole cause of social isolation and loneliness and these risks existed in communities long before the pandemic began. Rather, COVID-19 has exacerbated the experience of social isolation and loneliness and the extent of the impact on human life. Unfortunately, the impacts of COVID-19 are heightened due to the reduced capacity and availability of community services. Due to fears surrounding the spread of COVID-19, pressures to socially distance from one another and lifestyle changes implemented during the pandemic, social isolation and loneliness has been complex and impacted different group members in different ways.

Many social services and organisations have had to reduce their staff and availability of programs and services offered due to COVID-19. This is due to the lockdown and social restrictions' laws enforced by the government. Although community organisations are classified as 'essential services' during lockdown periods, organisations are forced to run on skeleton staff and offer only services such as emergency relief. This has occurred despite the reported increase in people accessing these services during the pandemic.

Increased demand for employment and income support during COVID-19 has also been reported. This has included financial support and emergency relief due to job loss and job uncertainty, increased need for counselling services due to the fear, anxiety, confusion and major life changes caused by the pandemic, and an increased need for social supports due to the major social isolation impacts (Cortis & Blaxland, 2020). Despite social isolation peaking historically in our communities, social support groups were amongst the first to be cancelled due to social distancing requirements and the dominant discourse not prioritising socialisation in the pandemic. Other services offered by organisations were predominantly moved to online service delivery where possible, which brought its own set of barriers and challenges.

Many people in the community have expressed feeling uncomfortable receiving support remotely, especially within mental health services such as counselling. Some community members do not have access to the privacy in their home required to feel comfortable, whereas others simply would rather wait until they can be seen in person. There is also the issue of

clients needing to have the technological capacity to receive remote support as some find it very difficult to navigate the technology used. Furthermore, some of the most vulnerable people do not even have access to phones or the internet due to financial, infrastructural or technical skill reasons. Remote delivery can also be especially hard to engage with new clients where there is no prior rapport and trust built. These barriers directly impact service users' ability to connect with services, and therefore act as a barrier to social connection. Lastly, there is also the question around the quality of connection people are able to experience over phone and video chat as opposed to face-to-face interaction.

Lockdowns imposed by the different jurisdictions to halt the spread of the virus have been important to safeguard the public health and safety of citizens but have also isolated individuals in their homes for days, weeks and even months. This has had many impacts on people's loneliness and feelings of isolation, as well as residual effects due to the increase in fears surrounding socialising once out of lockdown. In lockdown there is no face-to-face socialising with members from other households in environments such as cafes, bars, community centres and people's homes that would usually be places to socialise and connect with others. These lockdowns and social distancing mandates also inhibit the forming of new friendships and connections. Where individuals could previously meet others and form new connections through a variety of social opportunities that arise through everyday socialising in public, there has been a significantly reduced capacity for this to occur. This makes it more difficult for people to feel connected and part of a community. It also heightens feelings of loneliness if people are not able to form relationships that they otherwise would have.

Another lifestyle change brought on by COVID-19 is the shift for many people to working from home. This is again another socially isolating change for people, due to reduced in-person interactions with people at work. The increased reliance on technology as the means through which we communicate in this COVID-19 era can also be isolating for those who cannot access the technology or who do not feel comfortable or have the skills and/or ability to use it. This issue is of increased significance due to domestic and international border closures. Closures mean people previously able to visit family members or friends in other states or countries must instead rely on the phone or communication platforms such as apps and video chats. These socially distanced methods of communication cannot fully substitute for the face-to-face interactions that would otherwise be possible. Due to border closures and lockdowns, people have also missed important life events such as weddings, funerals and births and while technology such as live streams mean people can partially view events virtually, there is still a disconnect when people are not able to be together during these times.

5.0 Increased demand and pressures on community and non-government service providers

Community service providers, particularly in mental health, are adjusting their service delivery and objectives to ensure their programs recognise social isolation and loneliness presents differently depending on context. For example, service providers of mental health services have received referrals from GPs because of increased need for ‘a friend to have a chat with’ or people that have been assessed to receive mental health interventions where their primary need includes ‘wanting a platform for social connection’. Mental health services providers have seen a significant shift from offering individual therapy to group-based therapy, which has been received well by participants whose primary needs include social connections with other members from the community. This has meant service providers must re-train staff, create new resources and content to cater for this demand and worry about funding of these initiatives.

Loneliness and social isolation have increased the demand for mental health and wellbeing services (both clinical and non-clinical) upon service providers that are already burdened and operating with fewer labour resources.

6.0 Initiatives and strategies that are working

6.1 Community hubs

Community Hubs Australia is a grassroots not-for-profit organisation with the simple mission of building more cohesive, connected communities. Based out of schools, hubs are welcoming spaces that engage primarily migrants, in particular mothers with young children, to connect, share and learn. While supporting families to integrate and participate in their new environment, hubs also provide practical support networks, access to health, education, employment and housing services—breaking down barriers which traditionally structurally isolate members within our communities.

The community hubs in Logan – place-based initiatives that make positive impacts on social isolation and loneliness

Logan is enriched by a highly culturally and linguistically diverse population, with over a quarter of its residents born overseas and almost 16 percent speaking a language other than English at home (Logan City Council, 2021). The region has become a heart for migrant and refugee arrivals, with over 217 nationalities and cultural backgrounds represented in the community. Logan experiences compounding disadvantages that isolate residents and lead to perceptions of neighbourhood disorder (Fong et al., 2021). Stigma exacerbates this isolation and potential feelings of loneliness amongst both individuals and the community as a whole.

Community hubs are established in areas such as Logan with high concentrations of refugees and migrants, and are situated within schools as safe and accessible spaces. The five Logan hubs are valuable for isolated families, particularly those with limited English, to connect them with the many local support services and programs available. While early childhood development, English lessons, education and employment pathways often motivate people to join the hub, the flow-on effects run much deeper. Hub doors are wide open, and inside is a warmth and genuine care that newly arrived migrants may not have experienced in some time. This cultivates an environment for members to build their own networks, the effects of which extend outside of hub hours and into the wider community.

Recognising the need for connection for many of its migrant and refugee residents, the community hubs in Logan organise various activities and support for children and adults with the aim of helping them adapt to life in Australia and build a stronger sense of belonging. The activities that promote inclusion and cohesion are:

- Play group, pre-prep transition, homework club, music therapy
- Classes: English, Zumba, swimming, sewing, quilting, fitness
- Vocational training and certificate programs
- Cultural activities: group cooking and cultural exchange

These activities bring people together and make time spent at the hubs more meaningful. They integrate mutual connection with capacity building to create and develop social webs. Activities such as play group encourage parents to engage with their children whilst also connecting with other families.

A particular highlight at one of the community hubs in Logan is the cultural cooking program. Organised in partnership with Metro South Health and hub members themselves, this weekly activity has the highest number of participants as it was developed in response to members' own desires and goals. It offers opportunities to get to know Australian cuisine, introduce diverse gastronomies and has developed into a space where women support and connect with each other:

“There’s a friendship, we share our food and culture.” – Tamil Women’s Focus Group.

The end goal is to build confidence and foster self-determination by allowing members to take responsibility for and control over the activity.

Community hubs also create safe spaces for their members to meet outside of the scheduled activities and receive advice and assistance from staff or volunteers. This allows them to build personal networks of support, connect with external support organisations or familiarise themselves with existing services they may be eligible for. These simple acts of service can be significant life lines for people facing the everyday challenges of visa restrictions, language barriers and lack of employment opportunities. Personal reflections supplied by hub members show how belonging to a community can reduce feelings of isolation and positively influence mental health:

“It [community hub] has helped me to socialise and to meet people. If the hub wasn’t here, it would be very hard. I would stay at home, cry and think about all my worries, it would be very difficult. The people here talk nicely to me and it’s really nice.”–
Rohingya mother

Loneliness and social isolation can’t be discussed without reflecting on the additional impacts the COVID-19 pandemic has brought to the lives of people in Queensland and globally. Lockdowns and subsequent community restrictions have necessitated changes to the ways in which community hubs and other organisations interact with their members and clients. Community Hubs Australia (in their *2020 Year in Review* report), noted that, instead of being detrimental to existing programs, the changes imposed by the pandemic highlighted the strength of the organisation. These established relationships offered safety and security to the hub’s culturally and linguistically diverse members during periods of unease. Familiarity with hub programs, staff and volunteers meant that potential difficulties with moving to online

platforms were significantly diminished, resulting in continued connections, a sense of belonging and, most importantly, a reduced sense of social isolation despite physical separation.

The diversity of groups like the Logan Together project, Neighbourhood Centres, Men's Shed Australia and Neighbour Day indicate the many factors that bring people together (such as common goals, language or experiences) and recognise cohorts that benefit from connection with like-minded individuals. The Logan Together initiative originally identified the individual needs of young children (in terms of early education) and their parents (in terms of parenting assistance) as areas for focus, but the rewards from this initiative have been felt by families and the community as a whole.

Grass roots initiatives like community hubs are often instigated from within and by the community itself rather than imposed in a top-down manner and as such are 'likely to be more successful' (Fong et al., 2021). This research is reinforced by the fact that five new community hubs are due to open in Queensland during 2021 – all of which are mobilised and supported by the communities they will service. Unfortunately, the call for additional hubs reflects the presence of marginalised or disadvantaged communities, and thus the importance of appropriate funding to hear and support the communities' calls.

Community hubs reflect only some of the various initiatives that help to reduce social isolation and loneliness for those who live in Queensland. It is recognised that there is a breadth of knowledge already collected by organisations such as *Ending Loneliness Together* in Australia, as well as numerous government and research agencies further afield, and suggest that their recommendations should be formally included in the Inquiry. Tackling social isolation and loneliness more broadly across the state will have compounding advantages; from improved health outcomes, promotion of social growth and more integrated self-sustaining communities. Investing in more interconnected, welcoming and supportive spaces that encourage meaningful contributions and exchanges benefits and enriches everyone. This is an opportunity to establish and nurture the gift of community.

6.2 New approaches to supporting young people with a disability and young people at risk of, or experiencing homelessness

The Extraordinary Initiative (TEI)

The Extraordinary Initiative (TEI) is a new grassroots not-for-profit organisation within the disability sector. TEI has been in the works for over 6 years established by the founding director's firsthand experiences of the hardships families can face when attempting to find appropriate service providers.

TEI's objective is to create spaces for young people living with a disability and their families to feel supported, connected and a sense of belonging. Many families with a young person living with a disability are regularly faced with the rejection of mainstream systems which are failing them. TEI strives to bridge this gap and assist families to navigate complex systems, aiming to create connection for the families to suitable service providers.

Youth homelessness services on the Gold Coast

Holistic multidisciplinary services such as *StreetCRED* have enabled a unique service for young people through outreach at night, offering support and service options across *QLD Health, Queensland Police, Gold Coast Youth Service, Street University, and Youth Justice*. Assertive outreach services with consistent community presence, resources, support services, and presence enable young people to develop stronger therapeutic alliances with community services. These services enable young people to have increased engagement with community services through shared decision making, to address issues such as mental and physical health, law, and court matters. The independent accommodation services such as the *Gold Coast Youth Foyer* enable long-term growth and development of life skills for young people. The foyer provides the practical experience of independent living under the supervision and case management of youth workers.

The gaps in the youth homelessness service system on the Gold Coast

Currently, the Gold Coast region only has one specific crisis accommodation for young people, *The Gold Coast Project for Homeless Youth*. With only one service available across the region, many vulnerable individuals are unable to access accommodation due to accessibility, demand, and the waitlist involved. Within the Gold Coast region, there is a lack

of crisis accommodation specifically for LGBTQIA+ and First Nations service users. While the current community and housing services are open for these specific groups, tailored services that specialise in these areas are important to support these individuals due to an increased vulnerability and susceptibility to experiencing discrimination, homelessness, and social isolation.

6.3 Stepping Stone Clubhouse (Metropolitan Brisbane) - How the Clubhouse model reduces isolation and loneliness.

The Stepping Stone Clubhouse in Brisbane have pioneered innovative responses to people experiencing social isolation and loneliness. Stepping Stone is based on the philosophy of the Clubhouse Model, which was established in New York in 1948. Currently there are over 55,000 adults with a mental illness in over 400 clubhouses in 32 countries. Clubhouse International (www.iccd.org) is a global network that promotes the development and success of clubhouses through its training and accreditation programs. Stepping Stone Clubhouse commenced in 1994 and is situated on the southside of Brisbane. Of the 400 International Clubhouses, Stepping Stone Clubhouse is one of ten international training bases, providing clubhouse training to clubhouses from all over the world.

The clubhouse model provides vital personal and mental health supports for people who are marginalised. The following service user quotes highlight the value of this service model:

“Clubhouse has helped me reduce my feelings of isolation and loneliness by giving me a place to contribute to a purpose larger than myself; that is a community working towards wellbeing for all involved. The shared purpose of the work and building community serves as a stronger basis for relationships that can help me feel more connected and less lonely”. – Clubhouse Member

“I have gone to other groups provided by mental health services where the focus has been solely on a way to improve mental illness individually like yoga, meditation, self care strategies and DBT. While it technically made an opportunity to be less isolated I found it wasn't enough to just be with people in a similar situation to reduce my loneliness on a meaningful level. There needs to be something outside of ourselves and our illness to focus on to be the basis for relationships. The focus of the work to be done leads to opportunities for people to have more natural conversations than what can

happen in therapeutic groups. There's more room for joking, not taking yourself too seriously and more balanced chatting. These are the types of interactions that help you connect with a sense of common humanity. This is what helps me to feel more like a person and less like an illness". – Clubhouse Member

"Also in the clubhouse model there is recognition that if you are struggling with a lot in dealing with a persistent mental health issue and that at some points in your life you need a higher level of support, acknowledgement and encouragement than probably will be available in a productivity focussed workplace. If I was in most of the workplaces available today I would feel lonely and isolated because I would be expected, and expect myself, to hide the significant struggles my mental illness is currently causing in completing work and interacting with people. I would ironically feel very alone despite being around many people". – Clubhouse Member

"Having a place to contribute helps my sense of worth because I'm doing what other adults do and what is culturally valued. This means I feel more a part of society and helps me to relate to people as a member of society and not someone less than and therefore not a part of it. This leads to having better quality interactions with people which helps reduce loneliness. Having this improved view of myself also helps me still feel connected to society even when I am not actually with any people". – Rebecca Stack (Clubhouse Member)

"As humans we are social animals. Mental illness does not only affect us biologically but also socially. The clubhouse helps me reduce isolation by doing the same things everyone else does. Which is work and play. I get up in the morning and rush to the clubhouse. I don't have time to be lonely because I need to assist with the training program. My experience is needed to guide new members and staff. I do not think of isolation as I am together with friends and I am more concerned with preparing zoom and for the upcoming discussion. There is nothing magical here, it is simply being needed, having a purpose and getting lost in it. By doing this I don't have time to be bored or think about the troubles in my life. Clubhouse reduces isolation quite simply by reconnecting members with the world". –Danny Kavanaugh (Clubhouse Member)

6.4 Social support groups for CALD women in Redbank Plains

The community hub in Redbank plains aims to help women get out of isolation and into the community and to be able to connect with other women in similar situation. Apart from just connecting and socialising with one another there are some planned activities like yoga and Zumba as well as healthy snacks and drinks. When the program went up on the Facebook group, a large number liked the idea and registered to be involved. The idea for this program came from when some women disclosed to one of the volunteers, that they were feeling lonely and isolated during a walking group program. The walking program promotes safety as women are fearful when walking alone in the suburb. Although the program is for all age groups, elderly women are encouraged to participate as they are the most vulnerable group in the area. Women from all cultural backgrounds are welcome and are encouraged to participate.

7.0 Conclusion

This submission has provided a description and analysis of the impacts of social isolation and loneliness for a range of people and communities across Queensland. The analysis has been informed from social work field education and social policy research undertaken by QUT social work academics and students. The impact of COVID19 pandemic on social isolation and loneliness has compounded the challenges for community members and service providers. The submission highlights a range of existing measures that are providing meaningful responses to community members struggling with social isolation and loneliness.

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