



## *A Social Inclusion Strategy for Tasmania*

### *A Consultation Paper*

# Advocacy Tasmania Inc. Response

November 2008

### **Introduction**

In Tasmania, social exclusion is not just about basic conditions intrinsically linked to poverty and socio-economic disadvantage and the inability to access the things most people take for granted; a job; a decent home; sufficient income. Social exclusion is not always reflective of the 'cycle of disadvantage', with deprivation passing from one generation to another. It is also about not having power over one's life and future; being vulnerable to the interventions and decisions of others including the State; being in a constant state of fear and confusion and feeling unsupported and ill equipped to navigate the complexities and challenges imposed by a rapidly changing, and increasingly demanding, and unsympathetic, society and environment.

Advocacy Tasmania Inc. is an organisation that for the past 19 years has provided advocacy services for older people and people with a disability. In 2007/08 more than 1500 people received individual advocacy services while another 4950 people received information and education services – a total of 6479 Tasmanians were assisted. The organisation's function is to support its clients to break through the barriers that prevent them from enjoying their lives to the fullest, and to systemically, work towards creating a Tasmania that is a less discriminating, fairer, kinder and more inclusive society.

*Advocacy Tasmania Inc., acting independently at all times, works to both empower and uphold the rights and interests of older people and people with disabilities.*

Advocacy Tasmania Inc's Mission Statement

While Advocacy Tasmania Inc. holds the view that there are many individuals and groups socially excluded in Tasmania, its response to *A Social Inclusion Strategy for Tasmania Discussion Paper* will focus on the two groups whose interests it represents, older Tasmanians and Tasmanians with a disability. The organisation does not have the expertise, experience or resources available to it to answer all of the 18 questions asked in the Discussion Paper so it has chosen to focus on two causal factors of social exclusion - isolation and lack of mobility - and their associated linkages.

The limiting of the Advocacy Tasmania submission to the discussions surrounding the development of a strategy plan is not intended as an indication that isolation and lack of mobility has, or should be given greater priority as causal factors of social exclusion but is, perhaps, more of a recognition that these issues can sometimes be placed within an imposed hierarchical framework of importance, and be given less regard than other causal factors such as poverty, employment, education, homelessness etc, especially, when they are not obviously linked to financial disadvantage, but for older people, and people with disabilities, isolation and lack of mobility can be extremely important causes of their social exclusion.

The comments in this paper are a collation of Advocacy Tasmania's clients' issues, views and complaints.

### **Advocacy**

Advocates offer independent, nonjudgmental support to vulnerable people to access and maintain vital services. Advocacy is a crucial mechanism in preventing vulnerable people from becoming socially excluded while helping older people, and people with disabilities, who have become socially excluded to claim/reclaim power over their lives; to make choices that meet their needs and satisfy their goals for well-being in a community that values their participation.

Advocates can help clients to:

- Access information
- Clarify issues
- Identify and explore options
- Present cogent arguments

Advocacy can help to reduce a vulnerable person's fear and confusion. It can ensure that their rights are respected and their voice is heard. Advocacy can, at a systemic level, initiate positive whole of life affecting changes for older people and people with disabilities, and can help people to achieve positive resolutions for individual issues when they occur, particularly at times of critical transition. The benefits of advocacy can be summarised as: extending choices, improving access to services, ensuring people are treated justly; providing a safeguard to protect people from and respond to abuse; supporting people through problems, conflicts and complaints; empowering people to help themselves; encouraging social inclusion; and helping services to develop strategies to prevent recurrence of problems.

Advocacy aims to redress the power imbalances which result in social exclusion so it is, therefore, a fundamental component of social inclusion. In a socially inclusive society, the need for advocacy services may become redundant but realistically, it will take a long time before the goal of social inclusion is achieved in Tasmania. Until then, government and community policy development and strategic planning must reflect the importance that advocacy services must play in achieving the common goals.

### **Barriers to social inclusion**

2. *What are the barriers to social inclusion for these individuals or groups?*

#### **a) Aloneness**

##### **Population movement**

Older people, and people with disabilities, are particularly vulnerable to social exclusion because they often do not have strong social/familial networks. While living alone doesn't, in itself, reflect social exclusion, it can increase the risks. Social exclusion occurs when a person feels cut off from the rest of society and one of the significant factors for feeling cut off includes lack of social contact.

Tasmanians are more mobile than previous generations, moving to the mainland and overseas for better education and employment/career opportunities. Traditionally, it has been younger family members who moved great distances but because of much higher unemployment levels for older people; increased debt; government unemployment payment obligations; rising costs; redundant skills; unavailable, unstable and/or unaffordable rental accommodation, etc., older family members are now much more mobile.

There are no longer the large families of previous generations and people can easily lose their local social/familial support networks due to increased population mobility. Tasmania has a significantly high aged population, and many older persons are now alone as their family members have moved to the mainland. Alternatively, many of Tasmania's aging population chose at a transition point in their lives to leave their existing social/family networks on the mainland or overseas to come to Tasmania as migrants, refugees or for promised lifestyle changes that promote a more affordable, safer and cleaner environment.

##### **Deinstitutionalisation**

Advocacy Tasmania Inc. has been, and continues to be, an ardent supporter of deinstitutionalization, but it must be acknowledged that one of the unintended consequences of the process for many former residents/patients was the loss of peer inclusion. In their belief that the institution was their community, they felt safe from the exclusionary environment of the 'outside' community, and comfortable within the socially inclusive environment of their peers. For a large number of these people, deinstitutionalization resulted in the collapse of established peer networks.

When asked to describe "the most integrated setting," the most common response was "a place where the person exercises choice and control." The second most common response was "A home of one's own shared with persons whom one has chosen to live with" or where one lives alone. Respondents also mentioned some variation of the idea that integration is "living in the community with everyone else like everyone else."

What do people with disabilities need to live in the community? They most frequently answered that question by identifying "ordinary human needs," such as friendship, rather than listing services.

The second most common response was that people need "friendships, emotional support, and networks of friends, families, and mentors."

Martin Gould, National Council on Disability, senior research specialist, 2004<sup>1</sup>

Economic disadvantage, mobility barriers and inadequate skill levels made maintaining peer networks extremely difficult, or impossible. Community support services failed in allocating sufficient importance, and consequently appropriate funding, towards the maintaining of established peer networks.

In the disability sector, deinstitutionalization resulted in a number of mini institutions being created in the community where residents still felt socially included amongst a now, much smaller group of peers and still feeling socially excluded from their neighbours, and neighbourhood services and amenities. Too often, people with disabilities are physically in the community, but not of the community, in the sense of psychologically or socially belonging.

On the other hand, people with psychiatric disabilities are most commonly accommodated in Housing Tasmania single bedroom unit accommodation, often in the most isolated, broad acre, lowest socioeconomic areas of the state. It is not uncommon in these disadvantaged communities to find neighbours who demonstrate limited understanding, and tolerance, of mental illness and other disabilities, and who commit acts of discrimination, harassment and assault which not only contribute to increased isolation for the individual but can also trigger a deterioration in their mental health and well being.

It may be difficult to find sustained peer support networks for people with psychiatric disabilities but for one group of people with disabilities, it is impossible. The issue of young people in aged care facilities is an example of social exclusion at its worst. In this area, the federal government, state governments, local governments and community organisations have failed to meet the needs of this extremely vulnerable group. Lack of independence, lack of choice and lack of peer inclusion have been forced on these individuals who have been relegated to a 'too hard' basket. It is often too easy to concentrate the focus of the development of social inclusion strategies away from the most difficult of issues and the most complex of needs – 'let's fix the easy issues first'. This thought and planning process in itself sustains social exclusion for the most vulnerable, and must not continue.

The growing popularity of modern gated communities is representative of the growing movement towards replicating communities within communities to engender feelings of safety and acceptance from social inclusion among one's own economic/education/career peers. Social inclusion through peer community and peer support should never be devalued when planning socially inclusive services for older people and people with disabilities but equally, more work needs to be done on integrating individuals, and their smaller communities, into the wider community.

### **Alienation**

People with disabilities often become alienated, or disconnected, from their families, sometimes from birth, because of their exceptional and complex needs, and/or difficult behaviours. This is particularly the case for adults with a psychiatric disability who frequently have very limited, or nonexistent, family supports in their adult years. Others have lost their family/social support network because their elderly carer has died or entered an aged care facility.

In some instances, the concept of independence itself can work as a mechanism for social exclusion because it is an imposed standard which can mask the wants, desires and needs of the individual. Philosophical models and theories, and eligibility assessments can have a role in isolating people by placing on them the expectation that they should maintain certain levels of independence. The inability to access certain services and the reduction and/or removal of existing services without the person's agreement, can be a major contributor to their feelings of social exclusion.

### **b) Fear**

Older people and people with disabilities can be fearful of leaving their homes. The causes for their fear are often interlinked with the causes for lack of mobility. But fear and the subsequent isolation can also make them vulnerable to the controls and abuses of others. More needs to be done to reduce the fear felt by Tasmania's vulnerable citizens.

### **Elder abuse**

Tasmania has the fastest rate of population ageing in the nation. There is an urgent need to ensure that the most vulnerable older people in the community are offered adequate protection, and that the issue of abuse of the elderly, is appropriately addressed by governments. For older persons, isolation can in itself be a psychological abuse, but it is also a manufactured condition in which a person is kept vulnerable to other forms of abuses such as physical abuse and financial abuse.

The *National Strategy for an Ageing Australia* identified that current attitudes to older people are not always positive or supportive and that one of the challenges for the future is to ensure policies and programs that effectively target situations in which older people are vulnerable. The Tasmania *Together* community consultations (2006) also

addressed issues around ageing and feeling safe. Concerns were raised about older people's personal freedoms, abuse and personal security.

Within *Tasmania Together* goals 1, 2, and 5 are of relevance to protection of elderly Tasmanians, and state:

- Goal 1. A reasonable lifestyle and standard of living for all Tasmanians
- Goal 2. Confident, friendly and safe communities;
- Goal 5. Vibrant, inclusive and growing communities

A key goal of the *National Strategy for an Ageing Australia* is to deliver social and economic conditions which optimize opportunities for physical, social and mental well being throughout life. Apart from Tasmania, in all states and the ACT, government-led elder abuse policy positions and prevention strategies are in place. Governments collaborate with community based organisations to offer prevention and response services such as elder abuse hotlines, advocacy, counseling, public awareness and education resources, and aged and community care worker training.

Tasmania stands alone in its absence of a state strategy for protection against elder abuse. Without a strategy, Tasmania lacks the coordinated approach necessary to address the abuse of elderly Tasmanians and the visible means that enable people to act to prevent and respond to abuse. A strategy is necessary if older people are to feel safe, valued and connected.

### **Bus Transport**

For Tasmania's disadvantaged citizens - people with disabilities, older persons, sole parents, unemployed, etc - the main travel are buses which have become an increasingly unsafe and unreliable mode of public transport. Bus travelers experience anti-social behaviour on the buses; at bus interchanges and terminals; and bus stops. Bus drivers rarely attempt to exert control over problem passengers, and there are insufficient, and inadequate, police and security presence at bus interchanges and terminals. There is not enough being done to prevent abuse and assaults on bus travelers, especially for older people and people with disabilities.

Bus drivers seem less tolerant of older people and people with a disability. They do not always wait until the passenger has safely taken their seat before driving off. The passenger is also concerned that the driver will start to drive away before they have fully alighted from the bus. Crowded buses can particularly represent a danger to the vulnerable person who must stand during the journey.

The fear of being physically hurt; assaulted; falling; breaking bones; being hospitalised; being alone and not having someone at home to care for them; being forced into a nursing home, can be encompassing. The consequences are much more than experiencing physical pain and recovery, they can be the loss of a home; the loss of

independence; the loss of power to control one's own life. For many, the risk is simply too great.

### **Ageism**

Many older people and people with disabilities believe that there has been a breakdown of respect in their communities. Bus drivers, taxi drivers, shop staff do not always demonstrate a high level of customer service, at times appearing to be annoyed at the slowness of the customer. Young people are cheeky to them. Car drivers beep their horns at them to hurry them up while the person crosses pedestrian crossings. Groups of youth block entrances and do not move to let the person pass. Younger passengers no longer stand to give the older person, or person with a disability, a seat.

Older persons particularly, view lack of courtesy as an indicator of the loss of respect for the value of aging. Ageism is a form of discrimination which is based on chronological age. Many people use this term specifically to refer to discrimination against older people, but ageism can strike people of all ages and is pretty widespread, in its various forms. Ageism implies that as soon as a person can be described as old they are automatically considered:

- Of little value
- A burden on society
- Slow to accept change
- Unable to look after themselves
- Slow, deaf or stupid
- Child-like or sweet

Like other forms of discrimination, ageism can be extremely harmful, especially when it is viewed as culturally normal and acceptable. It can lead to a vicious circle of dependence for the vulnerable person, and unwillingness to continue confronting a community in which negative societal perceptions of older people and people with a disability as being non-valuable and non-productive are prevalent. Much more needs to be done to affirm the value of older people and people with disabilities in the Tasmanian community.

### **Police**

Modern policing no longer has a focus on deterrence. The 'local copper' has disappeared. Neighbourhood police stations have closed. For the majority of Tasmanians, police are invisible; occasionally seen driving down the road in a police car; manning breathalyzer and radar traps; and only appearing after the complaint has been made or the assault has occurred - the damage having been already done. Vulnerable people want police on the streets so they can feel safe.

## **Environment**

Another cause of fear is the environment. Factors such as those outlined below all contribute to fearfulness which results in people choosing to isolate themselves.

- Vulnerable people compete on footpaths with young people riding skateboards and bicycles.
- There is a lack of signage forbidding the riding of skateboards and bicycles etc.
- There is an absence of monitoring and sanctioning of law breakers who disregard the already existing signs.
- There are insufficient pedestrian crossings making crossing the road a dangerous exercise, or a more physically difficult, and longer one, as vulnerable people access the safer, but more distant crossings.
- Footpaths and curbing are often poorly maintained.
- The increase in popularity in 'dangerous' breeds of dogs such as pit bull terriers can make walking the neighbourhood a more frightening exercise.

### **c) Transport**

A common factor contributing to isolation and exclusion is that of access to transport, and the impact poor mobility has on quality of life. Poor public transport is one of the main barriers to social inclusion across the state. The only publicly provided transport network in Tasmania is buses.

Public transport was once viewed as a community service by governments that, in particular, serviced the needs of the young, the elderly, the disabled and other disadvantaged Tasmanians, but under the neo-liberalist economic policies of successive Tasmanian governments, public ownership gave way to privatization and user-pays, business enterprises. Society's caring role is neglected by neo-liberalism's preoccupation with consumerism which is very apparent in the Tasmania's public transport system.

The concepts of rationalization, stream-lining, cost-cutting, etc have resulted in Tasmanians having a poorer bus route services across the state. Some of the disadvantages caused by the changes are:

- Some routes have completely disappeared from suburban services.
- Others have been merged so that a trip which may have previously taken 20 minutes now takes an hour.
- The frequency of buses has been decreased so that routes which had regular hourly services now have a handful of buses a day.
- Buses often stop running at around 5pm with no evening buses scheduled.
- For many areas, there is no bus service at all on Sundays and very few on Saturdays.
- Buses are unreliable, at times arriving and leaving a bus stop 15 minutes before it is due, or 20 minutes late.

- Some services are cancelled and the buses do not arrive at all.

#### **Other bus transport issues:**

- Bus services are the worst in the outlying broad acre Housing Department areas where much of the population is reliant on bus travel.
- Bus services are poor/non-existent in rural areas.
- There is a lack of bus shelters and bus stop seats. Tasmania's weather is often cold, wet and windy yet little regard is given to the protection, and comfort of older bus travelers and bus travelers who have a disability.
- Poor street lighting is a safety issue for those routes that do carry an evening/night service.
- There is no room for wheelchairs on Tasmanian buses.
- Accessible buses do not have set routes and times.

#### **d) Consumerism**

The neo-liberalist approach to social policy formation is evidenced by the term 'consumer' but a major problem with neo-liberalist policies is that they fail to distinguish the differing interests amongst social groups, especially in relation to power. Consumerist policies have a particular impact on those who do not have adequate access to material goods – the financially disadvantaged – older people and people with disabilities.

The complexity and variety of the social limitations experienced by older people and people with disabilities means the experience is often one of chronic economic hardship. This is compounded by the labeling of people who are welfare recipients as undeserving. Both are reflective of a society that has become less compassionate towards those who are most disadvantaged and in need of compassion.

While financial disadvantage is a major contributor to social exclusion, many socially excluded older people and people with disabilities remain socially excluded because services and programs which are created to support and empower people are unable to be accessed because the eligibility criteria is means tested. Some, particularly older applicants and rural applicants, can be asset rich but cash poor.

Others, who based on their vulnerability due to age/disability, suffer the removal of rights and powers via the intervention of the state. Administration Orders made by the Administration and Guardianship Board, lawfully, and often involuntarily, transfer the financial control and management of vulnerable people's income, most commonly aged or disability pensions, to the Office of the Public Trustee. The user pays system that is the Office of the Public Trustee, has forced, arguably the most financially disadvantaged persons in society, to pay establishment fees of \$500, and is charging these 'consumers/customers' significant monthly costs for having their estate administered, against the 'consumer/customer's' wishes, resulting in substantially less available income to the administered pensioner than to the non-administered pensioner.

Neo-liberalism has also had an effect on the use of waivers as a social response to economic hardship. Waiver/exemption provisions remain in law where the economic hardship is born by the socially and financially advantaged. Examples are the inability of people who have been diagnosed with a psychiatric disability, at some point in their lives and which may longer be present, to obtain life insurance from insurance companies; and building owners who are exempt from providing assessable buildings under the Anti-Discrimination Act.

On the other hand, the waiver provisions in Acts such as the Social Security Act have been repealed or significantly amended. Social security recipients are forced to pay back overpayments caused by Centrelink administration errors, in substantial fortnightly amounts, via a process in which the recipient is not consulted and does not participate, but is informed, and which can result in severe financial disadvantage for the recipient.

In neo-liberalist policies, waivers are considered bad for service providers because since waivers are cost neutral, if beneficiaries or services are added, others must be cut. Waivers are viewed as a factor in keeping eligible people from necessary services, forming waiting lists at the door, and providing more limited services to service users. However, in attempting to address the issues arising for the economically disadvantaged at the ground level of service delivery, Tasmanian service providers have developed an *ad hoc*, discretionary, flexible approach to waivers, and grants of service, which is not reflected in neo-liberalist policies.

Arguably, this *ad hoc*, discretionary, flexible approach is advantageous for the few individuals who have the support of an advocate to help achieve their goals while succeeding in even further financially disadvantaging, and therefore, further socially excluding, the majority of eligible older people and people with disabilities who are unable to access a pool that lacks sufficient resources. There needs to be an across services consistency in service that is reflective of a social inclusion approach.

3. *Are there any structural and/or institutional processes that inhibit an individual or group from fully participating in the Tasmanian community?*

There is insufficient coordination between services, particularly between the differently funded commonwealth and state services which do not actively support the development of partnerships. Multi-agency partnerships, including federal and state partnerships, are critical to the personalized and flexible responses necessary for removing existing barriers to social inclusion, and the development of strategies to prevent future social exclusionary barriers for older people, and people with disabilities.

Entering an aged care facility is a prescription for social exclusion in Tasmania. People with disabilities, who as clients of Disability Services have attended specialist day option programs most of their lives, lose the important connection to their peers and their other social/community contacts once they are admitted to an aged care facility. As a commonwealth customer, they are not longer eligible for state support programs.

For older persons living in their home, and who have been in receipt of state supported transport services, once admitted to an aged care facility, they lose their access to this support. The older person is required to pay their own taxi costs to visit doctors, dentists, and hospitals. Any packages or subsidies that they may have had which supported them to go shopping, visit friends and family, attend social functions and meetings etc, are stopped. Aged care facilities are not obliged to provide transport only to provide assistance such as telephoning a taxi. Considering that the costs for older people in aged care facilities are great, with family members often subsidizing the costs for their loved one, the financially disadvantaged are even further disadvantaged by socially excluding them.

11. *What needs to be done to enable individuals or groups who are presently socially excluded to become connected with their community?*

**a) Government must support and promote advocacy in the community as a service that:**

- Challenges stigmatizing and/or discriminatory practices on behalf of older people and people with a disability, and others in the community.
- Advocates against discrimination experienced by the families of older people and people with disabilities
- Advocates for older people and people with a disability to regain, and maintain full citizenship in their communities.
- Advocates for placement and support of older persons and persons with a disability in culturally valued roles in the community
- Assists and supports older people and people with a disability to access and maintain services
- Is a quality improvement mechanism that supports older people and people with a disability to ensure that the services they receive are best practice
- Identifies gaps in services and lobbies to fill those gaps

**b) Services must be person centred, creative and flexible.**

Rather than people having to fit into existing services, more flexible services, tailored to fit around the complex needs of older people and people with a disability, should be introduced and they, or their advocates, empowered to make choices.

There also needs to be greater recognition that for some older people and people with a disability, transitioning between social exclusion and social inclusion is not necessarily, a quick process, but can require time for the acquiring of skills. For example, if a person has been socially excluded due to their lack of mobility for 10 years because they have not been in the financial position to be able to purchase an electric wheelchair, breaking down the barrier by providing a free wheelchair does not mean that they simultaneously gain the desire, confidence or skills to leave their home and wheel down to the local shopping centre the very next day.

Barriers to social inclusion are complex and inter-related, they are physical and psychological. Social inclusion needs to be a planned process starting with the right services in the home, and when appropriate, gradually moving towards greater interaction with the wider community. The emphasis when creating social inclusion services is to develop strategies that remove the barriers that prevent the person from moving out into the community, while giving less attention to the creation of social inclusion services that meet the needs of the individual in their home.

**c) There needs to be good, safe access to services**

**Mobility**

An important contributor to social exclusion is the older person, or person with a disability's lack of mobility. To effectively break down the barriers -

- There needs to be more transport choices, and competition.
- Transport should be characterized by accessibility, convenience, safety and cost effectiveness.
- Public transport must be a more psychologically, environmentally and financially accessible experience.
- Tasmania must have an efficient and effective cross regional and local road network that provides good access to services and facilities and meets community, business and tourism needs.
- Walking and cycling are legitimate transport modes and important social activities with both health and environmental benefits, and more safe and accessible paths and cycle ways should be developed.
- Physical access and locational barriers to buildings and campuses that provide education, training and skills - universities, colleges, TAFE and Job Network type services - socially exclude and must be made accessible.
- Mobility allowance must be increased, eligibility widened, and the application process simplified.
- The mobility allowance (approximately \$78 per fortnight) needs to be increased, or at least kept in line with the cost of living.
- There needs to be an increase in the Taxi subsidy. It is not uncommon for some active people with disabilities to spend \$100-\$120 per month even with the 60% subsidy while most remain socially excluded because of financial costs associated with their mobility.
- The State Community Equipment Scheme subsidy for the purchasing of an electric wheelchair must be increased. It costs around \$16000 to buy a chair but the subsidy is only \$6000.
- Community and charitable organisations need to prioritize the importance of mobility in its funding decisions
- Services must provide outreach assessments
- Funding needs to be increased for those services that support community access and involvement for older people and people with disabilities

- There needs to be improvements to the Maxi Taxi service which is fundamental to the mobility, and social inclusion of some people with disabilities in Tasmania. The problems associated with this service include –
  - There are too few Maxi Taxis available in Tasmania
  - Maxi Taxis are not available for booking at all at certain times such as around the 9am/3pm school times
  - Customers must book well in advance if they are hopeful of obtaining transport
  - New drivers are not trained sufficiently on how to drive the vehicles which leaves passengers feeling at risk of injury, and quite vulnerable.
  - The skills in handling wheelchairs are inadequate even though accredited training is required of drivers
  - Drivers can lack the communication skills to interact properly with people with disabilities
  - There are long delays in waiting for the Maxi Taxi, well past the scheduled/booked times
  - The service doesn't support people in wheelchairs in maintaining employment

## **Safety**

Older people and people with disabilities need to feel safe on Tasmanian streets and public transport.

- There needs to be an increase in the number of police recruits accepted to the Academy each year.
- There needs to be better training for recruits on disability issues, particularly, for people with mental illness which includes a focus on social barriers, and social inclusion strategies rather than just focusing on the clinical aspects.
- There needs to be a greater emphasis on face to face, community policing by Tasmania Police with the increase of bicycle and foot patrols
- There needs to be better policing of state laws and council regulations generally but particularly in shopping centres, bus malls and other areas of concern.
- The state government must work in partnership with local councils to resolve, and prevent the reoccurrence of the safety concerns of older people and people with disabilities.
- Consideration should be given to the creation of trained Council Wardens that oversee the public safety issues in areas of concern.
- Bus companies should give greater consideration to the provision of security officers riding on bus routes of high concern
- The present cheap system of security guards/cleaners contracted for short blocks of hours is inadequate and insufficient and must be replaced with a well resourced, well trained, empowered, credible, encompassing service.
- CCTV cameras should be installed as a priority in all areas of concern in Tasmania.

- Public street lighting must be improved as a priority in all areas of concern in Tasmania

## **Home Care Services**

Overcoming the problem of lack of social contact must take a two pronged approach – developing services to support older people and people with a disability to access the wider community while also sending social contact services into the home. These services may be for the interim, supporting the person until they get their wheelchair or until they have overcome their fears etc however, for some older people and people with disabilities; their physical or psychological limitations may result in an inability to leave their homes.

For many older people and people with disabilities, there are already Home and Community Care services going into their home (home help, personal care) which could be used as a valuable social inclusion tool. Unfortunately, it is not.

The common complaints of HACC recipients are that they are -

- allocated inadequate numbers of support hours
- receive insufficient hours for social support in their allocated hours
- spend too much of their time in bed (waiting for workers to arrive to get them out, and going to bed early to fit in with worker's times)
- unable to bank saved hours for when they are needed
- workers approach their job in a task orientated way (won't have a coffee or chat)
- are given limited time to complete their 'tasks'
- if tasks are completed inside the allocated time, they leave rather than staying the extra e.g. 10 minutes to chat

The delivery of HACC services as a process often succeeds in devaluing the person as a social entity, reinforcing their perceived helplessness by 'doing for' the person rather than 'being there' for them. Social inclusion needs to be factored in as an important component of HACC service delivery.

There needs to be more social contact/befriender community services funded to deliver coffee and chat/information and referral services into the home.

## **The Social Exclusion of Jill – An Ordinary Story**

Jill and Robert lived in Sydney, were in their early sixties, receiving an aged pension, and living in rental accommodation when Robert's mother died and left her small Sydney house to Robert and his brother. After selling the home and sharing the proceeds, Jill and Robert were unable to afford to buy a home in Sydney but could afford to buy one in Tasmania. They had no children but having lived in the one area of Sydney most of their lives, they did had a strong social network.

Jill and Robert bought a small bush retreat style home in the northern area of Hobart. They had no mortgage and about \$2000 in savings. Three years later, Robert had a heart attack and died.

Jill has a literacy and numeracy disability. She left school at 12. She had been dependent on Robert's support for 41 years. It was he that filled in forms and read and responded to important letters. He handled all their business matters.

Jill never learned to drive. In Sydney she regularly caught trains, trams and buses which were cheap and convenient. After moving to Tasmania, Jill relied on Robert driving her places because the closest bus stop was 2 kilometers from their house.

Since Robert's death, Jill has become anxious and frightened. She is scared of the gangs of 'hooligans' that hang out at the local shopping centre, shouting and swearing, drinking alcohol and smoking. She also thinks they will break into her house if they find out that she now lives on her own. She is also worried about the poor footpaths in her neighbourhood and the lack of street lighting. Her balance can be a little shaky at times. She is on hypertension medication.

Jill receives just over half the income she and Robert received as a couple although her big bills such as rates, telephone and electricity are still the same. Robert used to mow a couple of lawns to get a little extra money which she now no longer receives. She also has new expenses such as mowing, house repairs and taxi costs that she didn't have before.

Because there is no bus from her house to the shopping centre, she must catch a taxi if she needs to go to the hospital in Hobart. A few months ago they were late finishing the test and she missed the last bus. It cost her \$45 to catch a taxi home. Now Jill tries to confine all the necessary appointment to the morning but it is not always possible and she fears she will be stranded in the city again.

She used to attend the Glenorchy Golden Years Club on Tuesdays and Thursdays with Robert to play cards, bingo and carpet bowls. Once a month on a Friday, Robert would drive her to the city where she volunteered at the Pensioner's Union shop. Now she can't afford the necessary taxi and bus costs for her to keep going. It is also too cold and wet most of the year waiting around for buses and there is no bus shelter.

Since Robert's death, she has been receiving lots of important looking letters from Centrelink and the Commonwealth Bank – which she recognizes and from elsewhere that she doesn't recognize but look official - which she can't read. She would like to sell Robert's car which has been sitting in the garage for three years but doesn't know how. Even though she is 64, Jill thinks she should sell her house and move into a nursing home because she doesn't believe she can continue to live on her own in her home. She is becoming increasingly lonely, frustrated, impoverished and housebound, and her health is deteriorating.

## **Comments of eight people with intellectual disability**

The following comments were recorded by advocates of Advocacy Tasmania Inc. in November 2008. They are the responses of eight Tasmanians with intellectual disabilities to the National Disability Strategy Plain English Questions and Answers survey.

### **What are the main things that stop you doing what you want to do in the community?**

- Safety – not able to walk on my own and need to be careful
- I am independent enough to do things on my own
- Not enough pension (DSP) to go out much and get stuck (for money) on off pension week
- People are rude to me when I am out – like school kids
- Not many good working public toilets and some are for both men and women which I don't like
- Cost and reliability of taxis - they don't come when you want them
- Bit hard if you have no money
- No one to take me to local sports events
- I like to go out but can go only sometimes
- Don't always have (staff) support to go out

### **What are the good things in your community?**

- Going out for walks and to the shopping centre
- Going to the local bank on pay (pension) day
- Going out for tea in the community with other people with disabilities
- Going to an interest group, monthly
- Going to my day service
- Going to dances, for people with disabilities
- Going for walks, to the social club and to dances
- Being close to shops and Doctor when I need that
- Using the local buses
- Going out for drives
- Going out for a meal at the local pub
- Going to the local shopping centre
- Going to the markets on the weekend – something to do as I like to always have something to do
- Going to day activities Monday to Friday
- Visiting my family and going out with them for a seafood meal
- Going out dancing

### **What are the main things that stop you having outings?**

- Not enough support (staff) to go out
- Not wanting to have support with me when I do go out, like to the markets
- When other people I live with don't want to go out

- Money – often have to borrow money to go out
- Transport issues – cant catch buses as cant read and not safe
- No transport – can't get out

**What are the main things that stop you getting a job?**

- Got “work” in a supported employment day service
- I do work part time (8 hours/2 days) and that’s enough, and then I do activities like candle making and 10 pin bowling on other days
- My disability stops me, but I like “supported” work at my day service where I can do what I want to do and don’t have to wear a uniform
- Staff – they don’t want me to leave my day service
- Used to work at a laundry but retired and now go to a day service where I like to help and keep busy

**Conclusion**

This submission has focused on a very small area of need for older people and people with disabilities; identified major barriers and exclusionary practices, and offered suggestions for creating a more inclusive Tasmania. The issues of financial disadvantage, lack of mobility, isolation, safety and inadequate services are fundamental concerns for older people and people with disabilities who must face these barriers daily.

Many of the barriers could be broken down quickly with a little creative thought, building of partnerships, and a healthy injection of money. If this is to occur, there must be a commitment from all levels of government – federal, state, local - to further resource existing services, and ensure that all services are socially inclusive in their approach to the needs of older people and people with disabilities.