



SAFE AND SUPPORTED TO BLOSSOM

WIRE SOCIAL INCLUSION
RESEARCH PROJECT
AUGUST 2021

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Acknowledgements

WIRE acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters throughout Australia. We acknowledge the privilege that we have living and working on this land.

WIRE acknowledges while working on this research project, meetings were held on the lands of the Wurundjeri Woi-wurrung people of the Kulin nation. We would like to pay our respect to their elders, past and present. We particularly want to acknowledge the women, mothers, aunties, grandmothers, sisters, sistergirls and brotherboys who have maintained culture throughout genocide, dispossession, and colonisation. We would like to acknowledge the Aboriginal people who took part in this research and shared their important views. This land always was and always will be Aboriginal land.

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In addition to participants' quotes that have been included, some participants who generously shared their stories did not wish to have their story published or be directly quoted. Where appropriate, we have included statements that maintain the integrity of the conversations we had but without directly quoting or including identifying details. We acknowledge the time, energy and labour of all those who shared their stories, and we recognise their strength and resilience to do so.

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- Neighbourhood Houses Victoria
- Relationships Australia
- Switchboard

- Wellsprings for Women
- Wintringham Housing
- Women with Disabilities, Victoria
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

I want to thank all the professionals who I had the chance to interview and who so generously shared their learnings:

- Elizabeth Morgan House
- Neighbourhood Houses Victoria
- Switchboard
- St Mary's House of Welcome
- St Kilda Gatehouse
- The Women's House, Sacred Heart Mission
- Transgender Victoria
- Wintringham Housing
- Zoe Belle Gender Collective

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Summary

This social inclusion project, *Safe and Supported to Blossom*, undertook qualitative research into social isolation and loneliness of people living in the greater Melbourne metropolitan area. A reference group was formed to assist with the direction and focus of the research. 32 qualitative in-depth interviews were conducted: 10 with professionals and 22 with people who have a lived experience of social isolation and loneliness. This research also drew on the experiences of the project lead who had coordinated a homelessness and isolation program for women, gender diverse and non-binary people from 2014 to 2021.

The interviews brought out four distinct themes:

1. exclusion
2. systemic issues
3. community
4. empowerment

64% of the people with a lived experience of social isolation and loneliness self-identified as having experienced exclusion. The research showed that personal experiences of exclusion and the systematic issues that lead to and compound exclusion can cause isolation and loneliness, as exclusion creates an inhibitor for people to feel safe and included—it creates barriers to access support.

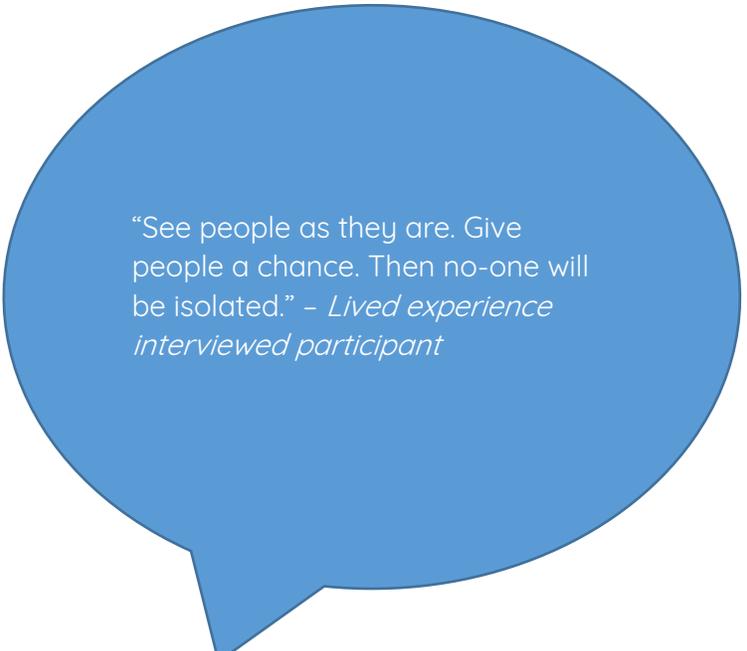
Every individual with a lived experience of social isolation stated that they wanted to be part of a community, and several interviewees said they wanted to:

- feel more empowered;
- be an active part of society; and
- contribute in meaningful ways.

This research has demonstrated that the issues around social isolation and loneliness lie more within the structures in society than within individuals. It is clear from this research that societal judgements and societal expectations play an important part in people being isolated and alone. There needs to be more community education around the power imbalances between those that are dominant in society and those experiencing marginalisation and discrimination. It will be important for governments to take more responsibility in changing the social structures causing isolation, loneliness, and exclusion, as well as individuals and

organisations within our communities, ranging from community services to private industry.

If people feel safe enough to feel included and to access the supports they need, then people can blossom, thrive, and contribute to society in meaningful and valuable ways.



“See people as they are. Give people a chance. Then no-one will be isolated.” – *Lived experience interviewed participant*

Background

The project lead had been working within the social inclusion space for 7 years, working specifically within a WIRE program called *Amica*.

Amica was a lunch and activities program for women, non-binary and gender diverse people experiencing housing issues or isolation. It offered free meals and activities 3 days a week. With a strong focus on wellbeing and self-expression, the program also offered activities such as yoga, meditation, belly dancing, music therapy, storytelling and art-making.

Amica aimed to offer a safe space where people could meet others to make new connections, with the activities and meals assisting with this purpose. The program's activities also introduced useful options that enabled participants to enhance their life quality, or use as coping strategies in stressful and challenging situations. *Amica* was WIRE's first social inclusion program and originated from research conducted by the City of Melbourne. This research found that women didn't feel safe seeking support and assistance from big, mainstream services where men were present. Over the course of the program, WIRE received a lot of feedback from participants stating that *Amica* provided them with a unique space they couldn't find elsewhere.

Participants stated they felt *Amica* was a safe and intimate space to meet others and that the activities were empowering and fun. Participants also fed back that they appreciated the WIRE Walk-in Centre, where they could use the computers, phone, access individual supports and attend other programs all under the same roof. As such, WIRE became a service hub for many *Amica* participants.

At the beginning of 2020, funding for the *Amica* program ceased and not long after, the health pandemic and the impacts of COVID-19 surfaced in Australia. At this time, WIRE as an organisation was reflecting on what role to play in the social isolation space—specifically, WIRE considered how they could help in the best possible way to meet the needs of the Victorian community and have a lasting positive impact.

Funding from the Australian Unity Foundation (AUF) enabled WIRE to continue offering support to people most impacted by the pandemic, as well as offer social connection during a time of significant distress and isolation. AUF's funding provided WIRE with resourcing, which created space for reflection around the future of WIRE's work in the social inclusion space by:

- undertaking research into social isolation and loneliness; and
- drawing gaps and needs directly from:

- people with lived experience; and
- professionals in the sector.

Therefore, this research is an action-orientated piece that aims to provide a different perspective by listening to the voices of people with a lived experience and by finding the real gaps in the community. WIRE wanted to increase its understanding around where the gaps were and what needs were not being met by current services. This research has helped highlight what kinds of programs and supports were being offered in the community for people experiencing social isolation and loneliness.

“As hard as it was for WIRE to have a funding cut, I think this is a unique opportunity for us to deeply reflect and evaluate what we want to stand for as a service and what we want to offer. WIRE has a strong intersectional framework that aims to listen to the voices of the people with a lived experience and particularly those who are in a minority and who have experienced discrimination and marginalisation. I really want this research to include these voices in our society and I want to hear what the real needs are for people who experience loneliness and isolation.”

WIRE Social Inclusion Project Lead

Methodology

RESEARCH AIMS

1. Explore what the unmet needs are for people experiencing social isolation in Greater Melbourne.
2. Explore solutions to the stated unmet needs.
3. Explore WIRE's role in meeting these unmet needs.
4. Make recommendations based on findings.

ACTIVITIES UNDERTAKEN

1. Review of literature exploring loneliness, isolation, exclusion and their impact on society and on individual health and wellbeing.
2. Reference group established with diverse expertise to guide and inform project.
3. 10 interviews with professionals.
4. 22 interviews with people with lived experience of social isolation.
5. Reflection based on the project lead's experience.

LITERATURE REVIEW

The list of written resources informing this research is contained in the Reference section at the end of this report.

We also acknowledge the momentous work around intersectionality and attribute it to feminist activism, specifically from people of colour and indigenous people around the world.

Intersectionality is a theoretical concept developed by black feminist scholars in the United States. It is a theory born from the lives of African American women who were experiencing multiple points of discrimination. Yet, legislation to protect against discrimination was only capable of viewing a person through one identity, in this case as an African American person, or as a woman, but not both.

Intersectionality, as we know and think of it now, emerged in the 1908s through critical race theory, activism led by women of colour, and academic production to “confront the racism and heterosexism of white-dominated feminism, as well as the sexism and hetero-sexism of antiracist movements” (Bilge, 2013: 418).

REFERENCE GROUP

In line with WIRE's intersectional practice, it was important to be inclusive in this research. WIRE reached out to community services to join the reference group, in particular those working with marginalised communities. As a result, WIRE established a reference group that included researchers who had expertise in loneliness and isolation as well as professionals from community services – many had a lived experience of marginalisation and all had expertise in social isolation and loneliness.

WIRE held two reference group meetings on 7 October and 11 November 2021 and received input from reference group members throughout the length of the project. The reference group included organisations representing or working with Aboriginal and Torres Strait Islander peoples, LGBTIQ+ communities, women with disabilities, older Victorians, and women from a culturally and linguistically diverse (CALD) background. In addition, Neighbourhood Houses Victoria and Relationships Australia were also included as they're organisations that have undertaken significant research into social isolation.

Reference group membership included:

- Neighbourhood Houses Victoria;
- Relationships Australia;
- Wellsprings for Women;
- Switchboard;
- Wintringham;
- Women with Disabilities Victoria; and
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

The reference group was an important platform to hear from the voices of community services and people conducting research and working with people experiencing loneliness or isolation.

The reference group was invaluable in **bringing exclusion into focus** and providing contacts for interviews. The contribution and insights from its members cannot be understated.

“When I met with the reference group the first time around, I was adamant that I wanted to discuss the difference between social isolation and loneliness. I asked them about whether I should focus more on the loneliness aspect as this represents a person’s subjective feeling of their situation. The reference group agreed that there was a difference between the two but mentioned that social isolation itself causes health issues. It was this topic that opened the conversation up to a whole new level. One person started talking about exclusion and how this can lead to loneliness and isolation and everyone else followed. People in the reference group shared both personal and professional experiences of exclusion from the perspectives of the communities that they were there to represent. I felt challenged and inspired at the same time and I went away, changing my interview questions to make sure they would ask people about their experiences of exclusion, barriers, access and safety. I was very grateful to the reference group for bringing this to my attention as it supported WIRE’s intersectional model and the framework that I had created for the reference group meetings by focusing on inviting voices from some of the communities experiencing the most marginalisation, discrimination and oppression in our society. This advice from the reference group provided me with invaluable guidance and direction for the research and it is what has helped bring out all the important information for future projects to come.”

Social Inclusion Project Lead

INTERVIEWS

Interviews took place between October and November 2020. On average, an interview was about one hour in length.

Limitations

Interviews were conducted by phone as face-to-face meetings were not possible due to COVID-19 pandemic measures.

During the Victorian lockdown, it was difficult to arrange interviews with people with lived experience because some of the services WIRE contacted were under-resourced and consequently had limited contact with their service users.

There are numerous groups in the community experiencing marginalisation. In this research, we were not able to speak to representatives and people with lived experience from all marginalised communities. Thus, in this instance, we refer to exclusion as a blanket term as it applies to all groups experiencing marginalisation; however, we also recognise that exclusion is experienced differently in different settings and communities.

Professionals

Professionals from smaller, non-mainstream organisations seemed more willing to participate than bigger mainstream organisations. A total of 10 professionals (of all genders) were interviewed from the following organisations:

- Elizabeth Morgan House
- Neighbourhood Houses Victoria
- Switchboard
- St Mary's House of Welcome
- St Kilda Gatehouse
- The Women's House, Sacred Heart Mission
- Transgender Victoria
- Wintringham Housing
- Zoe Belle Gender Collective

Lived experience participants

22 people (of all genders) with a lived experience of social isolation were also interviewed. These interviewees were drawn from WIRE's networks and other community service workers.

Exploring Loneliness and Isolation

The initial stage of the research involved reading relevant literature which assisted in determining not only the scope of enquiry, but also the defined terms used in the enquiry.

The Australian Institute of Health and Welfare (AIHW) encapsulates the notion of social isolation well:

“Social isolation is seen as the state of having minimal contact with others. It is different from loneliness, which is a subjective state of a person’s feelings around having fewer social contacts than desired. A person may be socially isolated but not feel lonely or socially connected but feel lonely. The difference is the emotional response to the person’s situation” (AIHW, 2019).

SOCIAL INCLUSION VERSUS SOCIAL EXCLUSION

“Social inclusion refers to having an opportunity to participate, whereas social exclusion refers to an enforced lack of participation” (Boardman, 2011 in Davey & Gordon, 2017).

Importantly social exclusion is something that happens to a person because of cultural norms that discriminate and/or because of how societal systems are structured. Factors such as racism, sexism, ableism, and transphobia can all create social exclusion.

THE STATS AND FACTS ON LONELINESS AND ISOLATION

Loneliness and isolation have been referred to as an epidemic that is coming. Loneliness has been described as an emerging public health issue that could lead to a societal wellbeing crisis. (Relationships Australia, 2018; VicHealth, 2018). It is expected by many that the COVID 19 global pandemic will further add to this picture and that even more people will be affected by loneliness.

Social connections and the need to belong is described as a human need that will impact on people’s wellbeing all throughout life. This need is most likely to be satisfied by close relationships with a partner or close family members (Relationships Australia, 2018).

When the statistics around loneliness and isolation are distilled, it is easy to see why people talk about loneliness becoming or being a dangerous epidemic:

- 34% of people often feel isolated (Relationships Australia, 2018)
- 1 in 4 Australians are lonely (AIHW 2019; Jennings-Edquist, 2018)
- 50.5% of people in Australia feel lonely for at least one day a week (AIHW, 2019)
- 27.6% feel lonely for 3 or more days per week (Davey, 2018)
- 1 in 6 people are experiencing emotional loneliness (Relationships Australia, 2018)
- 1 in 4 experience social interaction anxiety (Australian Psychological Society, 2018)
- 1 in 10 are lacking social support (Relationships Australia, 2018)
- 71% of women in Australia reported they had experienced emotional loneliness on at least one occasion between 2001-2016 (Relationships Australia, 2018)
- The most socially isolated women in Australia are aged 25-29 (Relationships Australia, 2018)
- 1 in 5 people rarely or never have someone to talk to (Australian Psychological Society, 2018)
- Single, separated and divorced people in Australia experience more loneliness than those who are married or in a de facto relationship (Australian Psychological Society, 2018)
- Nearly 30% of Australians rarely or never feel part of a group of friends (Australian Psychological Society, 2018)
- Marginalised groups experience more discrimination than other groups. For example, LGBTIQ+ people, migrants, and Aboriginal and Torres Strait Islander peoples (Inclusive Australia, 2019)
- People who experience discrimination and stigma, such as people with disabilities, elderly people, gender diverse or sexually diverse people, have a higher risk of experiencing loneliness (Neighbourhood Houses Victoria, 2020)
- Wherever there are elements of social exclusion there is an increased risk for loneliness. Social exclusion refers to forces that exclude people socially because of their backgrounds, for example gender identity, sexual orientation, nature of work or ethnic background (Jennings-Edquist, 2018).

DIFFERENT TYPES OF LONELINESS

Loneliness has social and emotional dimensions and different relationships serve different purposes.

1. Emotional loneliness

This refers to the quality and reliability of relationships and relates to a person's internal experience, including:

- how they feel;
- what they experience; and
- what they miss in their life.

If a person is feeling emotionally lonely, they might be unsatisfied with the quality and closeness of their relationships (Dahlberg & McKee, 2013).

2. Individual loneliness

This refers to a person's close relationships, which captures having someone:

- to turn to;
- to feel close to;
- to emotionally bond with; and
- to confide in.

If a person is feeling individually lonely, they might be missing someone special, such as a partner or a close friend (VicHealth, 2018).

3. Social loneliness

This refers to a person's social networks that can provide a sense of belonging, community and companionship. If feeling socially lonely, a person could be unsatisfied with their social networks, such as having a wide group of friends or connections with neighbours and colleagues (Dahlberg & McKee, 2013; VicHealth, 2018).

Risk factors for social loneliness include:

- age, for those aged 15-25 and aged 75+;
- rural or remote locations;
- financial stress or poverty;
- separation, divorce, widowhood;
- being single;

- being a single parent;
- living alone;
- life transitions;
- mental health issues;
- health issues;
- experiences of discrimination, vulnerability, and stigma;
- growing inequalities in Australia;
- insecure housing;
- changes to how we work, such as a casualised workforce, fly-in, fly-out work arrangements, and longer commutes;
- metro-centric thinking;
- unemployment; and
- incarceration (Neighbourhood Houses Victoria, 2020; Relationships Australia, 2018).

This risk factor list is drawn from the work of Neighbourhood Houses Victoria's research (2020) and Relationships Australia's research (2018).

Discrimination, marginalisation and stigma equate to the forced exclusion that prevents people from participating in the community, creating vulnerability. Exclusion prevents people from having access to the protective factors mentioned below, such as accessing paid or volunteer work and being an active member of community organisations. We can see this effect in full flight with temporary visa holders, as many are unable to work or have severe limitations on the type of work they can undertake. They are also ineligible to join many community services activities. Their temporary visa status leaves them in limbo, which inhibits connecting fully with the community. This is compounded by racism in the community in which migrants, people of colour and people from different religions that are not Christian are made to feel unwelcome and as if they don't belong (The Guardian, 2020).

Protective factors that act as buffers against loneliness include:

- social engagements in paid work;
- caring for others;
- participating in sporting clubs and other clubs (Relationships Australia, 2018);
- volunteer work;
- being an active member of a community organisation (AIHW, 2019);

- having strong relationships with family and friends (Aged & Community Services Australia, 2015); and
- having someone to confide in (Aged & Community Services Australia, 2015).

As exclusion is a risk factor—and exclusion is often a result of discrimination and judgments based on stereotypes—a protective factor must also be not being a member of a marginalised community or not being identified as being a member of that community.

Having any of the following attributes can also be a protective factor, such as being: white; male; an Australian citizen; heterosexual; able-bodied; and cis-gendered; having housing; and not considered too old or too young. Some members of the community will have more protective factors than others (Saad, 2020).

The health impacts of social isolation on people are also significant. The effects of loneliness are comparable to smoking 15 cigarettes a day or drinking more than 6 alcoholic drinks a day. It is more harmful than being overweight or not exercising (Gibson, 2011). A 2018 VicHealth webpage, *Loneliness: a new public health challenge emerges*, highlighted the health impacts of loneliness as:

- premature death;
- depression;
- cardiovascular disease; and
- dementia.

QUALITY OVER QUANTITY

Research also found that it is the quality of relationships that matter, not the quantity. Relationships need to meet people's needs and make people feel supported and connected. It is important for people to feel connected to a community and to connect with people that share common interests with them. People are looking for meaningful connections and strong bonds.

It is also important for people to feel a sense of choice and independence in how they live their lives and how they choose their significant others. Several reports into loneliness and isolation mention the importance of having strong relationships with family and friends, and having someone to confide in. This approach demonstrates how to support and empower people to find strategies to overcome loneliness. Suggested tactics include providing people with the opportunity to establish goals

and valuing people's existing skills and experiences. (Aged & Community Services Australia, 2015)

The most effective way to reduce loneliness is to connect with community and with people that share common interests, which then develop into meaningful relationships (VicHealth, 2018). The most effective programs to address loneliness and isolation are those that have an educational component, target specific groups, and that run in the local neighbourhood (Gibson, 2011).

Research Findings

A WORD ON THE COVID-19 PANDEMIC

While this research was not specifically around the impact of the COVID-19 pandemic, it is important to point out that every respondent said the pandemic and its associated lockdowns had increased their sense of loneliness and isolation. The pandemic also made it harder for respondents to access services, communities and people in their life that could support them and help them feel connected.

“You have done in depth interviews with people and have tried to find a representative sample. It’s important to mention how you contacted these people and who they represent. You put in effort to actively approach people to include representatives of many communities. This is an important research style that does not often happen. Most of the research I have seen is through surveys and based on people who have engaged with a service in different ways. You have actively gone out to find the people that could represent the voices of different communities and that is important research.”

Reference group participant

THEMES

Exclusion

This research has highlighted that society lacks tolerance and is not inclusive of people that experience loneliness and isolation. Many of the participants with lived experience spoke about not fitting in with mainstream services and with people they saw as dominant. They experienced a lack of trust and a lack of safety.

64% (14/22) of interview participants with a lived experience stated they had felt excluded at some point in their lives. Their reasons for feeling excluded, included:

- health issues;
- weight;
- appearance;
- gender (being a woman or being gender diverse);
- a life event or trauma, such as family breakdown, bullying, family violence, accidents and homelessness;
- disability, including learning difficulties;
- relocation due to migrating to Australia and moving within Australia;
- CALD background;
- having English as a second language; and
- “being different”.

“I don’t feel isolated – I feel excluded.”

Reference group participant

“A life event is not a crime. There needs to be a change in government treatment and perception of sickness, unemployment and relationship breakdown. If penalised for these, the loneliness and stigma are likely to follow.”

Lived experience interview participant

Many of the lived experience participants who did not mention exclusion by name spoke about the negative experience of being judged for the following reasons:

- weight;
- appearance;
- incarceration;
- not being married;
- having no children;
- being older;
- having a CALD background; and
- being well presented and articulate to services and professionals (as this made them appear like they didn't need services and support).

Several respondents spoke about experiencing multiple points of marginalisation. This made it more difficult to find communities that would fully accept them, which in turn caused isolation and loneliness. The respondents spoke about not making assumptions—for example, just because a particular community experiences exclusion and discrimination, doesn't mean that the community will not discriminate and judge their own community members who have different attributes. This can cause stigma and discrimination, such as racism, homophobia, transphobia and ableism.

“Everything I have had to learn by myself. I never had the chance to learn anything or take any classes, so I learnt it all by myself.”

Lived experience interview participant

Digital exclusion

Digital exclusion was mentioned several times during the interviews. Some lived experience interview participants mentioned that it was an issue for them that they did not have a computer or laptop, nor internet access or the skills to use this technology. With the increasing demand of skills in this area, and the need for online connection at a time when face-to-face contact is not always possible anymore, more work needs to be done to ensure that people have access to these digital

devices and skills. More inclusive alternatives must also be available for people without digital options.

“We lack telling people how to behave. The government needs to educate people on what’s right and wrong behaviour. They need to take the problem of racism more seriously, like with COVID, where it was unacceptable not to follow restrictions and there was a sense of accountability in the community. The same needs to happen with racism.”

Lived experience interview participant

Several **barriers** to inclusion were mentioned in the interviews by both professionals and people with a lived experience. These barriers were either related to what the respondent saw as the reason/s for their exclusion, or related to additional factors they have encountered. The barriers included:

- financial hardship, such as poverty, low income, or lack of employment opportunities;
- racism;
- mental health status;
- access;
- trauma;
- low self-esteem;
- CALD background;
- language barriers;
- gender;
- alcohol and drug addiction;
- homelessness and housing issues;
- sex work status;
- family violence;
- unemployment;
- location, such as remote area, rural or outer suburb; and
- transport (lack of or limited).

“No one wants to meet people who have mental health issues. It’s like we’re in the too hard basket.”

Lived experience interview participant

Systemic issues

The research found several systemic issues in our society—that is, within the systems and structures that we live in. The **systemic issues** included the following:

- Lack of funding, staff, resources, high turnover of staff, low paid staff in the community sector.
- Most funding opportunities focus on crisis, immediate and short-term support. It was clearly identified that there is a huge need for more long-term support.
- A need for programs for people who are semi-stable and living beyond a crisis point. It was identified that when you come out of a crisis you have more time and space to think and often feel more isolated.

“Social isolation is not the fault of individuals; it is the result of social structures. Governments need to recognise that social isolation is a serious health concern that is structurally created and requiring structural change.”

Reference group participant

“This is the first research that I have seen that is really talking about the structural issues in our society and how they lead to loneliness and isolation.”

Reference group participant

- Waiting times, complicated and bureaucratic eligibility criteria, and rigid rules.
- Lack of housing, unsafe housing, unacceptable living conditions, having to move to places without infrastructure and having to constantly move around.
- Stuck in a loop due to services and government systems, such as the courts not being available or if available, not able to rectify their issues quickly, or, in some cases, ever. This is particularly true of family violence, housing, legal issues, and mental health.
- Can't get beyond the crisis to focus on anything else than to be fed, clothed, safe, and having a roof over their head.

- Once housed, no longer considered to be homeless and will therefore be excluded from a lot of services, even though there is still a need for support, assistance and connection.

Community

“I just want to be around people. I just want to feel like I am part of something”

Lived experience interview participant

- 100% (22/22) of lived experience interview respondents stated they wanted to be part of a community to obtain meaningful connections and feel a sense of belonging. Not all interviewees identified as feeling lonely or isolated when asked this question, but everyone mentioned that they wanted to be part of a community and meet other people in similar situations.
- 100% (22/22) stated they wanted opportunities to do activities, go on outings, be creative, learn new skills and connect with other people in the community through various activities and events.
- 86% (19/22) stated they wanted to receive support.
- 55% (12/22) stated they wanted to be part of a support group and do some structural sharing together with other people in similar situations like themselves. They mentioned that they thought this would deepen their connections with other participants, as well as increase their empathy for each other in the group.

“When you can express yourself in a place where there are people in similar situations, they can gain from you, and you can gain from them – you can learn from each other. Just by communicating you might find out that you have something in common. When you feel like you connect with someone you feel more part of the community.” *Lived experience interview participant*

The reasons why lived experience research participants want to be **part of a community** included the following:

- having a sense of belonging;
- being part of a group, part of a community;
- having a reason to get out of the house;
- having something to do for the day;
- just being around people;
- getting my mind off things;
- having lunch with other people;
- gaining confidence and social skills;
- making friends, connections and support networks;
- gaining new connections outside of my current circle of friends as I'm afraid of being judged by my existing friends;
- being part of a support group;
- actively sharing what is happening in our lives;
- meeting people in similar situations;
- feeling understood and supported;
- having peer support that is supportive and empowering;
- accessing advocacy;
- accessing supports;
- receiving information about other services;
- connecting people in with the rest of the community;
- having a place where you can just have a coffee and a chat, as there is no place like that in society;
- building connections and relationships;

- learning more about each other's stories to create more empathy and understanding for one another;
- being part of something bigger;
- creating opportunities to connect through activities, discussion topics, structured sharing, outings, food and drinks, regular group activities, exercises, dancing etc.;
- being somewhere that is inclusive welcoming, supportive and non-judgemental; and
- having a place where you can feel accepted and just be.

Interestingly, several respondents talked about looking for connection to community but not necessarily friendship. Some respondents spoke about past trauma impacting their ability to form friendships, mentioning it was hard for them to form trusting relationships and how they had lived through bad experiences in the past. Despite this, they still wanted connections. Some said that their past trauma meant that being in groups could sometimes be triggering, even so, being in groups was important. Having connection to people, even sometimes just being in the same room and doing the same thing, reduced their feelings of loneliness and enabled them to feel more connected.

In addition, some of the interviewed respondents with a lived experience did not want to identify as people who feel lonely or isolated. This would most likely be due to the stigma in society around loneliness and isolation. Some of them spoke about how there should be more discussions in society about loneliness and isolation that educate and raise awareness in the community. Some spoke about how experiences of loneliness and isolation should be seen as more normal, because most people will feel lonely and isolated at different times in their life.

Empowerment

“Create opportunities for people to contribute – people have heaps to contribute if you give them the chance. Everyone has got something to offer.”

Professional interview participant

The research showed that respondents wanted to feel more empowered and have tangible opportunities to play more of an active role in their society and contribute in meaningful ways. More than a third of respondents with a lived experience (36%, or 8/22) said they wanted opportunities to give back, volunteer, work, study or be part of planning community programs.

“Once you have found your feet you can give something to someone else. If you support and empower one person, then that person can become an active member of society.”

Lived experience interview participant

The ways in which people wanted to feel **empowered** included the following:

- to be able to contribute;
- build confidence;
- skill building and life skills;
- learn new things;
- be in a place where you can grow;
- to be able to grow at your own pace;
- a program that can help to change and improve life situations;

- creative projects for an outlet and therapeutic purposes, and being a connecting activity—it could result in an outcome, accomplishment or fundraising opportunity;
- be linked in with or offered workshops, learnings, further training, and education, linked back in to study and work, info and access to free training – courses, counselling options, career counselling, volunteering opportunities etc.;
- sense of purpose, give back, feel part of something;
- volunteering makes you feel better about yourself;
- give people roles, tasks, and opportunities within the program, make use of people’s skills in the group to benefit everyone in the group;
- listen to people – hear them, ask them what they want and need;
- be involved in creating something from the beginning – participating in design, implementation, evaluation of program and activities;
- find opportunities to go volunteering as a group, such as a community garden or something else;
- link in with opportunities for employment, volunteering, exhibitions and to learn more skills for personal development.

“People need someone to journey with them – not to fix them.”

Professional interview participant

“I want a program to help me move up and forward.”

Lived experience interview participant

“I believe that the most important thing is to listen and hear what the client wants/needs, not what service providers think they need.”

Reference group participant

What led to exclusion for the interview participants?

“I have felt excluded a lot. I feel a lack of support and friends in my life. I feel isolated because my support system is failing. I constantly feel judged by people and professionals for my health issues and my weight.”

Lived experience interview participant

“I felt excluded in the past when I went through a traumatic life event plus the breakdown of my marriage. I experienced a silenced judgement. Other people put on me their perception and stigma.”

Lived experience interview participant

“I felt excluded a number of times. I was bullied in my childhood. I was singled out because I was not considered the norm. I was quiet, shy and I had different ideas to other kids my age. I also had dyslexia and was the last kid picked for sports teams.”

Lived experience interview participant

“I have felt excluded because of my grief. My losses of close people in my life led to depression which led to loneliness and isolation. It is harder to make connections with people if (you) already feeling depressed. I have felt excluded many times.”

Lived experience interview participant

“I have sometimes felt excluded in groups because they were having their own way.”

Lived experience interview participant

“I have experienced exclusion a lot in my life. It has come from family and friends I’ve known for a long time. At social gatherings I often feel like nobody talks to me. I have no idea why this keeps happening to me. If I knew why then I would fix that problem. I feel I make a lot of efforts to socialise and talk to other people.”

Lived experience interview participant

“I have felt excluded because of my illness and my disability. The lack of social activities and friends to talk to about things are causing my loneliness and isolation. A significant accident in the past caused my disability that pushed me in to loneliness and isolation which caused a depression.”

Lived experience interview participant

“I felt excluded growing up as I felt different because my parents were from overseas. I was bullied all throughout school and excluded from parties. The bullying has left a mark and I have experienced several traumatic events as an adult that has further increased the trauma. So much of my time has gone in to fighting for my survival. I have lost motivation and confidence and I have not healed properly. I have pulled back and isolated myself because of all the traumas which has increased the loneliness. I have also felt excluded because of being a female.”

Lived experience interview participant

“I felt excluded in a support group by the professionals running it as they said my attendance wasn’t good enough. There was no recognition around how family violence causes distress and trauma so that perhaps you can’t attend every single session. I also felt that family violence from family members excludes you from some services and it is not as prioritised and understood as family violence from intimate partners.”

Lived experience interview participant

“I experienced exclusion when I moved back to Melbourne after living interstate for a while and I didn’t know many people. I felt scared to look for friends for conversations and activities and I felt lonely many times even though I was working and having a partner. I didn’t know where to find support and assistance.”

Lived experience interview participant

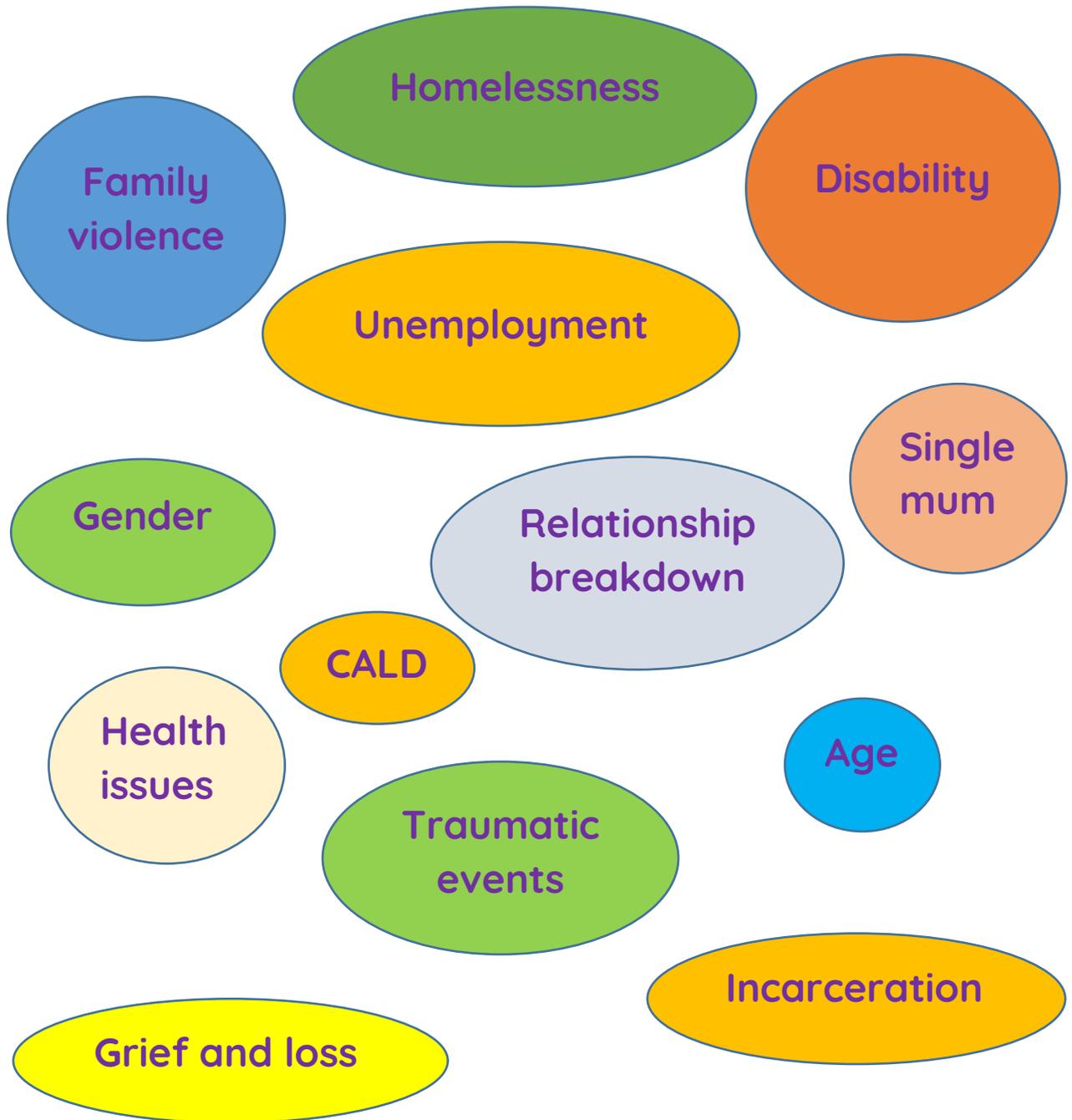
“I have felt excluded because I can’t seem to find the right people for me, genuine people to hang out with. I don’t have any friends. I can’t seem to meet people like me. My personality doesn’t match with people plus my personal trauma and problems stand in the way.”

Lived experience interview participant

“What really stands out to me is all the wasted potential.”

Reference group participant

What respondents identified as causes of the loneliness and isolation



Examples of systemic issues

The data from the interviews demonstrated how several systemic issues created barriers and disconnect for people, particularly for some of the most marginalised people in society. The interviews with professionals and people with a lived experience brought out the following examples of systemic issues:

- When experiencing **family violence**, the priority becomes safety. Victim-survivors must often move around a lot to ensure safety. Many family violence incidents force the victim-survivors and their children to move, instead of the perpetrators. Some victim-survivors move in and out of safe houses over long periods of time. This experience was described as stuck in a loop as they're incapable of settling in any place to create connections or finding employment. Employees working in family violence stated they often were so under-resourced that they only had time to focus on safety – safety from violence or suicide. They did not have much time to organise activities or spend time with the residents/service users. Many respondents spoke of feeling excluded due to being a victim-survivor of family violence. They felt their situation was not understood by family, friends, services or the community at large. Professionals working with Aboriginal women stated their clients often experienced additional issues to the family violence, such as drug dependency, removal of children from their care and being criminalised. They also described the impacts of intergenerational trauma caused by invasion, colonisation, and genocide. They mentioned how this created even more marginalisation for the women. The information provided demonstrated how easily a person experiencing family violence can become disconnected from others and from society and how Aboriginal people experiencing family violence experience additional layers of exclusion.
- An experience of **homelessness** was described as the need to constantly move around to different places as most crisis accommodation places only offer short term accommodation. A number of people experiencing homelessness go from shelter to shelter without ever getting a stable place to live. One person interviewed mentioned having been homeless for 6 years and spending those years living in a mixture of places, including their car, crisis accommodation and rooming houses. The experience was of being 'stuck in a loop' and always having to focus on their immediate needs, such as having a roof over their head and being fed and clothed. Professionals working in the

area described the current housing situation as standing in the way for people to create connections as they are either constantly asked to move from place to place, or they are placed in new outer metropolitan housing estates with little to no public transport. It was also mentioned how unsafe and insecure people often felt in government-run housing and that many rooming/boarding houses didn't have proper cooking facilities. It is easy to recognise how a person experiencing housing issues can become isolated and excluded from people and society.

- **Sex work.** Community sector workers spoke about the stigma and judgments imposed on sex workers. This stigma limited access to services and supports. Sex workers must juggle managing their privacy and safety as well as legal issues, including persecution by law enforcement. Many sex workers expressed not feeling safe going to mainstream services where they may face discrimination against them, thus leaving them with limited social inclusion options.
- Participants identifying as **LGBTIQA+** and the professionals working with them described how people in their communities often refrain from seeking support and assistance from health professionals and community services due to the judgments and stigma from society. People described fearing attending mainstream services as they were afraid of not feeling safe there. They mentioned how people from the LGBTIQA+ community experience additional levels of anxiety, depression, and suicidal ideation due to the discrimination from the rest of society. Interviewees stated that many people in their communities had experienced judgments, violence, exclusion and relationship breakdowns in their families or friendships due to people's responses to their sexual orientation or gender. These experiences increased a person's level of isolation or exclusion. Those who are transgender, gender diverse or non-binary experienced additional stigma as there was so little acceptance and understanding of the LGBTIQA+ community in the public, within community and in government services.

“Any chance to have a voice needs to be taken. I have really appreciated the accountability and flexibility in this research. ... It sounds obvious, but it is really valuable and appreciated. Flexibility to take seriously the things that have come up should be the way things are done. It means there is a richness of voices that will contribute to future projects.”

Reference group participant

Analysis

Previous research in the literature review has clearly demonstrated that social isolation and loneliness are serious health issues and they're increasing in society every year. It's expected that more people will be impacted by social isolation and loneliness because of the pandemic and its associated social upheaval. Time and time again, it's been proven that all human beings need connection and that it is the quality, not the quantity, of relationships that matters. Most people are looking for closeness, support and meaningful relationships. Being part of a community, or engaging in meaningful activities, can protect against or reduce a person's level of loneliness.

Several social factors have been mentioned as risks or reasons a person can develop feelings of loneliness. For people experiencing exclusion, discrimination and marginalisation, they are more at risk of becoming lonely and they have less access to opportunities to address the loneliness they are experiencing.

QUALITATIVE VS QUANTITATIVE RESEARCH

From talking to professionals and looking at existing research, it is clear that several social isolation support services do research with their service users—people who use their services, website and attend their programs. Most of the data from these pieces of research came from surveys and were analysed using quantitative methods. In comparison, the information in this research came from qualitative interviews with people, suggesting a deeper level of information provided.

RESEARCH PARTICIPATION

WIRE actively searched for people to interview to expand the cohort of respondents. Instead of asking what you like or don't like about a particular service, participants were invited to reflect on loneliness and isolation. This led to exclusion being explored.

Like most research, this research only came into contact with people who have already identified as experiencing loneliness or isolation. It is worth asking how to reach people who have not yet identified their feelings of isolation and loneliness.

As part of a reference group meeting, a discussion led to interviews with staff from Neighbourhood Houses in Victoria. They introduced the idea of social prescription to the discussion around social isolation. Social prescription refers to ways of working together with doctors and other professionals to find socially isolated people.

Sometimes it's difficult to find some of the most isolated people in society, and doctors might be the only people engaging with these people. Therefore, it's important for community services to work together with doctors in ways that can assist and support isolated people. Social prescription aims to find non-medicalised pathways for patients experiencing loneliness and isolation. The concept originates from the UK and is now being trialled at some of the Neighbourhood Houses in Victoria (Hendrie, 2019). It would be worth looking further into the concept of social prescription and working together with doctors and other health professionals to reach out to people who may be displaying symptoms of social isolation or loneliness, but haven't yet named these feelings as such.

Previous research may not fully represent the issues around loneliness and isolation in our community because the data is based on people who have already engaged with services. It's worth having this awareness when reading research on this topic. Although this research was qualitative, it only interviewed people who were already engaged with different programs or supports. It's important to note the way interviewees were contacted to be part of the research—this has impacted on the outcomes of this research.

In addition, representatives from small, marginalised groups were more willing to participate in the research. It was noted in the reference group that this may be because people that are part of marginalised communities experience more exclusion, and thus may be more willing to take an opportunity where they feel their voice will be actively included and heard.

ENGAGEMENT AND EXCLUSION

This research also highlighted that people often want to play a more active part in society and contribute in different ways. The information from the interviews showed how people requested new pathways to enable them to be linked in with volunteering, study options, employment and community connections. People wanted to be more active participants in their society, overall. This information demonstrates the need for meaningful engagements and a purpose in life. There is evidence to show that feeling connected to one's community, having a sense of belonging and purpose can mitigate against loneliness, isolation, and exclusion.

As much as it's important to offer people opportunities to gain social skills and confidence, this cannot be done in isolation. This work must also acknowledge what people have been through which has led them to their position. Unless have a deep understanding of what leads people into isolation, then the issue of loneliness can

never be solved. For this reason, having a high awareness of exclusion and what drives exclusion is key. A service can run all the programs in the world, but if people don't feel safe attending them, it won't address the actual issue.

This research project was short and thus could not explore in substantial depth the impact that exclusion has on the experience of social isolation and loneliness, and the possible redress of exclusion as it pertains to social inclusion and loneliness. The literature review and input from researchers revealed this line of enquiry is necessary and this research has highlighted that an intersectional approach to exclusion, social isolation and loneliness is essential for robust solutions to be developed, embedded, and evaluated. There is already a substantial evidence base around exclusion provided by intersectional feminism, critical race theory, queer scholars and practitioners. This work is instrumental in creating positive programs and social policy to build social inclusion and community connection.

For the interview participants who felt that their trauma made it hard for them to form friendships, it was difficult for them to trust. They felt more likely to be triggered in a group situation. Triggering is often a result of people not feeling in control, as trauma is a result of events that are beyond an individual's control, such as family violence or natural disaster. This highlights that, in loneliness and social isolation services, programs and research, it is important to establish groups that:

- are strength-based and empowerment-based;
- provide certainty and transparency around expectations; and
- give the decision-making and power to the service users (as much as possible).

STRUCTURAL AND SOCIAL BARRIERS

One of the most important findings in this research is that it can name the issues in society and places the responsibilities on the social and economic structures in society, rather than on individuals.

For example, we need to stop talking about people being isolated because of a disability and instead, clearly name that people with a disability are isolated because there are stereotypes about what they can and can't do. Furthermore, our services and systems are not set up to include people with a disability. Things as basic as being able to enter a building may not be possible. Adaptions for people with a learning disability or hearing and sight impairments can be considered unnecessary,

impracticable, or not needed. Being inclusive of disability is not considered as important in funding applications.

Likewise, if you're a person of colour, the cumulative impact of being looked over or treated with aggression and suspicion, as well as having to navigate racist stereotypes, will influence how and if you are willing to take the risk to seek assistance or connection in the mainstream community.

Examples have been provided in this report that demonstrate how the systems in society have caused the isolation, loneliness and exclusion that people are experiencing. In addition to this, the systems that have been put in place to support people during times of distress and loneliness are often causing further isolation as those systems are not serving people. This is because the initial exclusion that caused the isolation has not been dealt with, leaving safety and needs of people unaddressed.

There is a lot to be done to create a more inclusive society away from any type of exclusion, but this work starts with an awareness of systemic issues and injustice. It is desirable to involve governments in these kinds of discussions as they hold a lot of power in terms of decision making that affects whole communities.

This research has strongly highlighted the human need for connections as every single person interviewed had a desire to be part of a community. For all interviewees, being lonely was not a desirable state. They are lonely because of events that have happened to them in their lives and because of the barriers to inclusion (the exclusion) they have experienced. As much as it is uncomfortable and confronting for a highly developed, successful and financially stable country like Australia to reflect on its privilege, it can also be challenging to admit that the current culture includes judgments that can lead to exclusion. This research has highlighted how judgments and prejudices, in the form of racism, transphobia, homophobia, ageism, slut-shaming, and ableism, can have serious consequences for individuals as they exclude people. This can lead to severe forms of isolation and loneliness. Any service created to combat loneliness and social exclusion must address the factors that create exclusion and recognise what may impede people experiencing marginalisation from attending and actively participating in the service.

INDIVIDUALS' ROLES

If as a society, we want to end loneliness we also need to change the attitudes that force people into loneliness in the first place. We all have a role to play in creating a

safe, inclusive and welcoming society for all people to live in. Sometimes this may mean challenging attitudes around us and other times it may mean inviting someone into our communities. It is possible to change the statistics for loneliness and stop the coming epidemic of loneliness, but it requires that everyone takes part and creates the safe community that everyone desires.

This research has highlighted three factors that need to be taken into consideration when developing solutions to social isolation and loneliness:

1. All people want to feel safe.
2. All people want to feel supported.
3. All people want to blossom and thrive.

We need to all work together with governments and the public to create a society where all people can feel safe and supported to blossom and thrive in their personalities and contributions to our community.

This research has highlighted that people want to feel empowered as well as connected. By being involved in the services there for them, they can assist at the creation, implementation and evaluation stages. This not only builds a more relevant service, but one that is more accessible and inclusive.

In addition, people want to feel valued. For many, this involved being part of the community they live in. People may define community but, however they define it, it would be advantageous for people to have opportunities to volunteer, to contribute in some way and be involved in activities that build towards this aim, such as expanding skills and knowledge while also proactively recognising the skills and knowledge they already have.

Recommendations

FUTURE RESEARCH

This research has highlighted the seriousness of social isolation and loneliness and its impact on physical and mental health. It has highlighted the need for strategies and social policies to be developed and enacted that:

- empower;
- tackle exclusion; and
- create safe, welcoming, and inclusive communities.

This research can be used as an advocacy tool that positions government policy change and makes in-depth recommendations for the community services and health sector regarding service provision.

It is recommended that intersectional feminism, queer and critical race theories and an evidence-based approach be used to undertake more in-depth research into exclusion, loneliness, and social isolation.

FOCUS ON EMPOWERMENT

It is also recommended:

- Future social inclusion programs take a more empowering strength-based approach, providing opportunities for individuals to grow and for communities to become stronger and more inclusive.
- Programs build in opportunities for learning, volunteering and community inclusion in a way that is meaningful to service users and breaks down and eliminates the pathologising of service users creating dependency.
- Social inclusion programs should not frame and promote the programs as being for people who feel lonely and isolated as people often don't want to be associated with terms seen as stigmatising.
- More work be undertaken to normalise and validate feelings of loneliness and isolation, accepting that everyone will feel lonely or isolated at some point in their life.
- Creating safe, inclusive, and welcoming programs that empower people with a lived experience of isolation to be involved, using co-design principles to create, deliver and evaluate social inclusion programs.
- The inclusion of lived experience expertise must prioritise the knowledge of people experiencing exclusion, marginalisation, and discrimination.

- Social inclusion programs recognise the skills, knowledge and experience of participants and potential participants and not view them as passive service recipients.
- Programs provide opportunities for service users and service provider/s to advocate for change that highlight existing forms of exclusion, marginalisation and discrimination and seek change to create inclusion and equity.

DUAL FOCUS ON MITIGATING EXCLUSION AND BUILDING INCLUSION

While not everyone interviewed for this research project wanted to be an active community member, many did and stated that being a valued and contributing member of a community was a goal they wanted to achieve. Many recognised the barrier to this was due to exclusion forced upon them. This exclusion often co-existed and, in many cases, caused the manifestation of a lack of confidence and skills. Many commented how social inclusion programs that actively mitigate against the drivers of exclusion whilst also focusing on social inclusion do not exist. Thus, it is recommended social inclusion programs focus on being as robust as possible. Social inclusion programs should have an ongoing structured process of addressing and reducing exclusion that may be present within the program, in addition to providing activities and connections.

DIVERSITY

There is no one size fits all solution. People who experience exclusion, social isolation and loneliness are diverse. Every individual has different goals, aspirations, and needs – as such, a wide variety of social inclusion programs should be funded and available.

WIRE

There are social inclusion and isolation service delivery gaps that WIRE can fill. WIRE is ideally placed with its:

- focus on intersectionality;
- co-designing programs;
- individual service provision;
- history of providing social inclusion programs; and
- advocacy for women, gender diverse and nonbinary people.

Any program developed should be the product of an inclusive co-design process that focuses on mitigating against exclusion and loneliness and building social inclusion.

Conclusion

This research has had a unique role in naming the systemic issues in our society as reasons why people can struggle to feel connected and supported. It has shown how the issues lie within our structures, rather than within individuals. It has also brought attention to people's experiences of exclusion often being the reasons why people experience loneliness and isolation. If they can get the chance to participate safely, most people want to:

- feel included;
- be part of a community; and
- contribute.

“This research project has provided me with a unique opportunity to reflect on my own personal life journey. Working on a project that investigates loneliness, isolation and exclusion forced me to look back at my own personal life experiences of achievements and challenges. I have reflected on times of loneliness and isolation in my own life – and reasons why. It has been an important process to reflect on my life as a white, heterosexual, cis-gendered and able-bodied person, who has grown up in a country with a well-established welfare system and the power and privilege that this has given me in comparison to other people who share the space with me in this society. It is my hope that everyone who reads this report will reflect on their own journey and on their role in society and where they locate themselves in terms of power and privilege, inclusion and exclusion.”

Social Inclusion Project lead

Appendix: Interview questionnaires

People with a lived experience of social isolation were asked the following questions:

- Do you feel socially isolated or lonely?
- Have you ever experienced social exclusion?
- What do you see as the reasons why you feel or have felt this way? What's causing it?
- What would make you feel less socially isolated and/or lonely?
- What do you see as some of the barriers to you feeling connected to and included in our society? / What's stopping you from feeling connected to and included in our society?
- If we could do something that would respond to your needs and make you feel more socially connected what would that be?
- How would services be able to make you feel more like an active participant in the community (and not just a recipient of a service)?
- Have you ever felt judged for experiencing loneliness or isolation? Or judged for your (issue, challenge, barrier mentioned earlier)?
- Do you have needs that you feel are not being met? If so, what are those?
- What makes you feel safe, supported, and comfortable in a space?
- If WIRE was to create a program that would respond to your needs for social connections what should that program look like?
- How would you know that this program made you feel more socially connected?
- What are some of the things that this program could do that you know would make a difference for you?
- Anything that you would like to add that I haven't asked about?

Professionals were asked the following questions:

- What is your organisation doing to address social isolation and/or loneliness?
- What is the general feedback from service users on what you are offering?
- Have you received any feedback from service users about anything they would like that is not available?
- Is there anything that you wish you could offer that you are currently not able to offer?

- Where do you see the gaps in the community sector in terms of programs or supports for people experiencing social isolation or loneliness?
- What do you see as some of the reasons as to why some people feel socially excluded?
- What do you see as some of the underlying causes of isolation and loneliness?
- What are some of the barriers to people feeling connected to and included in our society?
- How can people become more of an active part of the community rather than recipients of a service?
- How can we reduce the stigma around loneliness and isolation?
- How can we all raise awareness around loneliness and isolation?
- How can we create safe, inclusive, welcoming, and accessible spaces for all people?
- What do you think is needed in the community for people to feel more socially connected?
- What sorts of challenges have you faced when trying to link people into existing programs?
- If WIRE was to create a program responding to the needs for social connections, what do you think that program should look like? Where is WIRE's place and what do you think that WIRE can bring that is unique for the space? How would we know that this program would fill some of the gaps in our society?
- Anything you wish to add that hasn't been said yet?

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