

Central Queensland, Wide Bay, Sunshine Coast PHN
Submission to the Queensland Parliament
Community Support and Services Committee
Inquiry into social isolation and loneliness in Queensland

August 2021

Dear Community Support and Services Committee,

The Central Queensland Wide Bay Sunshine Coast Primary Health Network (PHN) welcomes the opportunity to contribute to the inquiry into social isolation and loneliness in Queensland and commends the Queensland Government for investing in understanding the nature of this important issue in these novel times.

In making this submission, we draw from:

- Feedback received through engagement with our providers, services, and communities
- The current evidence and best practice from the literature
- Our collective experiences as a commissioning organisation in primary healthcare, including our challenges and lessons learned

This submission contains four main sections in which we:

1. reflect on the current experiences and extent of social isolation and loneliness in our communities and its impact on various health outcomes
2. share some of the activities and initiatives the PHN is currently undertaking to address this issue in our communities
3. discuss the opportunities that would facilitate the PHN to better support and address these issues
4. propose next steps and considerations in developing a state-wide strategy for addressing social isolation and loneliness in Queensland.

SUNSHINE COAST
CORPORATE OFFICE
PO Box 3067
Maroochydore QLD 4558

BUNDABERG
PO Box 975
Bundaberg
QLD 4670

HERVEY BAY
Shop 3
62 Main Street
Pialba QLD 4655

GYMPIE
Unit 4
4 Horseshoe Bend
Gympie QLD 4570

ROCKHAMPTON
PO Box 312
Rockhampton
QLD 4700

1. How social isolation is affecting our communities

Social isolation and loneliness as a determinant and indicator of poor health outcomes, especially for social, emotional and mental wellbeing, is a growing issue in our PHN region. Although its impact is felt in various ways across the region, we recognise that subgroups of our population are considerably more at risk than others. These vulnerable groups include the elderly, those living in rural and remote communities, Aboriginal and Torres Strait Islander people, people living in residential care, people from culturally and linguistically diverse backgrounds and people with a disability.

Observations and feedback from our communities include the following, and any strategies developed should consider these in design and implementation:

- Exacerbating this vulnerability for these groups, particularly for the elderly and those in rural and remote areas or from low socio-economic backgrounds, are ongoing transport issues¹. Without a reliable means of transportation, the ability of these groups to access services and support is reduced, as well as negatively impacting their levels of social participation and engagement².
- While strict lockdown protocols have been necessary for public health and safety, COVID-19 has further adversely affected outcomes for key groups in our region. For those in discrete and remote Indigenous communities such as Woorabinda, restrictions on freedom of movement have further compounded issues of isolation, existing grief/loss and unresolved trauma.
- Our elderly population, especially those in rural and remote areas and those living in residential care, have also been harshly impacted by lockdowns and movement restrictions, through reduced and disrupted access to family, friends, and other social supports.
- While digital solutions have been successful in some circumstances, it is not a panacea, particularly for groups where digital literacy and confidence is low (such as in elderly people or those who are illiterate or visually impaired), in geographical areas where internet connection is limited, or for those where affordability is a barrier. Thus, for vulnerable groups, these solutions are not entirely viable and further impair accessibility to much needed services.
- Client feedback in the mental health space has further been critical of mental health services accessed via telehealth modes during lockdown periods. With the loss of a neutral safe space to access help and care outside of their home, clients have attributed this to negatively impacting their recovery.

¹ Central Queensland Wide Bay Sunshine Coast PHN (2020) 'General Survey for Health Needs Analysis'.

² Ryan J, Wretstrand A, Schmidt S. Exploring public transport as an element of older persons' mobility: A Capability Approach perspective. *Journal of Transport Geography*. 2015; 48:105-114. <https://doi.org/10.1016/j.jtrangeo.2015.08.016>

2. What we are doing as a PHN to support social isolation

For our PHN, investment by the Federal government in addressing social isolation due to the current pandemic³ has enabled us to commence work on this issue for some of our vulnerable groups.

Current initiatives by our PHN include the Moving Moments program and the Connector Initiative:

- The PHN commissioned '*Moving Moments*' as an innovative method to address social isolation, loneliness, and poor mental health in Older Person cohorts in our region. As an intergenerational playgroup, it is coordinated by Lutheran Services in 5 locations in the PHN region (Buderim, Gympie, Caloundra, Hervey Bay and Biloela) and aims to connect Older Persons with kindy-aged children to improve the Older Persons mental wellbeing and connectedness.
 - Through reducing their social isolation, intergenerational playgroups promote a sense of connectedness and friendship in a safe and secure environment. These interactions further improve the dignity of older people within the community and increase public awareness about the existing care and support services available to them.⁴
 - One of the integral components to this program is the connections that are fostered between the Older Persons themselves: after every session, there is a debrief over a meal where friendships are encouraged and formed amongst the cohort involved.
 - All 5 locations are operational and experiencing high demand.
 - Further, Griffith University has been contracted to evaluate the PHN Moving Moments program, with the hope that the PHN will be able to continue funding this program with support from the Department of Health into the future.
- The '*Connector*' Initiative is coordinated by Lifespan Health, a psychology provider based on the Sunshine Coast. Through their continued engagement with Residential Aged Care Facilities (RACF) and a strong relationship with our PHN, Lifespan Health advocated for the need for RACF residents to connect back with their support network following disruptions caused by Covid-19 restrictions.
 - To support this work, the PHN is commissioning Lifespan Health to utilise iPads for RACF residents to connect with their family and friends.
 - Certificate 4 Mental Health Workers are staffing this initiative and have been further equipped to provide low-level mental health support and referrals where required.

³ National Mental Health and Wellbeing Pandemic Response Plan. National Mental Health Commission (2020). [Mental Health and Wellbeing Pandemic Response Plan - National Mental Health Commission](#)

⁴ Skropeta, C.M., Colvin, A. & Sladen, S. An evaluative study of the benefits of participating in intergenerational playgroups in aged care for older people. *BMC Geriatr* **14**, 109 (2014). <https://doi.org/10.1186/1471-2318-14-109>

- This initiative will be evaluated in terms of residents' confidence in using technology and their self-perceived levels of isolation and connectedness. These evaluations will be critical in understanding how to best support residents in RACF's moving forward as the ongoing pandemic continues to threaten in-person connections.

3. What would support PHNs to do more and what is needed more broadly

Although these programs have been positively received, our PHN recognises there is much more we could be doing and investing in to improve social isolation outcomes more broadly. We also acknowledge that as an organisation, we are well-placed to take the lead in our community to address and mitigate social isolation through both the identification of those at-risk and delivering services to meet those needs.

- PHNs were established to strengthen primary care and improve patient-centred service integration through leading the commissioning of a wide range of services to address local needs and improve the health outcomes of the communities we serve.
- PHNs are therefore ideally positioned to foster further system integration across state and federal health jurisdictions as well as the interface with disability, aged care, and community services, and continue to work strategically towards true integration across sectors.⁵

Considering our position, we have identified that the scope and breadth of our work could be furthered through more **collaborative, flexible and recurrent models of funding**, to address the broader social determinants surrounding isolation and loneliness. Social isolation has its most profound impacts on mental wellbeing, and therefore greater scope within mental health funding models would enable PHNs to better address these needs.

- Currently, traditional funding models and investment in mental health in the primary care setting for the PHN has largely focussed on the acute end of care, specifically providing mental health (psychology, psychiatry) services.
- Although acknowledged as a risk factor for poor mental wellbeing, social isolation itself is not a formal diagnosis and can therefore be disregarded as an acceptable criterion for accessing these services. As a consequence, many people who are experiencing social isolation and loneliness are potentially falling through the cracks or having to wait until their mental wellbeing is at a breaking point before qualifying for services. This need is evident in community as well as for those living in residential care.

⁵ PHN CEO Cooperative Working Group. 2020. *PHNs of the Future – White Paper V1.0* 04/11/2020. In Draft.

- Further to this, the Mental Health Commission Road Map⁶ distinguishes between promotion of mental health, prevention, and early intervention. In line with this, our PHN calls greater investment and supportive funding models that enable PHNs to address social and environmental determinants of social isolation (i.e. promotion and prevention), rather than solely providing acute, 'pointy end' mental health service provision.
- Lastly, there is also a need for recurrent funding to support this work. For example, the additional funding from the Commonwealth to address isolation due to the pandemic⁷ was one-off funding only.

In addition, evidence suggests that more effective solutions to address broad challenges facing communities, such as social isolation, **need to be community-driven**⁸.

- Funding models and guidelines should therefore be broadened to encompass community development principles and empower communities to identify their own solutions.
- The impact of this would be two-fold: the outcomes of programs and funding will be improved through more tailored service provisioning whilst further facilitating strengthened connections and social networks between and among people and organisations, to implement and drive solutions.
- For example, frameworks such as the Connected Communities Approach⁹ can be a catalyst for community-based social and economic improvement by strategically focusing on the role of a community backbone organization in conjunction with asset-based community development and collective impact theories.

The **power and reach of volunteers** cannot be underestimated in this space and should be actively leveraged due to the wide-ranging positive impacts volunteering can create in communities. More resources (including provision of training and upskilling and other support) supporting volunteers to work with needs of communities is required in the same way as the paid workforce.

- Initiatives such as the Community Visitors Scheme (CVS)¹⁰ leverages the power of volunteers to reduce social isolation through providing companionship to older people with vulnerable risk factors. In addition, these programs provide entry points for assessment of social isolation and mental wellbeing

⁶ National Mental Health Commission Vision 2030 for Mental Health and Suicide Prevention (2021). Available from: <https://www.mentalhealthcommission.gov.au/mental-health-reform/vision-2030>

⁷ National Mental Health and Wellbeing Pandemic Response Plan. National Mental Health Commission (2020). [Mental Health and Wellbeing Pandemic Response Plan - National Mental Health Commission](#)

⁸ VIC Government. *A framework for place-based approaches* (2021). Available from: <https://www.vic.gov.au/framework-place-based-approaches/print-all>

⁹ Gloger, A. *The Connected Community Approach: A Theoretical Framework*. Centre for Connected Communities. Available from: <https://connectedcommunities.ca/C3-2017/wp-content/uploads/2018/03/C3-CCA-TheoreticalFramework.pdf>

¹⁰ Department of Health. Community Visitors Scheme (CVS). (2021). Available from: <https://www.health.gov.au/initiatives-and-programs/community-visitors-scheme-cvs>

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Unit 4
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and as such volunteers provide a valuable workforce that could be leveraged with training and upskilling as well as providing appropriate and universal tools for such assessments and referrals.

- Whilst such servicing is underway in our rural communities, funding could be further used to enhance the workforce of volunteers to support solutions and enable more vulnerable groups to be reached.
- It should also be noted that the positive impacts volunteering has on social wellbeing is considerable for not only those receiving services but for those delivering them too.

There is also value in investing in initiatives that support an **integrated health & social care system** such as “link workers” and social prescribing. These programs and initiatives can serve to bridge the gap between social and health sectors and enhance the scope of both paid and unpaid workforce to improve social and health outcomes for individuals and communities.

- “Link workers” can be a person in a purpose-built paid role working in the health system or another organisation, such as a commissioning trust, to a volunteer working in a charity organisation or a community group. Prescriptions are driven by a thorough understanding of individual needs, which in turn provides more control for individuals over their own health care.¹¹
- Social prescribing is ‘a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services’.¹² While many health practitioners already incorporate social prescribing into their daily practice, there is a need to better support these models such as through funding mechanisms and established structures in the health system. A Queensland example of this model includes Plus Social Gold Coast, a service specialist program working alongside existing medical care teams that connects clients to local sources of supports.¹³

Lastly, there is also a greater need for **consistent and validated measures** of social isolation and participation of our communities.

- Currently, measures available to understand this issue exist only at a national level through the General Social Survey¹⁴ (social capital measures such as participation, support, feelings of safety and trust, volunteering rates and life satisfaction) or proxy indicators (such as housing data, rurality, and household

¹¹ Zurynski Y, Vedovi A, Smith K. *Social prescribing: A rapid literature review to inform primary care policy in Australia* (2020). Available from: [Social prescribing: Literature review | Consumers Health Forum of Australia \(chf.org.au\)](https://www.consumershealthforum.org.au/social-prescribing-literature-review)

¹² The Australian Royal College of General Practitioners and Consumers Health Forum of Australia (2020). *Social Prescribing Roundtable, November 2019: Report*. Available from: <https://www.racgp.org.au/advocacy/advocacy-resources/social-prescribing-report-and-recommendations>

¹³ Primary & Community Care Service Ltd. *Plus Social*. [Internet]. Available from: <https://gc.pccs.org.au/plus-social/>

¹⁴ Australian Bureau of Statistics. *General Social Survey: Summary Results, Australia*. (2021). Available from: <https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release>

income). It is therefore made more difficult to provide solutions when visibility of issues at a community level are sub-optimal.

- Thus, being enabled to capture liveability indicators, such as those set by Vic Health¹⁵ (walkability, public transport, social infrastructure and services, employment, food, housing, and public open space) would allow greater monitoring and understanding of the issue at the community level. We recommend that local governments and the state have a role in supporting the collection of this data on behalf of communities to better understand and monitor what is going on.

4. A state-wide strategy and approach

A role of a state-wide strategy should **foremost support cross-sector collaboration**. The issue of isolation and participation spans across all aspects of society and fittingly, is not an issue that can be solved in isolated silos by a single sector or discipline. Solutions will require a systems approach that acknowledges that different sectors, different levels of government and non-government sectors have related and dependent elements which when in interaction, forms a unitary whole approach needed to address social isolation.

- Therefore, a state-wide policy needs to take a **systems approach** to the issue that acknowledges the role of policy in economic, social and cultural systems whose activities impact on social isolation of all people.

The domains for age-friendly cities and communities as outlined by the World Health Organisation¹⁶ and articulated in the Queensland Government – An Age-Friendly Community Action Plan¹⁷ can provide a formative foundation for this work. While this framework is specific to older people, the domains within the plan are transferable to healthy connected communities.

- The domains to assess a community's age friendliness emphasise the importance of transportation, social participation, social inclusion, and community support and health services. Within our region, we have identified how social isolation and thus health outcomes worsen for vulnerable groups when these domains are compromised. Therefore, greater collaboration between all organisations to improve on these domains is a critical step moving forward.
- As a general rule, if a community caters for an older person, it generally follows that it is catering for everything and everyone else as well. An age-friendly community supports the pursuit of active ageing

¹⁵ RMIT Australia. *New digital platform maps liveability in our major cities*. (2020). Available from: <https://www.rmit.edu.au/news/all-news/2020/feb/digital-platform-maps-liveability>

¹⁶ World Health Organization. (2007). *Global age-friendly cities: a guide*. World Health Organization. Available from: <https://apps.who.int/iris/handle/10665/43755>

¹⁷ Queensland Government. *Queensland: an age-friendly community action plan*. Available from: <https://www.communities.qld.gov.au/resources/dcdss/seniors/age-friendly-community/qaqc-action-plan.pdf>

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and further increases the accessibility and safety within communities for all groups, reducing the risk factors that make some more vulnerable to social isolation and loneliness.

Thank you again for the opportunity to contribute to this Inquiry. The Central Queensland Wide Bay Sunshine Coast PHN looks forward to being involved in further consultations about this important area of need. We welcome any further opportunities to contribute to this process.

Yours sincerely,



Emma Whitehead
Chief Operating Officer

(on behalf of Pattie Hudson, CEO)

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CORPORATE OFFICE
PO Box 3067
Maroochydore QLD 4558

BUNDABERG
PO Box 975
Bundaberg
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Gympie QLD 4570

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