18 August 2021

caxton legal centre inc

Committee Secretary
The Community Support and Services Committee
Parliament House
George Street
Brisbane QLD4000

Only by email: CSSC@parliament.qld.gov.au

Dear Committee Secretary

Re: Submission to the Inquiry into social isolation and loneliness in Queensland

Caxton Legal Centre Inc (Caxton) welcomes the opportunity to provide a submission to the Inquiry into social isolation and loneliness in Queensland.

Background

Caxton Legal Centre is Queensland's oldest community legal service, with a 45-year history of providing free legal and social work supports to some of the most vulnerable and disadvantaged members of our society, as well as to other people who can fairly be described as 'the working poor'. Caxton's vision is for a just and inclusive Queensland. Across 14 programs we provide free legal advice, representation, social work services, information and referrals. We strategically advocate to government on issues that impact our clients. We publish unique legal information and build community awareness through education sessions.

Caxton has played a central part in Queensland's legal landscape over the past 45 years, leading the state's first Stolen Wages case, successfully representing well over 100 victims of the 2011 floods, and paving the way for multidisciplinary service delivery to people experiencing elder abuse.

Caxton's clients are vulnerable and marginalised people who have fallen between the cracks in the legal and support services landscape.

In the 2020-21 year 78% of Caxton's clients experienced financial disadvantage. 13% reported that they have no income. We also see many people in receipt of a Centrelink carer's payment. Importantly, the financial vulnerability experienced by our clients is almost always compounded by other issues that combine to further entrench our clients' problems and exclude them from readily obtaining access to justice.

Legal and social work services are provided by the Centre's employed lawyers and social workers as well as a large network of lawyers and law students who volunteer at Caxton. We also regularly refer our clients to financial counsellors, health services, housing services and so on for additional help. Caxton provided 869 social work support services to clients seeking legal assistance in 2020-21.

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Caxton has grown to be a large organisation, receiving approximately $9 million in total from government and other sources for the financial year ending June 2021. Most importantly, however, we rely heavily on the pro bono services of our volunteer lawyers and law students who provided a total 8,688 hours[1] of volunteering in 2020-2021 which we estimate conservatively at a value of $1.086 million[2] .

Our clients' experiences of multiple forms of disadvantage include: poverty and economic distress, disability, lack of education and/or language skills, insecure housing, cultural displacement, being forced to endure life in situations of domestic and family violence and intergenerational abuse, being survivors of torture, trauma or sexual abuse, and general social isolation.

A number of our clients are homeless (4.3% in 2020-21) because of the scarcity of affordable rental housing and their complex personal circumstances. For example, a combination of domestic and family violence, substance abuse problems, mental health problems, marital separation, unemployment and debt stressors, and the fact that many of our clients live in sub-standard and crowded forms of accommodation.

Other Caxton client characteristics for 2020-21 are:

- 34% of our clients identify as having been negatively affected by situations of domestic or family violence. In line with research in this area we observe that many, in particular, women who have survived intimate partner violence are much more prone to suffering from ongoing mental health problems, especially depression and post-traumatic stress syndrome.
- 28% identify as having a disability. We believe that the real figure is likely to be much more since many clients do not express their less visible health conditions or impairments as disabilities. (e.g. depression, anxiety, diabetes, learning difficulties). Some clients feel uncomfortable labelling themselves as having a disability.
- 17% are 65 years of age and over.
- 888 legal and social work services to 342 clients experiencing elder abuse
- 23% are single parents
- 12% are culturally or linguistically diverse
- 6.64% are First Nations peoples

Our understanding of social isolation and loneliness

Caxton Legal Centre's understanding of these issues is based on the experience of direct work with socially isolated and lonely individuals as well as key findings drawn from:

- Ending Loneliness Together in Australia White Paper, 2020[3]

[1] Annual volunteer survey 2021: 35% 1-2hrs (av 1.5), 41% 3-5hrs (av 4), 24% 5-8hrs (av 6.5) applied to 200 volunteers.

[2] Based on the legal aid rate of $140 per hour however private lawyers usually charge between $250-$650 per hour.

[3] Ending Loneliness Together in Australia White Paper 2020, https://endingloneliness.com.au/wp-content/uploads/2020/11/Ending-Loneliness-Together-in-Australia_Nov20.pdf

- The Psychology of Loneliness: Why it matters and what we can do, July 2020[4]
- Promising Approaches Revisited: Effective action on loneliness in later life[5]
- Is Australia Experiencing an Epidemic of Loneliness?[6]

Based on these and other sources, the underlying assumptions for our submission are that:

1. Social isolation can be defined as having few social ties, few friends, family or other social connections and low frequency of contact with these social connections[7]
2. Loneliness can be defined as "a complex and unpleasant set of feelings that occur when an individual's intimate and social needs are not adequately met" [8]
3. Social isolation and loneliness may or may not co-exist. What one person experiences as isolation/loneliness, another may not. For example, one of our clients in her nineties has one friend, but they enjoy infrequent contact because of difficulties hearing on the phone. She also has one daughter who takes her shopping fortnightly. Our client feels quite content with this arrangement and states she does not feel isolated or lonely. Another client in her eighties lives in residential aged care and is often in the company of others, however, she reports feelings of deep loneliness.
4. An estimated one in four Australians aged 12 to 89 experience problematic levels of loneliness[9] , or around 5 million Australians at any given time.[10]
5. Some population groups are more prone to problematic or persistent loneliness. These are "single parents, people with a disability, carers, those from low socio-economic backgrounds, those with a migrant background, those who are from non-English speaking backgrounds, and those who live alone". [11] In the UK, which has been campaigning and acting on these issues since 2015, additional susceptible groups are identified as carers providing informal care, older lesbian, gay and bisexual people, and people with psychological characteristics linked to the way they understand and respond to social situations, attitudes towards themselves and towards ageing.
6. A social stigma exists towards lonely people which, for older adults for example, is interpreted as a sign of personal failure.[12]

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[4] Campaign to End Loneliness (2020) The psychology of loneliness: why it matters and what we can do See https://endingloneliness.com.au/wp-content/uploads/2020/12/Psychology_of_Loneliness_FINAL_REPORT.pdf

[5] Campaign to end Loneliness: Promising Approaches Revisited: Effective action on loneliness in later life (2020) See https://www.campaigntoendloneliness.org/wp-content/uploads/Promising_Approaches_Revisited_FULL_REPORT.pdf

[6] Is Australia Experiencing an Epidemic of Loneliness? Findings from 16 Waves of the Household Income and Labour Dynamics of Australia Survey, Relationships Australia, Working Paper, September 2018 See https://www.relationships.org.au/pdfs/copy_of_Anepidemicofloneliness20012017.pdf

[7] Ending Loneliness Together in Australia White Paper (2020). Page 11

[8] Heinrich, L., & Gullone, E. (2006). The clinical significance of loneliness: A literature review. Clinical Psychology Review, 26(6), 695-718. doi:10.1016/j.cpr.2006.04.002

[9] Ending Loneliness Together in Australia White Paper (2020). Page 11, based on Australian online surveys conducted in 2018 and 2019.

[10] Ibid

[11] Ibid, page 13

[12] Ending Loneliness Together in Australia White Paper 2020, page 13

7. Meaningful social relationships are a protective factor against poor health outcomes, suicide attempts (17 times more likely than the general population if socially isolated) and premature death.[13]
8. Media coverage during the COVID-19 pandemic has highlighted the social isolation and loneliness of people in residential aged care. This is not well-researched according to the White Paper but some findings show "the prevalence of loneliness in long-term care facilities varies between 37% and 72%, with rates of 'severe' loneliness to be approximately double that for aged care residents compared with community dwelling residents." [14]
9. The pandemic has called on neighbours to be vigilant towards vulnerable and isolated households nearby, against a backdrop of 34% having no neighbours they see or hear from on a monthly basis, and nearly half (47%) having no neighbours they could ask for help.[15]

From the literature we understand that there are no consistent definitions of loneliness and social isolation being used in Australia and internationally by different institutions and there is patchy evidence as to interventions that have been assessed as effective.

Human Rights and Social Inclusion

When we think of social isolation and loneliness, we think of social inclusion and its twin, social exclusion. To the extent that social isolation and loneliness is amplified by social exclusion, it is coming up more in discussions of human rights. The right against social deprivation included within the European Social Charter provides for the 'right to protection against poverty and social exclusion'. It therefore provides an express right to an adequate level of interpersonal contact and social inclusion.

A human rights-based approach requires human rights principles to be applied in all settings. One of the principles is participation (and inclusion). This aims to engage all persons in decision-making which affects them and has the potential to either limit or promote their rights. Persons experiencing social isolation and loneliness experience significant barriers in meaningful participation. The rationale for a specific right that protects against social exclusion being that participation and social inclusion is a human rights principle but it needs to also be articulated as an express right in order to create the conditions for equal opportunities for all.

The Queensland Human Rights Act 2019 does not contain a specific right to protection against social exclusion. Whilst there is a direct correlation between discrimination, especially intersectional discrimination, and social exclusion because it can result in a restriction of access to opportunities, employment, services, connections with others and the local community, Queensland's anti-discrimination laws are not sufficient to guarantee social inclusion given their focus is on merely addressing the specific discrimination at hand.

[13] Ibid, page 16
[14] Ibid, page 19
[15] Ibid, page 21

Viewing social exclusion as a human rights issue and incorporating it is a specific right may provide the necessary leverage for the Queensland government to implement strategies that address the issue of social isolation and loneliness more seriously than if viewed just through the lens of social or health reform policies.

Recommendation: That the Queensland Government give consideration to whether including in the Queensland Human Rights Act 2019 an express right to social inclusion or protection against social exclusion would enhance the framework required to address social isolation and loneliness in Queensland.

Insights from Caxton Legal Centre

Caxton Legal Centre spoke with over 20,000 people and provided individual assistance to 5197 people in 2020-21. Our perspectives on social isolation and loneliness are derived from this front-line service delivery of legal and social work services. Our client evaluation survey this year showed that 93% of clients were satisfied that staff "listened to my legal problem in a friendly and respectful manner", so we can say with some confidence that we are well-attuned to our clients. Many of our clients live in circumstances and/or have demographic characteristics that align with those most prone to loneliness and social isolation, as outlined above.

We have focused on particular groups where we observe social isolation and loneliness having major impacts. These are people over 60 years and men on remand in the Arthur Gorrie, Woodford and Brisbane Correctional Centres.

Social isolation of older people experiencing partner violence and intergenerational abuse

Caxton Legal Centre has offered specialist elder abuse interventions for over 15 years. We use a World Health Organisation definition of elder abuse 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.* Our elder abuse work is delivered through the State Government-funded Seniors Legal Support Service (SLASS) and Seniors Financial Protections Service (SFPS) and the Commonwealth-funded health-justice partnership trial called Older Persons Advocacy and Legal Service (OPALS).

SLASS and OPALS provide legal and social work services to people over 60 years of age and over 50 years of age for first nations people. This multidisciplinary approach is effective because it acknowledges that older people experiencing abuse are often dealing with multiple psycho-social and legal issues simultaneously. We also visit the older person at their home or at other locations where they can speak privately. This removes the communication and access barriers that often confront older people (such as age-related hearing, vision and mobility decline).

The SPFS program focuses on preventing financial elder abuse by pro-active outreach and awareness-raising with middle aged and older people to encourage them to consider the key decisions for their retirement and older years and, importantly, how to keep their finances safe.

The report commissioned in 2017 by the Queensland Government into the prevalence of elder abuse in the state found the estimated average rate is 14.3%, amounting to 105,618 older people in 2017 and rising to 126,061 in 2022. This is a substantial part of the Queensland community whose circumstances make them vulnerable to social isolation. [16]

Some of our older clients who experience abuse are very isolated. Many of these clients live in circumstances and/or have demographic characteristics that are more prone to loneliness and social isolation. In 2020-21 88% experienced financial disadvantage, 53% reported having a disability and 74% experienced family violence. Our work with Queenslanders aligns with research literature in terms of seeing the impacts of isolation and loneliness in terms of poor mental and physical health, vulnerability to abuse and poverty. For example, at Caxton Legal Centre, 253 cases of a 500 elder abuse case sample featured psychological and emotional abuse. Of these, 19% indicated social isolation was a component of this abuse. 20% indicated the older person was experiencing coercion. [17]

Each person's situation is unique but some typical situations we encounter with older people experiencing elder abuse are outlined below. These form the basis of our recommendations about opportunities for change:

Abusive family members living with the older person against their wishes

1. The client is very fearful of verbal, emotional and physical abuse from a relative living with them so they self-isolate by retreating to their room as much as possible, going to bed very early, spending much of their time watching television and sleeping, only emerging for food and ablutions – effectively becoming a prisoner in the bedroom of their own house.
2. The client is so intimidated and exploited by the relative who has moved in with them (and refuses to leave) that they become anxious, lose confidence and become exhausted or ill due to reduced sleep and appetite. As a result they no longer participate in their social networks, paring back outings to health appointments and food shopping.

Role of Police in helping protect older people and prevent isolation and loneliness

3. The client describes that their calls to 000 for urgent Police help left them with sole responsibility to uphold their rights to safety and little knowledge or capability to do so.

   For example, one client in his seventies rang Police when his son had become enraged for an unknown reason and kicked in the client's bedroom door. Fearing for his life, the client rang Police. When Police arrived they spoke first at length to our client's son and daughter-in-law, not to the person who had called them. When they eventually spoke to our client they asked him what he wanted to do without explaining to him what his options for action were. Our client, who had several serious health problems, ended up being taken by Police to sleep on the couch of a relative. They offered no further assistance.

[16] Review into the Prevalence and Characteristics of Elder Abuse in Queensland, 2017, Dr Barbara Blundell Dr Joe Clare, Dr Emily Moir, Professor Mike Clare, Dr Eileen Webb, prepared by Curtin University. See https://www.publications.qld.gov.au/dataset/end-domestic-and-family-violence-our-progress/resource/2993b80e-1eea-4a1d-a1ee-96f966b812c8

[17] Caxton Legal Centre's closed elder abuse case review, 2016

We wrote a notice to leave for another frail client in her eighties who reluctantly decided she could no longer cope with her abusive adult son, in spite of her instincts to support him after his failed marriage and his lack of a job. Local Police advised they couldn't flag her on their system as no offence had been committed and they wouldn't necessarily become involved in a trespass matter should he over-stay his deadline to leave.

In a similar situation when a different frail older client rang 000 and then Police Link asking for a protection order, she was told the verbal and emotional abuse and the theft of her food and belongings by her adult child and his partner did not amount to domestic violence and that she should write them a notice to leave and ensure they received it. She did this in great fear of their reaction to the notice to leave. Fortunately, when she needed to ring Police a few weeks later a different officer immediately identified the issue as domestic and family violence and offered to assist.

This inconsistency of Police responses makes it hard to know if older people can rely on Police for protection against intergenerational family violence as a causative circumstance of social isolation.

Societal attitudes and issues

4. Clients are reluctant to seek help because they feel the social stigma and deep shame that their family, often their own children or partner, are abusing them. By not disclosing the situation, these clients can feel great loneliness in their circumstances as they either actively withdraw from social settings or feel compelled to maintain privacy. This is a universal phenomenon and one we note is very strongly felt in some of our culturally and linguistically diverse communities.

Wrongful use of Enduring Powers of Attorney

5. The client has appointed one or more attorneys under an Enduring Power of Attorney instrument but the attorneys do not consult with the older person as to their wishes and preferences, regardless of whether the older person has intact or impaired decision-making capacity. Our clients are isolated from some of the family members, including spouses and offspring because the appointed attorney makes their own decision as to who should see the older person and either instructs nursing home staff not to allow visits from certain family members or advocates, or personally prevents visits to the older person's residence by certain family members or advocates.

   For example, a client may be her husband's second wife after he was widowed or divorced, but she finds herself disliked and resented by her husband's adult children who are his attorneys. Because they dislike their step-mother and resent any rights she may have to their father's estate, they refuse to allow her to have contact with her husband when he needs nursing home care due to illness. They make this decision without careful communication with their father first in order to support his wishes. This leads to grief and distress as well as social isolation for the older couple.

Carers, partners and family members who isolate older people – coercive control

6. The live-in informal carer or relative refuses to accept in-home aged care services for the older person, irrespective of whether they are able to fully support the older person or cope with the demands of the carer role. This often curtails the older person's options for community inclusion activities, such as being assisted to walk in a park, go to an activity group or day respite service, shop, or meet up with a friend. This also reduces the likelihood of others being in a vantage point where they can notice signs of abuse or neglect.
7. The partner or adult child of the client behaves in such a way as to deter supporters from visiting and/or tells the older person's supporters they are not welcome.
8. The client is faced with coercion about how to make out a Will or Enduring Power of Attorney but their frailty and low income mean they a) cannot travel to the Office of the public Trustee for free will-making and reasonably priced Power of Attorney drafting, nor b) afford the services of a private solicitor to provide a bedside or home visit.
9. The carer, partner or family member makes threats of harm or perpetrates actual harm towards themselves, the older person, their pet or other people in order to control the older person and exclude them from usual family and social connections. Clients experiencing this type of abuse are emotionally exhausted by the manipulation and coercion and resign to a life of social isolation and extreme loneliness.
10. The family member deliberately restricts contact with a grandchild in order to coerce the older person to provide them with finances or make other decisions in their favour .

Informal carers who abuse older people with impaired capacity

11. The client has cognitive decline due to dementia or other illness leading to increasing isolation of the older person and their carer. Many carers seek support to help them sustain this role that usually becomes more demanding over time.

    Abuse by ill-intentioned or non-coping carers who have isolated the older person is at times observed by paid in-home care staff who find this very distressing. Services then face the dilemma of raising their concerns, with the likely consequence that the carer will cancel further services, meaning there would no longer be outside eyes monitoring the situation.

    At times abusers confide in home care providers that they abuse their spouse/parent. Service providers ring Caxton to discuss hypothetical scenarios and to explore options available. In these situations the Office of the Adult Guardian can be asked to investigate. However, while a serious abuser can be ousted from the home using a court-ordered domestic and family violence protection order, this may leave a vulnerable adult with cognitive decline without adequate care at home, and it may render an elderly person (the abusive carer), homeless. Problem solving for both people in this scenario would require substantial case management, especially given current delays in commencement of in-home service delivery, even when an urgent Aged Care Assessment may be done promptly and approve a care package. The Office of the Public Guardian advises that they do not have resources to undertake this specialist case management intervention.

Psychological issues

12. Some of our older clients have unmet mental health and emotional needs which hampers their ability to maintain or form relationships where there is mutual trust and support. This may be due to the impacts of bereavement, or loss of contact with immediate family and grandchildren due to abuse, recent or long-standing trauma, hoarding and other disorders and many other psychological issues.

Telecommunication and digital literacy issues

13. The client has no or very limited access to a phone.
14. The client has no or very limited opportunity to speak privately on a phone because the abuser monitors their calls, listens in and/or interjects.
15. The client's partner or adult child/relative has deleted key contacts from the older person's phone, meaning they cannot call the friends or supporters they had previously contacted.
16. The client is given very little access to money so is unable to purchase their own phone or transport to leave the home.
17. The client has no one to help learn how to manage and use their phone or device. For example, they may need the phone to ring for longer so that they can reach it but don't know that that can be adjusted or how to do it. They may not know how to retrieve voice or text messages.
18. The client is allocated a room in a residential aged care facility (particularly in older facilities) where there is no phone or phone line available and is expected to bear the expense of a new line and phone being installed. While for many older people in residential care, the phone is their lifeline to social contact, many older clients are reluctant to ask for help and/or have difficulty getting staff who have time to take them to a phone. In addition, many residential aged care facilities do not have phones for resident use in a quiet and private location. Further, many residential aged care facilities do no always answer the phone. Our staff often have to make repeated calls on successive days before their call to a facility is answered and it is not uncommon for the connecting call to the older client's section or room to fail.
19. The client has no access to the internet, no suitable device, no skills to make use of online communication or information. This has been and remains a major problem during the pandemic for people who need information and help. Logically, the most isolated people are least able to find out important information that pertains to their own personal needs because they are not in contact with others who do have access to online information. Information for the wider population is available from television, but this is insufficient and difficult for some with hearing or vision impairments.

People living alone

20. The client who lives alone, has few social ties and/or feels lonely often doesn't know how to find ways to make safe connections, build trust and reciprocity. They don't know if there are welcoming places and safe havens in their own community. Some of our clients who live alone and have no adult children or siblings or are estranged from them, admit they do not have a single person in their lives whom they could call upon either for one-off support or for more sustained supports, including having no-one to appoint as an attorney under an enduring document. Our staff have observed situations of self-neglect, poor living conditions and

declining health where the older person does not have access to services or attend upon their GP when necessary.

Homelessness

21. Homelessness is a devastating experience and a concern for older clients, with rates of older homeless women trending up across Australia. Our clients describe many reasons that precipitate homelessness, particularly loss of employment (for younger clients), mental health issues, domestic and family violence, financial abuse, separation and property settlement in later life forcing an exit from home ownership prospects and long wait times for social housing while paying high rents. One of the many impacts of homelessness is dislocation and the complete loss of social connections and sense of place and belonging.

Research[18] and our own observations indicate several types of elder abusers' behaviours and motivations – these are outlined below. This means that while isolation may be a common feature of abuse, more than one form of intervention is required to assist the isolated person.

1. *Abusive carers* provide some care and emotional support to the older person, and do not commit a full range of emotional, social, financial, physical abuses and neglect. There can be improvement with education about expectations of care and extra supports for the caring role.
2. *Temperamental abusers* can place the older person at risk – they can be emotionally volatile and are incapable of providing much emotional and practical care and are inattentive to the older person's isolation. They need alternative housing, mental health services and other supports rather than expecting the older person to meet their needs.
3. *Dangerous abusers* use social isolation as a means of coercion and control to make the older person more dependent on the themselves for day-to-day help and survival, less likely to be able to resist their influence, and to reduce the older person's exposure to people with other views or who might reinforce the older person's sense of their own rights and autonomy in decision-making. The abuser may exhibit highly negative behaviours and have trouble with the law and take little responsibility for their own income and other basic needs. In these situations the focus would be on protecting the older person from contact with the abuser by making use of legal avenues.
4. *Dependent carers* may provide some support to the older person but also have trouble earning or managing money, taking responsibility for themselves, or keeping a job. They are often irresponsible and depend on the victim for money. They may intend to gain control of the older person's assets and seek to alienate others who may have an interest. If they don't respond to interventions that educate and support them, their contact with the older person may also need to be limited.

[18] Using Latent Class Analysis to Identify Profiles of Elder Abuse Perpetrators, 2016, Marguerite DeLiema,1 Jeanine Yonashiro-Cho,2 Zach D. Gassoumis,2 Yongjie Yon,2 and Ken J. Conrad3 1 Stanford Center on Longevity, Stanford University, California. 2 Leonard Davis School of Gerontology, University of Southern California, Los Angeles. 3 Professor Emeritus of Health Policy and Administration School of Public Health, University of Illinois at Chicago. See Using Latent Class Analysis to Identify Profiles of Elder Abuse Perpetrators | The Journals of Gerontology: Series B | Oxford Academic (oup.com)

A framework for solutions for older people

Social isolation and loneliness are persistent, negative experiences affecting a substantial minority of Australians, increasing and declining at different points across our lifespans and linked to poorer health. Different interventions may be beneficial for different age groups, genders and geographic locations. One solution to create the vital sense of belonging does not suit all.

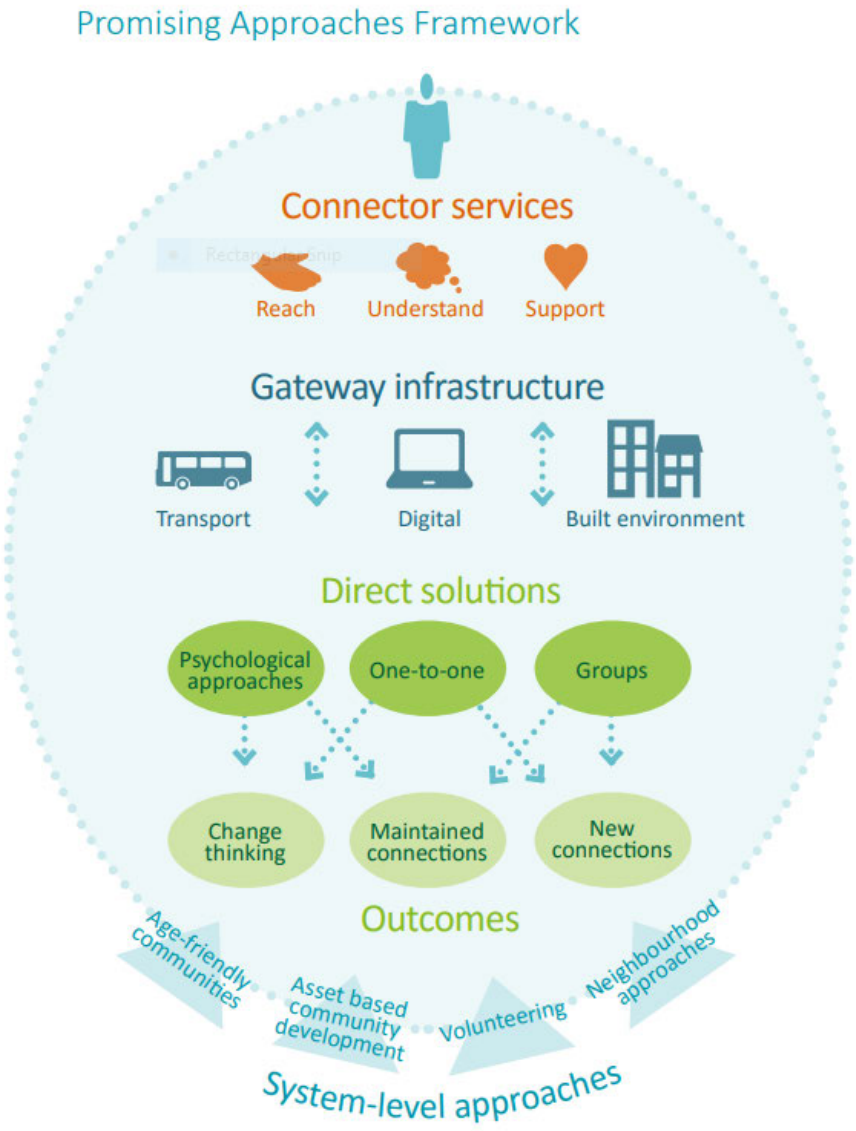
The United Kingdom has developed a useful model to help identify the main types of interventions, used as a way to help drive its Campaign to End Loneliness with a focus on later life.[19] This is depicted in Figure 1 overleaf.

In essence it distinguishes between different types of interventions that have different purposes in order to achieve results. These are described as:

Connector services	Provide the loneliest individuals with support to access and engage with the direct solutions available in communities. They 1) Reach lonely (and abused) individuals; 2) Understand the nature of an individual's loneliness to offer tailored responses; 3) Support lonely people to access services by helping them overcome practical and emotional barriers. May not be labelled as loneliness initiatives but be built in to strategies that are targeting wider outcomes such as improved health (or elder abuse response).
Gateway infrastructure	Helps people to connect and is vital for an effective community response to loneliness. If unavailable, inappropriate or inaccessible, it renders service delivery very difficult and deters social connection. Includes 1) transport; 2) digital technology; 3) the built environment.
Direct solutions	a) Psychological approaches to help people change their thinking and maintain their connections; b) one-on-one approaches to help people change their thinking and start to make new connections; c) group solutions to help people keep connections and make new ones.
System level approaches	Create community environments which enable loneliness to be addressed. Governments and others can foster communities to develop their own approaches to underpin groups and activities. Dual effect of enabling social activity that leads to social connection and reduction of loneliness. Can include a) neighbourhood approaches; b) asset based community development (rather than deficit focused service delivery); c) age-friendly communities; d) volunteering.
Outcomes	The combination of connectors, infrastructure, systems supporting social inclusion and direct solutions/activities, fosters people who are enabled to change their thinking about themselves and their possibilities; people who are able to maintain and/or build their social ties.

[19] Promising Approaches Revisited: Effective action on loneliness in later life (2020), page 13. See https://www.campaigntoendloneliness.org/wp-content/uploads/Promising_Approaches_Revisited_FULL_REPORT.pdf

Figure 1



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Recommendations on opportunities for change

We recommend the following responses be implemented to reduce the levels of social isolation and loneliness for older Queenslanders experiencing, or at risk of, elder abuse, and to help protect their human rights, including the right to participation. The recommendations are outlined below using this "Promising Approaches Framework"

[20] Promising Approaches Revisited: Effective action on loneliness in later life (2020), page 14. See https://www.campaigntoendloneliness.org/wp-content/uploads/Promising_Approaches_Revisited_FULL_REPORT.pdf

1 Connector Services	
Issues	Recommended responses / methods
People living alone (point 20 above) Few social ties or ideas about how to connect.	1.1 Invest in Community Legal Centres who are front-line noticers of social isolation and loneliness co-existing with legal issues. Ensure they can employ a minimum of one FTE social worker per 500 clients receiving individual assistance[21] so clients experiencing severe loneliness and isolation can receive appropriate help to address this. With over 37 outlets across Queensland, this offers a valuable reach into local communities.
Abusive family members living with the older person (points 1, 2, 3, 6, 7, 14, 15 above) Extreme isolation and deteriorating health due to intimidation and abuse	1.2 GPs who are often the first to hear about the person's isolation and plight, to work closely with PHNs, GP representative peaks and elder abuse services to trial evidence-based initiatives for early detection and interventions/referrals by GPs. 1.3 Increase the investment in specialist elder abuse services which provide integrated legal and social work supports so that they are universally available in Queensland rather than in defined catchments as is currently the case. 1.4 Increase the investment in health justice partnerships currently only located in the Metro South Health region which provide integrated legal and social work supports to older person experiencing abuse and neglect. 1.5 In partnership with specialist elder abuse agencies, offer the Care Army training on identifying elder abuse and appropriate referral over a three-year trial, with appropriate evaluation of its effectiveness built in. 1.6 Implement Queensland Police Service practices and protocols with community partners to ensure isolated and abused older people receive consistent and effective policing with respect to trespass, intimate partner and intergenerational violence.

[21] Caxton estimates that, based on demographic data across a range of programs, some of which service clients with higher or lower risk profiles for social isolation and loneliness, for every 500 clients who receives individual legal assistance there would be 300 clients whose quality of life outcomes would be substantially improved if they received social work supports to address social isolation and loneliness. These clients would ordinarily require case management services. The capacity of one social worker is approximately 110 case management clients.

1 Connector Services	
Issues	Recommended responses / methods
Carers and family members who isolate older people (points 6, 7 above) Neglect and/coercion by carers	1.6 Promote successful examples of neighbourhood level participatory initiatives that reduce isolation and build social ties. For example, postcode Facebook groups which have responded to COVID-19 issues of hardship and isolation. Facilitate neighbourhood, grass roots initiatives. 1.7 Exploit and optimise the good will and benefits of volunteering by engaging the Care Army in a Community Visitors Scheme directed at older people still living in community, irrespective of whether they receive Commonwealth Aged Care Services.[22] 1.8 Optimise the potential of interested Care Army members by offering them education on how to serve as 'community connectors' who can reach out in their communities to lonely people, understand the nature of their loneliness and help them to practically connect with groups or services.

2 Gateway Infrastructure	
Issues	Recommended responses / methods
Telecommunications and digital literacy (points 13, 16, 17, 19 above). No access to a phone or internet connected device or help to learn how to use them. Affordability issue.	2.1 Ensure help to procure and use a phone and smart device is ubiquitous for all vulnerable older people. Use partnerships with widely available agencies like post offices, pharmacies, Home Assist services, commercial partners and Care Army to offer no-red-tape help to any older person needing it as a one off or ongoing support. (See Japan's IBM+Apple+post office free iPad scheme). Currently there is piecemeal and hard-to-find help and older people often need to already be on-line to find it.
Telecommunications and digital literacy (point 18) above. No automatic access to private phone calls in residential aged care facilities.	2.2 Work with Commonwealth Government colleagues, Elder Abuse Action Australia, Older Persons Advocacy Network and aged care service peaks to advocate that failure to make phones and reception phone services readily available to every aged care resident be remedied. This is especially critical in COVID-19 lock down situations.

[22] A Community Visitors Scheme is currently supported by the Commonwealth Government but only for recipients of subsidised aged care services. See https://www.health.gov.au/initiatives-and-programs/community-visitors-scheme-cvs

2 Gateway Infrastructure	
Issues	Recommended responses / methods
People living alone (point 20) Few social ties or ideas about how to connect.	2.3 Some Queensland communities have inadequate provision of accessible, co-located community spaces that enable social connections to flourish. Older isolated people in particular benefit from safe, welcoming places in close proximity. For example, where they can buy food, pay bills, attend an arts, craft, information or interest group in a community space and receive services like counselling or health services. State and Local Governments can prioritise community hub developments (where they are lacking) through planning mechanisms and investment in essential infrastructure.

3 Direct solutions	
Issues	Recommended responses / methods
Psychological issues (point 12 above) Mental health and emotional needs	3.1 Invest in the capacity of Queensland's social service staff through free or low-cost training in Cognitive Behavioural Therapy and/or other therapies with proven effectiveness to assist isolated and lonely people experiencing psychological difficulties so that they can be more competently assisted in a much wider range of more accessible service types. (Training could be on-line or face-to-face). This should be offered to all large and small State-funded organisations.
Carers and family members who isolate older people (point 8 above). Older isolated, frail or unwell people on low incomes need easy access to Will and Enduring Document drafters, especially when subjected to financial abuse and coercive control	3.2 Ensure the Public Trustee of Queensland reinstates and expands its capability to provide bedside and home visits to assist vulnerable people to safely and affordably obtain or update Wills and Enduring Power of Attorney documents.
Informal carers who isolate and abuse older people with impaired capacity (point 11 above)	3.3 Ensure the Office of the Public Guardian and specialist elder abuse services are adequately funded to employ skilled case workers to assist these most vulnerable Queenslanders when investigations establish a need for intervention.
Homelessness (point 21 above) Severe impacts including social isolation	3.4 Expand the domestic violence refuge sector to include purpose built options that can appropriately accommodate elderly women and men escaping elder abuse.

3 Direct solutions	
Issues	Recommended responses / methods
	3.4 Increase mental health outreach services to help prevent homelessness and the consequences of higher calls on acute health services, policing and custodial costs.

4 System level approaches	
Issues	Recommended responses / methods
Societal attitudes and stigma (point 4 above) Individual's sense of shame and failure prevents them seeking help	4.1 Encourage the Queensland Human Rights Commission to lead a five-year strategy of community awareness-raising about the ways in which the human rights of older people can be upheld. 4.2 Advocate that there is strong Commonwealth Government and bi-partisan support for the efforts underway, particularly by Australian civil society representatives, to adopt a United Nations Charter of Rights for Older Persons.
Wrongful use of Enduring Powers of Attorney (EPOA) (point 5 above) Attorneys ignore/override the older adult's wishes in regard to their social contacts and may be unwittingly assisted by hospital and residential aged care staff	4.3 Support initiatives through the National Plan to Respond to the Abuse of Older Australians for harmonisation of documents across states and territories, a national register of EPOAs and a major community education program that protects older people from social isolation and abuse by attorneys. Actively implement changes in Queensland. 4.4 Develop a five-year elder abuse prevention action plan which links to a) 4.1 above to raise awareness of human rights of older people; b) a refreshed Age-Friendly Queensland Action Plan; and c) the National Plan to Respond to the Abuse of Older Australians 2019-2023.

5 Outcomes	
Issues	Recommended responses / methods
Evaluating the efficacy of Queensland's efforts to reduce social isolation and loneliness.	5.1 Relationships Australia's 2018 analysis of HILDA survey data found that "Despite several decades of sound data collection and research, there has been no reduction in the sizable proportion of people experiencing a lack of social support and loneliness in Australia".[23]

[23] Is Australia Experiencing an Epidemic of Loneliness? Findings from 16 Waves of the Household Income and Labour Dynamics of Australia Survey, Relationships Australia, Working Paper, September 2018 See https://www.relationships.org.au/pdfs/copy_of_Anepidemicofloneliness20012017.pdf

5 Outcomes	
Issues	Recommended responses / methods
	The UK's Campaign on Ending Loneliness has analysed a wide range of loneliness measurement scales and adopted a simple data collection tool focused on: *1. I am content with my friendships and relationships* *2. I have enough people I feel comfortable asking for help at any time* *3. My relationships are as satisfying as I would want them to be.* Should the Queensland Government decide to implement a social isolation and loneliness reduction strategy, in order to assess its impact, it is recommended that parties involved be required and assisted to undertake progressive evaluation using a simple measurement tool suitable for the Queensland context.

Social isolation of men on remand in the Arthur Gorrie, Woodford and Brisbane Correctional Centres

This section of our submission is based on our observation that social isolation for men on remand has been exacerbated by the COVID-19 pandemic because it has reduced contact with family and legal representatives and increased the use of solitary confinement.

Family contact

On 26 March 2020 the Commissioner, Queensland Corrective Services issued a Declaration of Emergency in relation to the COVID-19 pandemic suspending all personal and professional visits to Queensland Correctional Centres. We have seen this suspension of visits repeated at various intervals depending on COVID-19 outbreaks, and this seems likely to continue. This requirement to suspend visits places greater reliance on phone and video contact. However, we have been told by prisoners that they are often unable to contact family members by telephone. We also understand that some prisoners have access to iPads which are used to facilitate 'virtual visits' with family, however, other prisoners say that they do not have access to such technology and have never been able to facilitate contact with family by such methods.

We note that the Queensland Corrective Services Policies provide that prisoners in isolation will be provided with access to facilitated telephone calls, and/or videoconference connection with family to the greatest extent possible. From what prisoners tell us, this is not occurring or at least not occurring in any consistent or systematic way for all prisoners.

The HR Act provides for protection of families and children as families are the fundamental group unit of society. Prisoners have the right to maintain contact and relationships with their families and children

despite their incarceration. We consider that this failure to provide prisoners with reliable means of communication with their families is an unreasonable restriction of their human rights.

A large focus of our work with men we are assisting with bail applications is to assess what supports they might need to successfully re-engage with family/extended family and the community post-release. The purpose of this re-engagement is so that the men can take their place as contributors to the wellbeing of their families and communities and successfully meet their bail conditions.

Our clients on remand often tell us that they are unable to contact family or friends because, like most of the population, they have not memorised the phone numbers of family members, lawyers and key support people. Because their phones are put into storage at the prisons, they have no way to make calls to the people they most need to speak to. A simple change to QCS procedure to allow people to access their phones to record important numbers on admission to the custodial centre could reduce or eliminate this aspect of social isolation.

Obviously, incarceration places major stress on families, and anything that further erodes family relationships heightens risks of family breakdown and the loss of meaningful roles and purpose for these men. The well-documented impacts of social isolation on this population is grave when one considers the escalation of rates of mental and physical health problems, social exclusion and recidivism.

Solitary confinement

We acknowledge the people in prison face a heightened risk of contracting COVID-19 and that it is appropriate for isolation measures to be taken to mitigate that risk. However, many prisoners in Queensland are being subjected to solitary confinement instead of a humane form of quarantine or medical isolation.

Solitary confinement involves keeping a person locked in their cell for at least 22 hours each day and simultaneously imposing restrictive measures such as restricting telephone calls, recreational activities and outdoor time. The adverse psychological effects of solitary confinement are widely recognised and include anxiety, depression, anger, cognitive disturbances, perceptual distortions, intense agitation, paranoia and florid psychotic delirium. Many prisoners, including those who do not become overtly psychiatrically ill, will likely suffer permanent harm as a result of such confinement.

The World Health Organisation has identified that prolonged solitary confinement is not an appropriate response to COVID-19 in prisons. Currently, insufficient measures are being taken to mitigate the risk of inflicting psychological harm on prisoners detained in conditions of solitary confinement in Queensland. We are also concerned that procedural and legislative requirements are not being complied with.

We have received reports that some individuals who meet the criteria for ‘vulnerable prisoners’ have been segregated in their cells for 22 hours each day for consecutive periods of longer than four months. The Managing Vulnerable Prisoners policy provides that these prisoners are not to be isolated in their cells and should be engaged and managed in accordance with any requirements established by Queensland Health.

In addition, we understand that reception prisoners have been isolated for 14-day periods under the Managing Prisoner Receptions policy, are being isolated in their cells for 24 hours each day and are not being provided access to exercise or fresh air as required by s4 of the Corrective Services Regulation 2017 (Qld). As outlined above, we also received regular reports that prisoners detained in isolation are not receiving access to telephone calls to communicate with family or their legal representatives.

Rule 45 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) prohibits the use of solitary confinement for people with physical and mental conditions when their conditions would be exacerbated by such measures. Given that people with disability, particularly cognitive or psychosocial disability, are overrepresented in Queensland's prisons population, they are being disproportionately impacted by the increased use of severe restrictions being imposed on people being held in solitary confinement. In this manner, we consider that systematic breaches of human rights are taking place.

The Mandela Rules also provide that the solitary confinement state should be used as a last resort, must be subject to independent review and prohibits use of solitary confinement for periods of longer than 15 days. There is currently no form of review taking place of people being held in solitary confinement in Queensland as a result of the COVID-19 isolation process.

We hold serious concerns that prisoners held in solitary confinement are being subject to cruel, inhumane and degrading treatment and/or are not being treated humanely in contravention of sections 17 and 30 of the HR Act.

We consider the limits on these human rights are not reasonable or proportionate under s13 of the HR Act. In addition to the significant mental health concerns about individuals being held in solitary confinement, this extremely punitive form of isolation can undermine the response to containing COVID-19 in prison. The use of solitary confinement will deter people from reporting symptoms to correctional staff due to fear of being placed in such conditions. In addition, the conditions of solitary confinement prevent adequate air flow and exchange which is an important measure to reduce the spread of pathogens.

An appropriate and proportionate response would involve a form of medical segregation that enables isolated people to have regular and meaningful contact with others (for example through telephone and video calls) and regular access to exercise and fresh air. These measures are being made available to people in medical isolation and/or quarantine in the community. Similar steps must be taken to align prison practice with community standards. We appreciate that implementing these measures in prison may require additional cost and resources, however financial constraints alone are unlikely to provide legal justification for such serious and prolonged breaches of fundamental human rights.

We are concerned that these issues impact a significant number of people across the State. In Queensland on 30 June 2020, 29.3% of prisoners (or 2,536) were unsentenced (on remand, awaiting

sentence or awaiting deportation). [24] From the ABS Corrective Services Australia national report for the March quarter of 2021, there were 2,910 unsentenced prisoners in Queensland.[25]

Recommendations:

To address these concerns, we recommend the following measures be implemented to improve the human rights of prisoners in Queensland and reduce the impacts of social isolation:

1. Prisoners be provided with daily access to telephone and/or video calls with their family;
2. Prisoners be provided with unimpeded access to legal telephone calls;
3. Prisoners be given access to important phone numbers stored on their mobile phones so as to not unnecessarily prevent or delay their ability to contact family members and significant others;
4. Solitary confinement during covid-19 lockdowns be replaced with a form of humane medical isolation with includes access to telephone and/or video calls, fresh air and exercise
5. Solitary confinement in general should only be used as a last resort, must be subject to independent review and should not be used in any circumstances for periods of longer than 15 days.

This submission was prepared by Helen Wallace, Director, Social Work Practice, Cybele Koning, CEO, and Klaire Coles, Director Coronial and Custodial Practice (for prisoner social isolation section).

Please do not hesitate to contact Helen Wallace by telephone to [redacted] or by email to [redacted] or Cybele Koning by telephone to [redacted] or by email to [redacted] if you have any questions regarding this submission or if we can be of any further assistance to the Committee.

Yours faithfully
Caxton Legal Centre

Helen Wallace
Social Work Practice Director

[24] Queensland Government, Prisoners in Queensland 2020 See https://www.qgso.qld.gov.au/issues/2951/prisoners-qld-2020.pdf
[25] Corrective Services, Australia, National and state information about adult prisoners and community based corrections, including legal status, custody type, Indigenous status, sex. March Quarter 2021 See https://www.abs.gov.au/statistics/people/crime-and-justice/corrective-services-australia/latest-release