



**LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

**STANDING COMMITTEE ON EDUCATION
AND COMMUNITY INCLUSION**

(Reference: [Inquiry into Loneliness and Social Isolation in the ACT](#))

Members:

**MR M PETTERSSON (Chair)
MISS L NUTTALL (Deputy Chair)
MS N LAWDER**

PROOF TRANSCRIPT OF EVIDENCE

CANBERRA

TUESDAY, 28 MAY 2024

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**Secretary to the committee:
Ms K Langham (Ph: 620 75498)**

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

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While the committee prefers to hear all evidence in public, it may take evidence in-camera if requested. Confidential evidence will be recorded and kept securely. It is within the power of the committee at a later date to publish or present all or part of that evidence to the Assembly; but any decision to publish or present in-camera evidence will not be taken without consulting with the person who gave the evidence.

Amended 20 May 2013

The committee met at 11.03 am.

HODSON, DR STEPHANIE, Chief Executive Officer, Relationships Australia Canberra and Region

LOANEY, MS FIONA, Executive Manager, Strategy and Innovation, Relationships Australia Canberra and Region

FISHER, MS CLAIRE, National Research and Project Manager, Relationships Australia Inc (National Office)

TEBBEY, MR NICHOLAS, National Executive Officer, Relationships Australia Inc (National Office)

THE CHAIR: Good morning everybody, and welcome to the public hearings of the Standing Committee on Education and Community Inclusion Inquiry into Loneliness and Social Isolation in the ACT. The committee will today hear from a wide range of witnesses who made submissions to the inquiry.

The committee wishes to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. The committee wishes to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. I would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people who may be attending today's event.

The proceedings today are being recorded and transcribed by Hansard and will be published. The proceedings are also being broadcast and webstreamed live. When taking a question on notice it would be useful if witnesses used these words, "I will take that question on notice." This will help the committee and witnesses to confirm questions taken on notice from the transcript.

The committee recognises that this is a sensitive topic. The secretariat has information on support organisations available for witnesses and people attending or watching who are impacted by issues raised in this hearing. We now welcome witnesses from Relationships Australia. I remind each of you of the protections and obligations afforded by parliamentary privilege and draw your attention to the pink privilege statement. For the witnesses appearing remotely, this was sent to you by the secretariat. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly. Could I please get each of you to confirm that you understand the implications of the statement and that you agree to comply with it.

Ms Loaney: I understand and agree to comply with it.

Dr Hodson: I agree.

Mr Tebbey: I do.

THE CHAIR: I understand you would like to make a brief opening statement.

Dr Hodson: I would like to start by acknowledging the traditional owners of the land on which we are meeting today and, during this week of reconciliation in particular,

acknowledge past, present and emerging Elders and leaders. I would like to thank you for the opportunity to speak at this public hearing.

Relationships Australia is a federation of community based not-for-profit organisations with no religious affiliations. Everyone is welcome regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background, or economic circumstances. Here in Canberra and the surrounding regions, including the South Coast, Snowy Mountains and the Riverina, Relationships Australia Canberra and Region provides support across the lifespan. Our services include, but are not limited to, family mediation, child and family counselling, specialised family violence, youth mental health and coronial counselling, as well as prevention of senior elder abuse and gambling harm interventions. Through these services we work with some of Canberra's most vulnerable individuals. Many of our clients experience family breakdown, mental illness, homelessness and violence, disrupting their education or work, and leaving them often isolated, unconnected and feeling alone.

From our submission I would like to highlight how community organisations more generally, like Relationships Australia, provide a less stigmatised entry to support and can build community connection. At its core, we support people to develop, maintain and rebuild respectful relationships, enabling connection and reducing social isolation. A third of all Australians will separate and where there are conflicts families will often access services like ours. This gives us contact with individuals that might never approach other services like mental health. During intake we identify and provide support and intervention or referral, as appropriate, for issues including child safety, risk of harm to self or to others and mental health.

Importantly, through our group programs, alongside the mediation and counselling, we connect people experiencing similar challenges so that they can feel less alone. Our Women: Choice & Change program brings together women experiencing domestic violence, while parenting programs provide peer support for parents and, for some participants, create lifelong bonds. To achieve this our services need to be located where people are. In recent years we have improved accessibility by taking our services to the clients, including at the ACT Child and Family Centres in Gungahlin, Tuggeranong and Belconnen. RACR Canberra has also joined with Barnardos, the Northside Community Service and the Multicultural Hub to re-establish Gunners Place to support both youth and families in Gungahlin.

Working with the ACT government, this collaboration has created an interim youth and community home until the permanent community centre is established. This initiative brings together individuals, but most importantly services, in settings that build and promote connection and allow us to share the resources that we have to support our workforces. We believe these safe places connect individuals and allow them to build supports that are fundamental to solving both our national suicide epidemic and issues with violence.

We also have other examples of working with organisations to provide place based evidence services, but we want to highlight the difficulty of building momentum and workforce without adequate levels of appropriate or secure funding. The ACT is already demonstrating that it is possible to create community structures to reduce loneliness and isolation that link people, build connection and provide access. We, however, need

adequate support to ensure that these initiatives thrive and that we are able and available to our community that are feeling isolated or socially alone.

THE CHAIR: Wonderful, thank you. I loved that in your submission you talked about artificial intelligence. AI is probably the buzzword of the year. What are the risks and opportunities of artificial intelligence when it comes to loneliness and social isolation?

Mr Tebbey: Thank you for the question. It is definitely an area that is, as you say, a buzzword. With artificial intelligence we are still discovering a lot about the technologies and how they can be put to use, however, there is a growing cohort of research around looking at the use of technology to create both the supports around people and also the opportunities for them to connect.

Technology, as far as we are concerned at Relationships Australia, can never prevent or replace the need for good social connection with other people, but it can be a great tool for helping people build their capacity. One area where we have seen artificial intelligence work is in terms of helping people overcome maybe barriers that are stopping them from reaching out, so preparing them to make connection and also of course, we see that technology can be really useful in helping people maintain connections, when it works.

The risks with technology, with anything that relies on technology, are that sometimes it does not work and that sometimes there are growing cohorts of the community who are left behind. One of the great risks, as you point out, is that digital exclusion will prevent some people from ever being able to make use of those technologies. I think I have probably said all I need to say, unless either of you have anything you want to say to that?

Dr Hodson: Happy for you to ask questions before I expand.

THE CHAIR: So when I think of issues of artificial intelligence, I think of smart people in Silicon Valley doing interesting things, and maybe of the federal government. What is the role of a territory government when it comes to maybe regulating or supporting particular programs in the ACT that might utilise AI?

Mr Tebbey: I think one area where we will see artificial intelligence play a role is where services are able to use it as part of the process of delivering the existing services or complementing their services. So I think there is a role for territory government there in terms of enabling services to explore and equip themselves in this area, such as incubators. There are some fantastic examples here in the ACT of innovation that takes place with a lot of support from the territory government to achieve that. I think more work around looking for new innovation in the space of artificial intelligence that helps with diagnosis, or even provides connection online. We have seen the role of bots and things like that which can actually do that. It is not going to replace the existing services, but it could well be part of a suite that is available. I think providing funding and opportunities for innovation in that space is something the territory government could do. Of course, there is the bigger question of regulation, but I think how artificial intelligence necessarily needs to be regulated in our country is a national conversation at this stage.

Dr Hodson: Information has become almost impossible to navigate. If I look up the term “parenting support” there is so much information on the internet and artificial intelligence gives us the opportunity to pull that back down into a smaller group that serves up what we need. I think there is a real opportunity here to make sure that in our territory trusted services are what is coming forward when you put in, “I need something.” If you think about it, at uni, it used to be that you could only use the articles you could go and find in the library, whereas our current generation have the entire worldwide internet. So I think artificial intelligence becomes the ability to act as a gate that allows people to come through. I think there is a real opportunity here at a local level to make sure some of the AI box or the apps are more evidence-based or research-based if you use it, and one that makes sure it will only give you findings that tell you about academic research. So you are more likely to get a more trusted search. I think in the community space it is again the question: is there an opportunity for us to make sure our services are being where they need to be with people and being pushed out to people in their feeds? If we do not make that happen, it will not occur.

Ms Loaney: I would just say, following on from that as well, so many organisations, including our counterparts, have waitlists for service—that is just an unfortunate reality, that none of us like, that exists in the sector. So I think there is an opportunity there around AI in service provision and even in the supports that help hold people before they effectively become our clients, or another community organisation’s clients, and receive a service. We are on the Canberra Family Mediation Service, which is for separating parents. Often people need some practical tips and supports in terms of getting to a mediation process, or as they progress through a mediation process. So I think AI is a really interesting space there.

MISS NUTTALL: You identified in your submission that trans people in particular experience significant isolation and stigma here in the ACT, that often someone seeking gender affirming care will in fact turn to online forums for support. Have you heard from trans people much on how the current health system supports, or does not support, their needs and how that might impact their sense of social connectedness?

Ms Loaney: I know that we definitely have trans clients and we have had trans clients come in beforehand as well. For us, obviously because we do not have any religious affiliations at all, it is about working with the people. I think there is an element about consistency of service for people that is available for them. I think that there is, as a community-based organisation, an increasing onus on organisations like ours in terms of keeping our staff trained and up to date and having that consistency in being able to support people and helping them navigate their journey, because it is their journey. I think perhaps some organisations can do it better than others.

Dr Hodson: So we definitely have both staff and clients across the whole of the organisation that will tell us how hard it is to get appropriately—each culture, and this is a cultural group, feel that they need to be heard in the right way. I think a challenge for the sector and in our programs is that in reality, the funding for the sector has been stagnant for about 12 years. What that means is when you look above—I have listed a whole wonderful list of programs—but that turns into a tiny FTE. Making sure that FTE is capable of being culturally right for all these different groups is actually a challenge because you have one person who is working maybe in forced adoption, they are working over in redress and they are working in support of the coronial process, but we

are trying to make sure they are culturally appropriate for all these groups. That is actually tough work.

I think one of the issues we have at the moment is how do we, as a sector, do this. Everyone has a little bit of FTE in different areas. I think of some of the initiatives in the past where we did joint training, so that any single organisation does not have to pay to make sure we are capable and ready for anyone to come through the door, whether they are trans or whether they are from one of our refugee populations. It is ideal when we as a community sector can share resources to run the right training so that everyone is capable, because we are too little to say, “This is just the group that will do trans.”

The other challenge we have is when you are so busy with waitlists, seeing the next client, or seeing the next family, it is really hard to maintain those relationships over here. We have great services, like Gender Agenda—

MS LAWDER: A Gender Agenda.

Dr Hodson: Yes. I can see the staff in there. I am trying to get the name right. They are amazing, but for us to maintain a relationship with them—opportunities like Gunners Place, community hubs where we work and work together regularly, make the ability to refer and know where the referral points are, so much more important. I probably cannot stress that enough. I have worked in the sector as a clinician for 30 years and we always have these things we call blue books or lists of services, opportunities that allow us to bring these services together in a way that we can then really refer people, warm refer them, because you have finally come in, you have finally asked for help. Chances are you are asking for help not because—people will come in. I think there are moments and doors that people are more likely to use. You know, “I need help with my parenting,” only then to discover in fact they are wanting to parent around being a trans parent with all the challenges that come from that. Our ability for our sector to be united and able to have enough space to work with each other is key in making sure we can help every vulnerable population.

MISS NUTTALL: What sort of things can government do then to facilitate community or just being able to work together so well as you have mentioned. Is it really a funding question?

Dr Hodson: What has been invaluable for us, has been our involvement with the network coordinators that exist in the youth space across Canberra. What is really frustrating for us, is in the most recent funding plan—it may change because the sector has given feedback to the department on this—but they were taking out the network coordinators and they were taking out the training for a year, in order to fund any transitions that they wanted to do between different organisations in the new funding round. For me, we are taking out the glue and we should actually be prioritising the glue. One of the network coordinators has been coordinating parenting that brings all the organisations together. That is an opportunity for us all to spend time with each other and to hear about what each other is doing. So, I think it is about making sure there is enough glue, and sometimes it is not seen as the highest funding priority, but it is a force multiplier. I am trying to think of a non-military term, I come from a military background—it is that thing where there is only a small investment here to amplify and

make sure services can join together and have those real warm referrals, so that when I tell my story, someone is going to walk along alongside me as I get to the agency that can help me.

Mr Tebbey: Steph mentioned the hub model. Gunners Place is a great example of bringing multiple services into the one location and bringing them together. In that sense the glue is almost the venue, let alone the people who are in it. I think we are starting to see nationally a growing appreciation that hubs are one of the critical ways we can break down fragmentation in service systems and create that ripe environment for warm referrals, as Steph has mentioned. I think more can be done to explore both the viability of hubs and also the models that will set them up in a way—it is not a huge amount of investment financially, but with enough, we can pull the right levers to have the right people available so that people view these spaces as somewhere safe to attend. It does not necessarily matter what they are attending for, there will be no wrong door. They will receive the services they need when they are there.

Dr Hodson: A practical example is the multicultural hub, which is doing a women's group on a Thursday morning. It is an exercise group. But we have all our posters and we have all our material available and the people in the centre know about what we do: if you are struggling with parenting, if you are struggling with a husband, if there is potentially a little bit of violence there, but otherwise—especially for refugee groups, they may never come to us. They would never go to Deakin. Financially they might not be able to afford to get to Deakin. It is a chance for women, or anyone, to ask for support in a safe environment. So they are going to an exercise group, but they are getting the social support that comes from that exercise group and they are also then in an environment where they can ask for support for other services.

MS LAWDER: In your submission you talked about the social model of loneliness, and we hear that in other areas as well, the social model of disability, et cetera. You have talked about it in terms of measuring and tracking loneliness. So, how will you measure, or how can you measure, people experiencing loneliness using the social model? You cannot fix what you cannot measure. What measures do you use to track a number of people, including what different groups they might come from, using a social model?

Mr Tebbey: Claire, I believe you are with us.

THE CHAIR: Wonderful. I remind you of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement that was sent to you. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the assembly. Can I please get you to confirm that you understand the implications of the privilege statement and that you agree to comply with it?

Ms Fisher: Yes.

MS LAWDER: My question was about the social model of loneliness and how do you measure the number of people and what groups they come from using the social model?

Ms Fisher: The social model is not necessarily useful as a measure itself because it is

just a way of understanding that loneliness is caused by other social effects and it is not something on its own. The reason we included it in the submission was to highlight that while population-based measures of loneliness go up and down throughout time, the actual measure of loneliness across the last 20 years that we have been measuring it at a national level, has been very stagnant. So measuring the ACT population and saying it has gone up or down in the last few years is useful to do, but if there are key groups that we know face loneliness at a much higher level, like LGBT people or refugee populations, and they have not experienced that shift, then it is not overly useful to say measured loneliness is reduced, as we know these populations are not picked up in those population measures very well. If they are not actively sought and included then it is not as reliable. I know that different Relationship Australia organisations do measure the loneliness of their clients when they come in, which might be through DOORS, a universal screening tool. I think the concept of that social model of loneliness is most useful to understand that you should be targeting certain populations and not relying on a general population measure.

Dr Hodson: So we use the relationships indicator, which is a survey that is done nationally. It has been allowing Relationships Australia to pick some of the issues around who people talk to. So for me, the thing about loneliness—and you guys have heard this multiple times—you have your network but if you are not connected to your network, that is when we end up with problems. So loneliness is the important concept in the middle that acts as a mediator for mental health, risk of suicide and a whole heap of different issues. One of the things I found so useful in the relationship indicator's work is where we start to look at the need that everyone has to have one or two key people in their life in order to not feel lonely and to feel connected. I think it has been one of the most important parts of the relationship indicator—and we just presented it at the national suicide prevention conference Claire did—was around the fact that men in particular—in the measures, it asks us who would you talk to. What is quite disturbing is, as a culture, we do not talk to men. So if you need help with the dishwasher, you will go and talk to a male in the family, a male in your life. But if it is emotional, you talk to a mother or a daughter. Men feel more lonely than women do. So what we have here is part of our population who—75 per cent of them—are more likely to die by suicide. They are the group that die by suicide. They are not connected. We know that we do not typically talk to them.

How do we change this? How do we get involved and change this? For me, it has to be a cultural change, and it is around our parenting, it is around schools, it is around how do we change the way in which—because I am sitting there as a male, so—. I have worked for 30 years particularly in the veterans and family space, and for me I knew that the most at-risk time was when a man's marriage ended because of the fact that the most significant person they would talk to, the person that was connecting them to everyone else, has probably just left. If men do not know then how to manage that and that anger, emotional regulation can come out in two ways: it can come out as anger towards themselves as suicide, or other people as violence.

I think there is a whole step back here. The relationship indicators give us some really nice ways of tracking that at a population level, because what we want to see is more people willing to talk to men. It sounds like such a simple thing, but it has such a major impact. We have an epidemic: nine people every single day are dying of suicide, and most of them are men.

Ms Loaney: From a practical perspective for us, as service providers, Claire talked about DOORS, which are universal risk screenings, so that is asking a whole range of different questions but is asking and looking at those loneliness factors. There are things like—is it PWI?

Dr Hodson: Wellbeing index.

Ms Loaney: The wellbeing index as well. We are in a process of moving to that. It is those checks and balances, because when people make that step to seek support—and that can be a massive, massive step for some people—they will often present talking about one thing, but as you unpack, there are all sorts of other bits and pieces. So using these kinds of tools to help screen helps us in terms of those initial assessments and, as well, working out what other supports they need in place, in addition to what they have articulated that they want support with.

THE CHAIR: On that note, we are out of time. On behalf of the committee, thank you so much for your attendance today. If you have taken any questions on notice, please provide your answers to the committee secretary within five business days of receiving the uncorrected proof Hansard. Thank you.

Short suspension.

GRIFFITHS-COOK, MS JODIE, Public Advocate and Children and Young People
Commissioner, Human Rights Commission

TOOHEY, MS KAREN, Discrimination, Health Services, Disability and Community
Services Commissioner, Human Rights Commission

THE CHAIR: We now welcome witnesses from the ACT Human Rights Commission. I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered a contempt of the Assembly. Could I please get each of you to confirm that you understand the implications of the statement and that you agree to comply with it?

Ms Griffiths-Cook: Yes, I do.

Ms Toohey: Yes, I do.

THE CHAIR: I will lead off with questions; then we will make our way down the line. Ms Griffiths-Cook, in your submission you talk about the ACT needing a greater variety of play and recreation spaces. Could you talk the committee through some of those spaces that you have recommended that the ACT needs more of?

Ms Griffiths-Cook: Yes, sure. We have undertaken a number of consultations over the last couple of years. Obviously, going to the nature of our submission, we drew from those, in terms of what children and young people themselves told us that they were looking for, and/or where they were identifying that there were perhaps limitations to some of the spaces.

With respect to some suggestions by children and young people, in particular, we heard young people—teenagers—say that they were looking for more options in terms of play spaces. They had ideas like gaming rooms, so that you could do multiplayer games with your friends, not strangers online. They were very aware of the safety implications associated with engaging online with people they did not know.

We also heard about making spaces more diverse, and not just have playgrounds. Young people like different things, such as fishing. There need to be more big kid swings, as you would have seen from the title of our report. We also heard about wanting greater investment in community centres and clubs, looking for a wider range of clubs, like birdwatching clubs—really showing that diversity of interest.

It would be really important to work with children and young people around what might be minimum standards for community centres. We heard that there was a diversity across different community centres. One young person said, “It’s not as nice, the facility here at the community centre, compared to Woden, which is nicer and feels safer.” That dimension of safety has started to come through there as well.

I refer also to having connections through the arts—having arts opportunities within local areas. Similarly, we have lots of sporting grounds, but what are the options for those who are not into sports? What about those people who dream to be actors or dancers? They were talking about infrastructure like stages and things like that in

different places. We have one in Glebe Park, but there is not a lot in other areas outside the centre.

Free access to sports facilities and equipment was also raised. There are kids who do not have the finances and/or whose families do not have the finances to enable them to sign up to sporting clubs or other recreational clubs. It is about looking at ways that we can perhaps provide more options for children and young people that do not have a cost attached to them, so that we engage with that idea of connection.

We have heard very strongly, and we know it to be a fact, that the more connected you feel, obviously, the less lonely you will feel. It is about making sure that we are creating more opportunities for children and young people to come together and feel connected.

There are things like more access to green spaces. There is a keen interest in nature. You heard earlier about the birdwatching one, but we were also hearing generally a real interest in having opportunities for children and young people to engage with nature, collectively as well as individually. It is about having different things that they can see and do in those spaces that might be of interest. Those are probably a few of the things that we heard from young people through the consultations.

THE CHAIR: That is amazing. I try never to place too much emphasis on the order in which people put things in their submission, but you put gaming rooms first. Are gaming rooms something that you hear about frequently?

Ms Griffiths-Cook: We know, and we hear from young people, that gaming is certainly big, and it is a solid interest. We are increasingly seeing even younger children engaging with friends online. I think we have some reasonable protections around those. Obviously, we still need to keep our eye on that. What we were hearing here was that different thing: “I don’t want to just be at home playing online. I actually want to be in a space where I can hang with my friends, but where we can jointly be engaging in games.”

Part of the reasoning for that was around the consoles. If I have this console, and they have that console, we cannot necessarily play the same games, but if we are all in the same space and those consoles are available, we can engage in the same games.

MISS NUTTALL: Have you been to the UC gaming lounge?

Ms Griffiths-Cook: No.

MISS NUTTALL: It is really cool. I know that one is dedicated to university students; but, as you said, it has a lot of different consoles and things. Would that be the kind of model that we would be looking at?

Ms Griffiths-Cook: I think that is exactly what we were hearing. We were hearing from young people who were saying, “Wouldn’t it be great if there were some more indoor spaces as well?” We were hearing about having that mix of indoor and outdoor. They were saying, “More options out there that we can come together, that are accessible and that we can get to, as well as more indoor ones that don’t cost a heap of money.” We have—I cannot even think of what they are called.

THE CHAIR: Internet cafes?

Ms Griffiths-Cook: Yes, and the big one in the Canberra Centre. I can't think of what it is called.

THE CHAIR: The arcade?

Ms Griffiths-Cook: The arcade, yes. But it costs a lot of money for kids to be able to do that. Typically, that is not an affordable option for a young person who is wanting to look independently for some spaces to hang out with friends.

THE CHAIR: I spent a lot of my youth hanging out at internet cafes. Seemingly, I made more social connections there than in modern days, when you play internet games at home. So I do get it.

Ms Griffiths-Cook: Yes.

MISS NUTTALL: This question is also to Ms Griffiths-Cook. You make the very good point in your submission that the committee has provided limited avenues for children and young people to engage directly in our inquiry, despite being a priority group. I really appreciate the irony in asking you to speak on behalf of children and young people here. Are there particular methods that you have found worked well in previous inquiries and government consultation to engage more children and young people more meaningfully in these processes?

Ms Griffiths-Cook: I was really pleased to see that the Youth Advisory Council had tendered a submission to this inquiry. I know that they have engaged in a number of inquiries over the last few years; since COVID, I think, that was one of the first ones that they engaged with.

I spoke with the committee last week and put forward a suggestion that the Assembly and, in particular, the committees within the Assembly, might be interested in recommending the provision of funding to my office so that we could work with the committees when they set up inquiries to develop child or youth-friendly versions of the terms of reference, for example, and then undertake some consultations. Again, depending on the nature of the inquiry, we could do that in a small-scale way or in a larger one. We would be very open to being able to provide that, as a resource that would support children and young people to more directly engage with inquiries like this one.

MISS NUTTALL: Do you have a view about whether children and young people's loneliness or their sense of connection are in any way impacted by how or indeed whether they are consulted properly by government on the decisions that affect them?

Ms Griffiths-Cook: Very few children and young people would actually know what mechanisms might exist for them to have their say. We reach out and find ways to engage with children and young people, but, for many of the children and young people that we speak to, it might be the first time that anyone has ever asked their view on a major issue. I think that is important knowledge to have, in and of itself. We continue

to think about more and more creative ways to provide opportunities for children and young people to contribute their views.

MS LAWDER: I might turn to the opposite end—older people. In your submission, you talked about poor access to personal electronic devices and the risk of older people being digitally excluded. You provided some suggestions about facilitating access. Do you feel that the government should always provide an alternative? From my interaction with some older people, there are some people who perhaps will never engage online. Do we still have that obligation to ensure that there are alternative means to engage with those people?

Ms Toohey: Absolutely. In fact, you may be aware that in April a positive duty under the Discrimination Act commenced, which requires service providers to provide reasonable adjustments across all of the protected attributes. The point we were making was that some people wanted to engage online but needed more support to do so. Some people, as you say, are not interested or it will not be the way in which they prefer to engage, and we still need to provide options for them.

We have recently seen some matters; for example, as you may be aware, some of the banks are now not providing cash services. Some of our older folk are quite disturbed by that, and we have had a number of matters where we have worked with the banks to find alternative ways of providing those services. The fact is that, as the population ages and we have people who are older and ageing in place, the obligation to provide those services in alternative formats will increase, not decrease.

MS LAWDER: Even in terms of where you are a bit more digitally literate, do you get many complaints about the actual complexity of some of the online services? My Aged Care is potentially one example.

Ms Toohey: Yes.

MS LAWDER: It is not an ACT-specific example. If you do not have children, for example, who are able to assist you, some people find it really difficult to navigate. Is that your experience?

Ms Toohey: Yes, completely. It is a barrier for people. We certainly get calls, even around things like being able to re-size documents or re-size forms in a way that works on a phone. Most people, as you know, these days use a phone rather than necessarily a computer. It is about being able to re-size, so that you can fill in documents in large format and you are able to access information in a way that is coherent on the screen. A lot of federal and territory services are not optimised for phones, so that becomes a real problem for people, just in navigation. There is a genuine sense of that occurring, certainly, from some of the older people that I deal with.

There is also concern about things like scams, as you know. In some of the work that I have been doing with retirement villages, that has become a regular topic. Again, that means people are less willing to engage online and through those sorts of services because they have genuine concerns about it. We know that some older people are being targeted in that way, which is very unfortunate. In the absence of people being able to help them to access those services, there is a real reluctance to engage.

MS LAWDER: Within the cohort of older people, are there some sub-cohorts that are potentially more digitally excluded? People from linguistic—

Ms Toohey: Multicultural backgrounds, yes. Certainly, that is the information that we come across. I know that, for example, the Council on the Ageing are doing a lot of work in that space to try and provide people with access points.

We see it, certainly, with older people with disabilities—for example, being able to access information, and not just read it but be able to hear it. We have had some issues around the digital health record in that space. I have to say that we have had very positive responses from our colleagues administering the DHR. But there is an assumption, again, that people can access DHR, myGov and all of these different but related services. I do not know about you, but I find it complicated, and I have grown up using computers; in fact, I have a computing science degree. I think there is an expectation that someone out there is helping people to access those services, and it is just not happening.

Particularly in areas like retirement villages and independent living, there are assumptions that, because people are living independently in the community or at home, they have access to these services and know how to use them. It has certainly not been our experience. I do not think there is a sense, particularly from IT people, that they design for particular cohorts. I think we will see more matters coming in around this reasonable adjustment obligation. That duty next year will extend to government, in terms of taking steps to eliminate discrimination from their service delivery. We are using vehicles like this to call out those obligations, to make sure that government are getting prepared for that, as opposed to waiting until a complaint comes in.

MS LAWDER: Is there another interplay between poverty and perhaps transport which is affecting people? If you are ageing at home but you are a long way from a library, for example, that is quite different from perhaps living in residential aged care, where there may be common computers. Do those sorts of factors have an impact as well?

Ms Toohey: Yes, absolutely. One of the things that we suggested was re-looking at how we let people onto our public transport services. Some of that is around animals. I know that is not necessarily a popular thing. Certainly, it is an issue that comes to our attention. Particularly with older people who have a dog or a companion animal, often they do not want to go into public spaces without those animals. Looking at the flexible—

MS LAWDER: Do you mean an official companion animal or a pet?

Ms Toohey: Not an assistance animal; a companion animal. An assistance animal relates to a different cohort. Some older people that come to us look at Europe and think, “Why can’t I take my Maltese terrier, which I can pick up and carry with me?” It makes them feel much safer when they go into public spaces.

One of the other things that certainly has been raised with us is whether there is an option to expand the flexible bus service. It is limited at the moment around disability and age; it is about whether there are other cohorts in the community that might benefit.

As we know, public transport in Canberra has been an ongoing source of discussion, if I can put it that way. The availability of public transport, I think, is based on an assumption that lots of people have private transport or have friends or family, and that is becoming less the case. Certainly, people approach us and want to raise concerns about being able to access some of those other, more flexible services.

MISS NUTTALL: Have you found any government services or community services that are particularly good at bridging that digital divide and making sure that that information is accessible?

Ms Toohey: Because I deal with complaints, I try not to proactively make those assessments. Certainly, the Council on the Ageing does a lot of work in that space, in terms of both socialising people around digital skills and working with organisations to make sure that their services are accessible and available to older people.

We saw during the pandemic—and we used that as an example in the submission—that a lot of the forms were very complicated. We worked with our colleagues in Health to both raise those concerns and look at what some other options might be. That included things like people being able to call in and talk through the form; equally, people did not want to wait for extended periods of time on the phone.

There is still a lot of work to be done in that space. We are looking, again, at using the reasonable adjustment duty to go out to organisations and talk to them about their obligations to be in front of those barriers, rather than waiting for someone to identify them.

THE CHAIR: In regard to the Taxi Subsidy Scheme, there has been a bit of interest in this over recent years. The Auditor-General conducted a review. There was a committee inquiry in this place, and a lot of the consideration was deferred until the introduction of the disability inclusion strategy. Do you have an update on where things are at? Have there been any changes agreed to by government?

Ms Toohey: I am not aware of any, but I will not guarantee that that is the most up-to-date information. We come into contact with it intermittently. I think there has been a lot of work put into trying to make the program more flexible. The matters that we have seen, where people have raised concerns directly with us, have been resolved very quickly.

Consideration does need to be given to extending that program to older people, not necessarily just those with a disability—people like carers who may be caring for someone with dementia, where public transport is not an option. Often, as people age, as you know, they might lose access to their drivers licence. Of itself, that is not justification for the taxi subsidy program. We have certainly dealt with some people in their late 80s and 90s who have lost their licence and who do not have access to some of these other programs. That creates significant isolation for people.

As I said, I do not have the most up-to-date information, but we are consistently advocating for it to be looked at again, to look at whether other cohorts could be included.

MISS NUTTALL: Both of your submissions mentioned racism and other forms of discrimination, and the way they can push the victim to withdraw or isolate themselves. Obviously, it is better, ultimately, to prevent racism and other forms of discrimination in the first place. Are there any particular responses or measures, when addressing racism or discrimination, that someone has experienced that have effectively addressed their resulting sense of loneliness and social isolation? Do you have an overview on that?

Ms Toohey: Yes. We certainly deal with complaints about racism and racial vilification, and vilification on a wide range of grounds. Disability is another one that comes up regularly. It does have a profound effect not just on the individual but on, often, people from that community and with those attributes. It does instil in people a sense that they are not included and should not be included. The harm is not just to the individual; it can be to entire communities, as we have seen. We certainly conciliate those matters. Sometimes that is about an individual looking for a particular individual outcome, but sometimes it goes much broader than that. We then go off and provide training or education.

One of the successful things that government has done, as I said, is introduce the positive duty into the Discrimination Act. That duty will require government, in the first instance, and then private providers in the ACT, to take steps to eliminate not just discrimination but vilification and harassment from their service delivery and their workplaces, in all aspects of their service that are covered by the ACT.

We are hoping, and from what we have seen at a national level with the Respect@Work report and the focus on eliminating sexual harassment and sex discrimination, that the duty is a very powerful mechanism to convey to organisations what their responsibilities are. In some spaces those individual matters to do with racial vilification are very difficult. We have seen them play out in sport, as you know, as well as with individuals in our community.

I was at a forum on the weekend where we were talking about what preventive mechanisms were needed. That is around ensuring that we understand and continue to advocate that Canberra is a safe and inclusive community. The response is also about making sure that there is uniform condemnation of those events as they occur. I think that is a space that people are getting better at; but, unfortunately, there continue to be individuals in our community that have views that are not consistent with those values.

Ms Griffiths-Cook: Certainly, from young people's perspective, and as we heard through our racism consultation, it is about having an adult who leans in and supports a young person—firstly, someone who believes them when they are being told about incidences of racism and, secondly, someone who actually provides a supportive role to help to facilitate an outcome.

We heard from a few young people that, while they will get those assurances that, “Yes, we’re doing something; yes, we’re taking it seriously,” they were not being given information about what that looked like. It felt a bit like empty promises as opposed to actually seeing tangible processes and/or outcomes arising from having brought something forward.

MS LAWDER: I note the points in your submission in the context of hospital discharge. Is it about the types of services provided or the time to access them, the time for them to come through, or is it a combination of those things?

Ms Toohey: The issue that we were endeavouring to highlight was that, particularly in discharge from hospital, sometimes people go from being very well to having a disability that they find precludes them from participating actively in the community. That can be a big adjustment for people.

As you can see, we have only noted a couple of options, but there is a variety of services that do not necessarily fit together in terms of providing those supports to people. We note there has been a reduction in some of those services which, from our experience, is having a profound impact on people, particularly, as I said, sometimes their ability to adjust to being at home with a disability with which they did not go into the hospital. From our perspective, that contributes to isolation and loneliness, in that people feel that they are disconnected. They also feel that they are not getting appropriate supports.

There is a complex range of programs, particularly, as you know, in the My Aged Care space. The complexity of getting access to those programs, the delays in getting access to those programs, is significant and has a significant, often deleterious effect on people. We certainly see matters where it is taking 12 months, by which time someone's condition has deteriorated. It then becomes an issue about what is the appropriate service or whether they potentially need to go into an aged-care facility because of the deterioration in their wellbeing over that period of time.

Those delays have a really significant and profound impact on people. Everybody in the ACT that I know who works in that space is advocating strongly. In the absence of those services being available through the commonwealth, it is about whether the ACT is able to supplement some of those services, rather than decrease the services that we are providing.

MS LAWDER: Is it the case that you could be discharged from hospital with a newly acquired sensory or physical disability, for example, without an assurance that these supports are in place?

Ms Toohey: Yes, we certainly see examples of that. Again, my colleagues in Canberra Health Services do an excellent job within the scope of their remit, particularly in that community support space, but that is limited. Again, if it is now a disability but the person is over 65, it is not an NDIS option. It may be that they do not meet the criteria for home care supports. That may mean they need to personally fund those supports, which is not always within someone's means. There is a significant issue there. Certainly, we see it in matters that we deal with.

THE CHAIR: We are out of time. On behalf of the committee, thank you both for your attendance today. If you have taken any questions on notice, please provide your answers to the committee secretary within five business days of receiving the uncorrected proof *Hansard*.

DAVIDSON, MS EMMA, Minister for Community Services, Seniors and Veterans, Minister for Corrections and Justice Health, Minister for Mental Health and Minister for Population Health

EVANS, MS JACINTA, Executive Group Manager, Strategic Policy, Community Services Directorate

MILLER, DR SARAH, Deputy Coordinator-General, Mental Health and Wellbeing, Mental Health and Suicide Prevention Division, ACT Health Directorate

THE CHAIR: We now welcome Ms Emma Davidson MLA, Minister for Mental Health and Minister for Population Health, as well as officials. I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly. Could I please ask each of you to confirm that you understand the implications of the statement and that you agree to comply with it.

Ms Evans: I agree.

Ms Davidson: Yes.

Dr Miller: I agree.

THE CHAIR: Wonderful. We do not have an opening statement so we will go straight to questions. Minister, thank you for your submission. Appendix A lists a very long and comprehensive list of a range of programs and services that exist in the ACT to try to support loneliness and social isolation. Is there an overarching strategy that guides which of these programs are funded and run?

Ms Davidson: Our Wellbeing Indicators Framework should be a useful tool in helping us to work out which kinds of programs are going to help reduce things like loneliness and social isolation. The main reason for that is that a lot of the social connection programs are delivered across a whole range of directorates—everything from seniors who volunteer through TCCS to do dog walking and people who volunteer in landcare nature programs with EPSDD to the work that CSD are doing with seniors, veterans, young people, the LGBTIQ community and our Aboriginal and Torres Strait Islander community to make sure that we have good social connection programs. If we do that work well, then people have better wellbeing outcomes and we do not end up needing to run as many clinical and therapeutic programs.

THE CHAIR: One of the things that popped up in several submissions and in the evidence we have heard is that people sometimes feel that no one person is responsible and everyone is responsible, and therefore no-one is actually responsible. Do you see that in the way that some of these service decisions are made?

Ms Davidson: Prior to having a Wellbeing Indicators Framework, it would have been much easier for the value of that work to not be picked up and surface for decision-makers. Now that we have that, I think that is a useful tool. We are still learning how to make best use of that tool, but, now that we have that, it definitely helps.

Also, one of the reasons I really appreciate the range of portfolios that I have is that it ends up crossing over so many of those different areas of work. That is a really good opportunity to talk about the intersections between what happens in, say, a population health program and a CSD program and a justice health program, for example. There are opportunities for us to connect those pieces of work. But one of the big key things is getting the ACT government to work in a really nice collaborative way across directorates. Having things like an Office for Mental Health and Wellbeing is really important and having an Office for Disability is really important.

In the data in the government submission, you would have seen that people with disability and carers have really felt the impacts of social isolation and loneliness in ways that the broader community have not experienced. While the ACT is doing better now than we have in previous years, it does hit differently for certain parts of the community, like carers, people with disability, the LGBTIQ community, Aboriginal and Torres Strait Islander people, people from culturally diverse communities, and also our veterans. They say that they are not feeling as connected.

It is really important to have parts of the ACT government, like the Office for Disability, the Office for Mental Health and Wellbeing, and the Office for Aboriginal and Torres Strait Islander Affairs, working across directorates to look at how the work of TCCS or CSD or Health or Environment all comes together and impacts on the lives of people within a particular group.

THE CHAIR: I appreciate that the wellbeing indicators will indicate that there may be an issue, but the evidence that we have heard goes to a lot of the decisions that are made across government. The need for more playgrounds, for example, is constantly raised with the committee. How do we get TCCS to guide decisions by loneliness and social isolation?

Ms Davidson: At some point, all of those decisions will go through a cabinet process. That is where I get to see how a particular proposal that is coming through cabinet affects our wellbeing indicators. I find that a useful measure. In order to get it to that process, that proposal has to be circulated to all the other directorates, saying, “Here’s what we are thinking of doing. How does this impact the work of your directorate?” and there are opportunities for the directorates to say, “Actually, here is how this will impact on a particular group of people that we meet needs for.” There could be an opportunity for some really good prevention and wellbeing work that creates protective factors.

THE CHAIR: Going back to my very first question, I appreciate that you have a personal interest and that, with your ministerial hat on, you will have an eye on some of those issues. Is there an overarching strategy or framework that all these policy proposals have to run through that would specifically pick up on loneliness and social isolation?

Ms Davidson: Yes. We have a range of strategies and frameworks that can pick that up and are actually targeted to the needs of some of those groups in the community I was speaking about earlier, where they feel the impact more. That is actually the best way to deal with this—to say, “If we’re finding that people with disability or carers or people

in a particular age group are experiencing something differently, what are the strategies and frameworks that can address that?” For example, there is the Age-Friendly City Plan—having dementia-friendly events and having a seniors arts festival are the kinds of things that can help create social connection opportunities. A veterans wellbeing framework is being put together now to address how to build social connection into the way this works for veterans. There is the ACT Women’s Plan and the Volunteering Strategy. Volunteering is a really important social connection tool that we have that the older people in our community love, but a surprisingly high number of young people in our community are really getting into it as well. Those kinds of frameworks and strategies are really helpful for us to say, “Social connection is also one of the things that this strategy can help deliver for us.”

THE CHAIR: Thanks.

MISS NUTTALL: I have a supplementary on the wellbeing indicators that you mentioned. You mentioned that you are still working out how to use them. How effective do you think the wellbeing indicators currently are in capturing our understanding of loneliness and social isolation?

Ms Davidson: We are learning a lot as a society, nationally, about the impact of social isolation and loneliness. COVID really put that into stark relief for us, with what happened during that period. The good thing is that in the ACT, because we have an Office for Mental Health and Wellbeing, we were able to see that there were some risks that would need to be managed quite proactively. We were able to invest more in some of the community-led supports for people who might be experiencing loneliness in ways that really impact on their mental health, as well as through some of the work that CSD was doing by investing in some of the protective factors—programs that increase social connection.

The end result is that we have actually come out of things a little bit better than some other communities have, but that is not to say that there is not a lot that we have learned out of that. While the broader community might be doing better than we could have expected at this point, there are some parts of the community, like carers, people with disability and people who are experiencing financial disadvantage, who are finding it harder. That gives us an opportunity to recalibrate and look at what we need to do moving forward from here.

Having something like the Social Recovery Framework also helps us to think about the relationships between ACT government directly delivered programs and the work that is led by our community sector and how we build stronger and more resilient communities.

MISS NUTTALL: Thank you. I have one more supplementary. How well do you think the wellbeing indicators keep whole-of-government processes accountable?

Ms Davidson: When they are used effectively, they are really useful in highlighting for us where a program might have either a positive or a negative impact on a particular group in the community, so that we can be better informed about what it is going to mean. To me, it is also a useful way to understand how well some of the directorates understand the impact on wellbeing of some of the work that they are doing. For

example, we will sometimes see information in the wellbeing indicators section in a paper that says it is going to have a positive impact on a particular group and, when you read through what they have said, you can say, “I understand that you are looking for something here, but I am not sure that this is going to work the way you think it will. Maybe a little bit more conversation is needed.” That is actually a good thing because it means that more people in the directorate are learning that they are doing things that impact on people’s wellbeing in ways that they might not have considered before.

Ms Evans: Minister, may I add a comment?

Ms Davidson: Yes.

Ms Evans: Breaking down the wellbeing indicators, if we go to the social connection indicator and down to the levels of loneliness, it provides that information very specifically. While I know that is just data and it does not necessarily indicate what our response would be, it is really helpful for us as public servants to have that level of data available to us, because, when we are looking at social connection as a wellbeing indicator, we can consider which of the subdomains we might want to focus on going forward in a particular business case. Certainly, with the level of loneliness in the ACT coming out of the pandemic, it seems we have had quite a good response in our community, which would suggest that some of the things we are doing are having a positive impact. It is useful to have that level of detail. Before we had the wellbeing indicators, we did not have that consistent across the public service.

MISS NUTTALL: Thank you so much.

THE CHAIR: Was that a supplementary or a substantive?

MISS NUTTALL: A substantive.

THE CHAIR: Okay. Ms Lawder.

MS LAWDER: Thanks. Minister, we heard from the witnesses from the Human Rights Commission about hospital discharge and the link to, perhaps, loneliness and social isolation afterwards if you have a newly acquired disability, an impairment, and that kind of thing. There is difficulty or lack of timeliness in accessing supports, and a newly acquired impairment can lead to social isolation. Can you tell us a bit more about what the ACT government is doing or could do better to ensure that people are not discharged from hospital into such a vulnerable situation?

Ms Davidson: Yes; of course. There have been a number of situations where people have ended up in hospital and, when they went home, they needed particular supports in place to help them, whether that is through the NDIS, My Aged Care or residential aged-care programs. We are finding that there are multiple bureaucracies. Each has their own language and their own systems and processes that they have to work through and they are kind of butting up against each other, and the person at the centre can sometimes end up being stuck between them.

One of the things that we have found works really well is that we have people in our health system who have someone that they can talk to in the NDIA, for example—to

talk through what is going to be needed in order to get the person home with supports in place. It is not just about making sure that they can go home from hospital; it is about making sure that they can get on with the rest of their life in ways that are fulfilling and meaningful for them. Social connection is a big part of that. If you take the NDIS, for example, that does not just go to whether someone's physical needs are met; it also goes to their ability to engage with the community.

Here in the ACT, 40 per cent of people with disability are engaged in paid work, 27 per cent are engaged in volunteering, and 36 per cent are regularly attending community events and engagements. If they do not have their NDIS supports in place, it makes it much harder for them to participate in those things.

When we look at some of the major changes that are going on at the moment with the NDIS reforms, making sure that people continue to be able to get through all of those processes and have the right supports in place in the community is going to be critically important in getting good outcomes for them and for our whole community, because we do not want to see those people going missing from community engagement and the kinds of things that they want to participate in. A lot of that is going to come down to good communication between a commonwealth government regulated system and an ACT government system, with CHS, and being able to engage with the NDIA. We see similar sorts of things happen with aged care as well.

MS LAWDER: A submission from the Human Rights Commission mentioned that the Taxi Subsidy Scheme is perhaps not enough to keep people connected. They may have medical appointments, let alone trying to have some social interaction. Are you looking at any work in that area? They may be unable to use public transport because of their physical condition. They may be unable to get to the bus stop or whatever in the first place. Are you looking to do something to help people remain more connected through the Taxi Subsidy Scheme?

Ms Davidson: Before I pass to Ms Evans, who can talk more about community transport schemes, one of the good things that TCCS has in place is an accessibility committee so that we can talk about how we make our transport network more accessible and inclusive for people, whether that is about public transport, community transport, active travel or road users, and get those views at an early stage, not right at the end of a consultation period. If we have a public transport network and an active travel network that better meets people's needs, that will go a long way towards helping people get around more independently, as well as having good community transport.

A number of people have contacted my office to talk about wanting better active travel pathways—not just in terms of footpaths to get to the shop in their local suburb but also because they are using shared paths, bike paths, with their wheelchairs and mobility scooters to get around independently. A lot of people would not realise it happens at the scale that it does. People have certainly talked to me about the ease of accessibility on light rail compared to some of the old-model buses that were used. Getting more of those good and accessible public transport options on the road, with more electric buses as well, will certainly help. Ms Evans can talk more about community transport needs.

Ms Evans: Thank you, Minister. Certainly. Thanks for the question. In the ACT, more than three-quarters of people say that they find it quite easy to get around the city, which

is great. Again, this data is available in the wellbeing indicators if you drill down a little bit further. By disability, we see that number decrease very significantly. Of course, it goes to physical and cognitive constraints that people to use public transport.

In terms of things like the Taxi Subsidy Scheme, we are working through it with the NDIA and the commonwealth government at the moment to look at the supports we need to put in place out of the NDIS review. There is a lot of commentary around transport, including specialised school transport and that sort of thing. Ms Lawder, you would probably be aware that that was a challenging space for us when the NDIS was first introduced. We continue to grapple with how much transport people should have available through their NDIS package and how much we provide as an ACT government through various community transport options.

Community buses are still available for people to take them to some medical appointments, but of course, if you have physical needs or you are not well, waiting for a bus to go at a particular time, or whatever the constraints are around that, can be very difficult. That is where the Taxi Subsidy Scheme comes into its own. But, at this point, I do not think we have an answer entirely around what that should look like for people with disability going forward, but it is certainly among the range of things that are being considered as we are doing the disability reform work at the moment.

THE CHAIR: Thank you. Minister, the need for a social prescription model here in ACT has been raised many times with the committee throughout the inquiry. Is this something that the ACT government has considered for the ACT?

Ms Davidson: That is something that we have been talking about for a while in terms of how we would make that kind of program work. We have also been looking at nature prescribing. EPSTD has done some really good and important work in the impact that has on people's sense of social connection and connection to the environment around them, and their mental wellbeing that flows from that. It is an area where we are building knowledge. Sarah may want to speak to the impact of social prescribing. That is something that she may be able to provide more detail on. It is a piece of work that requires some good interaction and engagement as well with the commonwealth government, because some of that social prescribing work goes to how our GPs are talking with people about what they are doing and how that impacts on their wellbeing. GPs are a mostly commonwealth subsidised and regulated area. It is not going to be possible for us to do it on our own. We will need to work collaboratively with the commonwealth government to make something like that work.

Dr Miller: Thank you, Minister. I can complement that by saying I agree with your comments. It is a constructive role. We are trying to prescribe non-medical or community supports through social events. There is a public health requirement for us to increase awareness about this: how our medical sector understands that prescribing non-medical concepts can have a mental health and wellbeing outcome, how our community accepts and acknowledges receiving that type of referral, and the wellbeing benefits that might be gained from that non-medical concept.

THE CHAIR: Where in government is this work being done? Is it in the Health Directorate?

Ms Davidson: At the moment, I would expect that would be an ACT Health Directorate piece of work rather than a CHS piece of work.

THE CHAIR: We know this work is underway or we suspect it is underway?

Ms Davidson: I could take on notice the detail of where things are up to at the moment, but it is something that has been talked about.

THE CHAIR: Wonderful. Thank you. Are there any supplementaries? Ms Nuttall.

MISS NUTTALL: Thank you. You have mentioned LGBTQIA+ people in your submission as a priority group. A couple of other submissions have particularly mentioned trans and gender-diverse people and the loneliness and social isolation they experience in the current social and political climate. Part of this seems to be around accessing gender-affirming care in the health system. How accessible is our health system currently for trans and gender-diverse folk? And where do you see the greatest barriers?

Ms Davidson: We are seeing some improvement in our abilities within the health system in the ACT. The Office for Mental Health and Wellbeing released some guidelines for gender-affirming health care for mental health and wellbeing for the community. I think that was at the end of 2021. That has been really helpful in making sure that healthcare providers have better access to the tools and resources to educate themselves about how they can do that better. One of the reasons that piece of work was so well received was that it was done as a collaborative piece between the Office for Mental Health and Wellbeing, ACT Health, A Gender Agenda and Meridian. I think that is why it has been so effective. They have been able to produce the right kinds of guidelines by working with the community.

We have certainly seen some really difficult situations for the LGBTI community over the last few years. Any time you have people's human rights being debated in public the way they were with the marriage equality postal vote, it has a fairly direct impact on people's wellbeing. A lot of people in the community talked to me. I happened to be doing social research on the health needs of people in that community a year on from that particular postal vote, and people were talking to me specifically about how disconnected they felt from the broader community because of the way that their human rights were being talked about by people in the community during that situation, and how that flowed on to things like drug and alcohol use, feelings of social isolation and the level of trust that they had with other parts of the community.

I am concerned that we may see some of the same kinds of feelings about disconnection and isolation occurring with Aboriginal and Torres Strait Islander people right now in the wake of last year's referendum—how they are feeling about that. It is really important for our whole community to proactively look for opportunities to reconnect, show support for people's human rights, and say that people are valued and welcomed in our community and actively included. Everything that we can do, whether it is in guidelines on gender-affirming care, whether it is through grants in healing and reconciliation that go to improving social connection and reconnecting the community or whether it is things like pride events where the community can come and show support, really has a big impact on people's wellbeing.

Ms Evans: Minister, may I add to that?

Ms Davidson: Yes.

Ms Evans: Thank you for the question, Ms Nuttall. The Capital of Equality Strategy launched their first action plan this year. Focus area 2.3 goes to enhancing health and wellbeing outcomes for LGBTQIA+ communities. A number of actions are very specific and directed at the Health Directorate and Canberra Health Services in terms of improving the availability and quality of health services, including mental health services, providing gender-affirming care, and continuing to implement recommendations from the Health Scoping Study to improve access to safe and inclusive health care for LGBTQIA communities.

What the government is attempting to do through having very specific actions in the action plan is make sure we are accountable and we are actually reporting on improvements made. With that action plan launched this year, I think we can expect to see some reporting in the next 12 months or so.

THE CHAIR: Are there any supplementaries? Ms Lawder.

MS LAWDER: Thanks. In your submission, you talk about opportunities which might be considered to address loneliness and social isolation across all cohorts, and one of them includes the Wellbeing Framework indicators—to perhaps further improve data collection and presentation to enable intersectional data analysis for people. Is that a wish list for one day or is work already underway to improve data collection and presentation in the Wellbeing Framework?

Ms Davidson: I can take that on notice and get back to you with the detail of the work already being done to improve that. It is something that we are learning about as we do it. I find it helpful to see how things iterate over time and demonstrate that we are actually learning how to do things better. We have not just said, “Yes; we’ll bring it in. We can tick that box and it is done now.” We are actively looking at how we make this most useful and how can we use it most effectively.

MS LAWDER: Regarding the data, at the beginning of the government’s submission is the table with the different groups, from 2023, I think.

Ms Davidson: Yes.

MS LAWDER: Do you have any comparable data—for example, from 2019, pre-COVID—to see whether there have been changes in some cohorts?

Ms Davidson: Yes. This is data that has been measured since 2019. The University of Canberra run that survey. They found that, when they ran this survey in 2023, we had the lowest levels of loneliness recorded in the ACT since they started doing it in 2019. Comparative data would be there. I can take it on notice. Are there particular areas that—

MS LAWDER: I am interested to know if each group has bounced back after COVID.

Anecdotally, during COVID, some groups felt very isolated and lonely, and I am just wondering whether it is better now or not quite as good as it once was.

Ms Davidson: I ran through some of the groups that are currently finding that they are not experiencing the same levels of social connection and are experiencing higher levels of loneliness than the broader community are. I would expect that that would have been impacted by some of the regulations that were needed in the ACT during COVID in order to reduce transmission and protect people's health. Certainly people with disability and their carers talk to me frequently about the ongoing impact that that has. So, even though the rest of the community is now back to doing a lot of things that they used to, there are a lot of people with disability for which this is not the case. I feel it when I go to events, and familiar faces—people that I have been friends with for years—are physically not there in the room, because it is not yet safe for them to go back out into large group situations. They and also their carers would be particularly at risk.

To be able to provide you with that detail of how it compares to 2019 I think would help us to see in a quantitative way the difference that that makes, and the responsibility that we all have as a community to enable flexibility around things like whether you can still participate in things online if you cannot be there in person and whether we can still do as many of our meetings as possible outdoors where there is more circulation. Those kinds of things can make a real difference to people's ability to stay connected.

MS LAWDER: Thanks. I appreciate that.

THE CHAIR: Is there any training provided to frontline ACT government employees to identify and respond to loneliness and social isolation in individuals they encounter?

Ms Davidson: I think this goes to what I was saying earlier about there being particular groups in the community who are feeling less connected. The kind of training that would go to reducing that sense of disconnection and making it easier for people to engage in the community goes to what the barriers are that people in those particular groups are experiencing. For example, with dementia awareness and creating more dementia-friendly spaces, there is training and changes have been made to some of our government services and some of our community spaces to enable that to happen. It means that you are now seeing more people with dementia and their carers able to get out and do things in the community, whether it is going to an event or whether it is just participating in things like going into Access Canberra and attending an appointment in person in a way that is more inclusive.

It also means that there are things like disability awareness training being provided for in the first action plan for the ACT Disability Strategy, so that people have an understanding of what that means. It is about things like LGBTIQ community events and some of the opportunities for awareness and understanding that are created within some of our directorates and our ACT government services, so that people understand, "Okay; this is how I can enable more engagement and more connection from a group in the community that might otherwise be less visible." That is the kind of thing that really helps people.

When we get the veterans wellbeing framework, I think that is really going to help us to understand how we can reduce that sense of disconnection that some of our veterans and their family members experience in the community, by helping us to understand the ways in which we might need to do things differently so that it is easier for people who are subject to posting cycles and might have had quite different experiences in life to be able to engage in things that the rest of us just take for granted and do every day.

THE CHAIR: It has been put to the committee by some submitters that they would like to see all frontline ACT government employees provided with training to identify people who are lonely, not just potentially people that fit some of those groups that have been mentioned. There is no training for all ACT government employees, is there?

Ms Davidson: Actually, our Connecting with People training that is being provided by ACT Health would certainly make a difference there. Sarah Miller might be able to talk more about the Connecting with People program and how it is helping our ACT government services.

Dr Miller: We are championing for compassionate and informed engagement. The Connecting with People program is around identifying, for example, suicidal distress or factors that could increase suicidal risk, including connection, isolation and loneliness. We are working on training frontline workers. There has been a project for the last couple of years to train some of our Canberra Health Services frontline staff. Our current focus is on the community sector, using this evidence-informed approach to suicide prevention in an assessment sort of fashion, and to train and engage with the community sector around their frontline workers—at the government, non-government organisations and the community sector.

THE CHAIR: What was the name of that, again; sorry?

Ms Davidson: Connecting with People.

THE CHAIR: That is in place at the moment?

Ms Davidson: That is in place at the moment. It has been running for a couple of years already. We started with our health services, but the intention is certainly there that we would like to broaden that out to much broader groups within ACT government services and our directorates. It is something that helps people with understanding the role of compassion, the way in which you engage with people and understanding and picking up on where you need to maybe adjust what you are doing to be more inclusive of people.

MISS NUTTALL: I was really interested that you mentioned intergenerational programming as a protective factor. Could you tell us a little bit more about how intergenerational programming works and whether there are any good models that we can refer to here in the ACT or elsewhere?

Ms Davidson: We have had some really great intergenerational programs running through some of our seniors grants—things like the Centenarian Portrait Project, where teenagers created portraits of some of our amazing centenarians in Canberra and then put those out for public exhibition, so that the whole community could see artwork

created by young people where an older person is actually the subject of the artwork, and you really get to celebrate what growing older is like. We have also had letter-writing pen pal programs between young children in Canberra and older people in our community, which have been really effective in building understanding and engagement across those age generations.

We have also got a program that was funded in last year's budget, the Gold Soul program, which enables allied health workers to be able to live within a residential aged-care facility campus while they are undergoing their training, in return for providing some companionship volunteering hours. The aim of that program will be to really build some intergenerational knowledge between young people who are looking at going into an allied health career and what it is like to be an older person in residential aged care. That program, once it starts, will be another great example of the kind of intergenerational work that we can do. Ms Evans may like to talk more about some of the intergenerational programs that we provide.

Ms Evans: I do not know if I have any more specifics around that. I think the examples that the minister has just given are the best examples. Certainly there is an increased awareness nationally around the benefits of even the most casual of intergenerational opportunities for a whole range of reasons—not just loneliness and isolation but also for older people to feel like they have more physical activity in their day and for younger people to feel like they are being stretched a bit more cognitively and in their emotional wellbeing. We are certainly looking at that. I know that in some of the more private spaces, such as early learning centres, they are looking at whether they can collocate closer to aged-care facilities where they can share some of those opportunities. But I think the minister has given the best of the examples in the ACT government.

Ms Davidson: I must say, too, that it is not just through the Office for Seniors and Veterans that we see opportunities come up to support intergenerational programming. There are also some great opportunities in the work that we do partnering with the community sector around volunteering. Volunteering is something that a lot of young people are very engaged in. About 57 per cent, I think, of young people in the ACT engage in volunteering activity. The Mission Australia survey in 2021 found that 16 per cent of young people in the ACT were specifically volunteering in things like land care and environment work, which is great. It is a great way for them to take action on something that they have a lot of climate anxiety around and to be able to do something with those feelings that that is constructive for their wellbeing.

It creates some great intergenerational opportunities. We have experienced volunteers—for example, the older people in our community who get out there and do volunteering. The proportion of them in the ACT is really quite large. Canberra is great compared to the national average for volunteering, particularly when it comes to our older people. It is an opportunity for skills development and knowledge sharing across different age groups that is based around a shared common interest in, for example, land care, health support, food relief, or any of those things where we see people of all ages getting involved and volunteering together. HelpingACT's barbecues are a great example of intergenerational volunteering where all ages are getting in there and doing it.

MISS NUTTALL: Other submissions have mentioned the barriers to digital literacy

for Australians, especially for those aged 65 and over, and many people have pointed out the high rates of loneliness and social isolation among young people, who more often have access to digital literacy training. I appreciate that I am spit-balling, but is there any school synergy there and have we tapped into it at all?

Ms Davidson: Yes. We have recognised that there is a need there, and we have been funding programs that actually help to support that work. There are a few examples. COTA ACT have received funding for IT support programs and digital literacy work with seniors in the ACT. That has been really well received and appreciated by older people in our community. Volunteering ACT have also received funding from the ACT government through grant programs to provide easier access to computers and to people who can help you learn how to access certain services online at their ground floor hub in the Griffin Centre. That has been really well appreciated by people in the community who otherwise would find it difficult to get access not only to the hardware, the software or the internet connections but also to talk to someone who knows how to navigate those online systems, which is really important.

It is also something that we think about when we are delivering ACT government digital services—for example, the MindMap program, which is a mental health navigation service for young people and for their family and carers. We are finding that there is quite a significant proportion of people who are not the young person themselves but a family member or a carer for someone who are accessing that service. One of the key things that makes that service work so well is that there are youth navigators there. So, if you are having difficulty, for example, using the filters on the website and searching through the tools yourself, there is someone you can actually talk to, whether that is in text chat or whether you want to pick up the phone and have an actual conversation with a human being who can help you to navigate your way through those systems and services. That is really important.

It is also one of the reasons that we have increased funding for things like individual advocacy support services to organisations like ADACAS and Advocacy for Inclusion. Sometimes, some of those government systems can be hard for people to navigate, and they actually need someone who can give them some support while they do it.

MISS NUTTALL: Thank you.

MS LAWDER: You spoke about some of the great technical and IT support programs for older people. What is the government's position on not just social media but also gaming and things that which, on the face of it, might promote isolation and loneliness for younger people? I know there are also online friends and community as well, but, in some cases, it may appear to be more isolating. We often hear, for example, that trolls online tend to be lonely single people. What is the government doing in this space?

Ms Davidson: That is a really big topic to unpack. I am also the ACT Greens spokesperson on digital technology. So my mind immediately goes to the million and one things that we actually need to be working on there.

There is some really good work that is done by the eSafety Commissioner on how to stay safe online and what to do if something does go wrong, who you can talk to and understanding your rights and knowing how that works. The engagement that the

eSafety Commission has with some of our community sector organisations who work directly with young people really helps there. But I think people also need to know that they can also talk to our ACT Human Rights Commission about getting a better understanding of what their rights are and how to enforce them when you are talking about things like cyberbullying and some of the things that can happen online with people's rights being disrespected—for example, image sharing and that kind of thing as well.

More broadly, though, in terms of that sense of social connection that can happen, it can be an incredibly useful tool for people who would otherwise be physically isolated from being able to find someone who shares their lived experience and to be able to exchange information and share tips and just have that shared sense of community. But it is also important for people to be able to still connect in person as well. That is why it is so important that we continue to do work in areas that support peer groups being able to come together and have spaces in the community to do that in a physical sense, not just in an online sense, and to support that to happen. Is there a particular area that you are concerned about?

MS LAWDER: No, not necessarily—but cyberbullying for young people and scams, particularly for older people, for example.

Ms Davidson: Some of the work that COTA ACT has done in facilitating the network of organisations and agencies who are engaged in understanding and working towards eliminating the abuse of older people in our community actually helps us with that. The work that OPALS and Legal Aid ACT do in helping people who might have experienced some of that behaviour is really important as well.

I think it kind of goes to all of us having a better understanding of what our neighbours might be dealing with, what our friends might be dealing with and what our family members might be dealing with, and being able to sort of pick up the early warning signs that actually something is not right there and they might need a bit of extra support to ensure that they can stay safe. That is harder to do when you are talking about things that happen online. But we all have conversations with our neighbours or with family members or friends where they are talking about whether they feel like they cannot use Facebook anymore or they cannot use email anymore because they get too many people trying to scam them and they are not sure when it is real and when it is not. When those things happen, being able to say, “Here are some resources that you can go and get access to”—whether it is through COTA ACT’s programs or talking to someone at OPALS—if they have been experiencing something that they should not be or being able to get some of the resources from the eSafety Commission to help people skill up and be able to feel confident but still be able to access services that they need to access online, is very helpful.

MS LAWDER: We touched on dementia briefly, and I know you have had some dementia friendly training for frontline staff. Mr Pettersson asked whether there was anything to help people identify loneliness or social isolation. When you give out your grants and programs to community groups, is loneliness and social isolation explicitly mentioned anywhere, or is this a sort of newish topic?

Ms Davidson: In terms of terminology, we often talk about “social connection”. In, for

example, the guidelines for, say, seniors' grants or veterans' grants, we might say, "We specifically want to provide grant funding to people who are doing things that help with social connection." So rather than taking—

MS LAWDER: So a positive view of it, rather than a—

Ms Davidson: Yes; we are trying to create the positives. We are trying to build on strengths with those community groups that already know best how to support people who are at particular risk or at risk in ways that the broader population in Canberra might not be experiencing. We are really trying to target that.

To go back to what we are doing around dementia and what people might be experiencing there, I think the ACT Carers Strategy is also really important, because it is not just about the person with dementia it is also about their carer as well. Carers ACT do a lot of work around how you connect people up and how you build a community of support around this role that people have in their lives. A number of people, particularly men in the community might be doing caring work and do not even recognise that this is actually a life role that they have as a carer. Making sure that they know that there are things out there that are there to support them and to support the person that they are providing care is important. Sometimes the person that they are providing care for is not necessarily in the best position to be able to go out there and find all the services and things that might be able to help them maintain their sense of connection.

MS LAWDER: You mentioned in appendix A government programs addressing loneliness and improving social connectedness. In table A, Brindabella women's group is mentioned. My understanding is that it is no longer functioning. I am not sure how up to date your information is in the table.

Ms Davidson: It is entirely possible that some of the groups that really struggled during COVID might be finding it really hard to come back. I think this is why something like a social recovery framework is so important for the ACT, because it helps us to understand what the real connective tissue is that our community groups provide within the broader ACT community so that in those times of stress for the community, when our capacity is really pushed towards limits, we know who the groups are in our community that are engaging with particular people in our community who are at risk for social isolation and the kinds of support they need to be able to continue on with the work that they are doing. I think it is going to be an ongoing process of making sure that some of the newer organisations that have sprung up over the last few years as well, particularly around things like food relief and mutual aid support, are able to continue to do what they are doing in a safe and supported way.

THE CHAIR: Does the ACT government have a measure of the economic and/or human cost of loneliness and social isolation?

Ms Davidson: The ACT Wellbeing Framework indicators is intended to help us to understand the impacts of those things and help us to find suitable measures and suitable metrics to measure those impacts. We are finding that some of the metrics that we started out with in the wellbeing indicators framework are metrics that we already had in existence, and we are looking at how we can apply these to our understanding of

these things. We may find that there are new metrics that we can add over time that will help us.

The University of Canberra survey is helpful in that. While it has only been running since 2019 we can already see over a period of a few years that there is a shift in very measurable levels of social connection and experience of loneliness. That is the kind of thing that can help us as we move forward, and we can sort of start to connect up and say in a year where we may have provided more grant funding that was directly connected to social connection, “What are we seeing in the survey results a year or two later in terms of people’s sense of connection?”

THE CHAIR: That one measures the prevalence of loneliness and social isolation, but does the government have a measurement of the cost of it in the community?

Ms Davidson: I think that is something that is still emerging as something we need to work out how to measure nationally, not just in the ACT. particularly when you are talking about how you measure how much you have prevented in terms of costs down the track. That is something that we are still grappling with nationally, not just in the ACT. Certainly, some of the work that I have seen come out of the University of New South Wales has been really interesting in understanding how you measure the effectiveness of prevention programs in flow-on impacts in the justice system, in population health services and in mental health.

THE CHAIR: Clearly, it is very complicated to try and come to a number. I appreciate that. Some of the submissions have made claims as to the costs Australia wide. Based on what I am hearing here, it does not seem like we have an ACT-specific number that the government works to.

Ms Davidson: Sometimes, those things that are done nationwide do not necessarily have a state-by-state breakdown to them. If we were to try and commission that, that would be quite a significant piece of work and we would have to look at the opportunity cost of doing that compared to some of the things that are in, for example, the Older Persons Mental Health and Wellbeing Strategy and some of the research that is in that that goes in a very targeted way to how we make sure that the people have social connections and that it recognises the intersection of, say, LGBTIQ or First Nations lived experience with being an older person and your sense of social connection.

THE CHAIR: On, I guess, the other side of the equation, do we have a dollar figure on how much the ACT government spends trying to address loneliness and social isolation?

Ms Davidson: When I look at some of the other things where we have recently had to try and come up with the dollar figure that we are spending on, say, justice reinvestment and things like that, there is a whole lot of programs and services that actually go to the prevention of those kinds of things before you are even at the early intervention stage—before you are even into a diagnosis of something whether there is an engagement with a particular system. Finding ways to attribute that expenditure to social isolation and loneliness prevention would be quite a significant piece of work across every directorate—because every directorate is doing something in that area—even TCCS. People do not necessarily think about TCCS being involved in that. There are actually

quite a lot of older people in our community who volunteer with TCCS, not just in the domestic animal program but also in transport.

THE CHAIR: If we cannot quantify how much it is costing the community, we cannot then quantify how much the government is spending or allocating to try and address this issue. How do we make sensible decisions about how much prioritisation addressing this issue should have?

Ms Davidson: Again, this is why the wellbeing indicators framework is important in being able to do this. Even when you cannot quantify the dollar figure or the number of people who are participating in programs—because they are so diverse and because those programs do not just go to social isolation and loneliness; they might also go to solving other particular problems within the directorate that is running that program as well, the wellbeing indicators framework can still tell us, in a more qualitative sense, why that piece of work is important or what mechanisms a particular program might be using to support someone's wellbeing in terms of social connections. So, just because you cannot put a number on it, does not mean that we cannot still recognise and acknowledge the value of it.

THE CHAIR: On behalf of the committee, thank you for your attendance today. If you have taken any questions on notice, please provide your answers to the committee secretariat within five business days of receiving the uncorrected proof *Hansard*.

Short suspension.

D’CUNHA, DR NATHAN, Assistant Professor, Centre for Ageing Research and Translation, University of Canberra

GIBSON, PROFESSOR DIANE, Distinguished Professor, Health and Ageing, University of Canberra

THE CHAIR: Welcome back to the public hearing of the education and community inclusion committee for its inquiry into loneliness and social isolation in the ACT. The hearing today is being recorded by Hansard and will be published. The proceedings are also being broadcast and webstreamed live. The committee recognises that this is a sensitive topic. The secretary has information on support organisations available for witnesses and people attending or watching who are impacted by issues raised in this hearing.

We now welcome the witnesses from the Centre for Ageing Research and Translation at the University of Canberra. I remind you of the protections and obligations afforded by parliamentary privilege and draw your attention to the pink privilege statement. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be consistent contempt of the Assembly. Could I please get each of you to confirm that you understand the implications of the statement and that you agree to comply with it.

Dr D’Cunha: Yes, I confirm.

Prof Gibson: I confirm and agree.

THE CHAIR: Wonderful. I believe you have an opening statement. Take it away.

Prof Gibson: Mr Pettersson, Miss Nuttall, Ms Lawder, thank you for the opportunity to appear before this inquiry into loneliness and social isolation in the ACT. The focus of our submission is on the experiences and personal costs of social isolation and loneliness for older people living in the ACT. In this age group, loneliness and social isolation are major risk factors, comparable with smoking and obesity, for poor health and wellbeing outcomes, including quality of life. Social isolation has been associated with physical factors, such as decreased resistance to infection; mental health factors, such as cognitive decline and depression; and elevated health service use, including admissions to hospital.

Older people are extremely diverse, covering an age range from 65 to 105, and they vary in economic, educational, employment and family circumstances—many ways. They also encompass a number of the vulnerable groups of interest to this inquiry, including carers, people with disability, immigrants and so forth, down that long list that you have. One particularly vulnerable group in terms of social isolation, though, are people living with dementia and their carers. There is significant evidence that a diagnosis of dementia impacts negatively on isolation from friends and family, loneliness and opportunities for social engagement, not only for people with dementia but also for their carers and immediate family members.

Here in the ACT we have been running the SPICE program, a 12-week post-diagnostic multidisciplinary program for people with dementia and their carers, since 2023. The

program has demonstrated improved cognition, physical health and quality of life. You have that in attachment A. Dr D’Cunha will be happy to elaborate further, should you wish. We have also seen consistent evidence of the importance of social connection. SPICE acts as an important counterweight to the social isolation and stigma often experienced by people with dementia and their families. One of our participants poignantly described this as: “Old friends have fallen away, but SPICE has opened up a whole new world of relationships.”

That brings me to the final point of our submission, life After SPICE or, as we refer to it, SPICE for life. This relates directly to clauses (d) and (e) of the inquiry’s terms of reference: opportunities for the ACT government to support organisations in addressing social isolation and loneliness, to improve social connection and to integrate social connection into broader areas of policymaking.

An important and unexpected result of SPICE has been the high level of group cohesion and support that has emerged within those groups. The groups have been inventive in developing ways of staying in contact. However, our SPICE participants are asking us, “What is next?” We see an opportunity for a partnership model between the University of Canberra, the ACT government and perhaps another community-based entity to continue to support the cognitive and physical needs and the wellbeing of participants in a low-intensity and low-cost model while addressing, simultaneously, social connectedness. Thank you for the opportunity to make that statement.

THE CHAIR: Thank you. In your submission you identify that there is a significant waiting list for SPICE, going into 2025. Can you quantify how big is a big waiting list, and why do you think there is a waiting list?

Dr D’Cunha: We now have over 60 people with dementia and their 60 carers on the waiting list. I think the reason it has grown is that the program does have some limited capacity at the moment. It can accept up to seven people with dementia and seven carer partners into any single group. There is capacity now to have two groups running at the same time.

I definitely think we have done better at ensuring that there are good referral pathways, through geriatricians and doctors. People are now getting referred to SPICE shortly after receiving a diagnosis, whereas before it was more through a lot of our connections that we have through CARAT. So that wait list is growing. Word of mouth is spreading about the program. People are seeing the benefits. Other community organisations are aware of the benefits. I think there is just not enough out there to allow people with dementia to get allied health rehabilitation in a timely fashion, following diagnosis, and that is one reason why SPICE has become so popular.

THE CHAIR: What are the challenges that you face in trying to scale it up or expand the number of places?

Dr D’Cunha: To be honest, we need some certainty around funding. It is an intensive program, but it is a long program, and there is the large expense of an occupational therapist full time. That is why it is currently limited to two groups at a time. Definitely there needs to be more funding to Canberra Health Services and also to the University of Canberra commitments to the program in order to expand and increase the capacity.

Certainly, there is enough demand out there. We just cannot get the people in in time, and quite often when we follow up with them their health may have declined and they cannot participate. Sometimes people are calling because they are really frustrated and want to get in.

There are other great services in the ACT. Dementia Australia and Carers ACT are doing a lot of work and have been for many years. SPICE is relatively new, but I think SPICE is really filling the gap in allied health rehabilitation. The unique thing, as Diane alluded to, is the social connections that people make. To my knowledge, other programs do not offer the social connection that people are receiving during the program which enables them to have relationships and form peer support groups into the future, after the program is over.

Prof Gibson: I would almost claim—almost—that SPICE has revolutionised the way we are seeing post-diagnostic dementia care in the ACT. “Revolution” is a radical term, but I mean that the reverberations have gone out through not just our partners, CHS—remembering that previously Brindabella, the rehab ward, did not have rehab services for people with dementia—but through these other organisations Nathan has already mentioned and through the geriatricians and into the community. People see that it is not just about going off and sorting out your will and your living will and those kinds of arrangements, which are really important, but there is life after diagnosis and it is a positive frame that people very much need. As you saw in our results, it actually does make a difference.

There are two, maybe three, other limitations. One is location. We have now worked out how to run two sessions on the same day at the University of Canberra Hospital, but still it does require an appropriate space. A second is that SPICE targets caring dyads. With regard to people with dementia and their carers, we are finding often that the carers themselves have significant health problems, and we are seeing an improvement in them. But there is a whole other population of people living with dementia who do not have carers living in the community. How many people have a diagnosis in the ACT?

Dr D’Cunha: Approximately 6,000.

Prof Gibson: As Nathan always emphasises to me, there are a substantial number living without a diagnosis because they do not want to seek it or their doctors do not want to give it. The other limitation would relate to the ease with which we can deal with people for whom English is not a first language, and severely disadvantaged populations who would not be coming into the Canberra Hospital. First Nations people might not be comfortable in that environment. They are all the kind of limitations of who we are. There are limitations on who we are reaching and then there are limitations on how much we can do at any one time.

Dr D’Cunha: I think having certainty around the funding would enable us to evaluate different intensities of the program—that is, whether we would see the same benefits from a 10-week program or an eight-week. For example, I mentioned the occupational therapist expense. That is to run an extremely evidence-based program that requires up to 10 visits. There is a variation of that program that is six visits, so could we see potentially the same benefits there? If there was that ability to reduce the intensity of

the program, we could get more people through and possibly see similar benefits, but we do not know until we can do that sort of work.

MISS NUTTALL: I am very curious about the SPICE model. How was it developed in the first place and is it unique to Canberra?

Prof Gibson: It is pretty innovative in terms of global developments because of its multidisciplinary nature. I worked on it with Nathan. Nathan is our lead and we worked on it with our partners at Canberra Health Services, so I want him to describe it to you.

Dr D’Cunha: Back in April 2021 Canberra Health Services came across the hallway at the UC Hospital and said that they had identified that they do not have any dementia-specific programs that they run in the Brindabella rehabilitation clinic. We worked together to come up with the design for an intervention. It is a combination of evidence-based interventions, really. There were certain components that had to be developed. We consulted with Dementia Australia advocates and people with lived experience, and eventually the program started in September 2022.

It was quite successful from the start. I think the way the different components worked was synergistic. They complemented each other well. It is a large time commitment for people to take part, but they were seeing benefits almost immediately and were able to make that commitment for the 12 weeks That has held throughout. We have attendance rates of over 92 per cent across all of the components.

MISS NUTTALL: Is it the kind of model that, once tested in the ACT space, you would be happy to export to other jurisdictions as well?

Dr D’Cunha: Yes, and we hope to do that. We have applied for research grant funding to do that in a pilot capacity in other parts of Australia. There is definitely great interest from other parts of Australia. We get constant contact from people wondering how they can develop something similar. We do think it is unique and we have been told by other experts in the field that it is setting an example for others to follow.

Prof Gibson: Yes, by very eminent experts in the field. The chair of our external advisory group, Professor Henry Brodaty, is very well known internationally and nationally and is very supportive of this and intrigued that we have indeed been able to develop and run it successfully here in the ACT. That proposed funding, although we do not know whether we will get it, is for four sites in other states. Nathan, what are they?

Dr D’Cunha: Wollongong, the eastern suburbs in Sydney, Victoria and Perth.

Prof Gibson: And the settings.

Dr D’Cunha: One is a community health organisation. The other is an aged-care organisation in Perth that would run it for people within the community. In Wollongong it is a clinic based at the University of Wollongong, and in the eastern suburbs it is the Uniting War Memorial Hospital, which is an older persons focused rehabilitation hospital.

Prof Gibson: We are trying to see how it works in different contexts, as well as in different locations. We should find out about that funding in June, but it is tough to get that kind of funding.

MS LAWDER: With your model there is, at this point at least, no pharmaceutical intervention. Is that because it is for an earlier stage of dementia, or are you trying to avoid the pharmaceutical sort of intervention? What is the rationale?

Dr D’Cunha: There are no pharmaceutical treatments that can reverse or cure dementia. Non-pharmacological interventions should be the approach of choice. It is very much a psychosocial and physical activity based intervention. That is what the best evidence is at the moment for maintaining quality of life and cognitive and functional capacity. There have been some supposed breakthroughs around pharmaceutical treatments, showing very small effects in those trials, but, unfortunately, I do not feel like it will be any time soon that we will have an answer around that.

MS LAWDER: Being a carer can be a full time responsibility. Do you encourage your carers, as part of the education, for example, to, if they are able, take some time for themselves to interact with other friends? How does that work?

Dr D’Cunha: That is difficult. It is based on everyone’s individual situation. I think one bit of consistent positive feedback we get about SPICE is about the first hour when they come into the program. The person with dementia and the carer are doing a separate activity for that first hour. They say, “It is wonderful to know that they are being looked after, they are in safe place, and I can be here with the other carers.”

MS LAWDER: They are in separate rooms?

Dr D’Cunha: Yes. For the first hour they are, and that is when the carers get a lot of their education. There is a real focus on self-care and stress reduction techniques for them as well. They really value that first hour apart on each of those two days that they come in. As far as strategies go to spend more time on themselves outside of the program or in the future, that is definitely something that is a focus, and it is encouraged. It is not always possible, but we do get feedback and we have research data saying that people do feel like they can do more things out in the community after the program.

Prof Gibson: The other aspect that struck us is that in that second hour we planned it so that, during the exercise program, the carers could go off and have a coffee or read a novel or whatever.

Dr D’Cunha: But it did not turn out that way. They wanted to do the exercise as well. They felt this was an opportunity for them to improve their health. Of course, if their health is improved they can then care for their loved one in a better way and, hopefully, for a longer period of time. I think having their health taken care of is important. We have also seen that a lot of those carers need more support and supervision to do the exercise than some of the people with dementia.

Prof Gibson: Yes, because some of them have worse physical health than their care partners. The flow-on effect of the focus we have in our minds now, on how we will develop SPICE for Life, is in part around an aspect of that question. What we are seeing

is that the groups are staying together and are ready to support each other. They are having group outings because they are forming friendships around shared experiences. We know that they are trying to stay together. We see SPICE for Life as a way of providing a better framework for that, while continuing to provide the cognitive stimulation therapy and the physical exercise that will help support their mental and physical wellbeing.

Dr D’Cunha: I will give the example of one group that finished just before Easter. They gelled very quickly at the start of the year, and about halfway through the 12 weeks they thought, “We do not want this to end. We want our loved ones to be able to continue this straightaway, after SPICE is finished.” They organised a community church hall for them to go to. They have afternoon tea and then they do the exercise program that they were given as a group, for an hour. However, they are constantly contacting me, saying, “When are we getting SPICE for Life set up?” because the cost is not appropriate for all of the people in the group. They have committed to doing it for a couple of months, but they are still really on my case for when we will actually get this going.

Prof Gibson: They are not getting the clinical supervision or the cognitive stimulation therapy.

Dr D’Cunha: That is right. My colleague, who is a clinician and exercise physiologist, and I went to the very first session just to help make sure that they were comfortable with the exercises they were given. They were doing great, but there is still worry in the back of their minds about the safety around them.

MS LAWDER: Is part of the barrier to going out to clubs and restaurants that fear of being judged or perhaps inappropriate behaviour on the part of the person with dementia? Do they try to educate that venue about how to cope better with people with dementia?

Dr D’Cunha: I know from our clients’ perspective that there are exercise groups out there for older people and quite a few of them feel that they are not suitable for people with dementia because, as you say, that education and the ability to communicate with a person with dementia is not there. As for being held in clubs and other things like that, I do think you are right: there would need to be some education beforehand.

I think the fact that SPICE is dementia-specific is really important. People feel more relaxed around other people who are going through the same thing. There definitely is some stigma around challenging behaviours and things like that, but that is on the extreme end. If you meet one person with dementia, you have met one person with dementia.

For a lot of the people in the community it is just like meeting anyone else with a health condition. I do not think there should be that fear. We would like to see this go out into the community and, as Diane said, in locations in different parts of the ACT, to improve accessibility, because we know that there are people out there that want more of this sort of thing. I think other organisations that have made submissions would probably agree with that as well.

Prof Gibson: Ms Lawder, you are raising a point about a broader dementia-friendly Canberra, which I know is on the agenda of many members of the community and members of the Legislative Assembly.

MS LAWDER: Is part of your search for ongoing funding to have more SPICE groups or to continue those who have already completed the first 12-week session or a combination of the two?

Prof Gibson: I guess it is a combination of the two. I see the SPICE for Life program as being a maintenance and support opportunity that would be low touch and low cost but really important in helping people retain and maintain what they have learnt and what they have the ability to do. It would particularly help carers, in terms of education, and remind them that they can go back to particular health professionals for help. The actual intervention itself, which could be reshaped or kept exactly as it is, is something that is important to people who have recently been diagnosed with dementia because that only happens once to everyone. This is a program targeting that period of time when things seem quite difficult.

Dr D’Cunha: I think being able to tweak SPICE and evaluate slightly different variations is important. We get people who are going through different experiences with dementia. Perhaps they are receiving a diagnosis when they are already at more of a moderate stage. We also get people with young onset dementia. To have the ability to group people together, based on the stage of dementia they are at, or their experience, would be amazing. I think there would be even greater benefits, but we cannot do that right now, when we are still going through our long waiting lists and trying to get people in who are really in need. To be able to have different variations would be really beneficial, I think.

Prof Gibson: I think, Nathan, you said that there are 700 people with young onset dementia in the ACT, based on our best estimates, which are probably not great estimates. That’s the kind of number we have.

Dr D’Cunha: Their needs can be different to those of older people with dementia. Being able to tailor some of the education and activities to people with young onset would be great.

THE CHAIR: When does early onset dementia count from?

Dr D’Cunha: If you are diagnosed before 65 years.

THE CHAIR: Thank you.

MS LAWDER: Regarding the carer who would generally bring the person with dementia to the program, if one dyad did not turn up one week would you give him a call and find out what happened? What is your support like?

Dr D’Cunha: There is a duty of care. The clinicians and the team check in. As far as the 12-week program goes, they are only able to enrol if they know that they will not miss more than four sessions. For example, if someone is going on holiday or away for a family thing, we ask them to wait until the next group. Of course, things happen and

they might miss some sessions, but generally people are very motivated to do the program and are willing to move things around if they are offered a spot.

Prof Gibson: Nathan took a phone call from a gentleman whose wife had died part way through the program who wished to continue with the program because of the support that was being provided. There are two things there. Actually, there is a third thing, which relates to how the health service system copes with that. But the two things that are important to me are the way in which he viewed the program and the fact that he phoned Nathan to talk that through with him. One of the aspects of the program that is important is that there is a touch person, who in this case is Nathan, not necessarily through the administrative processes of CHS but that human face. That is something that needs to be explored as well, I think. You do not regard it as a load, do you, but it is a fair amount of time.

Dr D’Cunha: I am the first person to meet the people before they join the program. Being able to explain what is involved and what they might get out of it is important, and to build that rapport. Certainly, once the program starts, remaining around the program is important. It is definitely the whole team. There is one occupational therapist who has been with the program from the start, and she does an amazing job of keeping the clinical side together, with all the rest of the SPICE team. It is something that we all hope will continue.

Prof Gibson: It is not part of his academic job description, though.

THE CHAIR: I appreciate that the program is about dementia. Are there any other conditions where a model of care like this might be suitable?

Prof Gibson: Nathan and I were talking about this as we came in.

Dr D’Cunha: Definitely for other neurodegenerative conditions. I know Canberra Health Services are interested in exploring something relatively similar for Parkinson’s disease. I think it could apply to other health conditions.

Prof Gibson: And not necessarily only in this age group either. Obviously, as a territory, we would have to explore what those conditions might be. But where you have a degenerative disease, where the ability of the affected person to function physically or mentally, or both, is being progressively stripped away, it may well be that this way of providing support for both the person and the carer is highly effective, albeit with appropriate modifications.

We do run a Parkinson’s group out of the student-led clinics. I should perhaps say that we are not sure that the student-led clinics are exactly the right location for something like SPICE for Life. I am conscious that we have not talked about that very much today, but I do hope that there is an opportunity to explore how the government, the community sector and the university could work together in that space, going forward, because that is what we need to do, really.

THE CHAIR: On that note, thank you so much for making the time to come in and see us today.

PROOF

If you have taken any questions on notice, please provide your answers to the committee secretariat within five business days of receiving the uncorrected proof *Hansard*. Thank you.

Prof Gibson: Thank you for your invitation and thank you for your very interesting questions.

Short suspension.

HENRICKSEN, MS REBEKAH, Senior Government Relations Adviser, Suicide Prevention Australia

LESLIE, MRS ANNE, Acting Director, Policy and Government Relations, Suicide Prevention Australia

THE CHAIR: We now welcome witnesses from Suicide Prevention Australia. I remind each of you of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement which was emailed to you by the secretariat. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered a contempt of the Assembly. Could I please get each of you to confirm that you understand the implications of the statement and that you agree to comply with it?

Ms Henricksen: I agree and understand.

Mrs Leslie: Yes, I understand the implications and agree with it.

THE CHAIR: Thank you. I understand that you would like to make a brief opening statement. Please go ahead.

Ms Henricksen: Thank you for the opportunity to present to the committee today. Suicide Prevention Australia is the national peak body for the suicide prevention sector. With over 420 members representing more than 140,000 workers, staff and volunteers across Australia, we provide a collective voice for the service provider organisations, both large and small, as well as practitioners, researchers, local collaboratives and people with lived experience.

Three thousand people die by suicide each year and each suicide has a ripple effect through families, friends and communities. Each death is equally traumatic for those impacted, emphasising the importance of considering suicide in a whole-of-government, whole-of-community approach.

Suicide Prevention Australia has presented to this committee based on the established connection between social isolation and loneliness, and the risk of suicide. Clear linkages exist between the feeling of withdrawal from social connections and the risk of suicide. This is true across all age ranges. A lack of connections influences the risk in adolescence, marital status can be a strong association, and levels of social integration across men and women have a direct impact. Australian research demonstrates that social isolation is one of the most common risk factors identified by Australian men who have attempted suicide.

In the context of this inquiry, Suicide Prevention Australia presented two areas for focus: community-based interventions and suicide prevention training for key contacts in the community. Going to the first point, the protective factors against social isolation and loneliness, while present across all age groups and populations, present differently across each. This gives scope to co-design programs and interventions with priority populations to provide the most effective responses. For target groups, such as youth, men and older people, these interventions, especially when incorporating lived experience, can resonate in a way that generalist interventions will not do as effectively.

Utilising existing resources—for example, GPs—could enhance this delivery, with options such as social prescribing where healthcare providers connect people to existing community supports, including community groups and volunteering roles. Programs that can re-establish a relationship with peers and the community, and rebuild connections, can bridge the gaps caused by loneliness, difference and feelings of isolation.

For people with lived experience of suicide, there are many factors that can lead to or exacerbate isolation. Reconnection with life and community is a difficult journey, and the experiences of these people need to be incorporated into the examination of loneliness and social isolation.

The second focus area is providing first-aid suicide prevention training to key members of the community who commonly encounter people at risk of suicide. It is a critical moment when a person first discloses their distress or suicidal thoughts, and it will often be to a community member, such as a pharmacist or a barber. Equipping these people with suicide prevention training gives them the ability to provide vital assistance to help reduce that person's risk of suicide. It equips the community to deal with that vital first disclosure with sensitivity and meaning. When a person is feeling disconnected from society through loneliness or social isolation, this passing connection allows for a life-changing intervention.

The opportunities provided by this inquiry to equip the ACT with measures to reduce loneliness, social isolation and suicide risk are valuable, and Suicide Prevention Australia thanks the committee for their consideration of these important issues.

THE CHAIR: Thank you. I will lead off with questions; then we will make our way down the table. What do you know about the Connecting with People training programs that are in place in South Australia, Tasmania and the ACT?

Ms Henricksen: I do not. Anne, do you know about that one?

Mrs Leslie: No, we are not aware of that initiative.

THE CHAIR: We heard evidence earlier that that program is in place to train frontline ACT public servants in Health to respond to people that are suicidal. Are there other programs implemented in other jurisdictions that are seen as best practice that you might be more aware of?

Ms Henricksen: There are programs throughout health, but not necessarily community facing. When somebody goes into an emergency department, for example, there is a different need from that of somebody within the community. That is part of what we say is an issue that needs to be addressed—that connection regarding somebody who is too isolated to be able to access the health services. Different departments, for example, in government will have different layers of suicide prevention, but there is not an overall, overarching, whole-of-government approach to suicide prevention training for departments or community facing.

THE CHAIR: I was hoping you could expand on that. What are some of the risks and challenges that present to the wider community when public servants and the

community do not have this training?

Ms Henricksen: It is both causal and internal. With somebody who is in a public-facing role in a department, we have seen it, for example, at a federal level with agencies such as Centrelink, child support and so on, where there is a quite confrontational relationship with the person that they are dealing with, at times. That is a good point, for somebody who is going through distress, for them to be able to pick up on that distress. That can be where suicide prevention responsiveness is really essential, if somebody is undergoing distress and the encounter with the agency is enhancing it.

With agencies such as police and coronial investigators, when you have somebody who has attempted suicide or has died from suicide, those interactions also can be very traumatic for the person who has been through a loss of a family member, for example. It is about the sensitivity and the meaning. Whilst they are doing their job, they need to be aware that, when somebody loses a family member to suicide, it increases quite significantly their suicide risk. Going through a traumatic situation where they have to retell events multiple times, or they are being treated as another number and there is not that suicide prevention awareness, can actually exacerbate the situation quite badly.

Mrs Leslie: One thing that we hear from lived experience is the importance of trauma-informed and culturally safe responses. When someone contacts or is engaged with us, they do not want to be re-traumatised, and they want that service to be safe. For example, Aboriginal and Torres Strait Islander people or people from different communities need a response that fits their culture as well.

MISS NUTTALL: You mentioned in your submission the importance of co-designing programs with priority populations. Can you provide some examples of where this co-design has worked well in the context of loneliness and social isolation?

Ms Henricksen: It becomes a very broad topic because loneliness and social isolation become so distinct to each area. For example, where you have men involved, it is a different level of isolation from where you have regional people involved. Doing It Tough is one of the programs that we have for men which is about providing a very focused, targeted approach that they do not get in the normal community. That program is co-designed to cater for a particular, specific need. It might be different in minor ways, but we hear a lot with men that it is not necessarily about a reticence to seek help; it is about not having the right venue to seek help. The co-design can help by providing that venue—for example, safe spaces and areas where somebody can feel comfortable enough to make that first announcement of distress, if you like.

MS LAWDER: Are you aware of how GPs as a profession are embracing social prescribing?

Ms Henricksen: More internationally than locally, at the moment. It is something that in the UK, for example, is a lot more embedded in the health systems, but it is something that we would hope will take off to a much greater extent, because it allows that connection. It recognises that that model of health is a medical problem. It is also a social problem, and it allows for that connection, that reduction in isolation and people being able to seek help in a non-clinical way.

MS LAWDER: In the ACT, specifically, we have low levels of bulk-billing. People often have to book quite a long way in advance to get in to see their GP. I wonder whether GPs may feel it will take them longer to go through an appointment with a client to talk about the social side of things than a “here, take this, and you will be better in two weeks” kind of thing. I know that is a very simplistic description. How do GPs learn about the type of things that they could include in their social prescribing?

Ms Henricksen: It is definitely a difficult change of frame that we are looking at with that. GPs are one high-level example. You could have health clinics or something similar; any public-facing agency that has the authority to be able to connect people is a valuable thing. In terms of GPs, it is a long-term project to be able to try and change the frame of mind as to how you can actually engage in the social side of prescribing medicine.

Mrs Leslie: GP appointments might be the only time when someone leaves the house. It is important that there are those longer appointments, too, so that someone can converse and get that sort of connection. That can really assist a person’s mental health and wellbeing.

THE CHAIR: Could you provide, for the benefit of the committee—but I think mainly for me—the rates of suicide and suicidal ideation in the ACT? Do you have that level of data?

Ms Henricksen: We have the rates of suicide, but I would have to take the ideation on notice, if that is okay.

THE CHAIR: That is okay. Is that a measure that someone has—the prevalence of it?

Ms Henricksen: In 2022 there were 55 deaths from suicide, which was down from 2021, when it was 65. But it was a significant increase from 10 years ago, in 2013, when there were 37. It is an age-standardised rate of 11.7 per 100,000 people.

THE CHAIR: Is there a measure of the prevalence of suicidal ideation in the community?

Ms Henricksen: It is irregularly reported. Because of the ACT’s population, I would have to check whether it is something that is statistically releasable, because of the small numbers.

THE CHAIR: Maybe not for the ACT then. Nationally, what does that look like?

Ms Henricksen: There are 55,000 attempts. That is based on data released by the ABS last year—55,000 attempts in the year. I would have to extrapolate that down to the ACT.

MISS NUTTALL: When you talk about evidence-based first-aid suicide prevention training, are there particular professions or places that have jumped out as needing training? I know you mentioned pharmacies and barbers.

Ms Henricksen: Again, it depends on whether you are in a smaller community or a

larger community, but it is the people who would be more likely to have that casual conversation. If people who are not wanting to be terribly involved in the community are isolating themselves because they are feeling a stigma of depression or they just do not feel that they are able to participate in the community, they still have some points where they actually need to communicate with the community. That is why we highlight the pharmacist or the barber—people who are likely to be that first point of contact.

It could be anybody who comes into contact with people in that casual format, so that they know what to say to connect that person further. Instead of somebody first voicing distress being met with a blank stare or something that is not really appropriate, there is actually that meaningful engagement that makes them feel that they can connect to the next level. It gets them to open up more to the right people, and the training gives that meaningful approach to it.

MISS NUTTALL: What would the training tend to look like for these workers?

Ms Henricksen: Suicide Prevention Australia has a form of it which is our Learnline portal, which is all online. It accesses research, modules and different resources that can be tailored. If you are a pharmacist, you have a different clientele from a barber, for example, but you can actually tailor it to the level that you want. It is generally online; it gives guidelines as to what language to use, for example, and how to recognise signs of somebody who is at suicide risk. Different levels of information are available to different people in various roles.

MISS NUTTALL: In terms of conversational practice—this might be purely anecdotal—I have chatted to quite a few people who are not confident in having those important conversations and understanding the weight of them, if they have not had practice with things like that. Are there options for practice within those?

Ms Henricksen: Anne, are you aware of that practice?

Mrs Leslie: I will take that question on notice. One thing to note is that it needs to be a learning program. For example, if someone receives gatekeeper training, it needs to be continual; it needs to be refreshed. A couple of months later, you might forget that information. It is like first aid: you do need refreshers. There does need to be continual learning to make sure that the information is absorbed.

MS LAWDER: In your submission you state that loneliness may have been a factor in suicides amongst young people during COVID-19 lockdowns. Has there been a trend away from that since the end of lockdowns? Have things improved?

Ms Henricksen: Unfortunately, we have a time lag on statistics. Our most recent statistics are from 2022, and we do not have anything more recent than that. We will get the update at the end of this year for last year.

MS LAWDER: It also states that if you have experienced loneliness during middle childhood, you may be more likely to commit suicide later. How could you possibly overcome this? What can you do? Is it about bullying? What can we do about loneliness in middle childhood to try to avoid this?

Ms Henricksen: Recognising the importance of connection; recognising the importance of having the ability to be able to communicate. If somebody is experiencing severe loneliness in middle childhood, it is about the education system, for example, being aware of the need to communicate. There is a need for a trustworthy source for that child, a community centre, or enough sporting or social facilities available for that child to be able to feel comfortable in some venue.

Mrs Leslie: One thing we really encourage is programs that create and foster a sense of belonging and inclusion for children. We have referenced adverse childhood experiences. As you mentioned before, it is about trying to ensure that kids do not have those experiences which cause social isolation and loneliness in the first place.

MS LAWDER: We spoke earlier today about other factors—poverty and those types of things. We talked about poverty, for example, in relation to access to childhood sporting teams and whether some families cannot afford for their children to participate in sports. Do you think that is an issue? Are team sports, drama or art groups some of the possible solutions to loneliness in middle childhood?

Ms Henricksen: It is, but it is not the only one. The ability to have an open space with friends, for example, is an important step, as is inclusion in team sports, and affordability. It does not have to be top-tier access. It is about the whole process. That is where it comes back to whole of community. There is not one avenue to make everybody feel included or a part of the community. It has to be a whole-of-community response.

MS LAWDER: Is there any linkage that you are aware of between poverty and suicide rates?

Ms Henricksen: Definitely, yes. Anne, do you have the information on that?

Mrs Leslie: We know that, for example, people from lower socio-economic backgrounds can have a higher rate of suicide, but that is not saying that it is only people from a lower socio-economic background that die by suicide. We know, for example, that people may have less education opportunities, less opportunities in the workplace, and that creates flow-on effects and consequences which lead to suicide.

THE CHAIR: People have put to the committee that they would like there to be a single point of responsibility within government for loneliness and social isolation. I will extend that to suicide prevention as well. Others have put to the committee that they think there needs to be broad responsibility, as everyone has a part to play; they do not think one person should be responsible. Do you have a view as to what the best pathway forward looks like?

Ms Henricksen: Can I say it is a merged approach? It is about giving somebody the responsibility for making sure that everybody is a part of it. By having a title, a person who is responsible for loneliness and social isolation, or suicide prevention, it would ensure that they would have independent jurisdiction over every agency. For somebody who is isolated at work, somebody who is isolated at school and somebody who is isolated because of geography, they would go across every portfolio.

PROOF

We advocate, for example, for a suicide prevention act. The act would have each agency responsible for a suicide prevention plan within their jurisdiction. It means that you are looking at it as whole of government, but you are embedding the importance of it by having that titled position. I am sorry to sit on the fence, but it is actually both.

THE CHAIR: I see a lot of wisdom in it.

MISS NUTTALL: Have you found anecdotally any programs that people point to that have helped them with their sense of social connectedness? If, for every person, there is a different program, it will be—

Ms Henricksen: I think that the importance of the co-design is that it has to be something that resonates with the person, to be able to get them to engage with it.

Mrs Leslie: One thing we can also mention is the peer groups. We have heard that speaking with like-minded people who are experiencing the same thing can really reduce the sense of stigma and encourage people to connect with each other.

THE CHAIR: We will wrap things up. On behalf of the committee, thank you so much for your attendance today. If you have taken any questions on notice, please provide your answers to the committee secretary within five business days of receiving the uncorrected proof *Hansard*.

GIESE, MS JEAN, Chief Executive Officer, VolunteeringACT

THE CHAIR: We now welcome our witness from VolunteeringACT. I remind you of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly. Could I please get you to confirm that you understand the implications of the statement and that you agree to comply with it?

Ms Giese: I do.

THE CHAIR: Wonderful. I understand that you would like to make a brief opening statement.

Ms Giese: Thank you.

THE CHAIR: The floor is yours.

Ms Giese: Firstly, thank you for the invitation to present to the committee today. I understand that you have been talking to lots of wonderful people, including a number of our members. I appreciate you taking the time, because it is obviously a big investment. VolunteeringACT are the peak body for volunteering. We also provide community information services funded by the ACT government. Our vision is for an inclusive Canberra and our mission is to foster inclusion by enabling participation and connection.

This inquiry is of particular significance to our work, as we believe that supporting and investing in volunteering and volunteer programs is one of the most direct and cost-effective ways that the ACT government can improve social connectedness in our city. The act of volunteering is proven to help individuals develop stronger social networks and interpersonal relationships. This is reflected in the ACT Wellbeing Framework, with volunteering included as an indicator of Canberrans being connected with family, friends and their community.

Our *State of Volunteering in the ACT* report, only released last week and sent through to the committee secretariat, showed that 75 per cent of Canberrans over the age of 15 volunteered last year, contributing an incredible 63.7 million hours of their time collectively. The top two reported motivations for Canberrans to volunteer were to help others and for social and community connection.

At the same time, there are numerous programs delivered by volunteer-involving organisations that facilitate social connections and reduce loneliness. These programs are often at the forefront of our core support services in the region, providing one-to-one or group interactions via, for example, education programs, befriending activities or mentoring, with extremely effective results. Volunteers can often provide support and help facilitate solutions for people in a way that cannot always be achieved within conventional service system models. Our submission, as you will have read, provided a diverse range of real stories that paint the picture of the benefits that volunteering and volunteering programs afford our community.

Volunteering programs are very cost-effective to run. They can support and enhance other service delivery mechanisms and provide significant social, cultural and economic returns. The data we collected showed that for every dollar invested in volunteering \$5.40 is returned. Unfortunately, despite the many benefits of volunteering, it is chronically underfunded within the territory. Whilst volunteers offer their time willingly, for free, there are costs associated with running volunteering programs and they require adequate funding to ensure that they are viable. Volunteering itself also has a cost to an individual, which we are gravely concerned about.

The draft ACT volunteering strategy, which is being co-designed by the volunteering sector in partnership with the ACT government, provides a clear road map for our region to respond to sector priorities and needs and to foster an inclusive, ethical and sustainable ACT volunteering ecosystem. The strategy is undergoing the exposure process at the moment and will be coming to cabinet in August this year.

Finally, I would like to emphasise quickly the importance of accessible community information. As the funded community information provider in the territory, we run the *ACT Community Directory* and the community information hub, which is also funded from the Community Services Directorate. These services link community members with services to support their needs, groups to connect with and activities to participate in in their local community. The directory is a vital existing resource, and we advocate for additional funding for enhancements to it, to enhance its accessibility and its ability to connect people to what they need.

Thank you again for the invitation to present and to highlight the many ways that volunteering and community information are supporting social connectedness in our community.

THE CHAIR: Thank you. You finished with it, so I will start with it: the *Community Directory* that you run. What works well with it and what can be done to make it better?

Ms Giese: We are currently funded to keep a detailed listing of service providers in the ACT. It has 2,500 service listings, so it is incredibly comprehensive. To explain it briefly, people come to us and ask us anything—and we encourage them to do so. They will come and say, “I am new to Canberra. I am looking to access these types of services. My child would like to engage with this type of sport or recreation. My older parents need some help in the community. What is available?” We use the directory as a directory, to link them through to services that meet their needs.

There are 2,500 listings on there currently. That ranges from those bigger community services like St Vincent de Paul, all the way down to the local Budgerigar Society and everything in between. It is really nuanced and really tailored and has information on it that you cannot find through Google, because then you are going down a bit of a rabbit hole, as we all know. What works well is that it is comprehensive. Our volunteers and our team keep it up to date. There is, in the back of the directory, a minefield of amazing data that we offer to government all the time, in terms of being able to showcase what people are actually accessing and what they are looking for.

What could be done better is an increased investment in it—appreciating that that

portfolio will undergo a commissioning process in the coming years. We have to say that out loud: we are only currently funded to deliver that for another 12-month period. Should we receive an increased investment in the *ACT Community Directory*, we could also have tailored pathways into it, where you have guided questions. At the moment our volunteers and our team are guiding people through those pathways themselves, but we can build that technology into the platform so that people can self-service and arrive at the same types of answers.

THE CHAIR: Wonderful.

MISS NUTTALL: What sort of funding and logistics do you think it would take to include that sort of tailored question function?

Ms Giese: Not a great deal. We think around a \$100,000 investment would set that up for at least a couple of years and keep the technology up to date. As I said, it rests heavily upon the ongoing investment from the Community Services Directorate in the community information platform itself and the services that sit around that. That includes our community info hub physical space, which is in the Griffin Centre, and our satellite info hubs that we run around Canberra, providing information. As we know, people do not always want to self-service. A lot of them want to have that face-to-face engagement as well. It relies upon the assumption that we continue to receive that core funding.

MS LAWDER: What impact do you think AI will have on the *Community Directory*? Will people be able to ask their question more easily using AI?

Ms Giese: We work with a technology partner in Queensland who would be far more adept at answering that question than I am. But we have asked them that question. We have said, “What sets this apart from Google?” It really is about the nuance and the layering of information and being able to get people to where they need, which Google does not give you, because with Google you need to know where you are going. I would say the same for AI, because you would have to build into that all of the nuances that people come to you with around their individual circumstance and exactly what they are looking at. At this stage we do not see a threat from AI, but I can certainly take that question back to the developers, if you are interested in us exploring that a little bit further.

MISS NUTTALL: What other possible enhancements do you think you could bring to the directory with proper funding? Could they include things like information on free and affordable booking spaces and the accessibility of particular venues?

Ms Giese: Yes. There is already a lot of accessibility information on the directory. That is already built into it. In terms of bookings, yes. Thankfully, the partner we work with also receives funding from other state and territory governments, so we benefit from when others make investments into the system as well. The booking, the rostering and all those types of things are already available. We would just need to switch them on, so to speak.

MISS NUTTALL: Thank you.

THE CHAIR: How many people are accessing the *Community Directory* in a given month?

Ms Giese: It is getting about 10,000 users per month. Most of those are people who are navigating on behalf of a service user. What we are seeing is that people are accessing on behalf of people that they are supporting in the community. Part of our work this year will be a marketing campaign that sits behind it, just to say, “This is how it is different from the rest,” and really selling that story. There is such brilliant information in there and we do not want to lose that. We are also providing some proactive reports to different directorates in the ACT government and to the ACT government’s commissioning teams around what data we have that might be of help in informing all of those other processes that are happening in tandem.

MISS NUTTALL: You have mentioned that volunteering delivers a substantial return on investment here in the ACT, not just from the sheer financial value added but also from the contributions to the ACT government’s Wellbeing Framework. A few other submissions have pointed out the preventative health benefits there, addressing loneliness and social isolation too. Have you looked much into the preventative health aspect of volunteering as it relates to loneliness and social isolation?

Ms Giese: Yes. We are certainly not the experts in preventative health, but from speaking to our members—and you have spoken to some of them—we know that a number of them are delivering preventative health programs that are mostly led by volunteers. What we know is that there is a different chemistry that exists when a volunteer steps up and says, “I want to help you on this journey,” and they are choosing to be there. That has a substantial wellbeing outcome for the individual. This is not taking anything away from those more formal service systems or health systems, but there is a different chemistry and a different relationship that exists. I suppose our advocacy would say that an investment in volunteering programs that look at preventative health is critical, because the relationship is different. The more investment we put into that space, the more investment will be needed in the other side of the service system as well.

MISS NUTTALL: You talked in your submission about how important it is to take a cross-portfolio approach to volunteering. Is health a key domain in that?

Ms Giese: It is, yes. The ACT volunteering strategy really clearly articulates how volunteering is delivered across the entire ACT region. There is not a directorate within the ACT government that misses out on involving volunteers. It is a really clear road map for how the entire ecosystem will come on that journey, and it has a number of actions and deliverables that are about cross-government engagement as well.

MISS NUTTALL: Thank you.

MS LAWDER: In your submission to this inquiry you talk about the 2023 *State of Volunteering* report. In your submission you say it is “soon to be released”. Of course, it was released last week, during National Volunteer Week.

Ms Giese: That is right; yes.

MS LAWDER: That mentions that for every \$1 invested, \$5.40 is returned. Can you quickly run through some of the other key challenges that are facing volunteerism at the moment?

Ms Giese: I think there are a couple. One is that we are seeing increased costs being incurred by the individual volunteer. That is reasonably concerning, when volunteers are asked to pay and contribute to their own volunteering. So, whilst they are giving their own time for free, it is actually costing them money. We are deeply concerned about the sustainability of that.

When we have such high numbers of volunteers keeping the community moving, the more costs that people are suffering themselves, the more likely they are to step away. We saw that as one of the top three barriers to volunteering—people saying, “It’s too expensive.” It is certainly something that we need to ensure our advocacy really leans into, in terms of working with organisations to make sure that they are reimbursing volunteers for out-of-pocket expenses.

That then moves the issue to the organisation, who themselves are not funded for volunteer management or for involving volunteers. It is really important that there is an acknowledgement that volunteering does not come for free. We really need to make sure that there is an investment in volunteer management in these services. Otherwise, I suspect what will happen is that the costs of involving volunteers will start to outplay the benefits, and that is the absolute last thing that we would want to happen. I think that was probably one of the key findings that concerned us. A lot of volunteers are being reimbursed, but then the organisation is saying, “We don’t receive any funding for volunteer management.” The assumption that it is for free is driving a lot of that problem within the volunteering ecosystem.

The other highlight is that people are saying loudly and clearly that they are volunteering for social and community connectedness, and that is not just for the individual. We know that volunteering itself has amazing social and wellbeing benefits, but also the benefits of being supported by a volunteer, as I said earlier, are pretty remarkable. We look at that across every sector, from a sporting coach all the way through to people who are volunteering and serving you a meal. It is when a volunteer steps up and says, “I want to make you feel less disconnected,” that there is actually a really big impact. I do not think we can underplay that dynamic between an employee and a volunteer.

In some settings, I should say, it absolutely needs to be a paid worker working with service users, but in so many other parts of our community, a volunteer is the right fit. We just do not want to lose people’s enthusiasm and their goodwill by continuing to underfund volunteer management. As I said, it is a very cheap role, really. The investment is very small for pretty phenomenal benefits.

MS LAWDER: We have talked a little bit during this inquiry about social prescribing. I presume you would be in favour of socially prescribing some sort of volunteering; is that correct?

Ms Giese: I think it is a really complex space. To get there, we need to make sure we are talking to the right people, but, yes, absolutely, we would be advocates for that. I

think it is about co-designing with people in the community and working out what is right for them, as we all know.

THE CHAIR: It has been put to the committee in submissions that some groups would like to see incentives put in place for people to volunteer. Do you see a role for incentives?

Ms Giese: That is a difficult one in isolation. I think that if you are designing and delivering volunteering programs that put the volunteer at the centre, you should be asking them. There are two things. Incentives are distinctly different from recognising and paying people for their experience. I am absolutely an advocate for making sure that we are recognising and paying people for lived experience in a paid participation space.

In terms of incentives, I think you need to ask the person, but for organisations to get to the point where they can offer incentives, you have to start at ground zero and make sure that you are, in the first instance, reimbursing them. We would not want one to be done at the expense of another, because we are hearing far more loudly from volunteers across the region that they want to be reimbursed and they do not want to be out of pocket for volunteering. We hear that, yes, some of them would like incentives, but some of them do not want that because it undermines the reason that they are there.

If volunteer organisations want to put in place incentive schemes and have the capacity to do so, absolutely—all power to them—but you really need to drive the way that you recognise volunteers around your volunteers. Some of them say, “I just want someone to say thank you. I just want someone to recognise me.” Others say, “I want an award or recognition.” Incentives will only work for a small portion. For those that they work for, that is great, but I would not want it to be at the expense of making sure that people are reimbursed for out-of-pocket expenses or at the expense of properly recognising training and keeping volunteer managers really well skilled and supported to do their jobs, which are incredibly difficult.

THE CHAIR: Thank you.

MISS NUTTALL: We have talked a lot about priority groups. Do you think your volunteer cohort reflects these priority groups, and do they have unique insights into the loneliness and social isolation faced by these groups?

Ms Giese: Just to make sure I understand the question, are you saying: are volunteers representative of the priority groups? Yes. Volunteers are incredibly diverse in age, background, skill and all of those things. Across every group of people you can think of, there are volunteers within those communities. There are deliberate nuances around particular groups of people and particular target groups that need to be looked at in a bit more detail, because the motivations and the make-up of different groups and their needs are all very different. What we would say is that, yes, there are volunteers that represent all of the target groups, but they need to be looked at in isolation. There is probably no single catch-all answer.

MISS NUTTALL: Have there been particular priority groups that are more difficult to engage in volunteering activity?

Ms Giese: Yes. The ACT volunteering strategy pulls some priority groups out specifically and looks at them in isolation. One of them is young people and the way that they are engaging in volunteering. The survey instrument had some really interesting insights into the way that young people are engaging in volunteering.

The other two key groups that we will be focusing on as part of the delivery of the strategy are First Nations communities and people from culturally and linguistically diverse communities. Notably, volunteering quite often looks and feels really different in those communities, in that it is more organic and part of a community, rather than something that is thought of as being quite distinct and different, like the way that I might think about volunteering.

It is really important that, as the volunteering strategy is developed and comes to life, we step back at different points and say, “Who is not captured here and how do we work with different target groups to work out what is right for them?” I should say that the power is in your hands as well; I am acknowledging that. The strategy will be released with a first three-year action plan, which speaks a lot to the co-design and the second tranche of work that needs to be done. As it develops, in three years, if we are somewhere different, then of course we can respond to the needs of the community at that time.

MS LAWDER: Is it a strategy that comes with funding?

Ms Giese: No. Right now, the most important thing is for us to have a co-designed ACT volunteering strategy that shows the commitment of government and shows the commitment of us, on behalf of our ecosystem, to make this work in our region. In the first tranche of the action plan a big job that we need to do is to seek funding for the implementation of actions, because the strategy needs an investment to make those actions robust and really effective and to achieve those outcomes. If we just try to deliver it within our peak body funding, it will be very limited and it definitely will not have the impact that we need it to. There is a big challenge lying ahead of us to seek investment for it.

MS LAWDER: Do other jurisdictions have a volunteering strategy?

Ms Giese: Yes, they do.

MS LAWDER: Does it come with funding?

Ms Giese: Yes. It is different in each jurisdiction. Our strategy has been developed flowing from the National Strategy for Volunteering. In each state and territory they are in a slightly different spot, but, yes, are some jurisdictions that have come forward with an investment for local actions.

MS LAWDER: You referred to a three-year action plan. Is that your action plan or the government’s action plan?

Ms Giese: It is both.

MS LAWDER: Will that come with funding? You said that you will be seeking funding.

Ms Giese: Yes. The first action plan contains actions that can be delivered within current resources. That is resources within the Community Services Directorate and within other directorates that have been named within the action plan and our own funding. But the big action within the action plan is for us to seek funding for some of the other actions that sit in there, which is a really big but important job.

MS LAWDER: Will that be 2024-26, or—

Ms Giese: The action plan will be for three years. The strategy will be for 10, so there will be three three-year action plans.

MS LAWDER: What will the three years be?

Ms Giese: Sorry?

MS LAWDER: What three years will the action plan cover?

Ms Giese: From the point of endorsement, so it will be three years from August-September this year, assuming that it is endorsed through the process.

THE CHAIR: With that, we will call it a day. On behalf of the committee, thank you so much for your attendance today. If you have taken any questions on notice, please provide your answers to the committee secretariat within five business days of receiving the uncorrected proof *Hansard*. On behalf of the committee, I would like to thank all of our witnesses today, who have assisted the committee through their experience and knowledge. As always, we thank broadcasting, Hansard and the committee secretariat for their support. If a member wishes to ask questions on notice, please upload them to the parliament portal as soon as practicable and no later than five business days after the hearing. This public hearing is now adjourned.

The committee adjourned at 2.55 pm.