18 August 2021

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

Email: CSSC@parliament.qld.gov.au

Dear Committee Secretary,

Re: Inquiry into social isolation and loneliness in Queensland

Please find attached submission for your consideration, prepared by Terry O'Toole, CEO on behalf of TransitCare.

Our contact mailing address is:
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If you require any further information, please do not hesitate to contact me.

Yours sincerely

Terry O'Toole
Chief Executive Officer

Inquiry into social isolation and loneliness in Queensland

TransitCare Ltd submission

TransitCare Limited is a non-profit organisation providing community transport and support services to some of the most vulnerable at risk cohorts including:

- the frail and elderly
- people with disability
- younger people with transport disadvantage, defined by the Qld Government as difficulty accessing transport as a result of a range of factors, which can include geographical isolation, financial disadvantage, disability or chronic or mental health conditions (Examples of specific groups in the population who experience higher levels of transport disadvantage, include: Aboriginal and Torres Strait Islander people living in regional and remote communities; and people who are migrants newly arrived or refugees from culturally and linguistically diverse backgrounds
- carers

Community transport has immense social and economic benefits to communities all across Queensland. Its role in reducing loneliness and social isolation, helping people remain independent and access their communities, cannot be overstated.

TransitCare's service delivery areas include regional, rural and urban locations: Brisbane South, Logan (including Beaudesert and surrounds), Redlands, Ipswich, Townsville (including Charters Towers, Ayr and Ingham) and Cairns (including Douglas Shire).

In the last financial year (2020/2021), TransitCare delivered over 220,000 trips, provided over 12,000 hours of individual social support and in excess of 5000 hours of group social support activities. It must be said that there is a trend occurring wanting to move from individual support to group support.

The nature and extent of the impact of social isolation and loneliness in Queensland

As a service that is all about connection, we understand that the availability of affordable, appropriate and user-friendly transport is key to maintaining existing connections as well as nurturing new ones.

The Age-friendly communities' initiative led by the World Health Organisation proposes that accessible transport promotes active engagement contributing to physical wellbeing and mental health. The ability to get 'out and about', was the key issue identified by the community when Queensland's Age-friendly action plan was compiled. Specifically those in the community living with disability and limited mobility bemoaned the lack of affordable door to door transport options. Getting to public transport is an issue within itself.

With growing public attention on loneliness in our communities we know that:

- Loneliness is associated with increased mortality risk for both men and women
- Lonely individuals are at higher risk of the onset of disability
- Loneliness puts individuals at greater risk of cognitive decline

- Living arrangements and marital status – those who live alone and/or are divorced are more likely to be lonely
- Geography – studies suggest loneliness is higher in rural than urban areas (however, high levels are found in deprived urban areas)
- Housing – people living in residential care are lonelier than those living in the community
- Poverty – people on low incomes are more likely to be lonely
- Loneliness levels are linked to how we respond to social situations
- Providing informal care – carers are more likely to experience loneliness
- Sexual orientation – studies show high levels of loneliness among older lesbian, gay and bisexual people

Undeniably, the Covid-19 pandemic has served to magnify the conversation around loneliness, and, in turn, has intensified it for some groups.

The global health crisis brought increased emphasis on the ties between loneliness and life transitions like bereavement, and an increasing acknowledgement of the need to provide support to the specific circumstances and causes of individuals' loneliness.

Like many Organisations, the pandemic impacted the way we delivered service. We had to make a prompt shift towards supporting our clients remotely. This included:

- Delivering medications, groceries and meals
- Calling our clients to conduct well-being checks
- Moving activities online

When we spoke with clients, we found many of them to be overwhelmed, particularly with media saturation around the pandemic. Our phone calls were scheduled daily, weekly and fortnightly depending on the needs of the client. There were particular challenges for those:

- who lived alone
- who were clinically susceptible
- with caring responsibilities who all of a sudden lacked external supports or who had no access to respite
- living in strained relationships
- who had high levels of interaction with friends before the lockdown
- who were unable to visit family, particularly in residential aged care and hospital
- who could not attend programmes, social activities, clubs and meetings
- who were frightened about the spread of COVID-19 which caused distress and anxiety
- who were concerned about the digital gap and their lack of tech knowledge

Our telephone support offering became a lifeline for so many of our clients.

Clients needed to travel for essential purposes: medical appointments, treatment at the hospital, to buy supplies, but were concerned about exposure to the virus and chose to retreat, which in turn, created another level of isolation. We spoke to many clients who were taking shortcuts with health choices, their diets, and their exercise schedules.

For those with access to technology, an outlet for connection existed (provided they could afford and tap into reliable internet/data) but for others there was resignation that they would 'manage'. Whilst the online option is not a substitute for face to face connection, it did provide some with a level of reassurance. For others, it created frustrations due to lack of confidence/ability.

The role of a volunteer has high social value and their engagement gives them the opportunity to connect. Many of our older volunteers were forced to step aside, concerned about social distancing and their own health risks. Without their regular participation, they too, struggled with feelings of loneliness.

Operationally, ongoing social distancing reduced our vehicle capacity by 50% or more, while staffing was worn away as older drivers and volunteers chose to safeguard and remain home.

Community transport was subjected to inequality which impacted clients accessing services.

Combatting loneliness and isolation is at the heart of the sector's commitment to its users, and now, as we all tackle lockdowns and stay at home, we feel the health effects of a lack of social connectedness, so the value of community transport has never been clearer.

Causes and drivers of social isolation and loneliness

As mentioned above the main causes of social isolation and loneliness are:

- The loss of loved ones
- Disruptive life events
- Mental health issues
- Physical impairments
- Living remotely or in low density neighbourhoods
- Unemployment
- Relationship breakdown
- Poverty
- Retirement

There are strong links between wellbeing, social connection and transport options. Community transport exists to address transport inequality in places where services are unavailable, reduced or withdrawn, or where services are available but inaccessible for those with mobility issues. As such, community transport enables many vulnerable user groups to access key services and social activities.

Response to the protective factors known to mitigate social isolation and loneliness

Protective factors known to mitigate social isolation and loneliness include but are not limited to:-
- Improving the quality of relationships that people have
- Increasing social support availability
- Improving a person' feeling of connectedness with their community
- Increase one-on-one active listening and counselling support, particularly in relation to bereavement
- Pay attention to culture, faith and language

TransitCare

Response to 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 can improve a person' physical and mental health potentially resulting in a better quality of life with the Commonwealth, State and local governments developing targeted strategies and applying various levels of funding to local councils and community organisations to address the issue of social isolation and loneliness. Examples include:-

- a national Community Visitors Scheme, which supports local organisations to recruit volunteers who provide regular visits to Australians in receipt of Commonwealth-subsidised aged care services;
- national and state investment in supporting people to stay digitally connected;
- Various government levels of funding to provide 1:1 and group support services to Queenslanders e.g. Commonwealth Home Support program, Qld community Care support service and community transport.

Response to the role, scope and priorities of a state-wide strategy to address social isolation and loneliness, considering interactions with existing Queensland and national strategies

A state-wide strategy must include a requirement for its existing funded services (across various service areas) to work together through a joint venture (developed as an alliance) and report on how their supports and any liaison with others parties has resulted in the reduction of social isolation and loneliness, rather than providers continuing to work in silos that do not allow for individual and whole of community benefit. Discouraging providers to cherry pick the easier services which perpetuate the challenges that exist for community members who live in remote and rural areas. An alliance should also include other non-funded key community stakeholders including cultural and religious leaders and those with lived experience. A good example of the benefits of an alliance is the Brisbane Alliance to End Homelessness and the expansion of this to commence in the Logan area.

The landscape for community transport has changed. Despite reducing resources and funding, and concerns around how funding will be allocated in the future, community transport operators have continued to support community needs by delivering food and medications, phoning isolated clients and delivering vital health transport.

As more of the community become vaccinated and we all surface from the crisis, the impact of loneliness and social isolation, will be hard felt. We hope that the sector's contribution to the national effort in tackling loneliness and social isolation and enabling vulnerable people to access affordable, appropriate, transport during and after the pandemic, is recognised and supported.

Community transport is essential and should be central to the conversation. This is an opportunity for government to support organisations to diversify their services to provide for new demand, including collaborating with health/medical providers to pool resources and look for efficiencies.