



2nd Floor Main Street Arcade  
82 Grafton Street  
PO Box 7129 Cairns Qld 4870  
T 1800 062 608 | 07 4031 7688  
F 07 4041 2134  
enquiry@cclc.org.au  
[www.cclc.org.au](http://www.cclc.org.au)  
ABN 87 237 848 993

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

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

### **Inquiry into Social Isolation and Loneliness in Queensland**

We refer to the *Inquiry into Social Isolation and Loneliness in Queensland* (“the Inquiry”) and thank you for providing us with the opportunity to make a submission in relation to same.

#### **Background and Experience**

The Cairns Community Legal Centre Inc (“the Centre”) is a not-for-profit community organisation that has been operating since 1991. The Centre provides legal services for the benefit of community members experiencing disadvantage.

The Centre provides a number of services including its specialist *Seniors Legal and Support Service* (“the SLASS”). The SLASS has been operating since 2007 and includes the provision of both legal and social work services within the areas of elder abuse and financial exploitation of older persons. Generally, to qualify to receive assistance from the SLASS, a person must be aged 60 years or older (or 50 years or older in the case of Aboriginal and Torres Strait Islander persons).

The work undertaken through the SLASS involves legal advice, social work assistance, information and referrals, casework and community education.

Based on our Centre’s geographical location and specific experience in assisting this particular subpopulation through our provision of the SLASS, this submission will focus solely on the aspect of social isolation and loneliness amongst older persons in the Far North Queensland region.

#### **Terms of Reference**

Within the context outlined above, this submission will address the following specific terms of reference for the Inquiry:

- The causes and drivers of social isolation and loneliness (including those unique to Queensland);
- How current investment by the Queensland Government and other levels of government may be leveraged to prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland; and
- The role, scope and priorities of a state-wide strategy to address social isolation and loneliness (considering interactions with Queensland and national strategies).

***For people in the community experiencing disadvantage***

*We acknowledge the traditional custodians of this land, elders both past and present.  
We also extend our respect to other Indigenous Australians who are within our service area.*

## The Causes and drivers of social isolation and loneliness amongst older persons in Far North Queensland

Through our provision of the SLASS, our Centre engages with vulnerable and disadvantaged older persons in the Far North Queensland region. From our experience there are many factors that contribute to social isolation and loneliness for older people, with the two constructs not necessarily experienced concurrently. Some people report feelings of loneliness who are well engaged with their families and community, whereas others may have few meaningful connections but are not lonely.<sup>1</sup>

A socioecological model of social isolation and loneliness explains that promoting factors include poor health (physical and mental), established social habits, motivation and attitude at an individual level.<sup>2</sup> Scholarship published on this topic also outlines that at the social level a lack of family and community connections contribute to feelings of social isolation and loneliness, and at the environmental level the person's perception of availability of services and access to transport are also important.

These findings correlate with our own observations and experience gained from engaging with and assisting older persons in the Far North Queensland region.

### Elder Abuse

Whilst not necessarily a specific term of reference for this Inquiry, it is important that this submission does not overlook the underlying connection between social isolation and loneliness and the perpetration of elder abuse.

Elder abuse is defined as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect”.<sup>3</sup>

Social isolation is both a consequence of, and a contributor to, elder abuse as isolated people are more dependant and abuse is less likely to be detected.<sup>4</sup>

Social isolation and loneliness as a consequence of elder abuse is due to perpetrator control. Control is the mechanism by which perpetrators ensure complying behaviour of the victim and to ensure their abuse is not detected. Decision-making, finances, assets (such as a a vehicle) and social contact can all be controlled, which in turn directly results in social isolation and loneliness.<sup>5</sup> Generally, through our provision of the SLASS, it is the experience of our Centre that the perpetrator in a situation of elder abuse is more often than not a family member of the older person. Quite often, it is an adult son or daughter acting as the Enduring Power of Attorney for the older person. Indeed, statistically, this is the most reported profile of a perpetrator of elder abuse.<sup>6</sup>

As a result of the elder abuse that they have experienced, an older person may suffer from depression, anxiety, compromised health and premature mortality.<sup>7</sup> The loss of social connections caused by the elder abuse can further perpetuate isolation and loneliness as the person recovering may find it difficult to cope with the shame and embarrassment associated with their experience. At an environmental level, living in an

<sup>1</sup> B Neves, A Sanders and R Kokanović, “It’s the Worst Bloody Feeling in the World”: Experiences of Loneliness and Social Isolation Among Older People Living in Care Homes’ (2019) 49 *Journal of Aging Studies* 74-84.

<sup>2</sup> J de Koning et al, ‘Profiles of Loneliness and Social Isolation in Physically Active and Inactive Older Adults in Rural England’ (2021) 18(8) *International Journal of Environmental Research and Public Health* 3971.

<sup>3</sup> World Health Organization, ‘Elder Abuse’ (Webpage, 15 June 2021) < <https://www.who.int/news-room/fact-sheets/detail/elder-abuse>>.

<sup>4</sup> Government of Western Australia (Department of Communities), ‘WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019-2029’ (Web Document, April 2021) <https://www.wa.gov.au/sites/default/files/2021-04/elder-abuse-strategy.pdf>.

<sup>5</sup> Jennifer E Storey, ‘Risk Factors for Elder Abuse and Neglect: A review of the Literature’ (2020) 50. *Aggression and Violent Behavior* 101339.

<sup>6</sup> Melanie Joosten et al, ‘Seven Years of Elder Abuse Data in Victoria: 2012–2019’ (15 February 2021) < <https://www.cotavic.org.au/news-items/seven-years-of-elder-abuse-data-in-victoria/>>.

<sup>7</sup> Ibid.

ageist society perpetuates abuse, isolation and loneliness, where older people are not valued.<sup>8</sup> This is the multi-faceted connection between social isolation and loneliness amongst older persons and elder abuse.

### **How current investment by the Queensland Government and other levels of government may be leveraged to prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland**

It is the view of our Centre that government-funded support services can play a vital role in addressing and mitigating social isolation and loneliness amongst older persons. Such support services do already exist, although, in our Centre's experience, the implementation and operation of these services are not without fault. Addressing such fault would better ensure the ability of these support services to address and mitigate social isolation and loneliness.

#### Formal Support Services – the Commonwealth Home Support Programme

If an older person is presenting as isolated or lonely, accessing formal supports is typically a recommendation made by doctors, social workers or family members.

The *Commonwealth Home Support Programme* ("CHSP") provides services to older persons aged over 65, or over 50 for Aboriginal and Torres Strait Islander persons. Funded supports under the CHSP can include domestic assistance, transport, meals, personal care, home maintenance, social support, nursing and allied health. The CHSP service aims to assist people to remain living at home. The CHSP can also be initiated when a person is eligible for a *Home Care Package* ("HCP") (see further below) but are still awaiting allocation of the HCP.<sup>9</sup>

Whilst the CHSP is intended to be an easy-to-access formal support service, it is the opinion of our Centre that there are issues with the service delivery and availability of CHSP services in the Far North Queensland region. For example, if there is no availability of a required service at the time an older person is assessed for their suitability under the CHSP, the older person is given a referral code and asked to follow-up with potential providers themselves.<sup>10</sup> Furthermore, even when a referral is allocated at the time of assessment, the provider may not be able to facilitate the client's needs. Transport providers, for example, typically require 24-28 hours' notice of a requested "job" and thus may not be able to provide the flexibility of service that an older person may require. This means that older persons will generally use such transport services only for pre-planned essential appointments or tasks, such as an attendance with a doctor or specialist or to be taken to a shopping centre, and not for less formal and casual attendances such as visiting a friend or family member. This, in turn, can contribute to the social isolation and loneliness that an older person experiences.<sup>11</sup>

Additionally, our Centre also observed situations where an older person via the CHSP is referred to a service provider who either cannot deliver a requested service when the person needs it or who cannot provide the service at all due to a complexity outside of the older person's control. This will, in turn, require the older person to have to make further enquiries with other service providers. Where such an older person may already be experiencing social isolation and loneliness, additional issues such as these may only serve to perpetuate such feelings. It is the view of our Centre that encountering such issues when attempting to utilise the services provided under the CHSP is more common in the Far North Queensland region given the limited number of funded services that operate in the region. Older persons whom suffer from physical disabilities, mental health issues or who do not have a sufficient command of English are also, in our Centre's view, far more likely to experience problems navigating the CHSP and thus are more vulnerable to suffering from social isolation and loneliness.

#### Formal Support Services - Home Care Packages

HCPs are intended for people who either require a coordinated approach to their care or who have more care needs than can be provided for by the CHSP. A person eligible for a HCP will be assessed by the Aged Care Assessment Team (ACAT) and, following the assessment, will be allocated one of four "package"

<sup>8</sup> World Health Organization, '*Global Report on Ageism*' (2021) <<https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combating-ageism/global-report-on-ageism>>.

<sup>9</sup> Commonwealth of Australia (Department of Health), '*Commonwealth Home Support Programme – Program Manual 2020-2022*' (2021) <<https://www.health.gov.au>>.

<sup>10</sup> Commonwealth of Australia (My Aged Care), '*Assessment Decision: Commonwealth Home Support Programme*' (2021) <<https://www.myagedcare.gov.au>>.

<sup>11</sup> *Royal Commission into Aged Care Quality and Safety*, (Final Report, March 2021) vol 1.

levels based on their perceived level of care needs. The person will then choose a single service provider and this service provider will be funded by the Commonwealth government to provide the required services. Services that are provided under a HCP are typically a combination of services available under the CHSP.<sup>12</sup>

There is a wealth of literature on the extended wait times that older persons will generally experience after their assessment for suitability for a HCP.<sup>13</sup> Such wait times are inconsistent with the purpose of HCPs to provide support so that the person can remain living at home for longer by avoiding hospital admission or entry to residential aged care, and only serve to exacerbate social isolation and loneliness that an older person may be experiencing.

Further, it is our Centre's experience that there can be issues that arise when an older person is "transitioning" from the CSHP to a HCP. This can include occasions where older persons who are well-engaged with services, including social activities, under the CHSP are then transitioned to a HCP which prioritises "essential services" only and under which social activities are discontinued. This is because the HCP may not have enough funds to deliver the same level of services that was being provided by the CHSP. For obvious reasons, this may give rise to social isolation and loneliness of the older person or exacerbate feelings of this nature that they may already harbour.

It is the view of our Centre that addressing and rectifying the above-outlined issues within the CHSP and HCPs would improve the ability of these formal support services to mitigate the risk of social isolation and loneliness amongst older persons.

### **The role, scope and priorities of a state-wide strategy to address social isolation and loneliness (considering interactions with Queensland and national strategies)**

The above-outlined issues within the CHSP and HCPs have not gone unnoticed and, as a result, it is the view of our Centre that opportunities do exist for state-wide actions to be taken to better ensure that these formal support services can mitigate the risk of social isolation and loneliness amongst older persons.

For example, the *Aged Care Act 1997* (Cth) is currently under review and a new Act and model of care is expected to be rolled out by 2023.<sup>14</sup> Ensuring that the review gives consideration to the above-outlined issues with the CHSP and HCPs, and ensuring that the model of care appreciates the unique experience and situation of older persons in the Far North Queensland region, would better ensure that the model of care can appropriately mitigate the risk of social isolation and loneliness of older persons in this region.

Furthermore, the Final Report of the Aged Care Royal Commission issued earlier this year recommended for 500 local Community Care Finders to be introduced by 2023. As our Centre generally sees a significant service gap between the date of assessment and commencement of services under the CHSP and HCPs, ensuring that these Community Care Finders have knowledge of local service offerings, pricing structures and geographical considerations will best ensure that the services achieve their aim of addressing social isolation and loneliness.

Of course, the above efforts should operate alongside already-existing programs and services that may address other factors that give rise to social isolation and loneliness amongst older persons, including mental and general health services, drug and alcohol support, carer programs, family counselling and mediation.

### **Conclusion**

We again thank you for providing us with the opportunity to make our submission to the Inquiry. It is the view of our Centre that social isolation and loneliness, and in particular the social isolation and loneliness of older persons in Far North Queensland, is an important and prevalent issue for the Community Support and Services Committee to inquire into.

If you have any queries in relation to this submission, please do not hesitate to contact our Centre.

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<sup>12</sup> Commonwealth of Australia (My Aged Care), 'Home Care Packages' (2021) <<https://www.myagedcare.gov.au/help-at-home/home-care-packages>>.

<sup>13</sup> *Royal Commission into Aged Care Quality and Safety*, (Final Report, March 2021) vol 2.

<sup>14</sup> G Meagher et al, 'Meeting the Social and Emotional Support Needs of Older People Using Aged Care Services' *The Health Services Union and United Voice* (2019) <[unsw.edu.au](http://unsw.edu.au)>.

Yours faithfully  
**CAIRNS COMMUNITY LEGAL CENTRE INC**

per:



Nicholas Pagonis | Principal Solicitor