

Inquiry into social isolation and loneliness

Brisbane South Primary Health Network
submission

Introduction

The role of PHNs and the regional context

Since their establishment in 2015, Primary Health Networks (PHNs) have been working with the primary care sector and local communities to increase access to primary care services and improve health outcomes.

PHNs analyse the local health system and health needs of their communities to identify service gaps or inefficiencies. They then commission services which respond to these needs or gaps and address the population's health needs.

Of the seven PHNs in Queensland, Brisbane South PHN is the largest by population, home to nearly a quarter of the state's population. The region covers a large area south of the Brisbane River, including metropolitan, rural and remote island locations.

The Brisbane south region is characterised by its diverse and vibrant communities, with 30 per cent of residents born overseas and 19 per cent born in a non-English speaking country. Brisbane south is also the area of highest refugee settlement in Queensland.

As well as utilising population-level data, PHNs conduct in-depth Needs Assessments of their region to determine priorities and identify vulnerable populations at risk of poor health outcomes.

This submission primarily focuses on Brisbane South PHN's work with the Older Persons population cohort, one of the key groups at risk of poor health outcomes – with social isolation a significant contributing factor.

The Queensland Government has acknowledged that older people are particularly vulnerable to social isolation after the loss of family and friends, reduced mobility, or reduced income. In its *Healthy Ageing Strategy (2019)*, the Queensland Government also recognised the link between social isolation and poorer health outcomes.

Reducing the impact of loneliness and social isolation on older people decreases the likelihood of multiple and/or severe chronic health conditions and associated psychological problems.

To deliver the programs and initiatives detailed in this submission, Brisbane South PHN works closely with service providers (Residential Aged Care Facilities, home care providers), General Practice and community organisations. Workforce development is a key focus, recognising one of the sector's biggest challenges.

Because of the way PHNs work, accessing and activating strong community and primary care networks, they are uniquely placed to respond to social issues that cross numerous government departments and systems.

As the Queensland Government considers its response to this inquiry, Brisbane South PHN urges it to consider the value of partnering with PHNs to deliver place-based, person-centred responses to these issues.

Initiatives and programs targeting social isolation and loneliness

Aged Care Navigator Trials

As part of the national Aged Care Navigator trials, Brisbane South PHN is working with community organisations to deliver different types of services and activities across the region to help older people learn more about government-supported aged care programs and how to access them.

Services and activities Brisbane South PHN have delivered during the trials include seminars, phone support, and group and individual sessions (including by our Specialist Support Worker) for almost 4000 older people across the region, in partnership with a number of local services.

- Aged and Disability Advocacy (ADA) Australia
- Donald Simpson Community Centre, Cleveland
- Ethnic Communities Council of Queensland (ECCQ)
- Institute for Urban Indigenous Health (IUIH)
- LACOTA at Logan Central Community Centre

The Brisbane South PHN Specialist Support Worker initiative provided navigation into the government aged care system for vulnerable people, including those at risk of homelessness and those who are socially isolated.

Referrals were received from General Practitioners, social workers, allied health, the Queensland Health Mental Health, Alcohol and Other Drug team, community centres and any other referrer that was concerned about an individual.

The Specialist Support Worker was able to focus their efforts on the social and emotional aspects of a person's care, in addition to support accessing aged care services (as services treating the acute health care needs were normally readily available and out of scope for the trial).

It was noted by the Community Centres participating in the Aged Care Navigator Trials that a level of psychological distress was encountered by their members during lockdowns, however this did not appear to outweigh the distress caused by the risk of contracting COVID-19 if they were in public.

Phone call welfare checks were implemented to community centre members to help decrease social isolation, discuss booking appointments if there were health issues, and to provide information about online social opportunities.

The final evaluation report of the COTA trials determined that 'Social isolation or at risk of social isolation' was the most commonly reported vulnerability across the trials at 9.2 per cent of navigator service users. When 'Social isolation or at risk of social isolation' was also reported in combination with other vulnerabilities, the proportion increased to 41.6 per cent of navigator service users.

Positioning navigators in communities where they are most accessible to older people was identified as a key enabler for reaching target populations. This could include 'housing' aged care navigators within neighbourhood or senior citizens centres, ethno-specific community organisations for

culturally and linguistically diverse (CALD) populations, homeless and other relevant services, or co-located with other services commonly used by even socially isolated members of target populations.

Healthy Ageing Hubs

Brisbane South PHN is supporting community organisations in the region to pilot five Healthy Ageing Hubs. The Hubs create local links to primary health care and empower older people, their families and carers to confidently manage their own health and wellbeing in the community.

This innovative program is providing community members with access to a range of activities which enable 'healthy ageing' and socialisation to help build a person's capacity to stay independent and healthy longer.

Five organisations are currently involved in the Healthy Ageing Hubs pilot:

- Logan East Community Neighbourhood Centre (LECNA)
- Inala Wangarra Inc.
- Redland District Committee on the Ageing (RDCOTA)
- Amputees and Families Support Group QLD Inc (AFSG) – Logan Central
- BallyCara

This pilot was designed to allow older people, their families and carers to access health information and support in convenient and familiar places that are culturally safe and appropriate.

Through the Healthy Ageing Hubs, Brisbane South PHN aims to provide more opportunities for older people to make the most of existing services in their own communities, and help them to access reputable health and aged care information.

Social Wellness Program

Brisbane South PHN has commissioned a partnership between Footprints and Change Futures to deliver a social wellbeing program providing mental health support and coordination for older people who are socially isolated due to the impacts of COVID-19.

The program is targeted at people over 65 (or Aboriginal and Torres Strait islander people aged 55 years and over) living in the community, and aims to support the mental and physical health of older people through care coordination and linkages to local support services, networks and community.

The approach is underpinned by partnership between the two agencies, helping to reduce system fragmentation and ensuring a seamless response across the care continuum. The two agencies each offer distinct elements of the program, between them enabling a whole service response that capitalises on shared expertise and a combined multidisciplinary workforce, including a Mental Health Nurse, Care Coordinators and Psychologists.

This program is intended to deliver the following outcomes for older people who are at risk of, or have, mental health issues, and who are experiencing social isolation and/or loneliness, as well as older carers:

- Connecting older people to appropriate services and support.
- Reconnecting older people with social networks.
- Restoring access to services that may have been disrupted by the pandemic.
- Enabling early intervention and, where appropriate, providing evidence-based psychological therapies to improve the mental health and wellbeing of the older person.

- Provide information to friends, family and carers on the wellbeing of the older person (there is no age-based restriction for this outcome).

Psychological Therapies in Residential Aged Care

Brisbane South PHN has partnered with Change Futures to provide access to psychological therapies for residents living in Residential Aged Care Facilities (RACFs) in the Brisbane south region.

The program aims to improve the psychological wellbeing of residents with mental health concerns in RACFs, including:

- Acknowledging the different stressors that older people living in RACFs may experience that impact on mental wellbeing.
- Providing flexible treatment to meet the needs of residents with mental health concerns or early signs of mental illness across the stepped care approach.
- Reducing barriers to accessing psychological services and ensuring equity of access across the Brisbane South PHN region.
- Building capacity of RACF staff to enable early identification, response and referral.
- Providing environment and lifestyle options to support mental wellbeing.

Pallichat

Pallichat Brisbane south is an initiative of Palliative Care Queensland and funded by Brisbane South PHN. It is a free service for older people and those who support them across the region.

The primary goal is to increase the support, access and care options for older people living with a life-

limiting condition and those who support them in the Brisbane south area. Talk therapy is available around topics such as ageing, loss, dying, grief and bereavement.

The service offers:

- One-on-one support and advice for patients and families.
- Group support to reduce feelings of isolation through community connection.
- Education for communities.
- Networking opportunities for the palliative care sector.

Weavers carer support pilot

As noted in the Queensland Government's *Healthy Ageing Strategy*, both paid and unpaid carers are at risk of experiencing social isolation because of the ongoing physical and emotional demands of the role.

In 2019, Brisbane South PHN facilitated community conversations and workshops with older people and their carers across the region. The purpose of these activities was to hear first-hand about the lived experience of these informal, older family carers, and to identify how to better support them.

Responding to the needs identified during this work, Brisbane South PHN has funded Weavers – a peer-to-peer carer support pilot that assists carers manage the challenges of caring.

Carers are recruited, trained and connected to other carers who guide them through an 'adaptive caring loop' and help them to:

- Navigate and negotiate support services.
- Mobilise family and friends.
- Increase community connections.

- Address guilt, grief and loss associated with caring.
- Find ways to look after their own health and wellbeing.
- Build resilience and hope for the future.

Key learnings and reflections

The causes and drivers of social isolation and loneliness

Brisbane South PHN works across the system to identify and engage with vulnerable populations at risk of poor health outcomes.

Our work with community organisations and frontline primary care workers gives us the opportunity to collect information about, and respond to, emerging issues affecting the social and emotional wellbeing of people in Brisbane south.

For communities in the more remote areas of the region, transport and access to service providers who have capacity is a major factor in social isolation. Locations such as the Southern Moreton Bay Islands are not deemed regional or remote because of their proximity to major centres, but the service provision and barriers affecting these residents are similar to those that affect remote and regional residents.

Service provider capacity to provide social services for older people can also affect an individual's ability to leave their home.

A better understanding of social isolation issues and their effect on older people's health within hospital settings is required. Older people are often sent home from hospital without the correct services in place for them on discharge.

People with mental illness and alcohol and other drug concerns can experience problems accessing service providers due to a lack of resources, incorrect assessment and assigning of aged care packages and services.

There are support systems available in the community that can mitigate social isolation and loneliness, and better education is needed across all interfaces of government to identify those in need of additional assistance and refer accordingly.

Membership at community centres can provide meaningful participation to help reduce loneliness and isolation.

Schemes such as the Community Visitors Scheme and Meals on Wheels can assist in reducing loneliness and isolation and are also an avenue for referral onto other support services if required.

Social inclusion through community centres, libraries and other activities are directed toward decreasing isolation but are dependent on a person being able to access transport to the event.

Recommendations

Working together to improve the wellbeing of Queenslanders

1. Review existing Queensland Government programs such as the Community Visitors Scheme and age-friendly initiatives to determine how they can be leveraged or expanded for greater impact.
2. Invest in capacity and capability building in settings like community centres and services that provide in-reach care to people's homes.
3. Work with PHNs to deliver or enhance social prescribing initiatives in primary care and coordinate efforts across the primary care sector.
4. Engage with PHNs to support and deliver reformed neighbourhood and community centres, focused on place-based approaches.
5. Pursue models that are community-based and feature self-referral to connect those accessing community environments such as libraries, movies, theatres, and recreational activities.
6. Investigate joint funding models to prevent siloed approaches and deliver a holistic, whole-of-government response to people experiencing social isolation and loneliness in the community. PHNs are a commissioning body and can be used to deliver joint initiatives across a number of state government departments with visibility across the system.