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Inquiry into social isolation and loneliness in Queensland

13<sup>th</sup> August, 2021 Submission No 195

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

[CSSC@parliament.qld.gov.au](mailto:CSSC@parliament.qld.gov.au)

Dear Ms/Mr,

**RE: Inquiry into social isolation and loneliness in Queensland**

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Please find following TDSA Ltd's submission to the above Inquiry.

We appreciate the opportunity to raise the issues of rural and remote Qld communities and residents in particular and their experience of social isolation and loneliness.

We look forward to the Inquiry's outcomes.

Yours faithfully,

Ms Jennifer Leigh OAM  
Business Manager & Director



**TDSA Ltd**  
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*Technical writing, Curriculum design, Facilitation skills, Strategic and operational planning, Organisation design - change - renewal; Professional supervision; Mentoring, Community Transport*

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## ***TDSA Ltd submission to the Inquiry into social isolation and loneliness in Queensland***

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13 August, 2021

TDSA Ltd  
[REDACTED]

TDSA Ltd is a not-for-profit, community-based company limited by guarantee committed to assisting individuals/consumers to find responses to their unmet transport, access and mobility needs and thus improve their quality of life.

### ***Nature and extent of the impact of social isolation and loneliness***

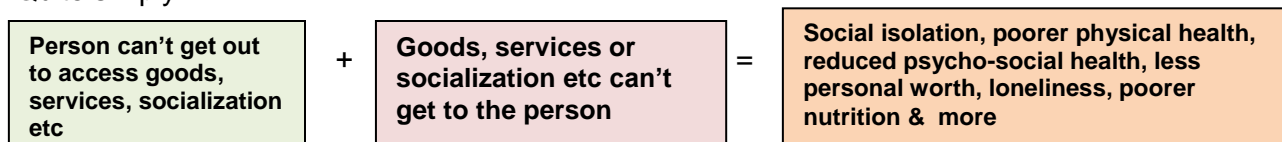
Every Queenslanders's ability to access employment, housing, health, recreation, education and other community services and thereby greatly reduce the risk of social isolation and loneliness is critically reliant upon their ability to move around their community in ways that are affordable and sustainable.

In the broadest sense, the inability to access affordable and appropriate transport and mobility options can both create and exacerbate loneliness, and consequentially social isolation.

There is a significant and increasing body of research in Australia (AIHW & Monash University's Public Transport Research Group, TDSA) and overseas of the link between social isolation and lack of access to affordable and available transport options.

Transport plays an 'invisible' role in each person's quality of life, in addition to improving the fabric and economic health of every community irrespective of the community's size or location.

Quite simply:



TDSA has held many community forums across Queensland over many years and at these forums, irrespective of their focus issue, the lack of access to transport is identified as an issue.

We know from these forums that unmet transport needs are especially significant for:

- urban fringe and rural communities who are isolated from services because of a lack of public transport services;
- residents anywhere who don't have access to private cars or those under licence age or driving capability; and
- particular population segments (such as people with disabilities, older people, unemployed and youth) who have difficulty accessing available public transport services because it is not designed to meet their needs or simply not present in the community.

For urban Queenslanders, especially those who are used to having access to multiple public transport options, COVID resulted in a hesitancy to use them for fear of catching COVID. For these people they in many ways experienced the issues rural and remote Queenslanders without any public transport options (or any other transport options) are at risk of experiencing the following spiral - they can't get out and about → reduces number of trips one will make → person cuts back on socialisation and accessing support services → start to feel depressed → increasingly unmotivated → resulting in social isolation and loneliness and/or other maladies.

From a transport & mobility access perspective, COVID added an additional complicating factor to the above cycle – people who helped others by offering lifts in their private vehicles stopped doing so (& often the person refused any lift still offered), also many volunteer-based responses were unable to operate as the volunteers left in droves, all due to the fear of COVID.

Exacerbating both the above for rural and remote Queenslanders especially is the reality that the NBN has not provided affordable, reliable or universal internet coverage. An almost universal response to COVID was to drive people online as a method to continue service delivery in some form/level and as a major strategy to reduce the risk of social isolation, loneliness and various mental health problems.

For a significant number of rural and remote Queenslanders they don't have access to the internet. For these people it was/is even more critical they can mobilise and access services in their local community and/or region; but here lies the rub!

The nett effect of the interplay of the above factors is a greater likelihood of developing social isolation, loneliness, poorer nutrition, physical and psycho-social health etc.

Social isolation and loneliness are the resultant outcomes of a person NOT being able to access affordable, appropriate and available transport options.

### ***Causes and drivers of social isolation and loneliness***

Apart from the above factors, there are other more macro causes/drivers that result in a greater risk of social isolation and loneliness, all vested in how government does its business, namely:

- Queensland is highly decentralised with the major concentration of population in the south-east corner of the state and key regional centres, all on the coast.

Government spend on addressing any 'issue' (eg social isolation) focuses on these key urban centres where this population volume produces a greater multiplier effect. This is compared to the dispersed rural and remote residents of Queensland where, inherent to its location, costs are generally higher which is used by less volume. In essence, being a rural and remote Queensland resident results in an inherent, institutionally structured inequity of access to support services/projects aimed at reducing the likelihood of social isolation. Government's very funding modelling and grant approach is skewed from the outset.

- Funding provided by government is also traditionally tied to a particular 'issue or purpose' which commonly has a targeted eligibility to a specific cohort of the population eg. aged, apprenticeships, resident within a specified geographic area.

On-the-ground this approach to funding creates program/service silos which may be functionally appropriate to larger urban centres. However, this result is more restrictive in rural and remote communities where its use being available to all (potentially on different user pays basis) would be more inclusive, cost-efficient and deliver better outputs/outcomes than silo-based programs. The current approach by government simply results in some residents being enfranchised and others excluded, when in reality both have the same need. Social isolation and loneliness are NOT resultant outcomes for just one cohort; it is a reality for all ages of persons and as such the solution in simplistic terms should be too.

### ***Protective factors that mitigate social isolation and loneliness***

The ability to get out and about at will via access to affordable, available and appropriate (eg. physical accessible, emotionally appropriate, timely etc) mitigates social isolation and loneliness. This ability pervades all aspects of every Queenslanders lives, whether the need to mobilise is due to work, education, time out of lockdown, socialisation, medical appts/treatments, family linking, recreation etc reasons.

For rural and remote Queenslanders who have less equity of access to government subsidised public transport, accessing any transport options would be a considerable positive improvement; if publicly subsidised (eg via concession fares or block funding of community transport services) the affordability of longer trips in particular would be a major benefit to reducing not just social isolation and loneliness but also poorer health, mental health, nutrition, life expectancy rate from any form of cancer etc.

TDSA's very long experience in community transport (Qld, nationally and international) means it knows that to have the greatest financial sustainability and less cost to government, the community transport model for rural and remote communities in particular (but still relevant for urban centres too) needs to be:

- a) available to ALL of a community's residents and not just the population cohort relevant to the government Dept funding it (eg. for aged or disabled or youth ONLY)
- b) block funded rather than a price per individual based. Individualised funding 'works' for government in terms of easier budgeting but in a whole of community model of servicing more people can travel under block funding because unlike many other human needs the demand to travel somewhere can be aggregated – ie. the majority of trips don't need to be 1 person in a vehicle (ie the taxi model)
- c) a 'solution' that is a blend of community development praxis to leverage the existing transport-related resources (government funded and private resources etc) that exist in every community eg. school bus service, mum's informal taxi solutions, shared car, club courtesy vehicles, wheelchair taxi, community aged care provider vehicles, government worker cars on weekends etc. PLUS, a pool of funds to purchase whichever solution/s are appropriate to each community's demand, supply and existing resources profile. Imposing a 1-size fits all transport solution (eg. a taxi, school transport etc) simply doesn't work, or address all and the varying needs in rural and remote communities; and
- d) cognisant that any government funding to rural and remote communities especially needs to be on the basis that its available for use by all the community residents and outputs/outcomes reporting that seeks to validate that funds targeted for a particular cohort or issue were also accessed by others.

### **Benefits of addressing social isolation and loneliness**

Measuring social isolation or loneliness, like many other conditions, is highly subjective and based on the false tenet that it's a constant; whereas such conditions ebb and flow in dimensions such as intensity, impact on quality of life etc. Current approaches to measuring such issues also fails to consider that they can be the result or impact from some other event or circumstance in the persons' life or society event/circumstance (eg covid, drought etc).

From a program evaluation perspective, a pre and post methodology to measurement is required, with the measurement being done by the person using a Linkert scale (ie. 1 to 5 rating) to allow the capacity for statistically relevant analysis to occur over the longer term.

TDSA has found in its work that the ARACY Common Approach tool and associated process (which was developed for use with children but we use with any age person) highly effective in being able to:

- a) gain from each person his/her view of the whole person's circumstances through a mapping and rating approach. This tool is recommended to be used as a client intake tool and readministered either on exit from support service or annually at the minimum.
- b) more effectively provides the basis on which an individually-tailored response/s can be mutually agreed which takes into account not only the person's resources but also the community's resources and 'capital' available to craft a solution (if any exists). This approach



better acknowledges that sometimes the ‘solution’ to one issue lies in strengthening or addressing some other seemingly unrelated issue.

- c) provides a holistic, tailored approach at individual and community level
- d) be used in both urban and rural/remote communities without need for the tool and process to be specifically adapted.

### ***Leveraging existing funding to prevent, mitigate and address the drivers and impacts of social isolation and loneliness***

Addressing rural and remote Queenslanders’ institutionally-structured inequity of access to government’s funding on support services using a non-silo, whole-of-community approach would deliver benefits greater than the reduction of social isolation or loneliness alone:

- economic benefits gained from greater maximisation of existing and new resources + less duplication of resources (paradoxically often results in more of a ‘thing’ than a community needs and yet simultaneously less of a ‘thing’ they need and would use more)
- government’s institutionally-structured inclusion strategies by tying all funding to the requirement of ‘it’ being available to all – and then requiring mandatory reporting on how whole of community had use/access. This approach at quantum level has the real potential to reduce government spend on duplicated programs for different parts of a community and improve each community’s real benefit from the funds
- from a person’s perspective whole-of-community, community-development approach to service delivery aids greater inclusion and building a stronger sense of unity and togetherness (compared to an individualised sense based on some ‘deficit or weakness’); these feelings/sense are also useful in reducing social isolation and loneliness.

### ***Role, scope and priorities of a state-wide strategy***

A state-wide strategy aimed at the reduction of social isolation and loneliness should be based on different underpinning tenets and funding principles (or at the least trial in some rural and remote communities initially), that have features such as:

- community development based methodologies whereby proposed solution/s to be funded have arisen from a whole-of-community mapping of the impact/s social isolation/loneliness (or whatever issue) is having or how it manifests in that community (and who is impacted). This approach also needs to include consideration of solutions cognizant of the local community within a regional context (especially for health/medical needs of residents lives)
- funding is tied to responses that are available to the whole of community and requires any funded resources to be available to other agencies for use in any ‘down time’ – both these features should be explicit in any service agreement. And, this same principle applies to government resources too, especially in transport solutions context.
- Include a pool of funds to ‘purchase, contract, broker or enact’ whatever service responses is appropriate to that community, or able to be pooled to create a regional response.
- any solution/s funding sought must formally include a detailed consideration of the mobility task required in either getting the ‘solution’ to the person or the person to the ‘solution’. And, if transport is required by either the consumer or the provider of the service, the costs of this is explicitly described – transport is the most invisible component of funding any program and the most impactful on each person’s equity of access.
- funding be tied to the use of the ARACY Common Approach tool and process at intake and minimum annually as a means to measure changes in self-perception of social

isolation/loneliness, other social outcomes and to aid whole-of- person service planning that is more tailored to their unique circumstances.

- reporting to the funding body be tied to the need for evidence that the broadest community had, and did, access the service, resource etc rather than a select few.

From a transport-specific perspective, as a model community transport is seen by the World Health Organisation as particularly effective in settings where other sources of mainstream transport are not reliable eg. regional, rural and remote locations, unreliable and inconsistent service delivery.

To maximise its effectiveness and reduce quantum government spend the community transport model should ideally be block funded and operate on being available to all a community's residents and not just specific cohorts.

Thank you for the opportunity to have input

Jennifer Leigh OAM  
Business Manager  
TDSA Ltd