SOCIAL ISOLATION IN THE SOUTHERN MELBOURNE REGION

ISSUES PAPER
16 SEP 2019

Prepared for
Southern Metropolitan Partnership
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EXECUTIVE SUMMARY

Project overview
The objectives of the project are to develop a consolidated, regional view on social isolation and the region’s priorities for addressing it. This will focus on the impact of:

- Regional transport constraints, which are influenced by infrastructure and service constraints, and reduce access to employment, education, housing, recreation and support services, and
- Other barriers that impede the effectiveness of regional services that aim to support the socially isolated in the Southern Metropolitan Region (SMR).

The project will generate evidence needed to inform and prioritise interventions of government, primarily state and local, to achieve greater economic and community connectivity across the region.

This Issues Paper draws together a literature review on the causes, impacts and solutions for social isolation, a profile of social isolation in the SMR, and a survey of regional service providers. It uses these insights to commence the identification of the areas of most fruitful interventions for addressing social isolation in the region.

Social isolation in the SMR
While anyone can experience social isolation, certain individuals or groups are more vulnerable due to factors such as physical and mental health, education levels, employment status, wealth, income, ethnicity, gender, age or life-stage. Groups at risk of social isolation and their concentration in the SMR are outlined in the table below.

<table>
<thead>
<tr>
<th>TABLE 1. SHARE OF EACHSOCIALLY ISOLATED GROUP OF TOTAL POPULATION</th>
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<tbody>
<tr>
<td>Early learning aged children</td>
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<td>---------------------------------</td>
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<td>Southern Metro Region</td>
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<td>Greater Melbourne</td>
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</tbody>
</table>

Barriers to addressing social isolation
Informed by client feedback, a detailed literature review and the regional service provider survey, SGS has identified the following barriers to better serving the socially isolated in the SMR:

- **Lack of transport** services and the vast distances involved in accessing services and communities.
- Resource, capacity or **funding constraints** on the service providers limiting the number of clients they can service.
- **Income, time, or cost constraints for the socially isolated.**
- **Lack of confidence/ perceptions.** The socially isolated may lack the confidence required to join a program or ask for help, especially where a stigma is perceived.
- **Lack of awareness** of the services available.
- **Language and cultural barriers.** This can take the form of both difficulty in communicating with people not proficient in English as well as institutional distrust.

- **Lack of coordination across services.** Services not linking together to provide a holistic approach.

- **Complexity** arising from the different causes of isolation and the need for different pathways out of disadvantage.

- **Lack of access to technology.** Lack of internet/phone access or skill. See Digital Inclusivity box.

We also note that social isolation is an inherently complex issue and while we have identified some key barriers, in practice social isolation may be a consequence of a mix of these barriers as well as other individual, societal, and economic factors.

**Access to services in the SMR**

Spatial and transport barriers for the socially isolated in the SMR have been identified as the key barrier through the stakeholder survey and are a key focus for this project.

Being able to access services, community and economic opportunities is vitally important in forming social connections. Healthcare, education and recreation services allow people to participate and connect with their community.

The map below illustrates access to health care services in the SMR. Note that similar access patterns are evident across all service types in the SMR. That is, areas in the north east, such as Moorabbin through to Springvale and Dandenong, have relatively good access to services. A middle band taking in Casey Central, Cranbourne, and Frankston has moderate access, while all areas beyond this, such as Koo Wee Rup and Hastings, have poor access.

These three bands of access will likely require different types of interventions for effectively addressing social isolation in the region.

**FIGURE 1. ACCESS TO HEALTH CARE SERVICES WITHIN 30 MINUTE DRIVE**

Source: SGS Economics & Planning 2019
Intervention principles for addressing social isolation

The literature on successfully addressing social isolation points to following principles for intervention:

- **Understand the local context of social isolation** as it differs across local areas – Who are the at-risk groups within local communities?

- **Understand the barriers to social connection** – Is there transport access? Is the cost prohibitive? Are there language or physical access issues?

- **Develop a clear goal** - Which barrier does the intervention aim to address?

- **Involve communities** in planning, development and delivery of interventions.

- **Learn from existing interventions**. There is a need for better understanding the outcomes of interventions rather than measuring outputs.

- **Coordinate across services and government**. Social isolation is a complex multidimensional problem, which requires an integrated response with strong partnerships between relevant organisations.

These principles will be further developed and refined throughout this project. We also note that this project is focusing on priorities for addressing the barriers to accessing services, rather than the programming of services in themselves.

**Next steps: Regional stakeholder workshops**

The findings of this issues paper will be tested with stakeholders via regional stakeholder workshops. These workshops will allow for a more dynamic and in-depth discussion to confirm the barriers to addressing social isolation and start to establish intervention priorities.

For the purposes of workshops, regional stakeholders will be separated into two groups, the first focussed on transport accessibility interventions; the second on services accessibility interventions.

The workshops will follow the following format:

- Synopsis of this regional issues paper.

- Stakeholders to describe real life case studies which elucidate the region’s social isolation issues for decision makers.

- Stakeholder to test and develop the ‘intervention principles’ and the service ‘gaps’ and ‘barriers’ identified above.

- Stakeholders to identify and prioritise options for best intervening to address social isolation in the SMR.
1. UNDERSTANDING SOCIAL ISOLATION

Social connection is essential to wellbeing. For individuals who find themselves isolated, the mental and physical health consequences can be significant. Understanding how and why particular individuals and groups are more at risk of social isolation will help inform a regional response.

1.1 What is social isolation?

Social relationships are essential to wellbeing. Participation in social activities and community services are known to contribute to greater life satisfaction and wellbeing. The benefits of social connectedness can extend to more successful relationships, higher levels of productivity and income, and improved physical and mental health.

Individuals who are lacking in social connections and social relationships can be described as socially isolated. Policy makers and academics typically define social isolation as “inadequate quality of social relations with other people at the different levels where human interaction takes place i.e. individual, group, community and the broader social environment”.

Social isolation is closely linked to social exclusion which involves the lack or denial of resources, rights, goods and services, and the inability to participate in normal relationships and activities available to the majority of people; be it in economic, social cultural or political arenas.

Loneliness is often considered a sub-category of social isolation, with the important distinction that it is an “emotional perception that can be experienced by individuals regardless of the breadth of their social networks”.

This project treats social isolation as distinct from loneliness. Loneliness is a subjective feeling regarding the perceived quality of a person’s relationships. Whereas social isolation is an objective state of having minimal contact and interaction with people, community, and services.

Globally, social isolation has emerged as a significant public health issue, with growing recognition of the wide range of associated social and economic costs. The link between social isolation and negative health impacts is well established. Health impacts can include but are not limited to low self-esteem, anxiety and depression, poorer immune responses, cardiovascular disease and increased risk of suicide.

The large-scale impact of social relationships on health are reflected in the World Health Organisation’s (WHO) listing of ‘social support networks’ as a determinant of health.
1.2 Causes of social isolation

Social isolation is a complex issue with a range of contributing factors and socioeconomic drivers.

As shown in Figure 2 factors influencing social isolation can operate at the individual, community, local area or wider societal level, with individual and community factors nested in the wider social, economic, political and cultural context.

Community factors fall into two groups:

- **Place based** - accessibility and easy movement. This includes walkability of an area, the quality of the roads and public transport, proximity to local shops and facilities, levels of car ownership, traffic levels and neighbourhood safety.
- **People based** - access to community through sports and recreation, volunteering opportunities, social networks and availability of local jobs.

Societal factors fall into similar groups:

- **Place based** – state and federal housing, planning and transport policies, welfare reform, economic context and political climate.
- **People based** – demographic and family change, pension changes and media influences.

FIGURE 2: SOCIAL ISOLATION – A CONTEXTUAL OVERVIEW -

An individual’s ability to access social infrastructure, and the services within, can be an indicator of, or contributor to, social isolation. The public realm, transport options and the ability to access services all contribute to levels of social isolation and/or connectedness. The
role of transport is considered by some academics as particularly important, due to its central role in influencing “social exclusion, social capital, social cohesion and social networks”. Research has established a direct link between mobility levels (and hence the activities in which people are likely to engage) and the risk of social exclusion (and reduced wellbeing).

Transport difficulties are consistently identified as a factor that restricts Australian families’ ability to access services and participate in activities. These difficulties include limited or no access to public transport, non-family friendly transport options, and not being able to afford (or experiencing stress as a result of) the cost of transport. Typically, low-income households with no car living in outer-Melbourne are older, single person households with a high share in rented accommodation and living on a pension. A sub-group of these households comprise unemployed single mothers living in rented accommodation.

Access to safe, affordable and accessible housing is essential for social inclusion. Infrastructure Australia found there were limited pathways for people to move through the housing continuum, particularly from social housing into the private market and that Australia’s social housing stock does not meeting current or projected needs in terms of dwelling sizes and configurations, accessibility and supporting services. “Without action, reduced access to adequate and high-quality housing can create adverse impacts on other aspects of peoples’ lives, including their health, employment opportunities, educational attainment and broader wellbeing and life satisfaction.”

1.3 Groups most at risk of social isolation

While anyone can experience social isolation, particular individuals may be more vulnerable due to factors such as physical and mental health, level of education, employment status, wealth, income, ethnicity, gender and age or life-stage.

Health, social inequality and social isolation are all linked. Many factors associated with social isolation are unequally distributed in society. Research has found that 11 postcodes (1.6% of all postcodes) in Victoria accounted for 13.7% of the most disadvantaged rankings. “Dominant factors include unemployment, criminal convictions, disability, low education and child maltreatment, family violence and psychiatric admissions.” This included some areas of the SMR such as Doveton, Frankston North, and Rosebud West.

Young adults and older people have been found to be particularly at risk of social exclusion. For young people, participation in education and the labour force is an important factor in social exclusion.

Social isolation is also increasingly recognised as a key dimension of older people’s experience of social exclusion. This may be both individuals who are already socially isolated in midlife becoming more isolated, or the result of a life event or later life transition. Among older people there are particular at risk groups including retired men, people who migrated later in life, refugees and carers.

An individual’s gender, ethnicity or sexuality of physical appearance may also place them at risk of social isolation, depending on how well these differences are supported or the extent to which they experience bullying or victimisation.

Groups most at risk of social isolation, along with life stages which can trigger social isolation are shown in
Table 2, along with the impacts of social isolation.

<table>
<thead>
<tr>
<th>Group/Life stage</th>
<th>Causes</th>
<th>Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>▪ Inadequate social network and support networks.</td>
<td>▪ Maternal depression has been found to impair early childhood development.</td>
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<tr>
<td></td>
<td>▪ Lack of awareness of available services to help with depression.</td>
<td>▪ High rates of teenage births linked to disengagement with work or education.</td>
</tr>
<tr>
<td>Children and young people</td>
<td>▪ Adverse childhood experiences.</td>
<td>▪ Social isolation during childhood may have enduring negative health impacts such as being overweight and elevated blood pressure in adult life.</td>
</tr>
<tr>
<td></td>
<td>▪ Violence or bullying as a result of gender, ethnicity, sexuality of physical appearance.</td>
<td>▪ Young carers report experiencing stress, anxiety low self-esteem and depression.</td>
</tr>
<tr>
<td></td>
<td>▪ Being a carer (looking after parents or siblings).</td>
<td>▪ Social isolation during childhood may have enduring negative health impacts such as being overweight and elevated blood pressure in adult life.</td>
</tr>
<tr>
<td>Further education and employment</td>
<td>▪ Feelings of isolation as a result of new environment and routines.</td>
<td>▪ High rates of anxiety among young people NEET, with 52% feeling too anxious to leave the house (compared to 13% of young people).</td>
</tr>
<tr>
<td></td>
<td>▪ Low socioeconomic and ethnic minority groups are disadvantaged by institutional cultures, increasing risk of social isolation.</td>
<td>▪ Certain ethnic groups experience high rates of unemployment, lack of quality health and community care accommodating cultural differences.</td>
</tr>
<tr>
<td>Young people not in education, employment or training (NEET)</td>
<td>▪ Feelings of isolation.</td>
<td>▪ High rates of anxiety among young people NEET, with 52% feeling too anxious to leave the house (compared to 13% of young people).</td>
</tr>
<tr>
<td>Culturally and linguistically diverse people (CALD) – specifically ethnic minority groups, English as a second language, new migrants and refugees</td>
<td>▪ Language and cultural barriers to accessing services and making connections, trauma, separation from family and friends, and community attitudes.</td>
<td>▪ Certain ethnic groups experience high rates of unemployment, lack of quality health and community care accommodating cultural differences.</td>
</tr>
<tr>
<td></td>
<td>▪ Transport barriers.</td>
<td>▪ Certain ethnic groups experience high rates of unemployment, lack of quality health and community care accommodating cultural differences.</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander people (ATSI)</td>
<td>▪ Lack of cultural understanding and sensitivity.</td>
<td>▪ Social exclusion places people at a greater risk of developing mental health problems and disorders, substance misuse and suicide.</td>
</tr>
<tr>
<td></td>
<td>▪ Trauma.</td>
<td>▪ Social exclusion places people at a greater risk of developing mental health problems and disorders, substance misuse and suicide.</td>
</tr>
<tr>
<td></td>
<td>▪ Race based discrimination, vilification and violence.</td>
<td>▪ Social exclusion places people at a greater risk of developing mental health problems and disorders, substance misuse and suicide.</td>
</tr>
<tr>
<td></td>
<td>▪ Geographic isolation.</td>
<td>▪ Social exclusion places people at a greater risk of developing mental health problems and disorders, substance misuse and suicide.</td>
</tr>
<tr>
<td></td>
<td>▪ Community reinforcement of negative ATSI stereotypes.</td>
<td>▪ Social exclusion places people at a greater risk of developing mental health problems and disorders, substance misuse and suicide.</td>
</tr>
<tr>
<td></td>
<td>▪ Language and/or cultural barriers limiting access to, or exclusion from education, healthcare or social services, housing and employment.</td>
<td>▪ Social exclusion places people at a greater risk of developing mental health problems and disorders, substance misuse and suicide.</td>
</tr>
<tr>
<td></td>
<td>▪ Workplace racism.</td>
<td>▪ Social exclusion places people at a greater risk of developing mental health problems and disorders, substance misuse and suicide.</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBT+) people</td>
<td>▪ Lack of supportive social networks and relationships.</td>
<td>▪ LGBT+ people bear a disproportionate burden of mental health problems, including mental disorder, suicidal ideation, substance abuse and deliberate self-harm, compared with heterosexual people. They also experience higher rates of peer victimisation.</td>
</tr>
<tr>
<td></td>
<td>▪ Positive HIV (human immunodeficiency virus) status.</td>
<td>▪ LGBT+ people bear a disproportionate burden of mental health problems, including mental disorder, suicidal ideation, substance abuse and deliberate self-harm, compared with heterosexual people. They also experience higher rates of peer victimisation.</td>
</tr>
<tr>
<td></td>
<td>▪ Trauma associated with medical examinations, treatment and, for some, recurrent surgical interventions.</td>
<td>▪ LGBT+ people bear a disproportionate burden of mental health problems, including mental disorder, suicidal ideation, substance abuse and deliberate self-harm, compared with heterosexual people. They also experience higher rates of peer victimisation.</td>
</tr>
<tr>
<td></td>
<td>▪ Negative body image and problems with sexual intimacy associated with genital difference.</td>
<td>▪ LGBT+ people bear a disproportionate burden of mental health problems, including mental disorder, suicidal ideation, substance abuse and deliberate self-harm, compared with heterosexual people. They also experience higher rates of peer victimisation.</td>
</tr>
<tr>
<td></td>
<td>▪ Discrimination, harassment and violence.</td>
<td>▪ LGBT+ people bear a disproportionate burden of mental health problems, including mental disorder, suicidal ideation, substance abuse and deliberate self-harm, compared with heterosexual people. They also experience higher rates of peer victimisation.</td>
</tr>
<tr>
<td></td>
<td>▪ Community reinforcement of negative LGBT+ stereotypes.</td>
<td>▪ LGBT+ people bear a disproportionate burden of mental health problems, including mental disorder, suicidal ideation, substance abuse and deliberate self-harm, compared with heterosexual people. They also experience higher rates of peer victimisation.</td>
</tr>
<tr>
<td></td>
<td>▪ Limitations and exclusion from access to education, healthcare or social services, housing and employment.</td>
<td>▪ LGBT+ people bear a disproportionate burden of mental health problems, including mental disorder, suicidal ideation, substance abuse and deliberate self-harm, compared with heterosexual people. They also experience higher rates of peer victimisation.</td>
</tr>
<tr>
<td>Group/Life stage</td>
<td>Causes</td>
<td>Impacts</td>
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</table>
| Unemployment     | ▪ Unemployed people (especially long term) find it harder to participate and connect socially as a result of economic and psychological distress.  
▪ Unemployed people have higher rates of social isolation; men are disproportionally affected. | |
| Addiction        | ▪ Can be both rooted in, and the cause of social isolation | |
| Disability       | ▪ Physical disability presents barriers in accessing services and engaging in formal and informal programs.  
▪ People with learning disabilities can also be especially vulnerable. | ▪ A study found two-thirds of the British public admit that they feel uncomfortable talking to disabled people.  
▪ 55% of people with a mental illness felt it makes it harder to maintain close relationships. |
| Mental ill health | ▪ Can be both rooted in and the cause of social isolation. | ▪ Mental health stigma can make people feel that they have little to offer other people, eroding their self-esteem and making it more difficult for them to build relationships.  
▪ 55% of people with a mental illness felt it makes it harder to maintain close relationships. |
| Retirement and later life | ▪ Leaving the workforce.  
▪ Bereavement.  
▪ Loss of mobility.  
▪ Poor living conditions.  
▪ People in residential aged care.  
▪ Becoming a carer to a partner, adult children or grandchildren.  
▪ Accessible and affordable transport.  
▪ Retirement from driving.  
▪ Health: untreated hearing loss; mental impairments, frailty; poor mental health.  
▪ Social barriers - ageism, lack of opportunities for older adults to engage.  
▪ Poverty.  
▪ LGBTI & CALD older people. | ▪ Reduced social networks and decreased mobility can lead to social isolation with consequences including unmet health care needs and premature death.  
▪ Male care givers were 4 times more likely to experience social isolation than their female counterparts.  
▪ Higher rates of isolation among older men than women.  
▪ Loss of role and further isolation among carers, as formal services are withdrawn after the death of their spouse.  
▪ People aged over 80 are more than twice as likely to be severely excluded as those who are ten years younger.  
▪ Older people from disadvantaged socio-economic groups are less likely to take part in social activities and volunteering than more advantaged peers. |


1.4 Consequences of social isolation
The link between social isolation and negative health impacts is well established. Globally, social isolation has emerged as significant public health issue, with growing recognition of the wide range of associated social and economic costs.

Social isolation is equivalent to the health effects of smoking 15 cigarettes a day or consuming more than six alcoholic drinks daily... and....It is more harmful than not exercising and twice as harmful as obesity.

Health impacts can include but are not limited to low self-esteem, anxiety and depression, poorer immune responses, cardiovascular disease and increased risk of suicide.

The risk of mortality appears to exist along a continuum, affecting not only those who experience extreme social isolation, but also those who suffer from mild to progressively increasing isolation. One study found a 29% increased risk of mortality over time from social isolation.
Among older people, socially isolated men (not married, fewer than six friends or relatives, no memberships in religious or social organizations) had a 90% increased risk of cardiovascular death and more than double the risk of death from an accident or suicide. They also had double the risk of non-fatal stroke. Men who report having more friends over time showed a reduction of 29% in mortality risk per year. Furthermore, social group memberships, among the older men studied, had a comparable impact on mortality to that of physical exercise.

These results highlight the impacts of social isolation on the individual and the costs to the community. Understanding who is at risk and ways to connect those at risk of social isolation with the social activities and community services that create social connectedness will give those individuals the opportunities for more successful relationships, higher levels of productivity, income and improved physical and mental health.
2. SOCIAL ISOLATION IN THE SOUTHERN METRO REGION

Groups at risk of social isolation are concentrated in specific areas across the SMR. This chapter explores how accessible support services are for the socially isolated in these areas.

2.1 The Southern Metropolitan Region

The Southern Metropolitan region consists of six councils: Cardinia Shire Council, Casey City Council, Kingston City Council, Frankston City Council, Greater Dandenong City Council and Mornington Peninsula Shire Council. The region extends from established suburbs of Moorabbin, Springvale and Dandenong to more rural areas such as Portsea and Bunyip.

The region is home to around 1.03 million people. As shown in Most LGAs in the Southern Metro Region have over 60% of their population born in Australia, which is above the metropolitan average.

However, in the City of Greater Dandenong, this is reversed, with over 60% of the population born overseas. This is noteworthy as new migrants are at greater risk of social isolation. The most common areas of origin for those born overseas were East Asia and South & Central Asia.
Figure 3, the demographic profile of the region is varied. Mornington Peninsula has a higher share of people aged 65+ than the metropolitan average, 25% compared to 14%. In contrast Casey and Cardinia have higher shares of people aged 0-14 years at 23% each compared to 18% as the metropolitan average. Most LGAs in the Southern Metro Region have over 60% of their population born in Australia, which is above the metropolitan average.

However, in the City of Greater Dandenong, this is reversed, with over 60% of the population born overseas. This is noteworthy as new migrants are at greater risk of social isolation. The most common areas of origin for those born overseas were East Asia and South & Central Asia.

FIGURE 3: PROPORTION OF POPULATION BY AGE GROUP (2016)

Source: ABS Census 2016 as in SGS Economic, Social and Environmental Profile: Southern Metro Region (IV 2019)

FIGURE 4: PLACE OF BIRTH AS A PERCENTAGE OF TOTAL POPULATION (2016)

Source: ABS Census 2016 as in SGS Economic, Social and Environmental Profile: Southern Metro Region (IV 2019)
Economic profile

There are currently around 412,000 jobs located across the SMR. The region contains one of the largest concentrations of employment outside Melbourne CBD, accommodating 123,000 jobs between Dandenong South, Dandenong, Fountain Gate-Narre Warren and Moorabbin Airport. These locations provide employment for many of the region’s residents, as well as for residents of the adjoining peri-urban LGAs of Bass Coast and Baw Baw.

The SMR features three State significant industrial precincts (SSIPs) (Southern, Hastings and the Officer/Pakenham) along with industrial areas around Frankston and Moorabbin Airport - Braeside Industrial Area. It also contains the Dandenong National Innovation and Employment Cluster (NEIC), which has a diverse mix of businesses and emerging strengths in knowledge-intensive and health and education industries.

Casey and Cardinia LGAs contain richly fertile soils and support a strong agricultural industry.

All these features result in a diverse economic base, featuring employment in industrial jobs (including agriculture, forestry and fishing; manufacturing; and wholesale trade); as well as population serving industries (such as retail trade) as well as health and education; and other services. The jobs by industry in the region are shown in Table 3.

<table>
<thead>
<tr>
<th>Jobs</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
</table>
| Knowledge        | 63,000 | 15%
| Health & Education | 82,000 | 20%
| Population       | 149,000 | 36%
| Industrial       | 118,000 | 29%
| Total            | 412,000 |    |

While this provides a strong base for economic activity in the region, access to employment and services varies significantly across the region. LGAs such as Kingston and Greater Dandenong have good access to employment, with large employment centres such as Cheltenham-Southland and Dandenong NEIC, and with good connections to Melbourne’s CBD and the Monash NEIC. The remainder of the region has relatively poor accessibility, especially to knowledge-intensive jobs.

This concentration of key economic locations is shown in Figure 5.
While this project focuses on social isolation, there are a number of other broader challenges which the region faces which are important context to consider:

- Severe socio-economic disadvantage in parts of the SMR.
- Higher rates of mental health issues and drug and alcohol abuse, particularly in Frankston and Dandenong LGAs.
- Relatively poor accessibility to diverse employment opportunities in areas other than Kingston and Greater Dandenong LGAs, especially to knowledge-intensive sectors and particularly in locations away from the Frankston or Cranbourne-Pakenham train lines.
- Job opportunities are decreasing relative to the population and white collar opportunities are more difficult to obtain.
- Growth areas require more investment in new community infrastructure to accommodate their rapidly growing populations.
- There is a growing physical disconnect between the region with other parts of Melbourne and access to critical infrastructure such as the Port of Melbourne and airports, resulting in relative disadvantage.
- East-west road links are patchy and transport infrastructure falls short in delivering efficient and sustainable transport outcomes for the region.
- There is high car dependency due to scarcity of transport alternatives in the region. Newer areas are characterised by low densities with poor public transport access.
- Access to crisis accommodation is severely limited in the region and homelessness is increasing.
- Housing affordability is decreasing; maintaining housing affordability is also important to foster diversity and growth.
- Many localities don’t have access to optic fibre and good ADSL/wireless services.
2.2 Groups at risk of social isolation in the SMR

SGS has broadly defined groups at risk of social isolation and mapped their concentrations within the SMR. Table 4 lists each group at risk of social isolation, the data used to identify them, and the locations where they are over represented compared to the metropolitan Melbourne average. While this is not an exhaustive list, nor does it identify particular sub-groups, it provides a high level indication of the locations of at risk groups from available data.

Locations which are over represented in a number of these groups include Central Dandenong, Springvale, Clyde, Casey Central, Cranbourne, Frankston, Karingal and Mornington. Maps of six key groups are provided overleaf to highlight these areas.

A spatial analysis of each group including a chart comparing each LGA with the SMR and metropolitan average, and a map show spatial concentration, is provided in the appendix.
<table>
<thead>
<tr>
<th>Group</th>
<th>Data used to identify</th>
<th>Locations where they are over represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early learning</td>
<td>Proportion of the resident population aged between 0 to 4 years</td>
<td>Cardinia (Pakenham North), Casey (Clyde North, Cranbourne West), Frankston, Greater Dandenong</td>
</tr>
<tr>
<td>aged children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School aged children</td>
<td>Proportion of the resident population aged between 5 to 17 years</td>
<td>Cardinia, Casey (Casey Central)</td>
</tr>
<tr>
<td>Young adults</td>
<td>Proportion of the resident population aged between 18 to 25 years</td>
<td>Greater Dandenong (central Dandenong)</td>
</tr>
<tr>
<td>Older people</td>
<td>Proportion of the resident population aged 65 years and over</td>
<td>Kingston, Mornington Peninsula (Mornington and Rosebud), Frankston</td>
</tr>
<tr>
<td>Low incomes</td>
<td>Proportion of households with average weekly household income in the bottom quintile (state average), i.e. earning between $1 and $649 per week</td>
<td>Frankston, Greater Dandenong (central Dandenong and Springvale), Mornington Peninsula</td>
</tr>
<tr>
<td>Unemployed</td>
<td>Proportion of the labour force that are unemployed and actively looking for work</td>
<td>Greater Dandenong (central Dandenong), Frankston (Karingal and Frankston North), Casey (Cranbourne)</td>
</tr>
<tr>
<td>Living in social</td>
<td>Proportion of dwellings that are public and community housing</td>
<td>Greater Dandenong (central Dandenong), Frankston (Seaford, Karingal and Frankston)</td>
</tr>
<tr>
<td>housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insecure Housing</td>
<td>Proportion of the resident population that are homeless</td>
<td>Greater Dandenong (central Dandenong, Dandenong North and Springvale), Frankston (Karingal and Frankston), Casey (Hampton Park)</td>
</tr>
<tr>
<td>Physical disability</td>
<td>Proportion of the population that has a need for assistance with core activities.</td>
<td>Greater Dandenong (central Dandenong and Springvale), Frankston (Karingal), Mornington Peninsula (Rosebud), Kingston (Oakleigh South)</td>
</tr>
<tr>
<td>ATSI</td>
<td>Proportion of the population that is Aboriginal and Torres Straight Islander</td>
<td>Frankston (North Frankston), Mornington Peninsula (Rosebud and Hastings), Cardinia</td>
</tr>
<tr>
<td>CALD</td>
<td>Proportion of the resident population that speaks a language other than English at home</td>
<td>Greater Dandenong (Central Dandenong and Springvale), Casey (Hampton Park, Clyde North and Casey Central)</td>
</tr>
<tr>
<td>New migrants</td>
<td>Proportion of the resident population that has arrived in the last 5 years</td>
<td>Greater Dandenong (Central Dandenong and Springvale), Casey (Hallam), Kingston (Clayton and Moorabbin)</td>
</tr>
</tbody>
</table>
Early learning aged children

Older people

Unemployed

Living in social housing

Physical disability

New migrants
Benchmarks on social isolation in the SMR

Table 5 presents the concentration of groups at risk of social isolation for each SMR LGA (measured as proportion of population/households in each group). This highlights LGAs which have high concentrations of particular groups compared to the rest of Melbourne.

The SMR as a whole is over represented compared to Greater Melbourne in the following groups: early learning and school aged children, older people, low income, unemployed, people with a physical disability, and ATSI residents. This suggests that while all at risk groups should be considered, interventions may be most effective if targeted at over represented groups.

Greater Dandenong is over represented across almost all the identified groups. It has a high proportion of early learning aged children, young adults and older people compared to Greater Melbourne. It also has a higher proportion of low income and unemployed people, and a higher proportion of people living in social housing and insecure housing, and a higher proportion of people with a physical disability. This LGA also has an exceptionally high proportion (70%) of residents who speak a language other than English at home (CALD), and a high proportion of new migrants.

Frankston LGA is also over represented across several of the identified groups compared to the metropolitan average. These include early learning and school aged children, older people, low income, unemployed, living in social housing, physical disability and ATSI.

Casey and Cardinia have a high concentration of early learning and school aged children, unemployed, and ATSI, and Casey has a high proportion of residents who speak a language other than English at home (CALD).

Kingston and the Mornington Peninsula have a high concentration of older people, low income households, and people with a physical disability. The Mornington Peninsula also has a high proportion of school aged children and ATSI residents compared to the metropolitan average.

Table 5. Share of each socially isolated group of total population by LGA

<table>
<thead>
<tr>
<th>LGA</th>
<th>Early learning aged children</th>
<th>School aged children</th>
<th>Young adults</th>
<th>Older people</th>
<th>Low income</th>
<th>Unemployed</th>
<th>Living in social housing</th>
<th>Insecure Housing</th>
<th>Physical disability</th>
<th>ATSI</th>
<th>CALD</th>
<th>New migrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardinia</td>
<td>8.6%</td>
<td>18.9%</td>
<td>10.6%</td>
<td>11.5%</td>
<td>14.1%</td>
<td>5.9%</td>
<td>0.7%</td>
<td>0.2%</td>
<td>4.2%</td>
<td>0.8%</td>
<td>16.7%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Casey</td>
<td>8.2%</td>
<td>18.8%</td>
<td>11.4%</td>
<td>10.0%</td>
<td>12.7%</td>
<td>6.8%</td>
<td>1.3%</td>
<td>0.4%</td>
<td>4.7%</td>
<td>0.5%</td>
<td>40.8%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Frankston</td>
<td>7.0%</td>
<td>15.5%</td>
<td>10.5%</td>
<td>14.9%</td>
<td>19.2%</td>
<td>6.3%</td>
<td>2.2%</td>
<td>0.4%</td>
<td>5.4%</td>
<td>0.9%</td>
<td>17.5%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Greater Dandenong</td>
<td>7.1%</td>
<td>14.3%</td>
<td>12.6%</td>
<td>14.0%</td>
<td>22.1%</td>
<td>10.6%</td>
<td>3.2%</td>
<td>1.3%</td>
<td>6.4%</td>
<td>0.3%</td>
<td>70.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Kingston</td>
<td>6.2%</td>
<td>14.8%</td>
<td>9.7%</td>
<td>16.7%</td>
<td>17.3%</td>
<td>5.5%</td>
<td>1.6%</td>
<td>0.3%</td>
<td>5.0%</td>
<td>0.3%</td>
<td>31.1%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Mornington Peninsula</td>
<td>5.5%</td>
<td>15.8%</td>
<td>8.2%</td>
<td>23.6%</td>
<td>20.8%</td>
<td>4.4%</td>
<td>1.1%</td>
<td>0.2%</td>
<td>5.4%</td>
<td>0.8%</td>
<td>11.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Southern Metro Region</td>
<td>7.2%</td>
<td>16.6%</td>
<td>10.6%</td>
<td>14.6%</td>
<td>17.3%</td>
<td>6.6%</td>
<td>1.6%</td>
<td>0.5%</td>
<td>5.2%</td>
<td>0.6%</td>
<td>33.7%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Greater Melbourne</td>
<td>6.6%</td>
<td>15.2%</td>
<td>12.1%</td>
<td>13.6%</td>
<td>16.1%</td>
<td>5.6%</td>
<td>2.2%</td>
<td>0.5%</td>
<td>4.9%</td>
<td>0.5%</td>
<td>38.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Rest of Vic.</td>
<td>6.1%</td>
<td>16.2%</td>
<td>9.4%</td>
<td>19.6%</td>
<td>24.5%</td>
<td>6.4%</td>
<td>2.7%</td>
<td>0.3%</td>
<td>6.0%</td>
<td>1.6%</td>
<td>13.4%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Victoria</td>
<td>6.5%</td>
<td>15.4%</td>
<td>11.4%</td>
<td>15.0%</td>
<td>18.2%</td>
<td>5.8%</td>
<td>2.3%</td>
<td>0.4%</td>
<td>5.1%</td>
<td>0.7%</td>
<td>32.0%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>
2.3 Barriers for the socially isolated in the SMR

Informed by client feedback, a detailed literature review, and the regional service provider survey, SGS has identified the following barriers to better serving the socially isolated in the SMR:

- Lack of transport services and the vast distances involved in accessing services and communities.
- Resource, capacity or **funding constraints** on the service providers limiting the number of clients they can service.
- **Income, time, or cost constraints for the socially isolated.**
- **Lack of confidence/perceptions.** The socially isolated may lack the confidence required to join a program or ask for help, especially where a stigma is perceived.
- **Lack of awareness** of the services available.
- **Language and cultural barriers.** This can take the form of both difficulty in communicating with people not proficient in English as well as institutional distrust.
- **Lack of coordination across services.** Services not linking together to provide a holistic approach.
- **Complexity** arising from the different causes of isolation and the need for different pathways out of disadvantage.
- **Lack of access to technology.** Lack of internet/phone access or skill. See Digital Inclusivity box.

We also note that social isolation is an inherently complex issue and while we have identified some key barriers, in practice social isolation may be a consequence of a mix of these barriers as well as other individual, societal, and economic factors.

**DIGITAL INCLUSIVITY**

Nationally, digital inclusivity of the lowest income quintile is one-third below the national average. Internet use is lowest among older and poorer Australians despite evidence that these groups could benefit the most from affordable internet access.

At the same time, social infrastructure has become increasingly digital, providing services to more people and in a more personalised and up to date way. While improvements in technology improve access for some, they increase barriers for others. Individuals may not own a smartphone or may have insufficient digital literacy to access services such as ridesharing applications or other web/app based services.

**Perceived barriers to reaching the socially isolated**

These barriers were drawn out in the stakeholder survey conducted by SGS. The survey covered over 230 service providers across all sectors in the SMR.

While all the identified barriers were a factor in limiting the reach of service providers, lack of transport access was clearly the most significant barrier in the SMR. This likely reflects the geography and land use patterns across the area; with the SMR spread across a vast area which is largely characterised by low density housing and high car dependence.
A selection of comments from the survey illustrating how these barriers present in the SMR are presented below.

**Transport**
- “We have a bus that comes by once in the morning & apart from that there is no other public transport.”
- “We have isolated customers around the Gippsland/Koo Wee Rup region who can’t access public transport or have available transport.”
- “Public transport runs too infrequently and doesn’t connect townships- west to north, south to west”.
- “People who live in the outskirts of Cardinia or Frankston may have access to one bus a day that goes "into town" and one bus out. It is limiting to those with children and there are no safe options for young people whose parents may work.”
- “If women don’t have access to a car, and the event or training is not accessible by public transport or walking, they may not be able to attend; as they don’t drive or their husband has the car for work.”
- “Transport is the main issue with many of my clients. Public transport is often not viable as it’s unsafe due to mobility issues, but the cost of taxis is prohibitive. The half price taxi card may be available to some but approval for the card is increasingly difficult. Even with the taxi card, multiple medical appointments and other community access becomes very expensive/unaffordable if this is the only means of transport available.”
- “The lack of public transport on the Peninsula is one of the main reasons people struggle to reach services the Shire providers or that external groups / businesses facilitate. Consider this, the Shire has three main offices (four if you include Somerville) across one of the largest geographical councils in Victoria. One side of the Peninsula is serviced by an out of date bus system, rail times and frequency are terrible, and the train line only goes through one half of the Peninsula”.

**Funding/capacity of service providers**
- “We are underfunded and cannot possibly assist all clients who attend our service”.

---

**TABLE 6: SURVEY RESPONSES TO “IN YOUR EXPERIENCE, TO WHAT EXTENT DO THE FOLLOWING PREVENT SOCIALLY ISOLATED PEOPLE FROM ACCESSING YOUR ORGANISATION’S SERVICES?”**

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL</th>
<th>SOMEWHAT</th>
<th>MODERATELY</th>
<th>A LOT</th>
<th>N/A</th>
<th>TOTAL</th>
<th>WEIGHTED AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of transport access</td>
<td>5.36%</td>
<td>17.41%</td>
<td>22.77%</td>
<td>50.45%</td>
<td>4.02%</td>
<td>224</td>
<td>3.23</td>
</tr>
<tr>
<td>Resource/funding constraints</td>
<td>6.76%</td>
<td>21.62%</td>
<td>23.42%</td>
<td>42.79%</td>
<td>5.41%</td>
<td>222</td>
<td>3.08</td>
</tr>
<tr>
<td>for service providers</td>
<td>7.69%</td>
<td>22.44%</td>
<td>37.78%</td>
<td>32.44%</td>
<td>1.33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of awareness of service</td>
<td>4.00%</td>
<td>24.44%</td>
<td>37.78%</td>
<td>32.44%</td>
<td>1.33%</td>
<td>225</td>
<td>3.00</td>
</tr>
<tr>
<td>Income/time constraints</td>
<td>6.82%</td>
<td>27.73%</td>
<td>28.18%</td>
<td>33.78%</td>
<td>4.09%</td>
<td>220</td>
<td>2.91</td>
</tr>
<tr>
<td>for clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of coordination across</td>
<td>9.38%</td>
<td>22.59%</td>
<td>31.25%</td>
<td>21.68%</td>
<td>4.91%</td>
<td>224</td>
<td>2.69</td>
</tr>
<tr>
<td>services</td>
<td>6.07%</td>
<td>33.84%</td>
<td>28.83%</td>
<td>19.37%</td>
<td>2.25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language/cultural barriers</td>
<td>11.71%</td>
<td>37.84%</td>
<td>28.83%</td>
<td>19.37%</td>
<td>2.25%</td>
<td>222</td>
<td>2.57</td>
</tr>
</tbody>
</table>

Source: SGS Economics and Planning 2019
“Lack of people resources like volunteers; funding constraints and limited space in old buildings”.

“Service hours can be difficult sometimes for those who cannot manage within traditional service models of set appointments etc.”.

**Costs/time constraints of socially isolated**

- “Many of our rooming house residents are on Newstart and are paying in excess of 60% of their income on rent/housing; they are often limited to accessing services when they have phone credit, money for transport”.

- “Mainly for refugees, people seeking asylum or migrants who have other vulnerabilities (e.g. ageing, physical or mental disability, single parents etc) who have limited social and economic resources. They find it difficult to manage the familial, domestic and other responsibilities they already have which are time and cost intensive. So to add an additional thing in their week (e.g. an appointment) that may require re-shuffling childcare, study, work etc is difficult.”

- “Not having an income to travel to different services is an issue”.

- “Lack of funds means people cannot afford to get transport to appointments”.

**Awareness**

- “Lack of knowledge of this service to vulnerable isolated women”.

- “Our service is mostly promoted by word of mouth and often when people come they say that they wish they knew about us earlier”.

- “Families may not know their child should be at a kindergarten service especially if they are new to the country”.

**Perceptions**

- “Feeling welcome is one of the biggest barriers. Creating a more welcoming environment that doesn’t require a person to present just because of need of something but helps them connect socially.”

- “We hear of many people who are too vulnerable to even leave their own homes and struggle getting out of bed. These people are disempowered to the point that they have no will power to take physical steps to access even basic services such as a free meal. Additionally, particularly for men, the stigma attached with receiving assistance is too much to bear for some people in desperate need and even a subtle suggestion of giving them a food staples hamper is too wounding for their pride”.

**Technology**

- “Internet access for some families” (is a barrier).

**Coordination/complexity**

- “Lack of coordination across services impacts families' ability to access the full range of services / opportunities available to them to reduce isolation and increase their participation. They may access one service (i.e. a health service) but not be aware of other services that could support engagement / connection”.

- “One client is too fearful/inexperienced/intimidated by not knowing the relevant systems well enough to catch public transport alone so is very dependent on others. When HSS caseworkers were in place, they taught clients such skills (often by travelling with them several times until they became familiar with using public transport). Unfortunately, we see such examples with many clients, and they often become housebound and even more restricted in their functioning, sometimes
requiring even more intensive service input (often by multiple services and utilising outreach). It would be more efficient to have such skill-based programs in place in the first place”.

- “Some people are not aware of the accessible services in their local area. Even if they do, they are afraid to reach the services assuming these services will be expensive and hard for them to afford. Lack of awareness can be considered as one of the primary reasons for this issue. Sometimes the service providers such as GPs, psychiatrists, psychologists and other health professionals also not aware of the available services in their areas”.

Cultural barriers

- “Language and cultural barriers have been a massive and ongoing barrier to families comprehending early childhood services across the Springvale area”.

- “We have a large Aboriginal population in Casey. When a non-indigenous worker reaches out to discuss services that are available to them, the community often does not respond. However, when an Indigenous worker does the same thing, the response rate is much higher (due to feeling culturally safe, feeling understood, having trust and rapport etc)”.

- “Also, proficiency in English is another MAJOR barrier. Having culturally and linguistically appropriate material or translators, or tailored sessions, is VERY important. And that they’re involved in developing this work, not just having it imposed on them”.

2.4 Transport and access to services in the SMR

Spatial and transport barriers for the socially isolated in the SMR have been identified as the key barrier through the stakeholder survey. This barrier is a focus of the project and is explored in further detail in this section.

Transport access across the SMR

Access to both public and private transport modes is vital for groups at risk of social isolation. Social isolation can be caused or exacerbated when people find it difficult to travel to activity centres, commercial services and community infrastructure. This impacts on their ability to access education, employment, goods and services and family and friends. Travel to these services becomes difficult, primarily where and when people lack transport choices.

Transport choices require transport access across a range of modes, not just private vehicle. Around 8% of households in the region do not own cars and a significant proportion of the population cannot drive, as they are too young, do not have a license, are temporarily unable to drive or do not like to drive. For this portion of the population, having other transport options (walking, bicycle riding and public transport) is critical to enabling social connection.

The map below shows the Principal Public Transport Network (PPTN) for region. Areas in the north including Moorabbin, Springvale and Dandenong are relatively well serviced by public transport due to the train line and smart bus connections. Areas further south including Mornington, Rosebud, Hastings, and Karingal have poor public transport networks and poor links to other parts of the SMR. Significant public transport service gaps also exist in greenfield development areas such as Clyde, Clyde North and Officer.
The level of public transport access across the SMR can broadly be categorised in three bands:

- **Middle Metropolitan**: these are land use intensive areas supporting a diverse range of jobs, activities and housing for regional catchments. Across the region key regional activity centres include Dandenong, Frankston and Narre Warren. While locations such as Cheltenham and Springvale provide the major Activity centre functions. Services tend to agglomerate around these centres. Relative to the rest of the region, these areas are characterised by better levels of accessibility, greater levels of public transport services and form key transport hubs providing modal interchange services.

- **Sub-urban Areas**: these are mainly sub-urban areas with lower population densities than Middle Metropolitan areas and often include activity centres (such as Berwick, Cranbourne, Hampton Park, Keysborough, Mornington and Pakenham) which provide local employment, transport hubs and social services. These sub-urban areas tend to have more car reliant urban form with longer walking distances, reduced pedestrian priority and fewer pedestrian facilities.

- **Peri-urban and Regional Areas**: these include peri urban areas such as Baxter, Narre Warren North, Rosebud and Skye as well as more regional areas such as Bialnarring, Koo Wee Rup and Beaconsfield Upper. They typically have These areas may be serviced by local bus services, providing connections to major activity centres.

Further background on transport access in the SMR is available at the appendix.

**Access to services**

As highlighted earlier, being able to access services, communities, and economic opportunities is vital in forming social connections. Services of healthcare, education, and recreation allow people to participate and connect with their community.

A key barrier to accessing these services in the SMR is transport. The stakeholder survey highlighted that across service providers, transport access is the most extensive barrier to those in need accessing services in the SMR.
The following maps illustrate access to services in the SMR, including health care, education, retail and recreation and transport. Jobs in each industry are used a proxy for the services provided by these workers. Access by car within 30mins was used as the indicator, access by public transport would show even poorer access across the region.

Consistent with transport access in the SMR, a pattern starts to emerge of service access levels within the SMR. Areas in the north east of SMR such as Moorabbin through to Springvale and Dandenong have relatively good access to services. A middle band taking in Casey Central, Cranbourne, and Frankston has moderate access, while all areas beyond this, such as Koo Wee Rup and Hastings, have poor access. These three bands of access will likely require different types of interventions to effectively address social isolation.

**Health care and social assistance services**

Health care services include GPs, hospitals, allied health, aged care services and social assistance services. These services are important to the socially isolated as, at their core, they enable a base level of physical and mental health in people. Poor health can be a cause and consequence of social isolation.

More specialised health services meet the needs of particular groups at risk of social isolation, such as aged care services for the elderly or maternal and child health clinics for families with young children.

Kingston, Greater Dandenong and Casey (north) can access between 50 to 70% of metropolitan health care jobs within a 30 minute drive, suggesting there is a reasonable level of access in these areas. By comparison, inner metropolitan locations such as Hawthorn and South Yarra can access over 80% of metropolitan health care jobs.

The remainder of the region has relatively poor accessibility to health care services, where only between 10 to 30% of health care jobs can be accessed in a 30 minute drive.
Education

Access to education services is important to building social connections amongst most groups.

Access to and attendance at a local school allows children and parents to take root in an area, building connections to their neighbours. This is especially important for new migrants as an initial point of entry to a local community. Schooling as a service, in itself, is also foundational for students to be able to lead lives into the future which are socially connected. Education services, more broadly, provide skills and training at tertiary and vocational institutions. This is both a direct opportunity for social connection as well as an enhancement of possible future social connection through greater economic participation.

Primary and secondary education enrolments are used as an indicator of school places that are accessible to residents within a 30 minute drive. Education jobs are also used as a proxy for access to all levels of education services such as early learning.

Kingston LGA and Springvale have the best access to education services in the SMR, as shown on the maps below. The remainder of Greater Dandenong and Casey North have relatively good access to education services, whilst the rest of the SMR has poor access, particularly the growth areas in Clyde, Officer and Pakenham.
Retail and recreation services

Retail and recreation services are a less formal, but no less important, service required for social connection. The services captured under this category includes retail trade and arts and recreation services including community and cultural facilities (such as libraries).

Having access to these services allows for something as simple as catching up with a friend for a coffee at a gallery café or practicing English conversation at a library session. Having access to these sorts of services is a key precondition to a community which is socially connected and where meaningful relationships are formed.

Kingston, Greater Dandenong and Casey (north) have relatively good access to retail and recreation services compared to the rest of the SMR. However, compared to areas closer to the CBD, these areas are poorly serviced in the level of retail and recreation services that are accessible within a 30 minute drive. By comparison, inner areas of Hawthorn and South Yarra can access over 84% of metropolitan retail and recreation jobs within a 30 minute drive.
Affordable housing

Access to affordable housing is a key service that is needed by groups at risk of social isolation. Secure, well located, and affordable housing is a solid base from which social isolation can begin to be overcome. Without this, a socially isolated household is likely to be at a greater risk of further isolation.

The map below shows a measure of rental affordability for each post code relative to an average household income of $60,000 per year (SGS Rental Affordability Index (RAI), see appendix for more details).

Households who are paying 30% of income on rent have an index score of 100, indicating that these households are at the critical threshold for housing stress. A score of 100 or less indicates that households would pay more than 30% of income to access a rental dwelling, meaning they are at risk of experiencing housing stress given the lack of affordable housing options.

Almost all areas in the SMR have a RAI of 100 or less, indicating that housing is not affordable for low income households in this region. Areas surrounding Central Dandenong activity centre have a RAI between 100 to 120, defined as moderately unaffordable for households earning $60,000 per year. This area has a high proportion of groups at risk of social isolation, including unemployed residents, new migrants and CALD, people with a physical disability and early learning aged children.
FIGURE 11. RENTAL AFFORDABILITY INDEX – LOW INCOME HOUSEHOLDS

Source: SGS Economics & Planning 2019
3. INTERVENTIONS TO ADDRESS SOCIAL ISOLATION

This section explores ways in which we can address the barriers creating social isolation, drawing on the literature, best practice case studies and the experience of service providers in the region.

Addressing social isolation requires an integrated approach to promote strong communities at a local level. This includes ensuring residents have access to transport, shops and services, employment, community facilities and recreation opportunities. A high quality and walkable public realm and public spaces designed to promote social connectedness are also important.

3.1 Principles for intervention

The literature on successfully addressing social isolation points to following principles for intervention:

▪ **Understand the local context of social isolation** as it differs across local areas – Who are the at-risk groups within local communities?

▪ **Understand the barriers to social connection** – Is there transport access? Is the cost prohibitive? Are there language or physical access issues?

▪ **Develop a clear goal** - Which barrier does the intervention aim to address?

▪ **Involve communities** in planning, development and delivery of interventions.

▪ **Learn from existing interventions**. There is a need for better understanding the outcomes of interventions rather than measuring outputs.

▪ **Coordinate across services and government**. Social isolation is a complex multi-dimensional problem, which requires an integrated response with strong partnerships between relevant organisations.

These principles will be further developed and refined throughout this project. We also note that this project is focusing on priorities for addressing the barriers to accessing services, rather than the programming of services in themselves.

3.2 Case studies to address barriers

This section outlines several successful programs which have worked to overcome barriers that socially isolated people face to greater community connection.

**Wheels for Work**

The **Wheels for Work Program** provides an example of a successful intervention providing transport solutions to get people to work and education. The program recognises that transport is a substantial barrier to socially isolated people engaging with their community. The program is centred on helping marginalised individuals, rather than systemic transport changes, and has been implemented in a range on contexts.

Derbyshire’s (UK) wheels for work program offers mopeds, bicycles and public transport assistance to people who have secured employment, training or an education place but have
difficulty getting there. Users can either loan a bicycle or a moped for 6 months and receive insurance, roadside recovery, safety gear and motorcycle training. Users pay around $50 along with the need for a refundable bond. The program costs approximately $400,000 (AUD) annually to operate. Established in 2005, there are now approximately 30 W2W programs across England.

In the US, Otsego has a W2W program which offers low-income and disenfranchised individuals safe and reliable transport to and from work via a used car scheme and a repair scheme. The used car scheme provides cars at USD500, financed by a participating bank. Successful applicants take out a loan with backing from a local not for profit, allowing people with poor credit to participate. Users repay the scheme over one year with payment of around $50 a month. The repair scheme offers owners who already have a car to have their vehicles repaired with the scheme covering 50% of costs up to $500. The program also offers subsidies on insurance and registration, driver education support (classes and funding), child safety restraints, car maintenance instructions and financial counselling. For households at risk of losing employment while they are waiting for other W2W services, the program offers transport assistance in the form of public transport passes, taxi fares and petrol cards.

A similar program has been implemented in Tasmania, and targeted at new migrants, with the Drive 4 Life (D4L) Program. The program was funded by the Department of State Growth and delivered in conjunction with the Migrant Resource Centre. The program has over 40 dedicated volunteers providing driving tuition in one of two dual-controlled vehicles owned by the Migrant Resource Centre. Participants are migrants and refugees who are on low incomes and unable to purchase professional driving services, may not have any relatives or friends able to supervise their learning and/or do not own a vehicle.

Libraries

The role of libraries in creating social connection, both as a meeting space as well as a service which can be delivered remotely, is highlighted in the following case studies. Programs at these libraries focus on reaching the socially isolated by bringing services closer to them. These programs also play a role in being an entry point for people to access other services and can help coordinate across various services.

The Campaspe Regional Library Outreach Service partners with local health service providers and care agencies, carers and families to raise awareness within their communities of the capabilities of libraries beyond the physical walls of the buildings; reaching out and offering support to community members isolated by location or circumstance. The service runs Digital Pop Up Libraries, Wellbeing sessions, OSMOTech iPad sessions, social support visits to isolated patrons, laughter Yoga, Books on Wheels, Words on Wheels, puzzles and games and memorabilia memories sessions.

In Maribyrnong, the library’s Outreach Services Librarian runs a Home Library Service (assisted by volunteers) and leads the Library’s Outreach Program. The Outreach Program visits organisations in the municipality monthly, with bulk loans of materials for the participants/residents. These organisations include the Maribyrnong Detention Centre, Asylum Seekers Resource Centre, High Point Industries (a sheltered workshop) and several nursing homes. The Outreach Services Librarian has established links with relevant Council departments including Aged and Diversity Services, liaising with the local District Nurse and working with indigenous health group. This has opened up the relationship for other agencies to connect people they identify as at risk of social isolation with the outreach service and vice versa.
3.3 Ideas from the stakeholder survey

The regional stakeholder survey provided a range of thoughts and examples on what could address barriers in the SMR. A selection of these is presented below.

Transport system
- “More services, more often. More active transport routes”.
- “Improve public transport especially bus and train frequency”.
- “A community bus to pick families up”.
- “Purchase another bus for program, work with other services to coordinate transport options”.
- “More community transport and increased funding for community development workers”.
- “Additional funding towards transport and planning of public transport routes that addresses new and emerging residential areas”.
- “Coordinated support of community transport from local government to cover community centres and main shopping strips for older people”.

Service delivery locations
- “Services co-locating in local communities”.
- “Being willing to do outreach to client’s houses rather than make them come to the office. Providing taxi vouchers as necessary.”
- “Visiting families in their homes is a great tool to achieve this (which our service provides)”.
- “The community health service has a volunteer driver program that picks up people and takes them to appointments”.
- “The XXXX Program sends their mentors into families’ homes instead of expecting families to come to them”.
- “XXXX Aboriginal gathering place provides transport for the community to and from their venue and also to appointments and other destinations. Without this service, many of the people who come would not be able to participate. They are always struggling to cover the costs of this services though”.
- “XXXX program has a case support/transport worker and this has assisted with families accessing the educational psychologist for the children to access numeracy and literacy support”.

Affordability
- “More funding to provide taxi/uber funding for travel costs”.
- “Free travel is necessary for people seeking asylum as they don’t have money to top-up their MYKI cards”.
- “Access to Myki passes for accessing counselling”.

Service awareness
- “Targeted services to assist new migrants settle into Casey that focus on teaching them to engage with Council for ongoing support and information gathering”.
- “Public education over transport system - translated material over access to transport and routes”.
• “One of the programs we fund is the XXXX initiative, by offering a free playgroup and free after school program, they reach dozens of families that would not otherwise interact”.

3.4 Next steps to identify and develop interventions

The findings of this issues paper will be tested with stakeholders in the next stage of work, via two regional stakeholder workshops.

These workshops will:

• Offer an opportunity to continue the conversation started with the regional service provider survey, and

• Allow for a more dynamic and in-depth discussion to confirm the barriers to addressing social isolation and start to establish intervention priorities.

For the purposes of workshops, regional stakeholders will be separated into two groups, the first focussed on transport accessibility interventions; the second on services accessibility interventions.

It is likely that a digital platform such as Menti will be used to gather and record feedback from participants.

Workshops with key regional service providers will follow the following format:

• Synopsis of this regional issues paper

• Stakeholders to describe real life case studies which elucidate the region’s social isolation issues for decision makers

• Stakeholder to test and develop the ‘intervention principles’ and the service ‘gaps’ and ‘barriers’ identified above

• Stakeholders to identify and prioritise options for best intervening to address social isolation in the SMR.
APPENDIX 1: GROUPS AT RISK

This appendix presents additional detail on data sources and analysis of groups at risk of social isolation.

Table of socially isolated groups and data sources

<table>
<thead>
<tr>
<th>Group</th>
<th>Data used to identify</th>
<th>Data source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early learning aged children</td>
<td>Proportion of the resident population aged between 0 to 4 years</td>
<td>SGS Economics &amp; Planning</td>
</tr>
<tr>
<td>School aged children</td>
<td>Proportion of the resident population aged between 5 to 17 years</td>
<td>SGS Economics &amp; Planning</td>
</tr>
<tr>
<td>Young adults</td>
<td>Proportion of the resident population aged between 18 to 25 years</td>
<td>SGS Economics &amp; Planning</td>
</tr>
<tr>
<td>Older people</td>
<td>Proportion of the resident population aged 65 years and over</td>
<td>SGS Economics &amp; Planning</td>
</tr>
<tr>
<td>Low incomes</td>
<td>Proportion of households with average weekly household income in the bottom quintile (state average), i.e. earning between $1 and $649 per week</td>
<td>ABS Census 2016</td>
</tr>
<tr>
<td>Unemployed</td>
<td>Proportion of the labour force that are unemployed and actively looking for work</td>
<td>SGS Economics &amp; Planning</td>
</tr>
<tr>
<td>Living in social housing</td>
<td>Proportion of dwellings that are public and community housing, i.e. being rented through a state housing authority or housing co-operative, community or church group.</td>
<td>ABS Census 2016</td>
</tr>
<tr>
<td>Insecure Housing</td>
<td>Proportion of the resident population that are homeless</td>
<td>ABS Census of Homelessness 2016</td>
</tr>
<tr>
<td>Physical disability</td>
<td>Proportion of the population that has a need for assistance with core activities.</td>
<td>ABS Census 2016</td>
</tr>
<tr>
<td>ATSI</td>
<td>Proportion of the population that is Aboriginal and Torres Straight Islander</td>
<td>ABS Census 2016</td>
</tr>
<tr>
<td>CALD</td>
<td>Proportion of the resident population that speaks a language other than English at home</td>
<td>ABS Census 2016</td>
</tr>
<tr>
<td>New migrants</td>
<td>Proportion of the resident population that has arrived in the last 5 years</td>
<td>ABS Census 2016</td>
</tr>
</tbody>
</table>
Profile of each socially isolated group

Early learning aged children

This group are over represented in Cardinia and Casey, compared to the metropolitan average and SMR average. Within these LGAs, there are a large proportion of early learning aged children living in the growth areas of Clyde North, Pakenham North and Cranbourne West.

This group are also over represented, to a lesser extent, in Frankton and Greater Dandenong.
School aged children

This group are over represented in Cardinia and Casey, compared to the metropolitan average and SMR average. Within Casey LGA, there are a large proportion of school aged children living in the areas surrounding Casey Central Activity Centre.
Young adults

This group are over represented in Greater Dandenong, compared to the metropolitan average and SMR average. All other LGAs in the SMR have a lesser proportion of young adults compared to the metropolitan average, particularly the Mornington Peninsula.
Older people

This group are over represented in the Mornington Peninsula and Kingston compared to the metropolitan average and SMR average. Frankston and Greater Dandenong have a similar proportion of older people to the metropolitan average, whilst Casey and Cardinia had a lower proportion.
**Low income**

This group are over represented in Greater Dandenong, the Mornington Peninsula and Frankston compared to the metropolitan average and the SMR average. Within Greater Dandenong, there are a large proportion of low income residents around central Dandenong activity centre and Springvale.
Unemployed

This group are over represented in Greater Dandenong compared to the metropolitan average and the SMR average. Within Greater Dandenong, there are a large proportion of unemployed residents around central Dandenong activity centre.

This group are also over represented compared to the metropolitan average in Frankston and Casey LGAs. In particular, Karingal and Frankston North in Frankston and Cranbourne in Casey.
Living in social housing

This group are over represented in Greater Dandenong compared to the metropolitan average and the SMR average. Within Greater Dandenong, there are a large proportion of residents living in social housing in the area surrounding the central Dandenong activity centre. There are also a large proportion of residents living in social housing in Cranbourne and between Frankston, Seaford and Karingal.
Insecure housing

This group are over represented in Greater Dandenong compared to the metropolitan average and the SMR average. Within Greater Dandenong, there are a large proportion of homeless people in the area surrounding the central Dandenong activity centre, Dandenong North and Springvale.

There are also large proportions of homeless people in the areas between Frankston and Karingal, and Hampton Park.
Physical disability

This group are over represented in Greater Dandenong, Frankston and the Mornington Peninsula compared to the metropolitan average and the SMR average. Within Greater Dandenong, there are a large proportion of residents with a need for assistance in the area surrounding the central Dandenong activity centre, Springvale and Hallam. There are also a large proportion of residents with a need for assistance in Oakleigh South (Kingston) Rosebud, Mornington (Mornington Peninsula) and Karingal (Frankston).
ATSI

This group are over represented in Frankston, Cardinia and the Mornington Peninsula compared to the metropolitan average and the SMR average. In particular in the areas of North Frankston, Rosebud and Hastings.
Culturally and linguistically diverse

This group are over represented in Greater Dandenong and Casey compared to the metropolitan average and the SMR average. Within Greater Dandenong, there are a large proportion of residents who speak a language other than English at home living in the area surrounding the central Dandenong activity centre and Springvale. Within Casey, this group are particularly over represented in Hampton Park, Clyde North and Casey Central.

Other LGAs in the SMR including Cardinia, Frankston and the Mornington Peninsula have a much smaller proportion of CALD residents compared to the SMR average and metropolitan average.
New migrants

This group are over represented in Greater Dandenong compared to the metropolitan average and the SMR average. Within Greater Dandenong, there are a large proportion of residents who have arrived in the last 5 years living in the area surrounding the central Dandenong activity centre and Springvale.

This group are also over represented in Casey and Kingston, to a lesser extent. Particular areas where this group are over represented included Hallam (Casey) and Clayton and Moorabbin (Kingston).

Other LGAs in the SMR including Cardinia, Casey, Frankston and the Mornington Peninsula have a much smaller proportion of new migrants compared to the metropolitan average.
Rental Affordability Index explained

National Shelter, Community Sector Banking, Brotherhood St Laurence and SGS have released the Rental Affordability Index (RAI) on a biannual basis since 2015. A price index for rental housing markets, the RAI is an easy to understand indicator of rental affordability relative to household incomes. It is applied to geographic areas across Australia.

It is generally accepted that if housing costs exceed 30% of a low income household’s (households with the lowest 40% of income) gross income, then that household is experiencing housing stress (30/40 rule). In the RAI, households who are paying 30% of income on rent have a score of 100, indicating that these households are at the critical threshold for housing stress. A score of 100 or less indicates that households would pay more than 30% of income to access a rental dwelling, meaning they are at risk of experiencing housing stress.

The RAI is calculated using the following equation, where ‘qualifying income’ refers to the household income required to pay rent where rent is equal to 30% of income.

RAI = (Median income/Qualifying Income) x 100
APPENDIX 2: TRANSPORT IN THE SMR

This appendix provides further background on transport access in the Southern Metropolitan Region

Limited access and availability of transport services can fundamentally limit life opportunities. It is within this prism, that land use intensity and the distribution of key services across the region, can result in social isolation.

History of transport and land use in the region

The region’s land use intensity and urban form has primarily been affected by its historical context. Areas established prior to the mass adoption of motorised vehicles such as Dandenong, Frankston and Cheltenham have accessible, mixed land use areas surrounding key public transport services such as the railway station. These have evolved to become somewhat dense and walkable areas which offer a wide variety of services and facilities.

Post the 1950’s, with increasing ownership of private vehicles and planning focusing on car travel, urban sprawl intensified. This resulted in changes to the urban form where activity centres were no longer required to be concentrated along key public transport corridors. Newer communities such as Keysborough South, Dingley Village and Officer were primarily developed with a focus on private motorised travel. This has made it difficult for residents in these areas to access key services without the availability of a car, adding to the issue of social isolation.

FIGURE 12. HISTORIC MODE SHARE, AUSTRALIA

Public transport service levels vary geographically for a variety of factors that are impacted by the historical context, economic opportunities, policies and/or the road network layout.

A large proportion of the region is inadequately served by the public transport network or service levels. Specifically there are parts of the region that have experienced rapid population growth where public transport service levels have not kept pace with population needs. In addition some areas have had significant population growth over the last 50-70 years, and public transport networks and services have not been revised to meet current day needs.

Residents in these areas are especially vulnerable to the limited transport options available and they are prone to social isolation, particularly if they do not have access to private vehicles. Even those with private vehicles can be isolated by the fact that operating a car takes a significant amount of their disposable household income. This is an issue as the region is characterised by lower incomes and higher unemployment than other areas of Melbourne.

**Key transport issues in the Southern Metropolitan Region**

The radial train network in Melbourne typically provides a high quality service in the corridors it serves. However the service level reduces as distance from the CBD increases and the level of transport demand declines. For example, east of Dandenong, the line bifurcates and only half the number of trains continue to Cranbourne or Pakenham. Further east, beyond Pakenham, V/Line trains provide less service than on the Pakenham line. South of Frankston, the Stony Point Line provides lower service levels than the line from Frankston to the City.

In terms of travelling between railway corridors, bus is the most direct public transport mode. However, these services tend to be slow and it can often be faster to catch an inbound train to Caulfield, and transfer to an outbound train on the other line.

For example, travel between Frankston to Narre Warren on the bus network is relatively direct, however, these involve exorbitant travel times in excess of one hour and multiple transfers. The same journeys by car takes about 30 minutes.

**FIGURE 13. FRANKSTON TO NARRE WARREN BY PUBLIC TRANSPORT**

<table>
<thead>
<tr>
<th>Frankston to Narre Warren (off peak travel times and transfers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Google Maps](source: Google Maps)</td>
</tr>
</tbody>
</table>

Access between suburban activity areas either for employment, educational or recreational purposes, often requires multiple transfers and travel times which are significantly greater...
than trips made by private vehicle. Travelling by car, the trip from Rosebud to Hastings takes 28 minutes compared with a public transport journey that would take around 2 hours.

Frequency of services is also an issue as several bus routes in the region, including 800, 838, and the 840, do not meet the Minimum Service Standards (at least once every hour during core times).

Walkability and bikeability of a neighbourhood are also important, especially when the public transport services are limited. These activities build community connectedness and provide health, social and economic benefits. However, walkability and access to cycling infrastructure is limited in the Southern Metropolitan Region with poor access, especially in Cardinia, Casey and the Mornington Peninsula. Access to the principal Bicycle Network is illustrated in the map below.

**FIGURE 14. PRINCIPAL BICYCLE NETWORK ACCESS BY LGA**

![Principal Bicycle Network Access by LGA](image)

Source: Giles-Corti, 2019

**Transport access for each SMR LGA**

**Cardinia**

Cardinia Shire has two Major Activity Centres (Officer and Pakenham) each served by a train station. Mixed use hubs are located within walking distance of the stations. These centres offer key services such as a local shopping centre and government services such as Centrelink.

Both these locations are experiencing rapid population growth through low-medium density residential development. The bus network is fairly limited in these areas, with many residents dependant on private vehicles.

**Casey**

Casey has a Principal Activity Centre in Narre Warren which supports a key commercial zone for the region and is also home to several Major Activity Centres in Berwick, Cranbourne, Casey Central, Hampton Park and Endeavour Hills. The municipality has several key education
institutes such as the Chisholm TAFE and the Federation University – Berwick Campus. The municipality has access to the Cranbourne and Pakenham Train Lines with bus routes focussed on providing feeder services from residential areas to train stations.

The pattern of development in Casey and urban form has been dominated by road networks and car access. The provision of facilities for bicycle riders and pedestrians is sub-standard and lacks priority compared with car travel. The typical arrangement and design of activity centres in Casey reinforces the community’s dependence on cars, and increases social isolation for those people who do not drive.

Frankston
The City of Frankston includes the Frankston Principal Activity Centre which includes a key health and education precinct. Land use intensity is relatively high surrounding Frankston Railway Station and has one of the highest job densities across the region. It is also a hub supporting local jobs, education services and community services which are within a walking distance of the train station.

Monash University – Peninsula Campus, Frankston Integrated Health Centre and several primary and secondary schools are serviced by the local bus network and in some cases V/Line train services.

Suburbs surrounding Frankston, such as Karingal are serviced by confusing bus routes which have a service every 40 minutes operating in large loops. Langwarrin South and Pearcedale have a bus service frequency less than 0.5 buses per hour.

Greater Dandenong
The City of Greater Dandenong includes the Dandenong Principal Activity Centre, and a National Employment and Innovation Cluster (NEIC). Within the municipality, distinctive clusters of employment can be found ranging from business activities, medical and tertiary services as well as industrial and commercial employment. The Dandenong CBD is within walking distance of the train station and provides key community services such as the NDIS, legal aid, Centrelink and community health services. Dandenong station is a regional hub for bus services from a wide area including western parts of the City of Casey.

The Dandenong South Industrial Precinct is an industrial area of State Significance and provides employment for around 50,000 people. Like many industrial areas it is relatively dispersed and has minimal public transport services. A lack of connectivity between residential areas and the employment area in Dandenong South increases social isolation, particularly for those who do not drive.

Kingston
Kingston is home to several Major Activity Centres including Chelsea, Cheltenham, Moorabbin and Mordialloc. These are all served by train stations provide access to a wide range of services such as local libraries, schools, government services, places of worship, parks and playgrounds. Bus services provide a wide coverage of the municipality and tend to converge on Cheltenham Major Activity Centre (including Southland Shopping Centre).

Areas such as Dingley Village and Aspendale Gardens have been developed much more recently and typically exhibit much higher levels of car dependence – which can be a precursor to social isolation occurring particularly for those who can no longer drive. To promote accessibility to local services a focus needs to be placed on the walkability of neighbourhoods and adequate provision of facilities for bicycle riders.

Mornington
Mornington Peninsula Shire is home to three Major Activity Centres – Hastings, Mornington and Rosebud. The bus network is concentrated in townships along the Port Phillip coastline, while the Stony Point train line and a duplicative bus service are the only public transport
services on the Western Port side of the Shire. Public transport services in the Shire typically have extremely low service levels, with the exception of Route 788 which operates from Frankston to Portsea every 40 minutes. The sparse network and low service levels create a significant gap in the public transport network (the most significant gap in the whole Southern Metropolitan Region) and is currently exacerbating social isolation in this part of Melbourne.

Frankston provides a hub for residents in Mornington to access the metropolitan rail network, specialist medical services, educational institutes and other important community services which are not found in the Shire. Commuting by bus from Mornington to Frankston takes well over 50 minutes whereas the same trip could be made in less than 20 minutes by car.

Smaller towns and villages such as Balnarring, Red Hill and Sorrento are heavily reliant on the capacity of the local population to sustain basic services within the local community. In some locations businesses can be viable on weekends or during summer but are not viable during weekdays or winter. This adds a temporal dimension to the social isolation that occurs when local services are not operating.
APPENDIX 2: STAKEHOLDER SURVEY

This appendix presents an overview of the stakeholder survey.

The stakeholder survey was open for two weeks at the start of September 2019. The survey sought contributions from service providers in the SMR on what the barriers were for socially isolated people accessing their services.

The survey received 233 responses with a good spread across service provider sectors and LGAs. Some of the high level characteristic of respondents are shown below.

FIGURE 15. SURVEY RESPONSES TO QUESTION “WHAT SERVICES DOES YOUR ORGANISATION FOCUS ON DELIVERING?”

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social support programs</td>
<td>32.76%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>28.45%</td>
</tr>
<tr>
<td>Health</td>
<td>25.06%</td>
</tr>
<tr>
<td>School years education/care (ages 5-18)</td>
<td>21.12%</td>
</tr>
<tr>
<td>Early years education/care (ages 0-4)</td>
<td>20.69%</td>
</tr>
<tr>
<td>Mental health support</td>
<td>19.40%</td>
</tr>
<tr>
<td>Family violence services</td>
<td>18.91%</td>
</tr>
<tr>
<td>Services for young adults (ages 10-25)</td>
<td>17.67%</td>
</tr>
<tr>
<td>Adult education</td>
<td>17.34%</td>
</tr>
<tr>
<td>Aged care</td>
<td>15.09%</td>
</tr>
<tr>
<td>Employment/Job services</td>
<td>11.21%</td>
</tr>
<tr>
<td>Child care</td>
<td>11.21%</td>
</tr>
<tr>
<td>Physical disability support</td>
<td>10.34%</td>
</tr>
<tr>
<td>Transport</td>
<td>10.34%</td>
</tr>
<tr>
<td>Accommodation</td>
<td>9.19%</td>
</tr>
</tbody>
</table>

FIGURE 16. SURVEY RESPONSES TO QUESTION “WHERE DOES YOUR ORGANISATION OPERATE FROM?”

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Casey</td>
<td>40.65%</td>
</tr>
<tr>
<td>City of Greater Dandenong</td>
<td>36.96%</td>
</tr>
<tr>
<td>City of Kingston</td>
<td>34.70%</td>
</tr>
<tr>
<td>Cardinia Shire</td>
<td>33.04%</td>
</tr>
<tr>
<td>Frankston City</td>
<td>21.30%</td>
</tr>
<tr>
<td>Mornington Peninsula Shire</td>
<td>18.26%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>13.04%</td>
</tr>
</tbody>
</table>
FIGURE 17. SURVEY RESPONSES TO QUESTION “WHAT GROUPS OF PEOPLE DOES YOUR ORGANISATION PRIMARILY AIM TO HELP?”

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young adults (age 18-25)</td>
<td>44.16%</td>
</tr>
<tr>
<td>Older people (age 55+)</td>
<td>45.89%</td>
</tr>
<tr>
<td>People with physical disabilities</td>
<td>38.90%</td>
</tr>
<tr>
<td>People with mental health issues</td>
<td>42.06%</td>
</tr>
<tr>
<td>Recent migrants</td>
<td>32.47%</td>
</tr>
<tr>
<td>Aboriginal &amp; Torres Strait Islander people</td>
<td>32.47%</td>
</tr>
<tr>
<td>People who speak English as a second language or who have low English proficiency</td>
<td>40.26%</td>
</tr>
<tr>
<td>LGBTQA+ people</td>
<td>20.41%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>29.44%</td>
</tr>
<tr>
<td>People in insecure housing</td>
<td>20.44%</td>
</tr>
<tr>
<td>Families with young children</td>
<td>51.90%</td>
</tr>
<tr>
<td>People with substance addiction issues</td>
<td>26.41%</td>
</tr>
<tr>
<td>People with gambling issues</td>
<td>20.35%</td>
</tr>
<tr>
<td>Financially vulnerable people</td>
<td>41.56%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>31.60%</td>
</tr>
</tbody>
</table>
ENDNOTES

1 Cover image: https://unsplash.com/photos/raJ0a-VIWWA
4 Ibid
5 Ibid.
9 Carbone, Fraser, Ramburuth, & Nelms 2004; Cortis, Katz, & Patulny, 2009 as in Rosier and McDonald (2011)
17 D’Souza and Cassells (2012) Youth Social Exclusion – a new index for Australian Areas’
19 5 Patulney, pp 46 as in Pate 2014
23 Age Concern, Out of sight, out of mind: Social exclusion behind closed doors, Age Concern, 2008, p 4. As in Pate 2014
26 Anttila 2016
28 Eng et al., 2002 as in Singer 2018
31 Areas in the SMR have high VAMPIRE scores meaning they are vulnerable to shocks in oil prices and mortgage rates. https://research-repository.griffith.edu.au/bitstream/handle/10072/11502/Dodson2006ShockingTheSuburbs_ATRF.pdf;jsessionid=4D49011DDA46AB28B9305E089C39211F7?sequence=1
32 Identifying features of programs have been removed to protect the privacy of respondents.