



September 2021

Moderator
Rev Andrew Gunton

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

Dear Committee Secretary,

Inquiry into social isolation and loneliness in Queensland

The Uniting Church in Australia Queensland Synod (Queensland Synod) welcomes the opportunity to provide feedback to the Community Support and Services Committee on the Inquiry into Social Isolation and Loneliness in Queensland. Addressing the issue of social isolation and loneliness in Queensland is a significant undertaking. Meaningful connections and relationships are critical to a flourishing life and thriving communities. We are committed to contributing to services and programs that reduce isolation and loneliness for all Queenslanders.

The Queensland Synod and its service delivery agencies, UnitingCare Queensland and Wesley Mission Queensland, are making a response that brings together our views and experiences. The Queensland Synod would welcome future opportunities to discuss this submission further. Should you require any more information, I can be contacted on 07 3377 9705.

Yours sincerely,

Rev. Andrew Gunton
Moderator, Uniting Church in Australia Queensland Synod

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Inquiry into Social Isolation and Loneliness in Queensland

Introduction

Queensland Synod

The Uniting Church is committed to working towards a society characterised by love, compassion, justice, inclusion and reconciliation so that all people, at every stage of life, can experience 'life in all its fullness' (John 10:10). Our faith calls us to the preferential care for the most marginalised in society. Moreover, the Christian vision for a flourishing society includes valuing and promoting the compassionate service and love of the most vulnerable in society based on the sanctity of all life. Throughout Queensland we have Uniting Church congregations contributing to wellbeing, connecting people together and building meaningful connections and communities.

UnitingCare Queensland

UnitingCare Queensland (UnitingCare) is the health and community services arm of The Uniting Church in Australia in Queensland. We are committed to delivering quality health, aged care, and family and disability services as one of the largest charities in Australia. UnitingCare provides person-centred care and support services to thousands of vulnerable individuals and persons in need every day of the year, enabling our clients to live life in all its fullness whatever their circumstances.

Lifeline Queensland

Lifeline Queensland, a member of Lifeline Australia, delivers services within Queensland as part of UnitingCare Queensland. It has been the leader in the provision of suicide prevention and intervention since 1963, with the foundation of the Lifeline Crisis Support Line. From these beginnings, Lifeline delivers its 13 11 14 Crisis Support line through 10 Lifeline centres, responding to around 170,000 calls and texts every year. It has also developed numerous groups and programs such as the bereavement support group, suicide response program and community and corporate suicide awareness training services. Lifeline is driven by the belief that the loss of Australian lives to suicide can be prevented and is committed to bringing hope to Australians doing it tough by providing its services with a non-judgmental and compassionate listening ear.

Blue Care

Blue Care is one of Queensland's largest and most trusted providers of in-home care, residential aged care and independent and supported retirement living. For more than 65 years, Blue Care has been committed to empowering individuals to live life their way. Today, our people make more than three million visits to Queenslanders each year, providing the same holistic care, service and companionship that has been our hallmark since our establishment. We provide services from Thursday Island to



Coolangatta and as far west as Mt Isa and Charleville. Through all our services, we provide care to more than 76,000 people a year – over 71, 000 community care clients are provided with services in their home and over 5,000 residential and respite clients are provided services in 47 residential aged care facilities.

Wesley Mission Queensland

Wesley Mission Queensland was established in 1907 to provide nursing care to the homeless and was the first provider of residential aged care in Queensland. Today we operate 13 aged care communities that provide a home, care and support for over 1,000 residents.

The organisation has grown significantly in recent years, particularly in the mental health, disability and respite care sector and now supports more than 100,000 people in Queensland each year and 4,000 members of the Deaf community across Australia through the National Auslan Interpreter Booking Service.

All of Wesley Mission Queensland's aged care homes, embrace the Eden Alternative™ philosophy of care, which is dedicated to promoting quality of life for elders and creating homes that are filled with laughter, family, beautiful spaces, gardens, animals and music and, most importantly strong and warm relationships between residents, staff, volunteers and families. Our nursing staff provide responsive and flexible care, including palliative care, tailored to each resident's changing needs. We work with our multidisciplinary team to provide medical, social, emotional, spiritual and practical support for residents, families and friends.

Consultation Questions

1. The nature and extent of the impact of social isolation and loneliness in Queensland, including but not limited to:

(a) identification of and consultation with vulnerable and disadvantaged individuals or groups at significant risk across the life course; and

(b) the interplay of COVID-19 with this issue.

There is little research data available for the nature and extent of social isolation and loneliness in Queensland, and on the impact of social isolation and loneliness on residents of Queensland.

Three research projects examining social isolation and loneliness that include results from Queensland, or were aimed specifically at Queensland residents, have been identified:

1. A research paper published in 2016 presented results of a cross-sectional survey of Australians aged 65 years and over that focused on social connections and well-being in urban regions versus



rural or remote regions¹. The researchers found that Queensland, with its dispersed network of large and small settlements, recorded higher rates of social isolation in its rural and regional areas than in the capital of Brisbane: some 14% of older Brisbane residents were estimated to be socially isolated compared with 19% of rural and regional residents².

2. Research published in 2007 presented the findings of a study of the support and service needs of older Chinese people in Brisbane³. The findings indicated that older Chinese people, particularly women, experience significant restrictions in their activity patterns, leading to social isolation and loneliness. A lack of language skills and difficulties in accessing language-support and interpretation services posed serious problems for the older Chinese people in the study, one consequence being that they lacked the confidence to venture out on their own, to visit their friends or to attend social activities, which reinforced their social isolation and sense of low self-esteem. This also resulted in dependence on their adult children for transport and access to the community. A dedicated, conveniently-located social community centre with appropriate opening hours was considered imperative.
3. A study published in 2013 reported on a pilot study investigating social isolation amongst older people in Queensland⁴. The evaluation results generally suggested that there may be benefits in using such a community development model to help reduce social isolation in later life.

Our collective experience indicates that children and young people in out-of-home care are another target group who experience loneliness due to disrupted placements and attachments, and a lack of money to engage in the same activities as their peers.

The impact of COVID-19

In terms of the impact of COVID-19 on the experience of social isolation and loneliness, One of the only data collection methods of the Australian general population in relation to social isolation and loneliness, the Australian Bureau of Statistics *General Social Survey* conducted from July to September 2020, had the following quantitative data results for Queensland for persons aged 15 years or over⁵:

- Had face to face contact with family or friends living outside the household at least once a week in the last 3 months: 40. 1% (The second lowest percentage of people across the States and Territories)

¹ Beer, A., Faulkner, D., Law, J., Lewin, G., Tinker, A., Buys, L., Bentley, R., Watt, A., McKechnie, S., & Chessman, S. (2016). Regional variation in social isolation amongst older Australians. *Regional Studies, Regional Science*, 3, 170-184, doi: 10.1080/21681376.2016.1144481

² Ibid

³ Ip., D., Lui, C.W., & Chui, W.H. (2007). Veiled entrapment: a study of social isolation of older Chinese migrants in Brisbane, Queensland. *Ageing & Society*, 27, 719-738, doi:10.1017/S0144686X07006083

⁴ Bartlett, H. Warburton, J., Lui, C.W., Peach, L., & Carroll, M. (2013). Preventing social isolation in later life: findings and insights from a pilot Queensland intervention study. *Ageing & Society*, 33, 1167-1189, doi: 10.1017. S0144686X12000463

⁵ Australian Bureau of Statistics. (2021). *General social survey, summary results, Australia, 2020*. Downloaded 04 August 2021 from <https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release>



- Had other forms of contact with family or friends living outside the household at least once a week in the last 3 months: 84.4% (The second lowest percentage of people across the States and Territories)
- Able to get support in times of crisis from persons living outside the household: 92.8% (The fourth lowest percentage across the States and Territories)
- Has family or friends living outside the household to confide in: 96.3% (The third lowest percentage of people across the States and Territories)

The Australian Bureau of Statistics *Household Impacts of COVID-19 Survey* provides some more recent data. The April 2021 results indicate loneliness remains the most experienced personal stressor reported due to COVID-19 by 1 in 10 Australians (10%), with women almost twice as likely to have felt lonely as men (13% compared with 7%)⁶.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability has received evidence of increased social isolation experienced by people with a disability, due to the COVID-19 restrictions on community access and close physical contact⁷. This has had a detrimental effect on the wellbeing of people with a disability, particularly for First Nations people with a disability. Measures designed to prevent the spread of the virus, including restrictions on having visitors to homes, has limited the formal and informal oversight of the wellbeing of people with a disability. This has increased the risk of violence, abuse, neglect and exploitation of people with a disability.

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

In the general population, factors that have been found to increase the likelihood of being socially isolated include⁸:

- Socio-demographic factors (age, gender, income, education, ethnicity, household characteristics).
- Place of residence.

⁶ Australian Bureau of Statistics (2021). Household Impacts of COVID-19 Survey. Downloaded 04 August 2021 from <https://www.abs.gov.au/statistics/people/people-and-communities/household-impacts-covid-19-survey/apr-2021>

⁷ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability (2020). Public Hearing Report Public hearing 5 Experiences of people with disability during the ongoing COVID-19 pandemic. Downloaded 04 August 2021 from <https://disability.royalcommission.gov.au/system/files/2020-11/Report%20-%20Public%20hearing%205%20-%20Experiences%20of%20people%20with%20disability%20during%20the%20ongoing%20COVID-19%20pandemic.pdf>

⁸ Beer, A., Faulkner, D., Law, J., Lewin, G., Tinker, A., Buys, L., Bentley, R., Watt, A., McKechnie, S., & Chessman, S. (2016). Regional variation in social isolation amongst older Australians. *Regional Studies, Regional Science*, 3, 170-184, doi: 10.1080/21681376.2016.1144481



- Significant life events (death of partner, loss of relationships, divorce, disability, retirement/unemployment, being a carer).
- Physical and mental health issues.
- Mobility (changes in transport options such as loss of a driver's licence, poor access to public transport).
- Subjective factors (individual health conditions, sense of social fulfilment, socio-economic status, attitudes and expectations), and
- Degree of support received, participation in social activities and access to information.

A 2016 research paper presenting the results of a cross-sectional survey of Australians aged 65 years and over on social isolation suggests that there is a need for more detailed studies focusing on individual localities, to identify local causes and drivers of social isolation and loneliness⁹. This is relevant for First Nations rural and remote communities in Queensland, particularly those in Central and North Queensland which were former missions or reserves, such as Woorabinda, Lockhart River and Palm Island.

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

Regional cities and towns would appear to offer a better social environment for older residents, and while the triggers of social isolation are often personal factors – the death of a partner or close relative, the onset of a major health issue etc. – the attributes of the community in which they live appear to either protect against isolation or exacerbate the problem¹⁰. The data suggest that moving away from a familiar neighbourhood – including retirement migration to the coast or other amenity destination – carries with it an elevated risk of social isolation¹¹. Unexpectedly, transport was a greater challenge for metropolitan residents than those living in non-metropolitan regions, despite the greater accessibility of more urban locations and greater access to public transport¹². Potentially, better transport services for older residents could reduce the incidence of social isolation amongst older Australians, as could explicit 'community building' strategies that address the needs of older residents and integrate them with all members of the local population. This suggests that social isolation is likely to be associated with processes that are evident at a more local scale than broad regions¹³. Urban design, transport and community services are likely to be pivotal with respect to the capacity to meet with others, engage with community events and maintain established friendships.¹⁴

⁹ Beer, A., Faulkner, D., Law, J., Lewin, G., Tinker, A., Buys, L., Bentley, R., Watt, A., McKechnie, S., & Chessman, S. (2016). Regional variation in social isolation amongst older Australians. *Regional Studies, Regional Science*, 3, 170-184, doi: 10.1080/21681376.2016.1144481

¹⁰ Ibid

¹¹ Ibid

¹² Ibid

¹³ Ibid

¹⁴ Ibid



4. The benefits of addressing social isolation and loneliness, examples of successful initiatives undertaken nationally and internationally and how to measure social isolation and loneliness in Queensland to determine if implemented strategies are effective.

The benefits of addressing social isolation and loneliness include¹⁵:

1. Reducing excess costs to healthcare by improving prevention and early intervention so that people can manage their own loneliness as much as possible;
2. Reducing demand on general health, youth services, aged and community services and mental health specialist services;
3. Fostering prevention and reducing the prevalence of loneliness in the Australian population by increasing effective and appropriate avenues of recovery for individuals experiencing or at risk of loneliness; and
4. Equipping Australians with the skills and confidence to manage their distress and support others struggling with loneliness and social isolation.
5. Building community resilience and flourishing communities.
6. Improving a person's mental, emotional and spiritual wellbeing.

International policy initiatives

The recent implementation of a national social isolation and loneliness strategy in both the UK and Scotland have similar priorities:

1. improved data collection to inform responses;
2. public awareness-raising;
3. building the capacity of individuals and communities;
4. the development and funding of local initiatives and action;
5. recognition of the role of the built environment; and
6. a whole-of-government approach.

In Scotland, under the national strategy *A Connected Scotland*, a Ministerial Steering Group has been formed to maintain oversight of activity, drive forward progress and tackle emerging issues; as well as a National Implementation Group, to drive forward progress in embedding a cross-sectoral approach through the development and implementation of a shared delivery plan for the Strategy along with a shared performance framework¹⁶.

¹⁵ Ending Loneliness Together in partnership with R U OK? and the Australian Psychological Society (2021). Social recovery beyond COVID-19: A national strategy to address loneliness and social isolation. Downloaded 07 August 2021 from https://treasury.gov.au/sites/default/files/2021-05/171663_ending_loneliness_together.pdf

¹⁶ Scottish Government (2018). *A Connected Scotland - Our strategy for tackling social isolation and loneliness and building stronger social connections*. Downloaded 10 August 2021 from



A Connected Scotland has four priorities¹⁷:

1. Empower communities and build shared ownership
2. Promote positive attitudes and tackle stigma
3. Create opportunities for people to connect
4. Support an infrastructure that fosters connections, including improving the lived environment of communities.

The UK loneliness strategy, *A Connected Society* seeks to build a cross-governmental approach to tackling loneliness with a range of initiatives including greater social prescribing, working with business, developing a loneliness policy test, and supporting flexible and inclusive volunteering¹⁸. In the UK, a Tackling Loneliness Network made up of approximately 70 private, public and charity sector organisations has been established. The four areas that the Tackling Loneliness Network are prioritising are: Youth loneliness; loneliness in older people; local and place-based approaches; and digital inclusion.

A Connected Society has three overarching goals to guide the government's work on loneliness¹⁹:

1. Improving the evidence base by assessment of the existing evidence of interventions that address loneliness and introducing a consistent measure of loneliness.
2. Embedding loneliness and social relationships as a consideration across government policy. The strategy includes a number of cross-government policies to benefit all of society, alongside more tailored interventions aimed at supporting people during specific life-course trigger points, when a person is at greater risk of experiencing loneliness.
3. Building a national conversation on loneliness, to raise awareness of its impacts and to help tackle stigma.

A number of principles have guided the development of the strategy, such as²⁰:

- focusing on the key trigger points that push people in and out of feeling lonely frequently, informed by the Office for National Statistics' analysis of data which identifies where people are at risk of feeling lonely more often, and
- recognising the importance of personalised approaches and local solutions to tackle loneliness.

<https://www.gov.scot/publications/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/>

¹⁷ Ibid

¹⁸ Ibid

¹⁹ Department for Digital, Culture, Media and Sport (2018). *A connected society A strategy for tackling loneliness – laying the foundations for change*. Downloaded 11 August 2021 from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/936725/6.4882_DCMS_Loneliness_Strategy_web_Update_V2.pdf

²⁰ Ibid



Successful programs in Queensland and Australia to address social isolation and loneliness

The Ways to Wellness Social Isolation Project

The Ways to Wellness Social Isolation Project (<https://waystowellness.org.au/>) is a partnership between the University of Queensland, the Queensland Community Alliance, the Mt Gravatt Community Centre and the Mt Gravatt Men's Shed. This is a community-led initiative which aims to address the serious health consequences caused by loneliness and social isolation, through the use of 'social prescribing', where patients are referred by health workers (or community members or self-referral) to a link worker and on to non-medical group programs in the community. The link worker will meet with clients to discuss their health and wellbeing goals and identify groups or activities in the local area that align with their interests. Examples of groups include technical and trades groups at the Men's Shed through to art classes, group singing and exercise programs such as Parkrun. Researchers from the University of Queensland will examine the effects of the social prescribing project.

Blue Care Companionship Program

The Companionship Program, provided by Blue Care on Brisbane's southside, is an initiative aimed at preventing social isolation and loneliness in older people accessing aged care services. This program involves three clients and a personal carer accessing the community together by attending various activities based on a planned calendar. The calendar of activities is created in consultation with the clients. Examples of outings include: garden centres; beach barbecues; art galleries; shopping trips, and special events such as the Toowoomba Carnival of Flowers. The clients pay for the cost of activity, food and beverage over and above the Blue Care costs, which are \$4 per hour, including transport and staff costs.

The clients are provided with a flyer with details of the Companionship Program during the Blue Care admission process and if they express their interest, they are referred to the Companionship Program Team. The team then matches them to a client and carer group with common interests. Clients can trial the Companionship Program before committing to joining. The popularity of this program indicates the need in the community for this kind of support. Currently there are 25-30 clients in the program, with continued interest from clients.

Blue Care Craft Club

Blue Care provides another program aimed at preventing social isolation and loneliness for older people, which caters to clients who enjoy indoor activities. This is run from the Blue Care Mount Gravatt respite centre with groups of three clients with a personal carer. This program is aimed at clients of Blue Care, including respite clients.



Blue Care Care and Wellbeing Program

Blue Care has developed a 'Wellbeing Check-in' offering for community aged care clients. The model has been co-designed with Blue Care clients and the research was undertaken by La Trobe University and Meaningful Aging Australia. This includes checking in on a person's overall wellbeing including connectedness to the community and exploring with clients ways to reduce isolation and loneliness, where this is an issue. Examples of outcomes of the 'Wellbeing Check-in' include connecting clients with community respite programs and community groups where they find meaningful and purposeful connections.

Blue Care Virtual Respite Model

Blue Care is currently working on the development and trial of a virtual respite model that will provide a variety of online social programs for clients - bingo, book clubs, trivia games, craft groups etc. The model was inspired by the need to keep people connected during lockdowns but could be used to keep people connected if they are unable to leave their home due to injury or illness. Blue Care clients are being consulted to gauge interest in such a model, and the response has been positive so far. Blue Care is able to provide the support staff for clients to use the technology utilising existing funding but will likely seek investment in a device library so that clients are able to access the model program.

Lifeline Australia Wellbeing Support Pilot

In conjunction with SANE Australia, Lifeline Australia recently undertook a pilot program, in which help seekers who were identified as frequent callers to Lifeline were provided with approximately 10 telephone counselling sessions. The telephone counsellors called the client at a mutually agreed time and each client worked with a single telephone counsellor for the duration of the program.

At the commencement of the program, participants were asked about their reasons for calling Lifeline. All 33 participants involved said they called Lifeline because they were lonely or because they wanted to check in or touch base with someone. This strongly suggests that loneliness and a lack of social connection is a common reason for people to call Lifeline. As part of the pilot, 15 participants were interviewed regarding their experience of the program. These participants unanimously highlighted the value of being able to talk to the same telephone counsellor over time. Not having to retell their story, being able to develop rapport and trust with the telephone counsellor and being able to talk things through at a deeper level, were all identified as benefits of this continuity of care. Given that two-thirds of participants disclosed a history of childhood trauma, abuse or traumatic loss, these identified benefits were particularly important. Of the 15 participants interviewed, 10 said they had called Lifeline less during the pilot program and two said they had not called at all. Participants identified the regularity of the counselling calls and the relationship and rapport developed with the counsellor, as the reasons why they had called Lifeline less.

When asked whether the program should continue beyond the pilot phase, one participant stated:



The answer to your question about the Wellbeing Support Program continuing is emphatically, yes. The reasons are that I have got no other...we can't forget my human need that I do not have any family of any sort... This goes back to what I was saying to you before with some of my Lifeline calls lasting only 7 minutes because they do not know my whole story. That is not the whole picture. The whole experience with the referral and the original person who signed me up – it was profound. The fact I remember that is significant.

Key findings from the wellbeing support pilot relevant for similar programs addressing social isolation and loneliness include:

- The issues of complex trauma and loneliness are intertwined.
- Psychosocial supports need to include:
 - o Listening to stories
 - o Chatting about everyday events
 - o Providing emotional support
 - o Exploring other opportunities for social connection
 - o Providing support in terms of:
 - Cheerleading and celebrating successes
 - Talking through issues that may be making it hard for the client to achieve what they want to
 - o Suggesting useful resources
- The therapeutic relationship is the most important “ingredient” in counselling.
- Elements of the program that participants liked:
 - o Continuity of care – not having to keep retelling their story
 - o Opportunity to explore things in greater depth
 - o Regularity
 - o Reliability
 - o Trust
 - o Empathy
 - o Human connection
- An ongoing program of support is likely to lead to the best outcomes.

Lifeline Queensland Connections Pilot

Lifeline Queensland is seeking to address the issue of loneliness through a pilot program called “Connections”. This program will initially receive referrals from the Seniors Enquiry Line (managed by UnitingCare) and will provide individualised telephone support to participants identified as being at risk of Loneliness through the use of the University of California, Los Angeles (UCLA) Loneliness Scale. Initial data from the Seniors Enquiry Line found that 62% of callers were experiencing social isolation and loneliness. The telephone counsellors will keep engaged with the participants for a 12 week period and then measure outcomes for the participants via the UCLA Loneliness Scale.



The Connections program will offer the following:

- Scheduled contact: provide an outbound scheduled telephone support service delivered by Lifeline Volunteer telephone counsellors, where clients are contacted at pre-arranged times. If clients are interested in connecting with other people, groups or organisations, telephone counsellors will support this goal by helping the client identify potential organisations, working through possible barriers with the client and providing support and encouragement.
- Psychosocial support: Connections will provide a regular, reliable and consistent source of social support.
- Capacity building: Connections will provide tailored and flexible support that is trauma-informed, strengths-based, client focused and co-directed.
- Information and resources: Connections will provide social connection and support. If appropriate, telephone counsellors will also provide information and referrals to local services.
- Evidence informed intervention: Connections is an evidence-informed intervention, underpinned by the theoretical framework of attachment theory and the empirical findings of the Wellbeing Support Program, described above.

Wesley Mission Queensland Community Visitors Scheme

The Community Visitors Scheme is a funded service provided to people who are approved for or are receiving a Home Care Package and who are at risk of isolation and loneliness. This free service to the person matches a volunteer to visit at least once a fortnight with similar interests. A volunteer visitor will spend time with a person, to provide companionship either in their home or in the community, with the aim to build friendships, reduce feelings of isolation and loneliness and build a sense of connection. The service is offered across South East Queensland, in Brisbane North and South, and the South Coast of Queensland.

Uniting Church of Australia Queensland Synod

The Queensland Synod has recently developed a series of three guides for congregations to encourage local communities to take a place-based approach to social action. One of these guides is on addressing social isolation and loneliness (see *Transforming Communities - Taking action locally A Community Engagement Toolkit – Social Isolation and Loneliness*, available at: https://ucaqld.com.au/wp-content/uploads/dlm_uploads/2021/07/Community-Engagement-Toolkit-Social-Isolation-and-Loneliness_Jun21rr.pdf)

Uniting Church congregations across Queensland are involved in addressing social isolation and loneliness in many different ways. An example of a congregation that is addressing social isolation and loneliness in their local community is Southside Uniting Church at Mt Gravatt. The SAGE (Social Activities Group for Everyone) Group is a weekly activities group held at St Marks Uniting Church Hall. There are a variety of activities on offer and include a variety of arts & crafts, painting, chat, board games, book appreciation, and technology assistance – all free of charge. There is also English



immersion, tennis, table tennis, mahjong, cards, sewing, table games, mosaics and tatting. Morning tea is provided, and all ages and abilities are welcome. No referral is needed, but referrals are also received from Mt Gravatt Community Centre and mental health workers.

Measurement of social isolation and loneliness

The Office for National Statistics in the UK has recommended measures of loneliness to be used across government for annual reporting and for charities and service providers to use, that incorporate established indicators²¹: a single, direct question ‘How often do you feel lonely?’ to determine prevalence across the UK, and the UCLA 3-item scale for adults: ‘How often do you feel that you lack companionship? How often do you feel left out? How often do you feel isolated from others?’. In Queensland, the Scanlon-Monash Index of Social Cohesion and the Queensland Social Survey are established measures for Queensland’s overall social cohesion. These measures could be expanded to measure social isolation and loneliness, through adding questions specifically to measure social isolation and loneliness.

5. How current investment by the Queensland government, other levels of government, the non-government, corporate and other sectors may be leveraged to prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland, including:

(a) 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; and

(b) targeted support to vulnerable and disadvantaged groups and those most at risk.

There is an identified need for a cross-departmental, whole-of-government approach by the Queensland Government to address social isolation and loneliness, by equipping and facilitating local communities and human service providers to develop innovative responses.

This could be achieved by:

1. Expanding and/or increasing funding to existing government initiatives that use place-based, community capacity building principles, such as funding for Neighborhood and Community Centres, funding under the *Thriving Cohesive Communities* initiative, and the *TenantConnect* and the *Community Connections* project, including the *Reducing Social Isolation* campaign.

²¹ Ibid



2. Funding pilot projects and existing programs that use innovative responses, such as: Blue Care's Companionship Program, Care and Wellbeing Program, and Virtual Respite Model; and Lifeline Queensland's Connections Pilot and Lifeline Australia's Wellbeing Support Pilot.
3. Targeted life stage early interventions such when young people in out-of-home care leave the care system, as community aged care that works with people to identify ways of maintaining meaningful connections.
4. Facilitate the development of local networks of all stakeholders in local communities, to collaborate on addressing social isolation and loneliness through innovative solutions and integrated service delivery responses. The aim of this is to identify people who are, or are at risk of being, socially isolated and experiencing loneliness and link them to required support services through active engagement and referrals.
5. Data collection at the local level to identify local causes and drivers.
6. Exploring and investing in the use of technology in social connectedness.
7. Exploring and investing in solutions to transport barriers for urban, rural and remote communities in Queensland.

6. The role, scope and priorities of a state wide strategy to address social isolation and loneliness, considering interactions with existing Queensland and national strategies.

Ending Loneliness Together is a national network of organisations who have been working together to address loneliness across all age groups in Australia since 2016, inspired by the work of the UK Campaign to End Loneliness. The founding organisations are Relationships Australia, the University of Western Australia, WayAhead, The Whiddon Group, Swinburne University of Technology, UnitingCare Australia, and State Schools' Relief²².

Ending Loneliness Together, R U OK? and the Australian Psychological Society have suggested that there are two major gaps that needs to be addressed by government via a social isolation and loneliness strategy, to deliver a more sustainable, effective and efficient response to address loneliness and social isolation²³:

1. a lack of community awareness and development of skills within communities, on how to manage loneliness and social isolation; and
2. the absence of uniform standards and guidelines within community and mental health systems.

²² Ending Loneliness Together (2020). Ending loneliness together in Australia white paper. Downloaded 07 August 2021 from <https://endingloneliness.com.au/news-events/ending-loneliness-together-in-australia-white-paper/>

²³ Ibid



They propose four specific solutions to cover the two identified gaps²⁴:

- 1) A lack of community awareness and skills on how to manage loneliness and social isolation.

Solution 1: National Community Awareness Campaign

Funding by the government of an evidence-based community awareness campaign to improve understanding of loneliness, challenge public misconceptions and stigma of loneliness, upskill Australians to better manage their loneliness, and empower others to assist.

Solution 2: National Social E-Health Portal

Funding by the government for development of a Social E-Health Portal, including the development of an online database of all health and community sector programs and services tackling loneliness and social isolation to redirect at-risk individuals to the appropriate local solutions.

- 2) The absence of uniform standards and guidelines within community and mental health systems.

Solution 1: National Standard for the Assessment and Evaluation of Loneliness

Development by the government of evidence-based frameworks to guide program and service providers to identify, assess, monitor and refer individuals experiencing or at risk of loneliness to existing services and other informal pathways.

Solution 2: National Training for Health Practitioners and Community Care Services

Development of a set of competencies and training modules to facilitate best practice approaches to assist people who are socially vulnerable, including those with mental ill health.

A state-wide strategy to address social isolation and loneliness fits with a number of existing state government initiatives and their strategic approach, such as:

- Under one of the Queensland government's six priorities for the Queensland community - "Keep Queenslanders Healthy"- is the goal to reduce suicide in the state by 50% by 2026²⁵.
- *Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023*, the platform for improved mental health and wellbeing for Queenslanders, has three focus areas which could incorporate a strategy to address social isolation and loneliness: better lives for those with a lived experience; investing early to save; and whole-of-system improvement through shared leadership and accountability²⁶.
- *Every Life: The Queensland Suicide Prevention Plan 2019-2029 Phase One* is a whole-of-government action plan for Queensland, building on the strategic direction for suicide prevention from *Shifting Minds* through focused and collective effort across a longer-term

²⁴ Ending Loneliness Together in partnership with R U OK? and the Australian Psychological Society (2021). Social recovery beyond COVID-19: A national strategy to address loneliness and social isolation. Downloaded 07 August 2021 from

https://treasury.gov.au/sites/default/files/2021-05/171663_ending_loneliness_together.pdf

²⁵State of Queensland (2018). Our Future State: Advancing Queensland's Priorities. Downloaded 08 August 2021 from <https://cabinet.qld.gov.au/documents/2018/Mar/OFSAQ/Attachments/Priorities.PDF>

²⁶ Queensland Mental Health Commission (2018). Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023. Downloaded 08 August 2021 from https://www.qmhc.qld.gov.au/sites/default/files/files/qmhc_2018_strategic_plan.pdf



outlook²⁷. A cross-sector Queensland suicide prevention network will be established to support the implementation of the plan, providing a forum for joint planning and coordination of suicide initiatives. Tailored strategies for suicide prevention will be co-designed with communities and people with a lived experience. Four action areas identified in Phase One (2019–2022) target:

1. the entire population (building resilience)
2. people with identified risk factors and vulnerabilities (reducing vulnerability)
3. people in crisis and psychological distress (enhancing responsiveness)
4. the development of a coordinated and integrated system (working together).

7. Recommendations

Recommendation One

We recommend that the Queensland Government develop a state-wide strategy to address social isolation and loneliness, coordinated by a cross-government steering group. The strategy should be integrated with existing strategies such as *Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023*, *Every life: The Queensland Suicide Prevention Plan 2019–2029*, and *Thriving Cohesive Communities: Action Plan for Queensland 2019–21 (Stage 2)*. The strategy should have a focus on a whole-of-government approach that will include analysis of the impact of existing and new policies across portfolios, on addressing social isolation and loneliness. The recent Scottish and UK strategies on loneliness could be used to inform the development of the strategy. The recommendations presented below should be incorporated into the strategy.

Recommendation Two

We recommend that the Queensland Government expand and increase its current investment in existing initiatives that use place-based, community capacity building principles and integrated service responses such as: Neighbourhood and Community Centres; the statewide roll out of social prescribing programs such as *The Ways to Wellness Social Isolation Project*; programs under the *Thriving Cohesive Communities* initiative; the *TenantConnect* and *Community Connections* project, including the *Reducing Social Isolation* campaign.

²⁷ Queensland Mental Health Commission (2019). *Every life: The Queensland Suicide Prevention Plan 2019–2029 Phase One*. Downloaded 08 August 2021 from https://www.qmhc.qld.gov.au/sites/default/files/every_life_the_queensland_suicide_prevention_plan_2019-2029_web.pdf



Recommendation Three

We recommend that the Queensland Government fund pilot projects and existing programs that use innovative responses, such as: Blue Care's Companionship Program, Care and Wellbeing Program, and Virtual Respite Model; Lifeline Queensland's Connections Pilot and Lifeline Australia's Wellbeing Support Pilot; and Wesley Mission Queensland's Community Visitors Scheme.

Recommendation Four

We recommend the development of an awareness-raising campaign with accompanying guidance for local communities to build capacity and to facilitate place-based initiatives to address social isolation and loneliness.

Recommendation Five

We recommend that the Queensland Government collect data at the local level across urban, regional and remote communities across Queensland. This would identify the nature, extent, impact, causes and drivers of social isolation and loneliness specific to individual communities. In Queensland, the Scanlon-Monash Index of Social Cohesion and the Queensland Social Survey are established measures for Queensland's overall social cohesion. These measures could be expanded to measure social isolation and loneliness, through adding questions specifically to measure social isolation and loneliness.

Recommendation Six

We recommend that the Queensland Government explore and invest in solutions that include the use of technology to facilitate social connectedness.

Recommendation Seven

We recommend that the Queensland Government facilitate the development of local networks of all stakeholders in local communities, to collaborate on addressing social isolation and loneliness through innovative solutions and integrated service delivery responses. The aim of this is to identify people who are, or are at risk of being, socially isolated and experiencing loneliness and link them to required support services through active engagement and referrals.



Recommendation Eight

We recommend that the Queensland Government fund targeted life-stage early interventions, to address social isolation and loneliness across the lifespan, and across diverse groups such as people with a disability, young people in out of home care, and First Nations communities that were previous missions or reserves.

Recommendation Nine

We recommend that the Queensland Government explore and invest in solutions to transport barriers for urban, rural and remote communities in Queensland.

Recommendation Ten

We recommend that the Queensland Government develop a public online state-wide database designed for accessibility, of all existing initiatives, funded and non-funded by the Queensland Government, increasing the amount of information currently available at websites such as

<https://www.qld.gov.au/seniors/recreation-staying-connected/social-connection-leisure> and
<https://www.qld.gov.au/community/getting-support-health-social-issue/avoiding-social-isolation>

This should also be readily available in hard copy format as a directory, for those unable to access technology.

Recommendation Eleven

We recommend the development of an evaluation framework for funded initiatives addressing social isolation and loneliness with ongoing engagement with service providers and service users.