



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON EDUCATION AND COMMUNITY INCLUSION
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Submission Cover Sheet

Inquiry into Loneliness and Social Isolation in the ACT

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Standing Committee on Education and Community Inclusion
By email: LCommitteeECl@parliament.act.gov.au

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Dear Committee

Inquiry into Loneliness and Social Isolation in the ACT

Thank you for the opportunity to provide this brief submission into this important consideration of the impacts of social isolation and loneliness in the ACT.

As Discrimination, Health Services, Disability and Community Services Commissioner, I administer a number of complaint jurisdictions including:

- Discrimination, sexual harassment and vilification under the ACT *Discrimination Act 1991*
- Health services and the Code of Conduct for Health Care Workers
- Retirement villages and services for older people
- Occupancy disputes
- Disability services
- Abuse, neglect or exploitation of people with a disability and older people
- Charter of Rights for Victims of Crime
- Children & young people service complaints
- Sexuality & gender identity conversion practices complaints
- Human rights complaints (June 2024)

I draw on our experience managing these complaint jurisdictions to highlight some of the issues and themes that are relevant to the Terms of Reference.

The prevalence of loneliness and isolation in the ACT community

The ACT is generally a safe, inclusive and diverse community.

However, it became apparent during the COVID 19 pandemic that the impact of social isolation and loneliness disproportionately impacted certain cohorts of the ACT community more than others.

Drawing on community enquiries and complaints to the Commission during this period, the experiences of isolation and loneliness were more acutely felt by older people, people with disability, people with pre-existing mental illness, people impacted by alcohol and other drug use, people with caring responsibilities and those with transient accommodation arrangements. Further, the adverse consequences of isolation were amplified in those groups, often with serious mental and physical health consequences.

Access issues to community-based supports, personal electronic devices and internet services, personally operated forms of public transport, health services, personal supports to facilitate living at home safely and with dignity, and public facilities such as libraries, became barriers to meaningful community engagement and participation.

The Commission has observed that these experiences have endured post the pandemic period.

The experiences of loneliness and social isolation among residents of the ACT and opportunities for the ACT Government to support organisations and individuals improve social connectedness and opportunities for the ACT Government in policy making.

I have drawn on enquiries and complaints made to the Commission to highlight the experiences of loneliness and social isolation among residents of the ACT. These are discussed below in further detail.

Access to internet and online services

Based on the types of complaints received, it is apparent that not everyone in the ACT has access to personal electronic devices and internet services (other than public Wi-Fi or services through facilities such as public libraries).

Poor access to personal electronic devices and online services, and difficulties associated with the use online facilities, can be significant barriers to effective community engagement and service provision, particularly for older people, people with disability and those experiencing financial disadvantage.

Discussions about digital identity, the Digital Health Record, My Health Record, My Gov and My Aged Care can be alienating for people, with the unintended consequence of discouraging them from effectively using these types of services to stay engaged and connected.

During the COVID 19 pandemic and beyond, the Commission received multiple calls from ACT residents struggling to access health, community and government support services because of online access difficulties.

Council on the Ageing (COTA) notes that the Australian Digital Inclusion Index (ADII) has ranked Australians aged 65 and over as the most digitally excluded age group (at 13.6 points below the national average).¹

While COTA and other organisations provide digital literacy support to many older people, the Commission has observed that the requirement of online use to access services and communicate with community and government has left certain cohorts vulnerable to digital isolation.

Older people who contact the Commission often state having difficulties with the use of online forms, digital identification processes, navigating complex registration processes and managing multiple accounts and passwords.

Facilitating accessible online access through initiatives such as government subsidies, community digital hubs (other than libraries), funding in-person digital training, and encouraging the use of reasonable adjustments in service provision, could help support people maintain currency of their digital life, in turn creating a better sense of connectivity with community.

¹ <https://cota.org.au/policy/digital-inclusion/>

Accessing online library services

The Commission received a disability discrimination complaint against a library service about the lack of accessibility of communications from the library (such as registration information, updates, letters) in a format that was accessible for their disabilities. The matter was resolved at conciliation with the library service making reasonable adjustments to provide the complainant text in hardcopy in their required format, registering them for library services by phone and making library communications accessible by posting the online periodic newsletter to the complainant along with any automated email communications about upcoming events and services.

Allowing companion animals on public transport and in other areas of public life

Allowing companion animals on public transport has been an ongoing issue raised by community members with the Commission. Older people, people without private public transport, and people with disabilities who have companion animals they rely on, would benefit from being able to take their animals on public transport both as a practical issue and to facilitate social participation.

The mental health and wellbeing benefits of people being able to take their animals out in public, including public transport, are recognised across Europe. ACT could lead the way in enhancing its reputation as an inclusive city by recognising that companion animals are fundamental to people's wellbeing, and facilitating access for people with disability and their animals on public transport would be a significant benefit².

Accessing a restaurant with an assistance animal

A man lodged a disability discrimination complaint against a restaurant after being denied access because of his guide dog. The matter was resolved in conciliation with the restaurant providing the man with a written apology and providing an undertaking to allow people with assistance animals the choice to dine either inside or outside, in accordance with their preference and in keeping with the choice provided to other customers.

Accessing transport with an assistance dog

A man alleged that he was being discriminated against by a transport company when multiple drivers did not allow him onto transport with his assistance dog. At conciliation, the company agreed to work with the man to review and redeliver the messaging provided to all staff regarding assistance animals.

Accessing service provider with assistance animal

A person alleged that they were refused entry into a health service as their assistance animal did not have sufficient identity and a suitable vest. The parties agreed that the service would amend its policies and procedures regarding assistance animals, provide training to its staff regarding assistance animals, do a media release regarding its new policy and pay the complainant financial compensation.

² <https://petsure.com.au/knowledge-hub/pets-on-public-transport-benefits-and-state-rules/>

Isolation and loneliness - older people and people with disability

The COTA 2021 Snapshot of older Australians reported 47% of older people had felt lonely at least some of the time in the past few weeks and 4% had no contact with anyone.

While we note that age and disability of themselves do not cause social isolation or loneliness, older people and people with disability are more likely to experience many of the risk factors that can exacerbate social isolation and loneliness. These can include death of a loved one, chronic illness, new sensory impairment, retirement, age-related discrimination in employment, difficulties accessing services or the paucity of services available to support community engagement, financial disadvantage, and functional dependency on others to participate in community life.

Isolation among older people and people with a disability can be further exacerbated by environmental factors such as inaccessible or unaffordable public transport and overly paternalistic responses about their welfare from family members and service providers.

Furthermore, the cost of participation in social activities can be prohibitive for people on a low income. In the current financial environment, the Commission has observed people reducing incidental spending and so reducing the positive impact those engagements can have. This can include their engagement with external activities and providers or their ability to maintain the cost of a pet.

Initiatives by the ACT Government to support organisations and individuals improve social connectedness and consider policies addressing the risk factors contributing to social isolation and loneliness would assist ameliorate the effects of it in the community, and any adverse physical and mental health consequences which may ensue.

Such initiatives could include programs designed to overcome age discrimination in the workplace and recruit older people and people with disability into employment, better discharge support for people with chronic health conditions at the hospital level, improved funding of services to support people stay connected and age in place with dignity, community-based activities targeting specific groups at risk of isolation, and improved support for community outreach services.

By way of illustration, during the COVID 19 lockdowns a number of phone services supported older people, people with a disability and other vulnerable community members and their carers with outreach telephone check in services. Some similar services such as the Red Cross Telecross, still operate but have criteria for access that may exclude many Canberra community members. We understand that service is funded by the Commonwealth and people are eligible if they are older and frail, have a disability are housebound or recovering from an injury or illness. The service is also available where family or carers are away and can be accessed on a temporary basis. Such a service may be of value for consideration in the ACT.

Another possible initiative could be one modelled on the ACT Official Visitor program, which works in places of detention, homelessness and out of home care. Broadening that model to community-based services, retirement villages and other spaces heavily utilised by older Canberrans and people with disability, might assist to address risk factors driving isolation, loneliness and possible abuse.

Outlined below are some issues which have been brought to the Commission's attention through its complaint function illustrating isolation risk factors.

Home care package

A woman complained that her service provider for older people ceased providing her with services to assist participation in the community due to the woman electing to receive a home care package. The parties attended conciliation and agreement was reached regarding additional support to be provided by the service provider.

Access to activities for older people

A woman complained to the Commission about the variety of programs offered by a service provider for older people and about the lack of options available for people with limited mobility to participate in programs. The service provider responded to the woman's concerns and invited her to join a participant advisory committee. The provider stated that most programs have inclusions to enable less mobile participants to join at the beginning or end of some activities, and confirmed that the woman would be able to transport her scooter so she could attend activities.

Restrictions in a residential aged care

Restrictions in a residential aged care facility during COVID A person anonymously raised concerns that the COVID visitor restrictions in place at a relatives' aged care facility were more restrictive than required by the ACT Government. The Commission undertook a CIC. The facility advised that the measures in place were a short-term arrangement to facilitate every resident being able to receive a visit after a period of lockdown. The facility noted that exceptions could be made to visitor restrictions on request. The notifier advised he was satisfied by the outcome. The matter was closed, with the Commission advising the facility that it may be open to a complaint of discrimination or a complaint about services for older people if the visitation protocol is more restrictive than public health directives without justification.

Abuse of older people and people with disability

The Commission is aware from its work in the vulnerable person context, and studies on the drivers of abuse of older adults and persons with disability, that social isolation is a risk factor, and may make a person more vulnerable to scams, exploitation or abuse.

Isolation can lead to exploitation by family or service providers but also by other actors operating to exploit people without social or family networks. The increase in services enabling people to stay in their homes is a welcome development but also means people are in settings such as large-scale retirement villages, large private and public accommodation complexes at home but still isolated and therefore vulnerable to exploitation, scams etc.

Dignity of risk

Multiple concerns were raised with the Commission about the control of a carer and guardian of an adult with a disability. Concerns included that the carer was restricting

access to services, controlling the way NDIS services were being provided and restricting the movement and access to social supports for the person. The Commission approached the carer with the concerns raised, met with the vulnerable person to ascertain their views and wishes regarding the concerns raised, and worked with the carer and other services to implement a protocol moving forward which supports the vulnerable person to live with agency, choice and control of their lives to the greatest extent possible.

Misuse of funds

Concerns were raised with the Commission that a private financial manager had misappropriated approximately \$30,000 from a protected person's bank account. The Commission contacted the financial manager and requested they attend the Commission to discuss the concerns raised with the new financial manager, the Public Trustee and Guardian. An acknowledgement was made that the money had been taken and used inappropriately, and an agreement for the repayment of misappropriated funds was drafted by the Commission and signed by the parties. The private manager elected to resume a relationship with the protected person after this point, having reconciled with the situation.

Abuse by a carer

Concerns were raised with the Commission that a person living with a disability was experiencing physical, psychological, sexual and financial abuse by their carers. The Commission, along with several frontline services met with the vulnerable person to obtain their express will and preference regarding their circumstances and to create a safety plan. A multi-agency response assisted the person relocate and gain control of their personal and financial affairs, with appropriate supports.

Isolation and loneliness in the context of hospital discharge

Noting that chronic health conditions, functional dependency and new sensory impairments are factors driving isolation and loneliness, the Commission has observed health practices through its health services complaints work which may contribute to the exacerbation of these issues.

In particular, the Commission notes the following examples which illustrate how hospital discharge planning and supports, or the lack thereof, may increase loneliness and isolation for people leaving hospital.

Short term supports: The replacement of the ACT Community Assistance Support Program (CASPP) with the ACT Community Assistance and Temporary Supports (CATS) late last year resulted in a significant reduction in short term supports, including the collapsing of 4-5 community transport providers into 1 service for medical/ allied health transport, who quickly became oversubscribed, leaving patients without access to transport for follow up medical/ allied health care. Additionally, CATS removed access to support for social and community participation, increasing isolation for individuals without family or friends to assist with transport as they recovered or awaited longer term services.

Commonwealth Home Support Program (CHSP) via My Aged Care: Community transport was available for those assessed as eligible via My Aged Care, but could be difficult to obtain. Individuals reliant on this program for longer term support could obtain a flexible respite code that would allow them to use their funding for a few hours of support per week for transport, or assistance to go shopping or out for a coffee, but this was limited to 1-2 times per week.

Home Care Packages (HCP) via ACAT and My Aged Care: Provides access to funding to purchase supports, but once approved for a home care package, individuals may need to wait months to access funding, and due to the funding caps for each level of package, often find they have limited funding available to spend on social and community engagement or social supports, once they have used their funding for essential personal care and equipment. This leaves individuals without significant support from family or friends isolated in their homes, as their packages can only meet their basic needs.

NDIS: Individuals eligible for NDIS funding will generally be allocated a social and community participation budget, but recent funding decisions obtained for patients in hospital suggested that generally NDIS considered it only reasonable and necessary to fund 9-12 hours per week, restricting engagement to social supports and community-based activities for individuals who required support from a carer to get into the community. Funding to offset the additional costs of accessible transport was generally limited to around \$70 per fortnight (it could be a bit more if you worked or volunteered), which doesn't go far when you need to use a wheelchair accessible taxi, even with a taxi subsidy scheme card.

ACT Taxi Subsidy Scheme: Whilst a good scheme, particularly in comparison to some other states and territories, this does not fully subsidise accessible transport, leaving individuals with a physical disability and unable to use public transport at a significant financial disadvantage in comparison to those of us who could use public transport. The taxi subsidy scheme would only offset the cost of a taxi by a percentage (often 50%, although sometimes more), leaving individuals with a substantial out of pocket cost, and removing their capacity to access the community and reduce social isolation. Neither the Aged Pension or Disability Support Pension are adequate to allow individuals to absorb any significant out of pocket costs for transport.

Discrimination and vilification that contributes to isolation and loneliness

Discrimination and vilification of people on the basis of their race, colour, sexuality and gender identity, physical feature, age, disability, and immigrant status all contribute to people withdrawing from social engagement, which has a negative impact on individual and community wellbeing.

These experiences can and do lead to people isolating themselves for fear of reoccurrences of these types of events. The Commission has dealt with matters where children and young people have been vilified online by students at their schools or sports and so have sought to withdraw from social activities and school attendance.

The importance of constant maintenance of programs and supports that create safe environments for people, reinforcing that Canberra is a safe and inclusive community for all, and that excluding

behaviours such as bullying, discrimination and vilification are inconsistent with our community values is critical to reducing the negative impacts of discrimination on individual and community wellbeing.

The Commission has conciliated many complaints about unlawful discrimination in an area of public life in the ACT. Outlined below are some case studies illustrating the experiences of discrimination by members of ACT's community and how it in turn can result in isolation and loneliness for the person experiencing discrimination.

Disability discrimination in the provision of goods, services and facilities

A man lodged a disability discrimination complaint against an entertainment venue, stating that he had been denied access or only provided restricted access to participate because of his intellectual disability and requirement to have a support person participate with him. The matter was resolved in conciliation with the venue agreeing to provide 10 free sessions for the man and his support person; develop a policy formalising the options, access and discounts available for people with a disability and/or additional support needs; develop and publish an access and inclusion page on their website; and update training materials available to new and existing staff to include information on communicating with customers with a disability and/or special support needs.

Access to rideshare service suspended

A man lodged a disability discrimination complaint regarding a rideshare company, as it had suspended his account for a number of months based on information from a health organisation after he was identified as a close contact for possible COVID exposure. The health organisation advised it was unaware of the account suspension and wrote to the rideshare company advising that there was no ongoing investigation. It apologised to the complainant for the poor communication he had experienced. The rideshare company reinstated access to his account.

I am grateful for the opportunity to provide this short submission to the inquiry.

Should you wish to discuss this matter further please contact me on 02 6205 2222.

Yours sincerely



Karen Toohey
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