Submission: Queensland Social isolation and loneliness Inquiry

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About Queenslanders with Disability Network (QDN)

Queenslanders with Disability Network (QDN) is an organisation of, for, and with people with disability. QDN operates a state-wide network of 2,000+ members and supporters who provide information, feedback and views based on their lived experience, which inform the organisation's systemic advocacy activities. We believe people with disability should always be at the table when decisions are made that directly impact their lives.

QDN also currently has 26 peer support groups across Queensland, led by people with disability for people with a diverse range of disabilities. The groups network socially, share information, life experiences and solutions, to create more inclusive lives and communities. Local groups are a safe space for people with disability to share information on topics that are of interest to them, to extend their social networks, and to build capacity and leadership skills. Groups usually meet on a monthly or bi-monthly basis and meetings can be face-to-face or virtual.

Queenslanders with Disability Network (QDN) welcomes the opportunity to make a submission to the State Parliamentary Inquiry into Social Isolation and Loneliness.

This submission is based on the views and lived experience of our members. The quotes from QDN members in this response are taken from a survey of members undertaken in July 2021 to inform this submission.

Executive Summary

Social isolation and loneliness are a key issue for Queenslanders with disability, and QDN members contributed a strong and deep range of feedback on their experiences - the impacts, the barriers, and the actions that could be taken to improve social connectedness.

There are almost 1 million Queenslanders with disability. Inclusion is a key goal to ensure we have a community where everyone can live, work, learn, play, and enjoy all of what Queensland has to offer. The current policy environment provides a range of mechanisms at Commonwealth, State/Territory and Local levels to improve outcomes for Queenslanders with disability and address social isolation and loneliness. Key to achieving good outcomes is ensuring people with disability are involved from the beginning in the planning, design, delivery, and evaluation of policy, services, and systems.

To inform this submission, QDN members highlighted their experiences as well as the additional impacts that COVID-19 has had on their social isolation, loneliness, and their health and well-being. Additionally, they have identified seven key actions to focus on:

1. Increasing funded disability and community supports and services, including peer support
2. Increasing inclusion, affordability and accessibility of mainstream services and infrastructure for people with disability, including housing and health
3. Improving digital inclusion with a focus on access to devices, affordability of data, and increasing the skills, knowledge, and literacy of people with disability
4. Changing community attitudes about people with disability
5. Increasing employment of people with disability
6. Increasing the emergency and disaster preparedness of people with disability to ensure people with disability are able to continue to access services and support before, during and after a disaster/emergency and pandemic
7. Building workforce capability, skills, and knowledge to increase social connectedness, inclusion and belonging for people with disability.

QDN recommends that a targeted strategy be developed and co-designed with people with disability to address social isolation and loneliness.

Introduction

There are almost 1 million Queenslanders with disability. We believe that Queenslanders with disability need to be empowered, active and valued citizens, fully included in the economic, social, civic, and cultural life of Queensland.

> *"Connectedness and reciprocity are central to humans; social awareness and access boosts us." QDN Member 2021*

Community inclusion of people with disability is much more than having a house in the neighbourhood. It encompasses people with disability being welcomed as ordinary citizens, given genuine opportunities to contribute and actively participate, and socially included and acknowledged as valued members of society. People with disability thrive in communities where their individuality, talents, and lived experiences are recognised and acknowledged. Connections to people and places are important in our experiences of belonging and addressing experiences of social isolation and loneliness.

> *"People need to be heard. They need to know they are being listened to by people they connect with. No matter who it is, their carer, GP, friends, social groups." QDN Member 2021*

Australian and international research shows people with disability are more likely to be socially isolated than people without disability.[1] (AIHW 2019). COVID-19 has impacted this experience for many Queenslanders with disability who have experienced increased social isolation and subsequent loneliness due to the restrictions, forced border closures, the shift to engagement via online platforms, and subsequent impacts on people's health and wellbeing and mental health.

> *"Increased loneliness has been made worse during lockdowns because I cannot go out to change my environment and I still can't access IT independently."* QDN Member 2021

The experiences of social isolation and loneliness for people with disability are well documented in research, data, and individual stories and experiences. There have been multiple policy, practice, service design, and funding mechanisms instituted over decades to increase the social connectedness of people with disability, their belonging, inclusion, and participation. Some progress has been made over time with the shift from institutional models of care to a social model of disability. However, social isolation, lack of inclusion and loneliness for people with disability remains an ongoing issue for many.

As we've seen with the outbreak of the COVID-19 pandemic, people with disability's safety and wellbeing are at greater risk during times of emergency and disaster. Indeed, the COVID-19 pandemic has highlighted a broad range of service and system gaps that have existed for this cohort over many decades. People with disability have faced challenges with accessing essential day to day disability supports, food and nutrition, housing, health care and other essential services; as well as being able to stay connected to people, peers, family, and social networks.

> *"In regional Queensland, we are often cut off from any contact with friends or family in SEQ and vice versa, due to COVID-19 lockdowns. This has heavily impacted me personally. Additionally, many community organisations have had to close their headquarters due to restrictions, which has heavily restricted/stopped access for a lot of people."* QDN Member 2021

COVID-19 has also seen a range of people with disability, already in closed and isolated environments, become further isolated as a result of government health directives and measures, put in place to slow the spread of the virus. Specific and detailed scenario outbreak planning is needed to better inform how public health directives could be implemented in congregate housing settings and the range of services that are considered 'essential'.

> *"COVID-19 has stopped me from going to many places. Even when not in lockdown, because I never know where and when the hotspots will show*

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[1]

up, I am rarely leaving home. Plus, not enough transport money is badly
affecting where I go." QDN Member 2021

It is important going forward that the voice and experience of people with disability informs responses to improving the experiences of social isolation and loneliness of not only people with disability but also their families and carers/informal supports; and that they inform the planning, design, implementation and evaluation of responses and actions.

Policy context

The multifaceted responsibilities of Government for ensuring good outcomes for people with disabilities are clearly expressed in the 2008 *United Nations Convention on the Rights of People with Disabilities* (CRPD). The CRPD provides the framework for Australia's international obligations across all levels of Government, including its obligation to provide economic, social support and to facilitate community participation of people with disability.

Australia operates within the CRPD Framework via several legislative and policy mechanisms. They include the National Disability Strategy, providing an overarching framework for disability policy and aligning with the National Disability Agreement, which predominantly clarifies funding, and the National Disability Insurance Scheme (NDIS) which provides individual funded supports to people with disability to increase their social and economic participation. Alongside this sits the broader investment in all Australians with disability via Information, Linkages and Capacity Building (ILC) funding to build the knowledge, skills, and confidence of people with disability and improve their access to community and mainstream services. The NDIS Quality and Safeguards Commission is the independent agency established to improve the quality and safety of NDIS supports and services. Their role is to regulate NDIS providers, provide national consistency, promote safe, quality services, resolve problems, and identify areas for improvement.

At a state level, Queensland's *All Abilities Queensland* Disability State Plan guides how Queenslanders could work in partnership with Commonwealth and local governments, the corporate sector, non-government and community organisations, communities, and individuals, to provide opportunities for all. *All Abilities Queensland* was designed to complement the rollout of the National Disability Insurance Scheme (NDIS), and aligns with the [National Disability Strategy 2010–2020](). This plan is currently being reviewed. Alongside this, Disability Service Plans are developed across each Queensland Government agency to identify key actions and strategies to drive improved outcomes and inclusion for Queenslanders with disability.

> *"Mainstream community need to be more educated in inclusion. All organisations have procedures around inclusiveness for people with*

These are all critical areas that impact upon people with disability's ability to participate socially and economically in their community and live their lives.

The NDIS plays an important role in the lives of people with disability, delivering funded supports for the main purpose of increasing social and economic participation, increasing independence and the supports people need related to their disability. The scheme can be a key enabler in improving social isolation and loneliness going forward. However, NDIS funding only applies to 10% of Queenslanders with disability who can then access funded supports via the scheme. Similarly, the role of the NDIS Quality and Safeguards Commission is limited in its oversight of outcomes, given it solely covers NDIS participants and hence, only 10% of the state's disability population. Having a skilled, quality, thriving disability workforce is a critical part of working to increase the social connectedness of NDIS participants.

Information, Linkages, and Capacity building (ILC) funding has the purview of supporting all Australians with disability and is an integral part of the disability policy infrastructure. It plays an important role, funding peer support and projects and initiatives that build the individual knowledge, skills and confidence of people including their connectedness to others, community, and mainstream services. All are critical towards reducing social isolation and improving social connectedness.

There are also a range of state level roles and responsibilities across Queensland Government portfolios that engage with people with disability as their 'customers'. These need targeted strategies and approaches to social isolation and loneliness, towards improving the health and wellbeing of Queenslanders with disability. Additionally, disaster and emergency preparedness, response and recovery also have an important role and focus, particularly in response to COVID-19 and Queensland's regular season of natural disasters. Internationally, it has been acknowledged that people with disability have been left behind in disaster preparedness and consequently experience greater disadvantage and challenges. People with disability are disproportionately affected before, during, and after a natural disaster. The [Person-Centred Emergency Framework (PCEP)](#) capability wheel, co-designed by QDN members through a project with the University of Sydney, helps people with disability (and more broadly others can use the tool) to help think about their strengths and support needs in eight key areas, including social connectedness as part of individual plans before, during and after an emergency or disaster.

Finally, the Disability Royal Commission (DRC) is a once in a generation opportunity to understand the experiences, impacts, trauma, and systemic issues that have contributed to the violence, abuse, neglect, and exploitation of people with disability and extreme impacts and experiences this has on people's connection, health, and wellbeing. It is important that we can use the learnings, research and recommendations arising from the Commission to

drive change into the future that will impact at individual, organisational, community, and system levels.

Social isolation, loneliness and people with disability

People with disability experience higher rates of social isolation and loneliness, and this has been further compounded by COVID-19. Research demonstrates that social isolation and loneliness can lead to diminished mental and physical health, which is true for people with and without disability.

> *"Too much time alone gives too much time to develop doubts and negative thoughts and lose touch with the real world and people. Thinking becomes 'what is real?' Self-doubt then leads to deeper isolation and fear; a real spiral down."* QDN Member 2021

In 2009, the *Shut Out: The Experience of People with Disabilities and their Families in Australia* report summarised the difficulty many people with disability face building a social network effectively. It stated: "When identity is always framed by others and always framed in a negative way, it is difficult to develop and maintain a strong positive sense of self and difficult to establish and maintain relationships characterised by equality and mutual support."[2]

More recently, the Disability Royal Commission (DRC) has addressed social isolation and loneliness of people with disability. In its Interim Report it concluded that, "participating in the community is about the relationships we form, our engagement in civic life, and our sense of belonging. People with disability continue to confront barriers that prevent their full and equal participation in the community. These barriers are attitudinal, institutional, environmental, and communicative".

Social isolation and loneliness are directly connected to health and wellbeing. Loneliness is also acknowledged as a particularly significant driver of poor well-being, and interventions to reduce loneliness will need to do more than simply increase the rates of social contact or social support[3].

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[2] National People with Disabilities and Carer Council, (2009) Shut Out: The Experience of People with Disabilities and their Families in Australia. Accessed on 150821 https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/shut-out-the-experience-of-people-with-disabilities-and-their-families-in-australia

[3] Emerson, E. Fortune, N. Llewellyn, G. Stancliffe, R. (2020) Loneliness, social support, social isolation and wellbeing among working age adults with and without disability: Cross-sectional study. Accessed on 270821 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7403030/

"Often we experience social disability due to lack of understanding or interest from the community in people with disability. While isolation is a difficult issue to tackle without the infrastructure of community and government and can be impacted by the nature of the disability, physical, neurological, mental, sensory, or intellectual, loneliness can come from peoples' attitudes. People with disability can be lonely while surrounded by many people." **QDN Member 2021**

The social determinants of health (SDH) influence health equity in both positive and negative ways and are a key consideration of the social public policy architecture and work to address social isolation and loneliness. Research shows that social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector.[4]

"There is an abundance of research on the health benefits achieved if we address social isolation - these include cognitive health in the first instance. Chronic disease and burden of health is exacerbated with social isolation and not being socially connected with others." **QDN Member 2021**

Research shows more than 1 million Australians with disability avoided social situations because of their disability in the last year. (AIHW 2019) People with disability are far more likely to avoid situations if they have experienced discrimination or negative attitudes towards disability. Approximately 4 in 5 (79%) individuals aged 15 and over who have experienced disability discrimination in the last year also avoided situations because of their disability in that time. (AIHW 2019) This is compared with 1 in 4 (27%) individuals who did not experience discrimination.

A 2019 study by the Australian Institute of Health and Welfare concludes "loneliness has been linked to premature death, poor physical and mental health, and general dissatisfaction with life. Social isolation has also been linked to mental illness, emotional distress, suicide, the development of dementia, premature death, poor health behaviours, smoking, physical inactivity, poor sleep, and biological effects, including high blood pressure and poorer

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[4] World Health Organisation Social Determinants of Health accessed on 270821 www.who.int/health-topics/social-determinants-of-health#tab=tab_1

immune function. High levels of social isolation are also associated with sustained decreases in feelings of wellbeing."[5]

The specific health needs of Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse people with disability is also a key consideration.

Attitudinal, institutional, environmental, and communicative barriers impact upon people in their everyday life and their access to having a place to call home, health services, a job, transport to get out and about in the community, digital connection and disability, community and income supports. It is also acknowledged that social isolation and lack of connection and belonging also increases people with disability's risk of violence, abuse, neglect, and exploitation.

While the negative, visible impact of barriers in the built environment remains an issue and how they reduce the ability of people to socially participate in their community, this issue is more understood by the broader public. The less visible barriers created by people's negative attitudes are far less understood and recognised. However, it is these attitudinal barriers that are harder to overcome and more likely to stop people with disability from accessing their communities.
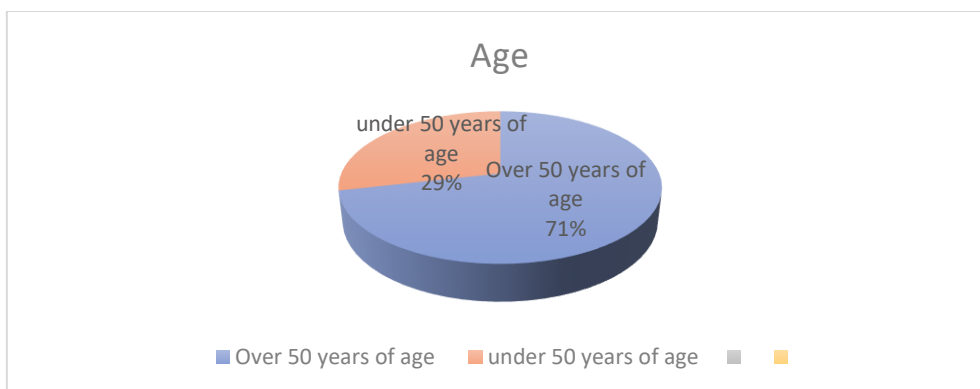
QDN Survey Responses

QDN called for responses to an online survey to inform the scope of the Community Support and Services Parliamentary Committee inquiry and received eighty-four (84) responses.

The following section of the submission provides a summary of QDN member and supporter responses to the survey.
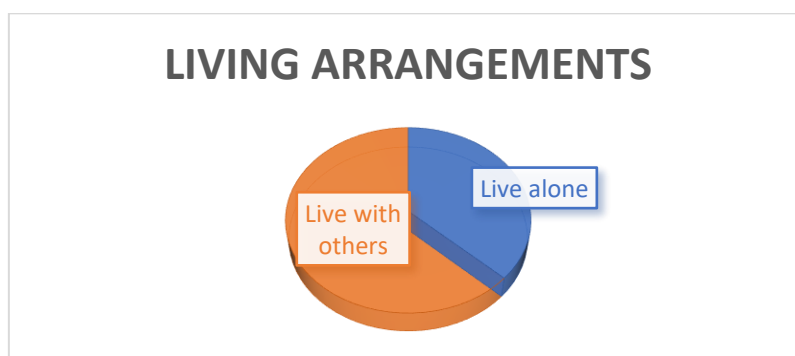
About the survey respondents:

1. **Age:** Of the 84 respondents, 71% were over 50 years of age and 29% were under 50 years of age.

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[5] Australian Institute of Health and Welfare (AIHW 2019) Social Isolation and Loneliness Report 2019, accessed on 060821
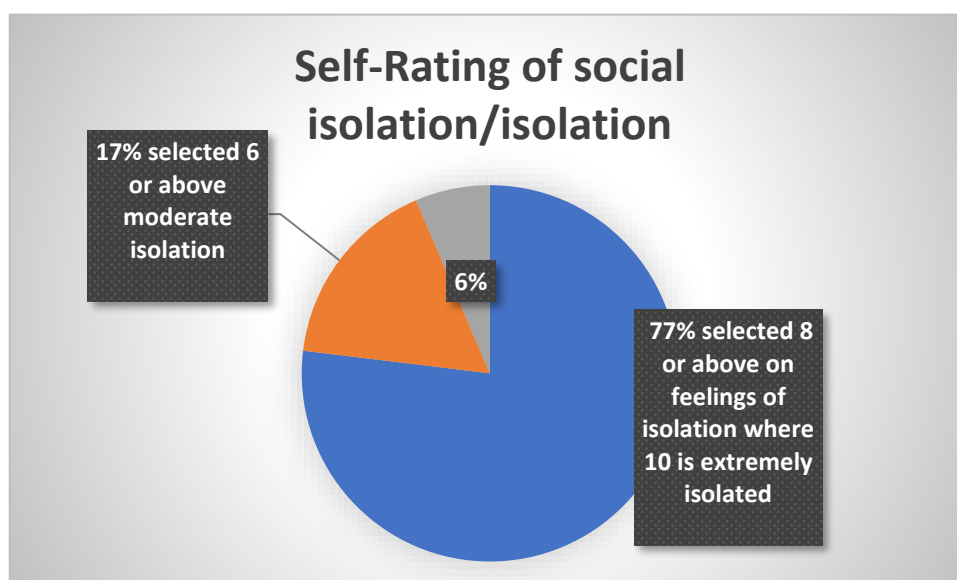https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness

Age

under 50 years of age 29%

Over 50 years of age 71%

■ Over 50 years of age   ■ under 50 years of age   ■   ■

2. **Living arrangements:** 31 lived alone (36%) and 53 lived with others (64%).

LIVING ARRANGEMENTS

Live alone

Live with others

3. **Self-rating – levels of social isolation and loneliness**

Survey respondents were asked to rate the level of social isolation and loneliness that they feel across the spectrum of social isolation and loneliness from **1 being connected and not lonely through to 10 being extremely lonely and socially isolated**.

- 77% rated 8 or more as very high levels of social isolation and loneliness, with twenty people rating 10
- 17% rated between 5 to 7
- 6% of people rated feeling between 1-4 with only one person rating a 1 at the highest level of social connectedness and inclusion.

Self-Rating of social isolation/isolation

17% selected 6 or above moderate isolation

6%

77% selected 8 or above on feelings of isolation where 10 is extremely isolated

QDN members responses to survey questions:

a) What contributes to people with disability being socially isolated?

QDN members who responded to the survey identified a range of responses which fit within the identified barriers to inclusion and people's experiences of social isolation and loneliness.

Poor accessibility, affordability and inclusion of mainstream services and infrastructure

- People reported:
    - poor and limited accessibility of the built environment across Queensland, including metropolitan areas, meaning people are not physically able to get into places and spaces like cafes, restaurants, community places, and
    - lack of accessible public transport and lack of transport options in many communities across Queensland, particularly in rural, regional, and remote locations

        "The struggle to get around - lack of accessible transport to a lot of places."

    - People with disability living in rural and regional communities identified very limited options for services and often no services available

        "The size of the state, towns and cities are very far away from each other. Some people live in small rural towns with no access to support or services."

    - Exclusion of people with disability from mainstream settings like school, work, TAFE, university
    - Not feeling included or having the opportunity to join general community activities
    - Creation of separate settings just for people with disability to attend day and/or employment services
    - Lack of general community activities that are accessible for people with disability
    - lack of access to affordable housing, medical care, and mental health care

        "Lack of affordable housing leads to being "stuck" where we live in bad situations and unable to move to improve our lives and community contact."

- impacts of a lack of access to digital devices and internet access, challenges with affordability of data and limited to no skills/knowledge of how to use digital devices

"TERRIBLE phone/internet coverage in regional QLD."

Negative community attitudes about disability

- Negative community attitudes about people with disability impact upon people's inclusion and connection to community:

"From my experience I feel isolated because people are not accepting of difference. Never welcomed into the school community or P&C's at the schools my children attend. I also feel invisible disabilities are continually dismissed."

- Feeling and being excluded from being able to access services and activities.

Impacts of disability and mental health

People with disability experience varying impacts and ability to socially participate because of their own physical and mental health and wellbeing which relates to their disability. People reported:

- having no friends in their life and only contacts their paid support workers
- feelings of very low self-esteem and not feeling good enough and different,
- people acknowledge how their disability impacts upon their ability to get out and about in the community and their opportunities for interactions

"Lack of mobility of person with disability or injury, disconnection from family because of disputes or exhaustion of family supports due to high intensity of care needed or lack of resources."

- Being on a fixed income means people have very limited money which impacts on being able to get out and do things including pay for transport
- For people with disability there are many additional tasks, time and support needed to be able to leave the house and this has an impact upon people, both family who are supporting them, and the person being supported.

Disability and community services and supports

- People reported a range of challenges with poor access to services and supports:

- the fact that many people with disability have a reliance on support workers to get out and about has a direct impact upon their social connections and inclusion and therefore isolation
- NDIS funded supports are not adequate to meet support needs outside the home or to do a range of community activities
- lack of skilled workers who know how to effectively support someone to increase their social connectedness, belonging and inclusion in community

"Staff not skilled at facilitating friendships with people with intellectual disabilities, especially if the person is unable to use words or has limited verbal communication."

- lack of advocacy services in the community to assist people to navigate services and systems and have their rights upheld
- limited programs or funded supports for people with disability who aren't eligible for the NDIS

"Not enough hours for Support Workers (SW) for going out in the community for fun and I'm finding SWs come and go fast, never long term, and when I go out SWs aren't really interested so I'd rather go on my own as it's like being on my own with them anyway."

b) What have been the impacts of COVID-19 on social isolation and loneliness for people with disability?

People with disability continue to face unique challenges because of the COVID-19 pandemic. Not only are many people with disability at higher risk from COVID-19, but the pandemic has exposed and exacerbated pre-existing inequalities and barriers for people with disability. Importantly, COVID-19 has increased social isolation and loneliness for people with disability.

"COVID-19 created a further lack of services leaving people who live alone in some cases completed isolated."

- Some people reported that they have not been going out or connecting with people because of their fear of getting COVID-19

"Fear of getting COVID 19 if you have underlining health issues when accessing social and recreational activities and group outings if you have not been vaccinated and waiting."

- The COVID-19 restrictions on visitors to disability accommodation services have had a negative impact on people living in those homes who have not been able to have family visit them, especially when those same level restrictions were not in place for other people in the community

- People reported challenges around access to devices, affordable data and knowing how to utilise digital technology overall, to continue to access essential services like health services, shopping, and some disability supports
- People reported the impact upon them when their services were withdrawn, or activities shut down because of restrictions

> *"People's skills in socializing are further challenged when acclimated to being alone. Returning to regular social routines and activities, and modes of being social in the world become harder to get back into when you're out of practice."*

- Many people reported feelings of depression, struggling emotionally

> *"I have developed depression, have sad/bad thoughts, feelings of worthlessness, what is the point of trying to live a 'happy' life when everything is against me."*

- The general restrictions and lock downs have had impacts upon people experiencing further loneliness and social isolation with borders closed and people not being able to see family and friends

> *"Living alone, during lockdown sometimes the only people I see in my day are paid to support me. Very little interaction with friends, family and unpaid supports."*

Some members reported some of the changes in COVID-19 brought some unexpected benefits, including activities and events that were physically inaccessible previously becoming more accessible:

> *"COVID-19 has actually been good in that there has been online accessibility to museums, art galleries and other events and performances that I otherwise would have had no access to." QDN Member 2021*

People with disability have also talked about the broader population now having a better understanding of what many people with disability have experienced during their lives – forced to stay at home, not being able to go out, limited people coming to your house. People with disability have described it as a levelling of human experience where **everyone** was isolated in their own homes

> *"Of course, COVID-19 iso/quarantines have increased feelings of isolation in probably the majority of people, so it was not just what people with disability were feeling, especially those living alone."*

It is important, not only for this pandemic, but also other disasters and emergencies, that consideration is given to the social connectedness and support that people need both

during and after an emergency or disaster to decrease individual social isolation and loneliness. The Person-Centred Emergency Preparedness tool, co-designed by QDN members through a project with the University of Sydney, is an evidence-based resource that enables people to plan for what they will need during an emergency or disaster across eight key areas; of which one is social connectedness.

c) What would be the benefits and how can we measure?

QDN Members identified broad benefits of being more socially included in community that covered not only benefits to individual health and well-being but economic benefits to the broader community, with reduced costs and impacts upon services and systems and people out and about in community. They also identified the importance of measuring outcomes that increase social inclusion and decrease the experiences and impacts of social isolation and loneliness.

A key area of cross fertilisation is the need for a national approach to data collection and data reporting and linkages between the National Disability Strategy, State level disability plans and strategies and Local Government Authority responsibilities.

Currently there is no nationally consistent data asset or state implemented system to identify people with disability, however work is being undertaken by the Commonwealth around the National Disability Data Asset (NDDA). The NDDA and data collection, monitoring and reporting systems that identify people with disability and enable data capture and measurement of change over time will contribute to improving how we can measure.

Several broad measures were identified including:

- Measuring health and well-being outcomes
- Reduced need for services across health, mental health
- Measurements of participation and inclusion and social connectedness.

Other suggestions included questions like - Did you laugh today? When did you last have fun? How many people did you speak with today? How many places did you go to?

d) What can Government and business sectors prioritise to improve isolation and loneliness for Queenslanders with disability?

1. Increase funded disability and community supports and services including peer support.

People with disability acknowledge the role of funded supports, including the NDIS, in enabling enhanced quality of life and greater social and economic participation. But not all people with disability are supported by the NDIS, many are turned away, and many others

do not apply because of lack of knowledge or support. It is important that there are a range of disability and community supports available to the other 90% of Queenslanders with disability who are not eligible for the NDIS. QDN members raised the importance of improving the availability and access to a range of services, including community and mental health supports.

QDN members also raised the importance of continuation of funding for peer support and capacity building activities, which enable people with disability to be able to get information, connect and develop their skills, knowledge, and capacity to lead change in their own lives and in their communities.

"Keep funding programs that deliver free peer support groups."

2. Increase inclusion, affordability and accessibility of mainstream services and infrastructure for people with disability

QDN members identified that an important barrier to address is the discrimination and blockages people experience in getting accessible, affordable, safe, and inclusive services and infrastructure.

The National Disability Strategy provides the framework for a whole-of-life approach involving coordinated and comprehensive planning across Local, State/Territory and Commonwealth Governments across key policy areas which impact upon the lives of people with disability and their families. It acknowledges the importance of inclusive and accessible communities across the built environment including public transport, parks, building and housing, digital information, and communications technologies; civic life including social, sporting, recreational and cultural. It also focuses on the areas of economic security, personal and community support, learning and skills and health and well-being.

QDN members identified actions that improving accessibility and inclusion across mainstream services is an important step in addressing issues of social isolation and loneliness that will enable people to get out and about in their community:

"Ensure people with disability can have a place to call home."

"Make all new builds, renovations accessible. Make all LGAs and business councils ensure all shops are fully accessible." "Enforce local community and sports groups include adults and children with disability, instead of being told they can't participate due to "insurance" - aka we can't be bothered doing things differently."

"Fund other free inclusive activities (online and in the community) that people can engage in." "Provide safe, available and affordable public transport."

Additionally, it is important to note that Local Government have an important role to play in facilitating civic life options for people with disability including social, sporting, recreational and cultural activities.

3. Improve Digital Inclusion – access, affordability, and literacy

In the context of social isolation, it is reasonable to think technology will help break the social isolation cycle.

"COVID-19 makes me feel lonely and sad. I can't afford to communicate with my friends as I have a prepaid phone."

The internet has transformed almost every aspect of our lives. But for the more than 2.5 million Australians who are still not online, the education, health, social and financial benefits of being connected remain out of reach. And we know that digital disadvantage coincides with other forms of social and economic disadvantage, so those that can potentially benefit most from being connected are at greater risk of being left behind.

"Cheaper internet. I can't afford a phone plan with data. Everywhere I go it's a hassle. Most places don't have a sign in, and I feel dumb."

Digital inclusion is recognised as one of the key social justice challenges facing policy makers and communities worldwide. Digital inclusion is not just about computers, the internet or even technology. It is about using technology as a channel to improve skills, to enhance quality of life, to drive education, and to promote economic wellbeing across all elements of society. Digital inclusion is about social inclusion. [6]

Access, affordability, digital literacy, knowledge are all barriers to some people with disability participating in a digitally inclusive community. Most of this cohort, being disadvantaged and on low income, would benefit greatly from digital inclusiveness strategies, yet for many this seems an unreachable dream.

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[6] Thomas, J, Barraket, J, Wilson, CK, Holcombe-James, I, Kennedy, J, Rennie, E, Ewing, S, MacDonald, T, 2020, Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2020, RMIT and Swinburne University of Technology, Melbourne, for Telstra.

4. Changing community attitudes about people with disability

"Creating a sense of belonging and being valued by others in your community, sharing knowledge and experiences that can benefit all the community. Changing perspectives and reinvesting into the community in a positive way. Creating a supportive and caring community that children can grow up in and see better possibilities not just problems."

QDN identifies that changing community attitudes is important in shifting the social inclusion and connectedness of people with disability, and more education and support for the community is a key action. This is a responsibility of the whole of community, including Government, business, non-government, and the broader community.

If we are to truly address and shift outdated and harmful attitudes and uphold the rights of people with disability, we must begin by listening directly to the lived experiences of people with disability.

Challenging outdated attitudes about disability is difficult, with QDN members reporting that it has a significant impact on their mental health.

"Some people with disability, particularly those with intellectual or dual disabilities, require active support to establish and maintain connections with family, friends and the broader communities. However, the attitudes of carers, including friends and family, can vary widely and often have the greatest impact on people's level of access to the community."

5. Increase employment of people with disability

QDN members raised the importance of having a job and income to enable them to be able to participate more in community and increase their options for social interactions and reduce social isolation and loneliness.

"Make it an obligation to employ ALL people with disabilities and not just a few. The business sectors must be more inclusive towards people with disabilities."

"Employment, we are still a long way from equal employment. Employers need to be more flexible with both qualifications and hours to help all people with a disability who want to work, to do so. There are many part-time jobs that could be created. Just off the top of my head apparently there is a shortage of teachers, I am sure there are many

people with a disability who may not have the correct qualifications but would be very good as teachers' aides or other assistants".

6. Increase the preparedness of people with disability for emergency and disasters to ensure we can move from isolation to inclusion and build resilience and well-being.

Disability inclusive disaster risk reduction in Queensland has been led by University of Sydney in partnership with QDN, Community Services Industry Alliance (CSIA) and Department of Communities, Housing and Digital Economy (previously Department of Communities, Disability Services and Seniors). This work has provided important foundations to deliver a framework and Person-Centred Emergency Preparedness toolkit to empower people with disability around disaster and emergency preparedness, planning, response, and recovery. The work has resulted in more inclusive and responsive actions to keep people with disability safe during COVID-19 and disasters, and ensure people can stay informed and connected with essential services and supports. People with disability have played a key role in informing, shaping and leading work, by and for, people with disability. It is important going forward, in how we plan and support people before, during and after a disaster or emergency like COVID-19 to empower people to make their own individual plan, giving them to access to supports and services to transition from isolation to inclusion, and focus on building resilience and well-being of people with disability, specifically including mental health and well-being services.

7. Build workforce capability, skills and knowledge in social connectedness, inclusion and belonging

People with disability need a skilled, quality disability workforce who have strong knowledge and understanding of building social connection, inclusion and belonging to reduce social isolation and loneliness.

"Work with people with disability on how they can best use their NDIS supports to decrease social isolation and loneliness, particularly during lockdowns."

Conclusion

Research demonstrates that people with disability are more prone to being socially isolated than those without a disability. It is also definitive that social isolation and loneliness can lead to diminished mental and physical health. This is true for people with and without disability.

QDN members in their responses to the survey have highlighted the significance of their experiences of social isolation and loneliness, with 77% of survey respondents rating their feelings of isolation and loneliness at an 8 or higher. QDN members have shared many examples of negative attitudes that restrict their ability to feel included in their communities and multiple reasons why they might be socially isolated.

The rates of social and economic inequality facing Australians with disability compared to their fellow citizens are among the highest in the world. The concept of 'social inclusion' therefore holds promise, at the level of policy and practice, for creating a more inclusive and equal society.[7]

The internet has transformed almost every aspect of our lives. But for the more than 2.5 million Australians who are still not online, the education, health, social and financial benefits of being connected remain out of reach.[8]

While there is no available costing in Australia of these health consequences, it can be assumed there is a significant cost to employers, Governments, and the community. The cost, the public health burden as well as humanitarian concerns justify Governments to take a catalyst role in prevention and early intervention in the scope of social isolation.

It is time to address the factors for people with disability that lead to higher rates of social isolation and loneliness. It is time to redress years of disadvantage and discrimination, and to do this in partnership with people with disability who can contribute to the solutions going forward to address the causes, impacts and consequences of social isolation and loneliness.

> *"When people feel more a part of their community, they are more likely to engage in the community. This leads to more community participation, feelings of kindness when you feel a part of something which can transition into more people being willing to help in times of need. As we see with the pandemic, many people have no consideration*

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[7] Gooding, P. Anderson, J. McVilly, K. 2011. Disability and social inclusion 'Down Under': A systematic literature review. University of Melbourne.

[8] Thomas, J, Barraket, J, Wilson, CK, Holcombe-James, I, Kennedy, J, Rennie, E, Ewing, S, MacDonald, T, 2020, Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2020, RMIT and Swinburne University of Technology, Melbourne, for Telstra.

for those around them. If we got people feeling more involved, they may start to care more about their fellow community members." QDN Member 2021

QDN recommends that the Queensland Government develop and co-design with people with disability a specific strategy to address social isolation and loneliness that also addresses the multiple and complex factors that impact upon this as outlined in this submission.

Queenslanders with Disability Network
August 2021