COMMUNITY SUPPORT AND SERVICES COMMITTEE

Members present:
Ms CP McMillan MP—Chair
Mr SA Bennett MP
Mr MC Berkman MP
Mr JM Krause MP (virtual)
Ms CL Lui MP
Mr RCJ Skelton MP

Staff present:
Mr K Holden—Committee Secretary
Ms C Furlong—Assistant Committee Secretary

PUBLIC HEARING—INQUIRY INTO SOCIAL ISOLATION AND LONELINESS IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

MONDAY, 13 SEPTEMBER 2021

Brisbane

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The committee met at 9.03 am.

CHAIR: Good morning. I now declare the public hearing for the Community Support and Services Committee inquiry into social isolation and loneliness in Queensland open. I would like to respectfully acknowledge the traditional custodians of the lands on which we meet today and pay our respects to elders past, present and emerging. I acknowledge my colleague, Cynthia Lui, the member for Cook, as a First Nations woman. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander people whose lands, winds and waters we all share.

On 27 May 2021 the Legislative Assembly agreed to a motion that the Community Support and Services Committee inquire into and report on social isolation and loneliness in Queensland with a reporting date of 6 December 2021. My name is Corrine McMillan. I am the member for Mansfield and the chair of the committee. Mr Stephen Bennett, the member for Burnett, is the deputy chair and the other committee members are Mr Michael Berkman, member for Maiwar; Mr Jon Krause, member for Scenic Rim who is on the line; Ms Cynthia Lui, member for Cook; and Mr Rob Skelton, member for Nicklin.

The purpose of today's hearing is to assist the committee with its inquiry into social isolation and loneliness in Queensland. I ask that any responses to questions taken on notice today are provided to the committee by Monday, 20 September 2021. The committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of this parliament. The proceedings are being recorded by Hansard and are broadcast live on the parliamentary website. Media may be present and will be subject to the chair's direction at all times. The media rules endorsed by the committee are available from the committee if required. All those present today should note that it is possible you will be filmed or photographed during the proceedings by media and images may also appear on the parliament's website or social media pages. I ask everyone present to turn mobile phones off or to silent mode.

Finally, while the COVID-19 restrictions for South-East Queensland remain in force, all persons present at committee proceedings will be required to wear a face mask, to be removed only when speaking during the proceedings. We will also be adhering to limits on the number of people present in the hearing room today. I thank everyone for their understanding. The program for today has been published on the committee's webpage and there are hard copies available from the committee staff.

CROMPTON, Ms Deb, Chief Executive Officer, Mount Gravatt Community Centre

MARR, Ms Elise, Social Isolation and Loneliness Link Worker, Specialist in Service Delivery to Clients, Mount Gravatt Community Centre

CHAIR: I now welcome representatives from my community, the Mount Gravatt Community Centre: Deb Crompton, chief executive officer—welcome, Deb—and Elise Marr, social isolation and loneliness link worker, specialist in service delivery to clients. Good morning and thank you both for appearing before the committee today. The committee is excited to hear about the work you are doing in Mount Gravatt and I invite you to make a brief opening statement after which committee members will have questions for you.

Ms Crompton: Good morning everybody and thank you for the opportunity to speak to you today. I would like to also acknowledge the traditional owners of the land on which we meet today—past, present and emerging. I would like to acknowledge Elise for her work at Mount Gravatt Community Centre and the value that she has added to people who are experiencing social isolation and loneliness. I would like to acknowledge Elise as my co-speaker today.

Mount Gravatt Community Centre delivers support to roughly about 42 suburbs in our region within the Brisbane metropolitan area, from Acacia Ridge all the way through to Yeerongpilly. We consider our charter is to strengthen our community capacity in an inclusive way and to enhance everybody's quality of life, being welcoming and accessible through flexible and responsive approaches which provide a place and a space for everyone, which is our catch phrase for Mount Gravatt.

Mount Gravatt Community Centre is often the first point of contact for people in the community, whether they are feeling socially isolated, they are homeless or they are in need of support in some form. We are a soft entry point, basically a place where people can feel safe and connected and we can provide the support that they need in their emerging needs. We have been operating for 31 years and over the past three years have strongly focused on social isolation and loneliness and people who are homeless, which is increasingly more and more. We often experience the people who experience these are seniors and young people. Our current cohort of people who are using the centre for the isolation project are mainly between the ages of 20 and 30, which is totally different to what we had seen 18 months ago where they were more senior community members. People with mental impairment, people with disabilities, their carers and young people are amongst the most vulnerable in our community.

Mount Gravatt Community Centre has a seat on the Queensland Community Alliance. I am one of the community leaders on that alliance and as part of that the Ways to Wellness project was formed, social prescribing and networking, working with the University of Queensland. With the onset of COVID-19 we noticed a very significant difference in the way in which our clients were connecting with us. The personal face-to-face contacts changed, our visit in the homes changed and we had to look at ways that we could deliver better services or continue our services in the way that met the needs of the people in the community and we did that by upskilling our staff. All of our staff stayed employed at the centre but we changed the way that we delivered our services and we upskilled them to be able to provide services in a phone manner so that we could do wellness checks on everybody that was in our community centre.

We service well over 6,000 clients a year in aged care, disabilities and people who just come to our community centre. We are a fairly large community centre in terms of clients. That face-to-face contact we did on a weekly basis and we had all our teams working on that to make sure that we were still looking after people who could not come to the community centre. We delivered food parcels. We delivered videos and games and even video machines so that the seniors could still watch things that they could not see—the connection. So we really worked hard to make sure people were well looked after.

An important aspect of the past three years has been delivering the Ways to Wellness project, but one thing I would like to say is that one size does not fit all. It is essential that programs and clients are focused, they are user led and they incorporate a consultative and flexible approach. We have become extremely aware how neighbourhood centres across Queensland are underfunded and need more funding to be able to continue to provide the services that we provide.

I would like to take the opportunity to congratulate the Queensland government on conducting this inquiry and eagerly look forward to the outcomes of the government and prioritising the statewide strategy to address social isolation and loneliness. I have been following the hearings and reading the documents that other government agencies and individuals and community members and community organisations have put forward and on many of those you would recognise that the neighbourhood centre funding has been a critical point of recommendation for the committee. I would like to put forward that the committee take that on notice and consider the funding that we are currently receiving. I would like to say thank you very much for listening to me and Elise this morning. I look forward to your questions.

CHAIR: Elise, did you want to make any comments before we ask some questions?

Ms Marr: I would like to reflect what Deb said. Thank you for the opportunity to speak in this forum. A minister for social isolation and loneliness is one thing that the Mount Gravatt Community Centre has put forward in our submission as a recommendation. Social isolation and loneliness is a pervasive issue in our communities. It is both the cause and effect of mental health, of financial disadvantage, of people disengaging and to have a portfolio, a minister that is working across the issues of social isolation, is important, and more funding for neighbourhood centres.

Neighbourhood centres serve as a hub for people to connect. As Deb said, the amount of people who come through, it is a place and a space for everybody, and a wonderful place to mitigate some of those issues of social isolation and loneliness. Transport is also such a huge issue. It is one thing to offer services, but they need to be accessible and they need to be available to everybody and equitable. I think that is another area that could really benefit people who are experiencing social isolation and loneliness. I am fortunate to have worked on the Ways to Wellness program. I am happy to answer any of your questions.

CHAIR: Thank you, Elise. Deputy Chair?

Mr BENNETT: That is a nice segue. I was going to ask you to give to those of us who have not had the connectivity to the Ways to Wellness program some insights and how you see the government's leverage, as per your submission, supporting the statewide rollout desire, if you would, please.

Ms Marr: To provide some context on the Ways to Wellness project, that was as a response to the community identifying social isolation and loneliness as the No. 1 issue in the Mount Gravatt and surrounding areas. We were fortunate enough to procure funding to develop and deliver the social isolation and loneliness project. It has been very successful and I have been fortunate enough to work on that project, but it is one project, working across multiple suburbs. I think the model that we have developed can be rolled out in all neighbourhood centres and all community centres, and that is what we hope to be able to do with some more funding for the neighbourhood centres.

Mr BENNETT: Can you give me an example? I understand the concepts of delivery of project management, but is it about healthcare outcomes, education outcomes or digital connection? I am unaware of the program. With my ignorance, could you help me out, please? Dumb it down for me.

Ms Marr: The aim of the project is to improve the health and wellbeing of community members. We work alongside GPs and other healthcare providers. The research is there that links social isolation with heart disease, mental illness, obesity and diabetes. Those links have been well researched. The aim of the program is to improve those health outcomes for our community members.

CHAIR: Elise and Deb, the other members have not had the opportunity to experience what the model looks like. Could you walk the committee through exactly the model? Somebody is identified as socially isolated or lonely. By whom are they identified as socially isolated and lonely? Once they are identified, can you walk us through what exactly happens, for the benefit of the members and the public who are hearing today?

Ms Marr: We work on a model called social prescribing. We did roll out two different projects to try to have a comparison. One of the projects involved us getting referrals directly from GPs. I was placed in a GP surgery one day a week so that I could get direct referrals from those GPs. The medical practitioners would recognise someone as experiencing social isolation and loneliness, whether that be through their mental health, through conversations—through multiple presentations of patients for non-medical reasons. They would refer to me, the link worker. I would spend up to six months with them if they required. I would provide therapeutic and practical support. We have a huge network of other organisations that we engage with. We know exactly what is out there and available for people to experience. We would link them in with sources of group support. Someone would come in and they would identify their hobbies and interests as perhaps gardening, music and knitting. We would work then towards linking them in with those interest groups whilst also addressing some of those barriers to participation that were present across all of our clients. That was the holistic health project.

The other project was community based. We would accept self-referrals and referrals from other agencies and community organisations. Often people would identify themselves as being lonely or socially isolated. Deb mentioned carers of people. We saw a lot of young carers as well. Some of those case studies in the submission give you a bit of an idea of the diverse range of clients that we would look after. Once they were linked into those groups and some of those practical barriers were addressed, we would continue with them until they felt comfortable going by themselves. I would accompany them. I would introduce them to the groups and activities. I would join in with them if that was something that was going to increase participation. The model is quite simple, but the work that it does and the people we saw were quite complex.

CHAIR: Just to clarify, the link workers are qualified social workers?

Ms Marr: Yes, I am a qualified social worker.

Mr BERKMAN: We really appreciate your time today. To start with, I note your recommendation about statewide rollout of the Ways to Wellness program. There seems to me to be a lot of merit to that suggestion. Deb, you mentioned towards the end the need for more funding and that there are no limits to the kind of work that community centres like yours can do if they are funded to do it. Can you paint a picture for us of what would be the most immediate priorities for you with more funding? What do you see that offering the community generally?

Ms Crompton: I appreciate you asking the question, because every neighbourhood centre is looking for funding. I appreciate that the government has a limited bucket. For our neighbourhood centre, the number of people who come through the centre and the intensity of the work that we do, having only one worker at the front is just not enough to be able to do what we do.

We had an Indigenous lady recently who was really unwell. We spent all day with her before the ambulance could come. We rang the ambulance at 11 o'clock. They were not there until after dark. We stayed with that lady. Every staff member spent some time with her, because there were other needs that the community centre had to do, to make sure that that lady was well. She is back well and she has visited us and is amazing, but people do not understand the intensity of the work that we do. I think there is a thought that people walk in our door and walk out five minutes later. They do not; they are there for hours sometimes. They are in critical need with mental health issues. The drug issues in the community are massive. People come in in that state, in a state of absolute disarray, not knowing what to do with themselves, and we deal with that. We deal with the clients in the most professional way we can, but staffing is the issue.

We do not even have an alarm system at Mount Gravatt Community Centre. We are considered a large system. We have put our own little system in place. It is a neighbourhood centre, funded by government, but we do not have a button that we can press if one of our staff is in distress. There are little things that can be fixed, but they have not been fixed after all these years, and we have been there for 31 years. Funding is critical to have staff in a safe work environment and to have backup support. We do food parcels and emergency relief day to day. We are now doing community meals once a week which we never did before. With regard to our community meals, people are out there every Wednesday looking for food to keep them going for the rest of the week. It is the only meal they will get. We are all volunteering to do that. I hope that answers your question.

Mr BERKMAN: That is a really helpful response, thank you.

Ms LUI: I think you are doing amazing work out there, so keep up the great work. You mentioned about your link and then the referral system, and it obviously works quite well. I am interested to know the length of time you stay connected with individual clients and also how you assess or monitor their progress and when are they ready to exit your programs?

Ms Marr: We work on a strengths based, person centred approach. When the client comes to the link worker, we set about creating a case management plan that includes that person's goals. It assesses their needs and then has some measurable and attainable goals for that individual. I can give you an example. We had one young lady who had autism spectrum disorder and she wanted so desperately to link in with other people she could share her experiences with, but she needed to be able to get there. She was financially disadvantaged and her family was financially disadvantaged as well. We set about talking about her needs, talking about what she had already done, which was incredible, and then what we could do to help her achieve those goals. She was linked in with a day program where she could go and meet people, learn some life skills, go on excursions and have social activities. She did that. Then she came back and said, 'I really enjoyed that, but I want to learn to dance.' That was goal No. 2 on the list. We linked her in with a program for people with disabilities. It was an all-inclusive dance program she was able to do. She said, 'That is great, but I want to get my licence.' Goal No. 3 on that case plan was working towards her getting her licence. We were able to find a service that works with people with autism to prepare her for getting her learner's permit. Once those goals were achieved, we had the discussion: 'Is there anything else that we can do to improve your social activity and your social interaction?' 'No, I'm all good,' but then a couple of months down the track, 'Oh, by the way, I've heard about a thing in the community. Is there some way you can link me in with that?' So we are always there; the door is always open.

I would have spent around 12 weeks with that young lady to get her to the point where she was able to achieve all those goals that she had set out. That is not everybody. Some people stay with us for up to 12 months or longer. It is assessed on a needs basis, the varying levels of complexity and depending on how complex the barriers are for people to participate. There is a plan and there is an exit strategy which we found works well.

Mr BENNETT: I want to congratulate you on your submission. Reading through it over the last couple of days highlighted the issues that confront us. I will make a comment about the issues, but I think with the designation of an isolation minister we should be able to get the dollar value to neighbourhood centres to do the work. If we did not have to do that, what would be, out of all the issues you would want to address, the major issue that you think the neighbourhood centre would be able to operate more effectively under? Give us the one wish list is what I am saying.

Ms Crompton: Always resources.

Mr BENNETT: You have mentioned resources.

Ms Crompton: Several times. I think the other part would probably be around staff development, having that capacity to develop staff at the level they can be developed. It is always a time constraint and a financial constraint. I think staff development—professional development of our

teams who work in the centre, because emerging issues change. Communities change. There are always different crises that happen in community, so ongoing professional development is something that I think would be a key point.

Mr BENNETT: Are there skills in the general community for recruitment and selection if you are in that unique position to employ more? Would you feel that the skills are out in our community to be recruited?

Ms Crompton: Yes, I do. It is hard to find sometimes the right mix of skills. That is probably the difficulty. You can get people who come directly out of university and then you spend a lot of time upskilling them and getting them into the community. It is definitely a time thing.

CHAIR: On behalf of the committee, I congratulate the Mount Gravatt Community Centre on their great work leading this initiative. We thank you sincerely for your submission and your presence here today.

JAMES, Ms Em, General Manager, Queensland Families and Communities Association

MUNDY, Mr Christopher, Sector Development Officer, Queensland Families and Communities Association

CHAIR: Good morning and thank you for appearing. The committee appreciates your time today. I invite you to make a brief opening statement, after which I know the committee will have some questions for you.

Ms James: Thank you. Firstly, we would like to acknowledge the traditional owners of the land upon which we meet today and the lands on which neighbourhood centres are located across Australia. We pay our respects to elders past, present and future.

Members of the committee, it is so good to be here today as the peak body for neighbourhood and community centres in Queensland. We are pleased to be here with you discussing an issue that is so integral to the work of neighbourhood and community centres: addressing social isolation and loneliness in our communities. As we are speaking with you this morning, over 140 centres across Queensland are opening their front doors to their communities. By the end of this week, over 35,000 Queenslanders will have visited one of these centres. Neighbourhood centres are to local communities what hospitals are to health and schools are to education. Centres are place based, critical social infrastructure, and with adequate resourcing they really are the key to addressing social isolation and loneliness.

As you know, over 53 neighbourhood centres have worked with us and contributed written submissions to this inquiry, along with numerous partners who recognise the value and impact of neighbour centres, as these submissions together show. I just wanted to touch on a few key points. Neighbourhood centres are place based. That means there is really in-depth knowledge, as we just saw with Mount Gravatt centre's presentation, of local issues, including a nuanced understanding of the diverse experience, factors and causes of social isolation and loneliness and the very complex framework and other issues that lead into that in individuals.

Integral to centres is the goal of fostering connection, belonging, participation and inclusion, and this is the antidote to social isolation and loneliness. Centres across Queensland are working every day in ways tailored to their local communities to achieve this. Centres facilitate involvement in both centre based activities and projects as well as broader community participation. That linking role is critical as it supports individuals to navigate the broader service system, access key supports and find meaningful opportunities for volunteering, mutual support and social connection so there is both a preventive and a crisis response together.

As part of this linking role, neighbourhood centres also actively foster, engage and support local networks, community projects groups and organisations, and we saw that even in the other submissions that were put through—those local community projects and organisations that neighbourhood centres are a key part of linking into within that local community level so that they are part of forming that real ecosystem which builds the capacity of the entire community to address and prevent social isolation and loneliness.

As independent organisations embedded in their communities and predominantly governed by local people, neighbourhood centres are responsive to their community's needs, strengths and opportunities. Through community-led projects and initiatives, centres foster trusting relationships and partnerships that enable high-quality and responsive local services and projects. While neighbourhood centres heavily invest in their communities, they remain the most underfunded social service in Queensland, receiving on average just $135,000 in base funding a year. This underinvestment means that there are countless people across the state who are experiencing or are at risk of loneliness and social isolation who do not have access to the support they need. This has significant on-cost to us as a society.

We can effectively and rapidly leverage the existing incredible social infrastructure of Queensland neighbourhood centres to deliver tangible outcomes for addressing social isolation and loneliness. To enable this, QFCA recommend an urgent commitment of funding for at least 2.5 workers in community centres across Queensland, plus overheads, to allow for that place based responsive delivery of programs, groups, network development and investment in both physical and digital infrastructure in that changing space of how communities are engaging and connecting with each other and reducing that risk of digital exclusion as well. Together with QFCA, neighbourhood centres can then build on their existing community connections, trust and knowledge to address the

issue of social isolation and loneliness at the local level through innovative, community based initiatives tailored to the needs and preferences and existing community needs and strengths. Thank you.

Mr BENNETT: Good morning. Acknowledging that you have 95 per cent of neighbourhood centres under your auspices, if you like, is there anything that you can do to help a lonely member from the bush get a neighbourhood centre in Agnes Water? We have been trying to for 10 years. I just point that out. It is a shameless plug—and I am not trying to be flippant, because we do acknowledge just how important the work is. In all sincerity, without talking about the funding models that will be consistent, I just point it out to you. Would you like to make a comment about other areas in the state that could benefit, particularly regional and remote areas, from more access to neighbourhood centres?

Ms James: Firstly, we are pleased in some of the newer investments into community centres across the state. We know that social isolation and loneliness in particular cuts across all lines, so for us it is really important that every community in Queensland has access to the type of community-level support that neighbourhood centres can create. So 100 per cent we are very happy to work with you on how we can collectively start to create more centres for connection across Queensland.

Mr BENNETT: Are there any statistics that we are collecting in rural and remote areas that would justify the needs assessment about increasing connectivity to neighbourhood centres? Is there statistical data that we are collating to help us with that business case, if you like?

Mr Mundy: As far as I am aware, the department of communities is not looking at that demographic data at the moment, but I think in general local neighbourhood and community centres come about because local communities want them there. They come together as a local association. Local people are saying, 'Hey, we want a centre here to help support the local population,' and they will come together and they will form that themselves.

Mr SKELTON: Can you talk to the impacts of the COVID-19 pandemic on social isolation and loneliness? Obviously it is playing a role.

Mr Mundy: I think from early on in the pandemic neighbourhood and community centres recognised that loneliness and social isolation were going to be issues, so they were on the forefront of addressing that from quite early on. Local neighbourhood and community centres then sought to deliver social connection and services in other ways—through digital connection, through the Care Army, through volunteers who are able to go out and deliver groceries and those sorts of things. I think particularly people in the over-70 age group were vulnerable because of the health concerns of contracting COVID-19 and so often stayed at home.

Ms James: It had some flow-on effects to neighbourhood centres, which often rely, especially given the low workforce investment, on volunteers. I think what was so impressive, and I think fairly unanimous across neighbourhood centres, was their ability to respond and create alternative ways of connecting with their communities, in ways that I think were unique and really highlighted local relationships, local connections and that it is more than a service when you have that space for community connections—those more informal connections as well as more formalised services that community can then wrap around and support community. We see that with natural disasters, which is also a key part of neighbourhood centres' responses. Again, it was really clear in COVID. Those disasters have kind of compounding effects in communities.

Mr BERKMAN: Thank you for being here this morning. I note that you were in the room when we heard from the Mount Gravatt Community Centre and their reflections on those day-to-day challenges: just staffing the centre, ensuring that people who come to seek assistance can get it and that staff and volunteers are occupying a safe work space. How widespread are those issues? Can you speak to how common the kind of scenario they set out is amongst the community centres that you are dealing with across the state?

Ms James: I think it is a fairly systemic issue given the level of funding and investment currently available.

Mr Mundy: I would say there are few neighbourhood centres that are not experiencing that—very few. It think it is systemic across the state, from South-East Queensland to Far North Queensland to out west. Neighbourhood centres are really stretched. It is a model which really only covers roughly one worker to 250 people. It is just not sustainable.

Ms James: We often say that neighbourhood centres are incredibly resourceful even as they are under-resourced. In terms of what neighbourhood centres achieve and manage and how they draw on the resources of their communities—on all of those connections and partnerships—it is

incredible what neighbourhood centres do offer, often in really difficult circumstances. As someone who has worked in the sector for over 15 years, I can say that it can really take a toll on workers. We also see that coming through volunteers, with people who are visiting centres who are really vulnerable. We want to make sure we are providing the best possible service and make sure we have a supportive, energised group of staff members and volunteers and that broader community participation. That creates a really different base from which to make those connections.

Mr BERKMAN: It sounds very much like the sort of scenario they described is the norm rather than the exception. They also touched on the main challenge being finding staff members with the right mix of skills to fill roles in centres. In your experience, what is that magic mix of skills? Who are we missing to bring in and fill the gaps in the workforce?

Ms James: That is a great question. I think the reason I have been in neighbourhood centres for 15 years is that it is that really generalist magical role where it does draw on all elements: you are responding to people in crisis, you are building connections and networks and you are strategising with your local government and other key partners on how we can respond to local issues in really rapid ways. Part of the joy and the challenge of a community based organisation is that it does call on so many different skill sets. I think also it is around the funding level impacts, the SCHADS level, at which jobs are advertised. I do not know that it is about the lack of skill so much as the jobs we are able to advertise and the levels at which those are advertised, so it is the remuneration for a job that is incredibly demanding and diverse. I think we have an incredible workforce given the pay rate and the demands of the role.

One thing that QFCA are really working on with our members is that professional development piece and having access to lots of different fill-in elements, whether that is around trauma informed care, grant application writing or policy and influence. All of those different pieces are things that I think as a sector we can really work together on. There is a lot to learn from each other in that space as well as broader pieces. Again, it is about building connection amongst neighbourhood centres. We are learning from, for example, the project that Mount Gravatt has been working on and all of the different projects and innovations that centres are creating at their local level to see what we can learn across the sector and what extra training and support is required to do that.

Mr Mundy: While there is a pool of people who are qualified in social work who can come into the sector, there is also a real lack of community development practitioners and people have community development qualifications that also makes it really challenging. Really, I would say that would be the ideal qualification for somebody who works in a neighbourhood centre.

Ms LUI: Can you tell the committee about the neighbourhood centres in rural and regional Queensland?

Mr Mundy: Some of the neighbourhood centres that we work closely with are particularly out in the SWAN network, the South West Area Network—that is, Chinchilla, Tara, Charleville, Roma and those sorts of areas. They are dealing particularly with people who have been affected by drought. What we see in different pockets of neighbourhood centres is that they are often responding to natural disasters as well as the day-to-day issues. Particularly in the South West Area Network, they are responding to people in their communities who are affected by drought. That is not only affecting the farmers; there are the flow-on effects to local communities as well, the economic effects to those local centres. They are also dealing with a lot of housing issues out there at the moment as there is a lot of housing being taken up by workers from the city who are coming in to work on various projects there. There is not a lot of housing in those small towns. When people lack housing in those small towns they have to up and relocate to an entirely different town or a different area.

Ms James: I would add that neighbourhood centres in those areas may be one of only a few local, place based organisations. They end up, in some cases, playing a really significant role in facilitating access to broader services and partnerships that might be funded to come to that area but, for whatever reason, are not doing that or are doing that via teleconference or other things that, again, have a cost to that neighbourhood centre, which is then trying to facilitate people's access to this increasing digital demand and accessibility, especially when people do not have access to the internet and so on. It is that digital infrastructure piece as well as being left holding a lot of those projects.

Some neighbourhood centres now have a Centrelink booth at their centre, so sometimes they may also bear the brunt of people's frustration or attempts to navigate what can be really confusing and frustrating services—again, still on the same level of base funding in many cases. I would say there is a very strong need and increased demand, and neighbourhood centres are very highly used services in rural and regional Queensland. They can sometimes really be holding that community together and facilitating that kind of community fabric and support.

Mr KRAUSE: In relation to the activities of community centres and neighbourhood centres in rural and regional areas and some of the issues you spoke about, how much of an issue do you think lack of employment opportunity is in some of those areas when it comes to people experiencing loneliness and isolation?

Ms James: We hear a lot around the lack of transport in those regions. It is the ability for people to get between towns, but as they get older they may not have a licence or they may live in a one-car household so they are not able to build connections in those ways.

Mr Mundy: There is some evidence that working relationships play a big role in reducing loneliness and social isolation. People who are unemployed are at greater risk of loneliness and social isolation. Some research from Neighbourhood Houses Victoria shows that people who are unemployed get an extra social connection benefit from engaging with a neighbourhood centre compared to other demographics.

Mr SKELTON: I represent a regional area and the Nambour community centre is an important part of that community. Obviously COVID-19 has been identified as a cause of social isolation and loneliness. Can you talk about other causes? What are the main factors, do you think?

Mr Mundy: I hear from neighbourhood centres that life transitions play a major role. For example, women who are leaving domestic violence situations may have built relationships in the context of that, but leaving a domestic violence relationship may mean leaving all of the social relationships that the romantic relationship was a part of. Also, I am hearing that middle-age men and those who are separated from their children or partner can be really affected by social isolation.

Mr SKELTON: It is another vulnerable demographic.

Mr Mundy: Yes. It is people with a disability and people who have a lot of caring responsibilities, particularly single mums looking after kids. They do not have time for a lot of social relationships once school is done and work is done and home life is done.

Ms James: What is clear from reading through the submissions of neighbourhood centres and from our ongoing conversations with neighbourhood centres is that we can make better use of the incredible value of neighbourhood centres in terms of their in-depth knowledge and nuanced understanding of their local communities. We know there are lots of statewide or national studies but, when it comes down to it, what is happening in this local community at this time and what is the best and most effective way that we can work within our community to address this issue in a way that makes sense for what we are seeing, what we are hearing and what infrastructure, projects and relationships are already in place? I think that is a really key role that neighbourhood centres have to play in the local knowledge of what is happening.

Mr SKELTON: Whatever program we put out there, you guys will have the nuance to be location specific.

Ms James: That is the importance of funding neighbourhood centres to fulfil the role of having that core base from which to do that connecting work, facilitating community groups and projects and that really localised knowledge. There should be enough funding for working with whoever walks through the door as well, for working on that really strategic outreach with vulnerable communities and groups that might not currently be accessing that service and for working with schools, businesses, communities and other key organisations to do that developmental, participatory work of 'what do we as a community want to create together?' and 'how can we foster belonging and participation so that people are feeling like they are a part of the fabric of a community rather than even just as a service user?' People who come to centres are more than service users; they are part of their local communities. Really, it is about funding that developmental work to have people feel like they are contributing in that meaningful sense of belonging and participation.

Mr BENNETT: I guess the bricks and mortar, if you like, should not make a difference, but in a previous life I remember lifting a 100-year-old house in Bundaberg to turn it into a neighbourhood centre. Could you expand on the research that has been outlined in your submission, particularly around a purpose-built centre and how important that would be to the success of the centre? Obviously we need to stretch the dollar. For the committee's benefit, could you talk about that, please?

Mr Mundy: I think you will be familiar with Agnes Water and the lack of infrastructure there.

Mr BENNETT: Three by three is all we have—just saying.

Mr Mundy: Despite some funding going towards that to try to set up a neighbourhood centre in that area, I think the real challenge was not having a place.

Mr BENNETT: Indeed.

Mr Mundy: There are probably two things to be mindful of when building new neighbourhood centres or enhancing neighbourhood centre infrastructure. First, neighbour centres need to be accessible. Part of their strength is being non-clinical in their setup and environment so that people do not feel like they are walking into a Centrelink office; they feel like they are walking into a very homely, warm environment where they feel like people care about them, they feel welcome and they feel like they can make a connection with others.

As I outlined in the submission, there is some research around particular places that are conducive to connection and participation. There are third places such as community gardens. Many of our neighbourhood centres have community gardens where people can come together and interact with one another. There are community cafes and toy libraries. Neighbourhood centres are also very active in their local communities. It is not just what happens inside the building but also what happens outside the building. We have neighbourhood centres that are setting up red benches to address domestic violence issues. One neighbourhood centre up the coast even set up a talking bench in the middle of Buderim. They had a volunteer who just sat on that bench and was there for anyone who walked by to have a conversation with and they could have a local connection. They run festivals, events, pop-ups, employment expos. There is that building of shared community life that they are involved with. They themselves run community groups but they also auspice so many other community organisations. They will actually support local U3As or a local men's shed. A lot of neighbourhood centres have a men's shed attached to them.

Also I think what is important is the need for a lot more hybrid spaces. What COVID has really taught us is that there is a need for neighbourhood centres to reach out both physically and digitally to their local communities. There has been a real need for hybrid models. A lot of neighbourhood centres have had yoga groups or playgroups that they have run at their centre that have then been run online via Zoom or different videoconferencing. Some of that digital infrastructure needs to be enhanced in neighbourhood centres in order for them to do that work a lot better.

Ms James: I guess it also goes to the pure physical investment, because it is much easier to welcome people when you have a space with which to welcome them. Even as we recognise there is this diverse array, not having adequate space or spaces that are accessible to all members of the community is definitely a significant barrier for some centres in creating that welcoming space and connecting in.

Mr BENNETT: I guess we will have to look at the recommendation in the submission of the gentleman Karg that you referenced in your document. It would be interesting to see what those recommendations were and how those purpose-built standalones would look. We might do that as a committee, if my chair lets me at some stage.

Mr Mundy: I believe that research came out of the University of Sydney. It took a real strength based approach to loneliness and social isolation. It really explored not the negative aspects of loneliness and social isolation but looked at connection and participation spaces. We really believe that neighbourhood centres fit into all of those categories.

CHAIR: That was a good question, Deputy Chair. That concludes this section of the hearing. Thank you both. The committee very much appreciates your knowledge and experience in this area. We thank you sincerely for appearing today.

GRIFFITHS, Ms Kellie, Centre Manager, St David's Neighbourhood Centre

MARSHALL, Ms Gillian, Executive Community Manager, Logan East Community Neighbourhood Association

SMEE, Ms Madison, Social Work Student, Picabeen Community Association Inc.

WARREN, Ms Jill, Centre Manager, Picabeen Community Association Inc.

CHAIR: Good morning. Thank you immensely for appearing before us today. I invite you to make a brief opening statement, after which committee members, I am sure, will have questions for you.

Ms Griffiths: I really appreciate the opportunity to present today. I have something written, but on the train this morning I bumped into somebody called Matt. Matt had been living in our area homeless for two years. He kept coming to our organisation for some meals and support and things like that. Over that time I spent lots of time talking to him about drug dependency, trying to get him into Alcoholics Anonymous and all kinds of matters to address his social needs.

This morning he was on his way to work. He asked me what I was doing. I said I was coming here to speak today. He said, 'Please share my story because, if it were not for you, I would be in front of the train rather than on the train.' It really brought home to me the power of neighbourhood centres and the welcome that we give to everybody. It does not matter what background you come from or who you are, we are the place that everybody turns to. If they are not able to be helped by other departments, they come to us.

People feel disenfranchised, excluded and experience poor mental health and wellbeing. COVID-19 has further impacted this. We have seen it every single day in our communities. We help them to connect, belong and participate in their local communities and are an inclusive and welcoming place. Infrastructure is already in place with capable, passionate human beings to provide the antidote to social isolation and loneliness.

My suggestion to you is that neighbourhood centres are your prevention strategy. You can invest all you want into helping to resolve the issue, but neighbourhood centres are your prevention strategy. We do a lot already. We are underfunded. At St David's Neighbourhood Centre we offer a wide breadth of programs, activities and events and work with members of our community. We have hundreds of people come through our doors each month. What we can do is constrained. We have a lack of resources, both financially to operate our centres and with people on the ground. While we are high spaced and we actually know what we are doing, we are hindered by what we can do.

We have a lot of what we call 'jazz hand' moments at our neighbourhood centre. We have 'jazz hand' ideas. We have these great ideas but we can never get them off the ground. Those ideas would help people to connect, to feel part of their community, to be in a place of welcome.

I suggest you invest in your neighbourhood centres, which will prevent the isolation and loneliness becoming an issue in the first place, resource our sector with additional workers to be viable and increase our capacity to build our social capacity and connect our communities.

CHAIR: We will move on to Ms Warren from Picabeen.

Ms Warren: Madison has prepared something to say. I am happy to answer any questions after that.

Ms Smee: Thank you for the opportunity to speak today. I wish to pay my respects to the traditional custodians of the land on which we all meet today—the Jagera and Turrbal peoples. I pay my respects to elders past, present and emerging, and I extend that respect to all Aboriginal and Torres Strait Islander peoples.

We sit here together as community centres today in collaboration to reiterate that key standpoint that community centres and neighbourhood centres are central to addressing social isolation and loneliness. Right now we are having so many new people coming through our doors. There is a hunger for connection and an appetite for community right now. This has only been exacerbated by the impacts of COVID-19 and the lockdowns.

We are the hubs of the community. We already have the infrastructure, we have the local knowledge, we have the instant access and we are already places of community building. What we do need is more investment into our centres.

Right now people are coming to us in a state of crisis. They are needing food relief. They might be experiencing more domestic violence due to being at home more. They might have lost their source of income and need emergency relief, Woolworths vouchers and go cards. On top of all that,

they are feeling alone. Queenslanders are not getting enough access to social supports. People are walking through our doors and they are pouring their life stories out to us—which is perfectly okay and always welcome, but it does show us that they are not getting that social support in other aspects of their lives.

If we were to receive appropriate funding, we could have a greater reach. As Kellie was saying, in a preventive way we may have been able to address a lot of these problems before they escalated into crises. We can offer more groups or more general health and wellbeing activities and overall create more connection. Plus, we could build on the trained staff we have and have more consistency when responding to crisis rather than heavily relying on students and volunteers. I think the consequences of not dealing with this crisis will end up costing the government millions in the long run. Some of our service users may end up in places like hospitals, rehabilitation and the justice system.

Alongside asking for more investment, we are also asking for more trust and more recognition. We can tell you about our statistics and our numbers and the activities that we do—people who walk through the door. That does show you a part of what our community centres do and the wonderful work we do, but a lot of what we do is immeasurable. We give people the opportunity to connect, to feel safe and supported, to gain skills, to build friendships. The impact that it makes on somebody's life when they feel like they belong cannot be measured on paper. The human experience is organic. It is not ticking a box.

The investment needs to go straight into our centres, not to external organisations but to us. We have that infrastructure. We have those resources already. We are the antidote to social isolation and loneliness.

CHAIR: Gillian, do you have anything you would like to add?

Ms Marshall: Yes. My colleague Roger Marshall was not able to make it today. I would like to acknowledge the traditional owners of the land on which we meet as well. LECNA, the Logan East Community Neighbourhood Association, has been around for 31 years. Some of you may recognise me. I was the co-chair of the recent Queensland Community Alliance Assembly with the Deputy Premier, asking for brief intervention funding for community centres in the wake of COVID.

I wanted to speak briefly today about the uniqueness of neighbourhood community centres in addressing social isolation and loneliness. We are responsive to community need. One of the first things I did when I started working at LECNA was pore over Census data, and I cannot wait to get the publication of the most recent Census information. Not only that, we are constantly having surveys, community-led forums and responsive opportunities for community to give back about the challenges they face on a daily basis. The likes of libraries and other places do not do that kind of community development work.

I think our response around social isolation and loneliness does need to be place based, responsive and community led. That is the only way it is really going to be successful. That is the bread and butter of what community centres are about and do on a daily basis.

Community centres around Queensland also have the capacity to address problems which exacerbate loneliness and social isolation, as you have heard from my colleagues here—family separation, housing issues, job loss, financial hardship, retirement and change-of-life circumstances. If you look at the work and the groups and the activities that you see coming through an average community centre in Queensland, you will see all these opportunities for social connection and for getting the support they need to build better lives. That is the catchcry of LECNA. That is what we are all about at community centres.

I know that Minister Enoch, whom I met with earlier this year, would like to see a legacy of her time in that portfolio as raising the portfolio and the importance of community centres to be on the same level as hospitals and schools, where they should be. As you have heard from Madison and Kellie today, that prevention work is key.

What we are asking for today is for funding of 2½ workers in community centres around Queensland. Madison and Kellie have described what that would mean. It would raise the extent of activity for existing community centres and allow for more groups, more programs and more activities for connection for over two million vulnerable Queenslanders every year. Lastly, increased investment into community centres now will save money currently spent by the government on health and mental health services, crime and policing, and alcohol and other drugs. That is a fact that I want to leave you with today.

Mr BENNETT: Thanks for the passion you bring to this debate today. Our communities are better for having you in them because of the work you do. There is a consistent message we are hearing. Could you share with the committee some of the success stories and some of the programs? One of the ones we talked about earlier was the wellbeing program that was run in Mount Gravatt. One size is not going to fit all, but could you celebrate some of the success stories and some of the programs that you feel are working well?

Ms Marshall: We have been running for a number of years now what we call a life skills program. It is a 10-week program that we run four times a year in school terms. We do a pre and post survey for that. That is a program open to any community member, and we also internally refer our clients. We also have people who participate in that program who are on a work and development order with SPER. They explore a bit of cognitive behavioural therapy, managing emotions and dealing with conflict. They are adding tools to their toolbox for life.

This is a program unique to LECNA. It is currently unfunded. We fund it ourselves and we are constantly fundraising to present it. We gather pre and post survey data from the participants about that. They report an 80 to 90 per cent improvement in their ability to have good communication, to problem-solve and to have better relationships in their lives. For the people who come through that program, it is really transformative for them. Even though we lost our federal funding for that years ago, there was that commitment and that heart to keep delivering it. I am sure there are many other community centres that have a similar story.

Ms Griffiths: One I would like to share is our conversational English group. Each Monday a group of international arrivals meet at our neighbourhood centre and participate in our conversational English group. The group is made up of all different cultures. What is really lovely is that all the cultures get together. It is not just one demographic; it is a whole lot of demographics getting together. They practise their English and they talk about topics that are relevant and of interest to them.

I have spent lots of time in community and it is always about education: there always has to be a purpose to meeting. Sometimes the best things come out of not having a purpose—of just providing the opportunity for people to connect and share their stories. They have shared with me that they love the opportunity to learn about other cultures. They come from their own culture but they get to learn about other cultures and improve their English. Some of the participants have gone on to get jobs because they have had the confidence and the ability to connect with others.

CHAIR: Jill, do you wish to mention something?

Ms Warren: I would like to talk about some of those things that I have not heard mentioned yet. They are some of the other things that we do where we connect in with some national programs and organisations, such as Playgroup Australia. We are registered with Playgroup Queensland. We also have a NILS program. We have an ATO tax help volunteer who comes to our centre. We have Narcotics Anonymous that meets at our centre, as well as Family Drug Support. These are all national programs and we provide a really great avenue and outlet for people to meet there.

For example, we have three volunteers who run that NILS program. Each of them comes there for a day a week to offer NILS appointments to members of the community. If you are not familiar with NILS, it is the No Interest Loans Scheme and it offers loans of up to about $1,500 to people for essential household goods and services. We are instrumental in delivering that program at a local level.

There is Playgroup Australia. There was a question asked earlier of QFCA about how we reduce social isolation, and this is for one of those very vulnerable groups. When I was a mother of young children, attending playgroups was so important. We have two of those a week at our centre. Whilst it is a group coming together, it is those people—mothers particularly—who might have their first child and they come to playgroup as an opportunity to connect, and we provide those places.

We have a tax help volunteer there. We provide that place there and we do not charge for that. It is an opportunity we provide for the community for people to come and get help. We also have Centacare that comes to our centre once a week. We are offering free counselling to members of the community. Again, we talk about that really accessible place. Instead of people going to a clinical setting in the Valley, for example, for their Centacare appointment, they come to our place, which is literally a house that has been converted into a centre. People come there, they feel comfortable and they feel welcome. They do not have to walk through loads of glass doors to get there. We are there, we are accessible and we are welcoming. I could keep going but I should stop there.

Ms Smee: Can I add one small thing that I have noticed that has been a big part of my placement at the centre. We have a youth team at Picabeen and we have a youth drop-in on a Wednesday afternoon which is a safe space for LGBTQIA+ young people. We look at the statistics

and the risks of transgender young people and how much more at risk they are of suicide. This group is growing every week. It is welcome to all members of the community, some who are not at school, some who are in school. They are in this space and they are speaking about their sexuality and their gender and they are feeling comfortable to speak about it. It is coming out of a space of strength rather than out of stigma or discrimination. They are actually really empowered in that space and they have that connection where they do not actually have access to that in any other realm of their life.

Other schools in the area have seen what Picabeen has done with this space and they are taking that on. I think one of the local schools now has a lunchtime group that is doing a LGBT group as well. We had funding for that. I think that was external funding from a grant which had been lost. We are still doing that group because we recognise that it is such a need in our community.

Ms LUI: Could you tell the committee about the weekly safe space for LGBTQIA+ young people and how it addresses social isolation?

Ms Smee: I am in that group directly with the other youth workers. It is such a powerful space to be a part of. We do not have a lot because, as I said, we did not get funding this time. We do not have a lot of funding to buy resources to do things, so we are just using what we already have such as leftover crafts from other groups and things like that. We do hands-on activities whilst we are all talking. We are going around, we are saying our pronouns, and people are connecting at all different ages. It is not cliquey. People come from different schools. It is really powerful.

They are talking about things they probably would not be able to talk about at home, about who they are as people and what they are going through. They are really listened to and understood. We have a lot of younger youth workers in our centre and a few also identify within the LGBTQIA+ community. It sits on that level with the young people where they feel they can open up about anything. For some of them, this group is the only social group they will go to. There are a few of them who are not actually in school at the moment because of their mental health and their mental wellbeing and that confusion with who they are and they feel like their schools are not supporting them.

As a perfect example, one person came in who wants to cut their hair short and their mum will not let them, and they also want to wear shorts, not their skirt, as part of the school uniform and their school will not let them do that either. They cannot be free. They cannot be themselves, but in this group they will come and they will draw a moustache on and feel like that is who they are, or they will wear different clothes or bright colours or however they want to represent themselves. It is really powerful.

Mr BERKMAN: I really appreciate your time here today. There is a common theme coming out through all of the evidence we are hearing that investment in community centres and neighbourhood centres needs to be treated on a par with investment in schools and hospitals because they perform that function, albeit with different outputs. One of the challenges, it seems, for the sector is that a lot of the benefits are less tangible. You do not necessarily have the sorts of KPIs as health and education that government can point to as being indicative of great success, although you are clearly achieving that. While I would love to think we do not need quantitative research and those outcomes that we can point to to justify better funding, can you help the committee by pointing to particular research, institutions or researchers that are laying bare how those intangible benefits play out and the clear broader social benefit they offer?

Ms Marshall: Do you mean by program, because QFCA have done their surveys. You are obviously aware of those on the return on investment data.

Mr BERKMAN: Yes. That is precisely the sort of research I am talking about. I am hoping you can help us as much as possible to just draw out the less tangible. I do not want to put a dollar figure on everything, but how can you help us make the case for more money and the longer term social outputs and benefits?

Ms Marshall: Community centres already gather the statistics and the data for our P2i reporting about numbers of attendees to the centre in a week and it is broken down to specific programs if required. There is the whole bums-on-seats quantitative data.

There are examples of what I was talking about before with our life skills program. I came up with that because it was not there. If we are going cap in hand to ask for funding for a specific program, we need to have that pre and post survey data. It does rely on people self-reporting, but how you do that for people regularly attending a social connection program is a bit tricky. Do you wait a month or two months from when they start attending that weekly group? You could do a pre when they first come, but we have people who have been coming to our Queen Beez craft group for 12 years, so

where is the beginning and end point of how you gather that data? That is a bit of a tricky one. You can ask open-ended questions regarding how participation in that group affects their quality of life in some way and try to then collate that data.

There are also volunteers, and I think they are a really great example. We all have volunteers in our community centres. It is a program; volunteering is a program in community centres as well. They are a great source of information as well.

I think it might just have to be snapshot data, for example, over a certain period of time or something like that and over a certain number of participants in a combination of the social groups and volunteers to get a percentage of your total attendees over the space of a week. You do that data snapshot over the space of a week for every community centre in Queensland.

Mr BERKMAN: The challenge is that you do not want to pull the valuable time that you could be using to serve the community into just gathering data and reporting back. My hope is that this inquiry and the focus on the work you are doing makes that return to the community even more self-evident, I guess.

Ms Marshall: We recently did a data snapshot exercise. You may not have heard about that. It was with the Queensland Community Alliance and that was proving the degree of demand on community centres around COVID. We did about a weeklong data snapshot for those busy community centres that offer emergency relief. That was with the department of communities. They were impressed with the number of community centres that participated and we had very little lead time. I think the reality is that we have been underfunded for over a decade. We will do what it takes; that is the point.

Ms Griffiths: From where I am sitting, it is if the reporting actually meant something. Neighbourhood centres are happy to do reporting if it actually means something—if there is something meaningful coming out of it. At the moment, the reporting is not meaningful. There is no benchmark against the neighbourhood centres. You do not really know what the meaning is behind your reporting, but if there was something that was meaningful I think neighbourhood centres would certainly commit to doing it because we want to demonstrate our value.

I need to make the comment that sometimes you do not know what your impact is. Impact is fleeting. I think we were sharing stories this morning that—and I think the guy I shared with as well—you have these connections but they go off on to their own lives. It is only when they come back and say, 'I really appreciate the fact that you made us welcome.' We have a transgender person who comes and gets meals, and they made the comment that they feel more confident because of the meals they got and the welcome they received. You cannot measure that. It is only when they feel brave enough to expose themselves that you get to understand. On reflection, maybe it is recording that information more. It is the comments. A lot of it is comment, so it might have to be qualitative rather than quantitative.

Mr SKELTON: The feeling I am getting, Ms Griffiths, is that—for example, the bloke you spoke about this morning—they do not become a statistic, realistically.

Ms Griffiths: Yes.

Ms Marshall: We are all here to put ourselves out of a job. In some respects, that is the nature of working with community.

Mr SKELTON: There will always be work in your space, I guarantee that.

CHAIR: Thanks, everyone. I am just conscious of time. Can I just say how much the committee really appreciates the time you have given this morning to share your lived experience and your professional experience in managing our community centres. It has been really beneficial, so thank you.

BARBER, Mr Gerald, Vice-President, Queensland Men's Shed Association

COLLINS, Mr Rob, Secretary, Queensland Men's Shed Association

GREATREX, Mr John, President, Queensland Men's Shed Association

CHAIR: I now welcome representatives from the Queensland's Men's Shed Association. It is wonderful to see you gentlemen again. Thank you for appearing before the committee today. I invite you to make a brief opening statement, after which committee members will have questions for you.

Mr Greatrex: I would like to begin by giving you a brief summary of what men's sheds are all about. I know that a lot of you do know, but it is just so you can see where we fit into the picture. Men's sheds are community based, not-for-profit and non-commercial organisations. They are accessible to all men. Their primary activity is the provision of a safe and friendly environment where men are able to gather and participate in activities and projects at their own pace and in their own time in the company of other men. The major objective is the advancement of the health and wellbeing of our members. The big thing is the belonging factor, which is very important because that is where the loneliness comes about. Not all sheds are exclusively for men. Some are open to female members. Each shed is an autonomous body and the decision to allow female members is entirely a local one.

Men's sheds are in the main incorporated bodies; however, some sheds are under the auspices of another legal entity. The Queensland Men's Shed Association is an incorporated body that is registered here in Queensland. It is the peak organisation representing the men's shed movement within Queensland. The management of the association is vested in a committee consisting of an executive of four: the three gentlemen here plus our treasurer. The remaining members of the committee represent each of the nine zones. We have the state sectioned off into nine zones. Each zone has a representative on the committee, so we get that information back to the management committee. All members act in a voluntary capacity. There are in excess of 220 sheds in Queensland and there are 1,100 sheds nationally. The Queensland Men's Shed Association is an independent state body working in collaboration with the national body, which is the Australian Men's Shed Association.

Until recently, the work of the association has been inhibited by a lack of financial support. It is now pleasing for me to report and acknowledge that both the state and the Commonwealth governments have provided ongoing funds over the next three years which will enable the Queensland Men's Shed Association to further enhance the support provided to our sheds.

The QMSA has as its prime objective the provision of services and support of men's sheds throughout the whole of the state. Central to our efforts is men's health, with an emphasis on promoting the early detection of any possible concerns. As part of our program to assist our sheds we have pursued a theme of how to develop better and more sustainable sheds. We commenced a series of cluster meetings in January 2020 to involve all nine zones by having competent, knowledgeable and able speakers to present on topics including health, administration and shed governance. Unfortunately, come April 2020—surprise, surprise—the pandemic resulted in the suspension of our activities in this regard. However, we have maintained our support of the sheds through shed visitations where possible and issuing bulletins on matters of importance on such items as asset management, insurance and workplace health and safety, together with articles provided by prominent health agencies and forums. We circulate a bimonthly newsletter that is contributed to by the sheds. This maintains a link between the association and the sheds and between sheds.

Finally, on behalf of the QMSA I would like to thank you for the opportunity to contribute to the work of this committee, which we consider is very important.

Mr BENNETT: One of the things we have heard about consistently is bricks and mortar. I understand that is not the most important thing for a men's shed—it is the men, and the women in some cases, inside—but one of the things I have observed is the difficulty finding land. In some cases, establishing a shed can be very bureaucratic.

Mr Greatrex: Yes.

Mr BENNETT: One of the things this committee may be able to recommend is to make it a bit more streamlined and easier for men's sheds to develop, expand and operate. Would you like to relate some of your experience about how men's sheds have struggled in the past? Some sheds find it incredibly easy to find land and a shed or a grant to get them on the way, but others struggle. I have two that are currently not operating because in five years we cannot find a block of land for them to occupy.

Mr Greatrex: I visited Bundaberg a couple of months ago, when we had a big expo there at the centre, and I went around to a number of the sheds. What you are saying is correct. A lot of sheds do need support. A very good shed is the Wynnum Manly shed, but they have been moving around like nomads. Up until now they have had to move themselves four times, but now they have got into a location and they are functioning. It is correct: we do need land. We do need the opportunity to establish a base.

Mr BENNETT: With regard to such important community assets as men's sheds, do you think we should quarantine parcels within subdivisions or developments for that activity? It is far-reaching and we all know the benefits you bring to a community.

Mr Greatrex: That is correct: we do need assistance. That is one of the things the sheds come back to us about. We try to advise them, but it is very hard and sometimes they can get lost in bureaucratic action.

Mr Barber: As a general principle, men's sheds do not believe we should be siloed as an entity. We are part of the community and should embrace the wider community. We encourage—I do not know if 'encourage' is the right word—that if a shed is to be established or expanded it includes what we call community space. As men's sheds operate during the day, there is a great deal of real estate space that can be utilised for other things, particularly in the evening. One particular area that we have done a survey on is in the local government area, where there are 70 community groups operating. They are not-for-profit organisations and that type of thing. Many of them only want availability of a meeting room for once a month or in the evening. Many of them want to have a committee meeting in the evening and they need that space, so maybe we could establish a structure of real estate where we are encouraging everyone to say, 'Make sure you can embrace the wider community.' Men's sheds are not just men's sheds; they are really community sheds. Yes, there is a lot of bureaucracy involved and, dare I say, politics, but that is part of the world we live in. We really want to embrace a much wider segment of the community than what would appear from our name.

Ms LUI: I visit a number of men's sheds in my electorate in Far North Queensland and I have always been very impressed by the work they carry out, especially how they engage with men to be more inclusive. It is a safe place for everyone to go and congregate and share stories. Can you outline what the Queensland Men's Shed Association does for local communities in general?

Mr Greatrex: We encourage all of the sheds to be part of the community. Most of the successful sheds are progressive sheds: they are part of the community; they work with the community. You have to get recognition within the community if you expect the community to assist you. That is very important.

In some areas it becomes a little bit harder, particularly in areas that you would recognise in distant and rural communities where you have a lot of travel between the sheds. It becomes even more important that we can get around, and up until now we have not been able to get out to those sheds as much as we possibly should. Now one of our big targets is to get out and talk to the sheds.

Many sheds have established themselves and they do well, but they do need guidance in governance and the things they have to do. We put this paper out on asset management and insurance and a lot of the top sheds—as we would consider them administratively—got such a shock when they saw what they were responsible for and how out of date sometimes their asset registers were and so on. That is something we have to do. The sheds themselves, as I said, are autonomous, but we have to give them the ability to administer themselves in the way they should be. Certainly, being part of the community is really essential. It is really essential.

Mr KRAUSE: John, I am sorry I am not there in person to welcome you to parliament as a constituent of mine. Thank you very much for your submission and for your work with men's sheds, both statewide and locally. Is there any comment that you would like to offer about the difficulties or otherwise of men's sheds having to deal with local government? Are there issues when it comes to planning and compliance that have come to your attention? Is there anything you can offer in relation to that matter, including any suggestions?

Mr Greatrex: I will ask Gerald to comment on this as well because Gerald has had some experience here. Some councils are so bound up with regulations that, as the men's shed people, we lose our place and we have to keep going back and asking for things. The process needs to be a lot simpler and a lot more to the point. Sometimes you get the impression that the local authority does not really want to act so they keep stalling. You are better to find out early on if there is a problem so we can go about solving it.

Particularly in areas like on the Scenic Rim, currently we are looking at shifting a shed in Boonah to another site. I know right now they are very engaged with the local council. It is important, in fact, because we are part of the community and the local government and the community are very

interested. We should be working hand in hand to get things to happen. I have not run into a councillor, a state member or a federal member, for that matter, who does not think men's sheds are a good thing. You only have to see how we have grown.

Mr Barber: I think it would be quite wrong to say that the relationship between local government and men's sheds is not what it should be. In fact, it is quite strong. It really relies upon the local community shed, how they react to the people and can give some opportunity. Occasionally there are problems with local regulations and—I suppose I have to be pretty delicate in saying this—with some of what I call the squeaky gates, whereby a particular group or a particular number of people either have some objection to its location, objection to the noise or objection to something else and they tend to dominate a decision of the local council. That is by far a minority.

Most of the councils are very supportive. The larger councils—Brisbane City Council, Moreton shire, Redlands—have groups of people whom I will call community officers who deal with communities. We find that they are a very valuable resource. In many cases with the councils it comes back to availability of venues, real estate, space—however you like to put it. On the whole, the building requirements are sound and do not discourage the building of structure, of real estate. There is probably an opportunity for associations like ours to develop a closer association with councils, but councils of course are their own bosses, if you like. It is a matter of working with them.

I think it would be quite wrong to say that there is a great deal of difficulty. The two levels of government that influence community organisations like men's sheds are the local councils and the state government. Overwhelmingly, the support is sound. It is good. Like everything else, it can be improved on both sides. One of the things we are trying to do is engage with state government and the council people to talk to us about their vision for community groups and how they want to interact.

For example, I established communications with the community department in state government, said that we will be holding a number of meetings throughout the state and invited them to give us presentations at the meetings about all sorts of things or anything that they want to say. Government is a part of the community of which we are a part. We have good relations with the council. The Brisbane City Council development officers come to meetings and they interact with us. The same can be said for Logan. I know that the Moreton shire is going to be the same. We have been inhibited by COVID but let us look to the bright future. We want to engage with the levels of government because engagement brings understanding and understanding brings benefit.

Mr Greatrex: Sometimes I think also some sheds are more capable of dealing with local government or all levels of authority than others. I refer back to some of the rural and regional sheds where there is a dozen to 20 people. They meet, but really they do not have the background and they do not know how to go about doing it. We have judges, lawyers, solicitors, real estate people and insurance people all in the one shed, so they can bring more professionalism to their presentations.

CHAIR: On behalf of the committee, we thank the Men's Shed Association not only for their appearance here today but also for the wonderful work they do right across our state. Thank you to you three gentlemen and thank you for your great leadership.

Mr Greatrex: We thank you very much for having us along.

CHAIR: It is our pleasure.

Proceedings suspended from 10.53 am to 11.03 am.

ARMSTRONG, Mr John, Vice-President, U3A Network (via videoconference)

BONSER, Ms Gail, President, U3A Network (via videoconference)

CONOLLY, Ms Joy, U3A Southern Gold Coast Member and Tutor, U3A Network (via videoconference)

MADDOCKS, Mr Colin, Communication Officer, U3A Network (via videoconference)

CHAIR: Good morning, and thank you all sincerely for appearing before us. I invite you to make a brief opening statement. Then we will have some questions for you.

Ms Bonser: We would like, first of all, to acknowledge the traditional owners of the land on which we meet today and pay our respects to elders past, present and emerging. Thank you for inviting us to address the committee via video concerning U3A and our contribution to the amelioration of social isolation and loneliness in Queensland. It is appreciated that we can appear here today without having to travel to Brisbane.

As its representatives, U3A is very dear to us in our busy lives. Three of us are members of the U3A Network Queensland Management Committee, and all are members of our local U3As, serving in varying capacities. I am the president of the U3A Network Queensland and also president of my local U3A, as well as being a tutor and learner there. I have been president of the U3A Network since mid-2018. Mr John Armstrong is vice-president of U3A Network Queensland and is the communications officer at U3A Sunshine Coast. John's background is in defence, publishing and digital technology. He is currently leading the development of strategies to support the innovation objective in our 2021-2025 strategic plan.

Mr Colin Maddocks is our U3A Network communication officer. Colin is a past president of U3A Sunshine Coast and a long-term U3A tutor and member. Colin also brings skills from his career as a project manager, marketing manager and human resources specialist and in the wider areas of strategic management. Colin led the subcommittee that developed the 2021-2025 strategic plan, and he is currently developing strategies to support the communication objectives within the plan. Ms Joy Conolly is a long-term tutor and committed member of U3A Southern Gold Coast. Joy understands personally and professionally how U3A can benefit those who have been traumatised by events in their personal life. Joy is a retired clinical psychologist.

Our collective role at the U3A Network is to support and to provide advice to U3A associations as well as be strong advocates for its ideals and the important support functions U3A brings to the wider community. I would now like to turn to our opening statement to the committee, and we welcome any questions afterwards regarding our submission or the opening statement.

At U3A—the University of the Third Age—we firmly believe we are making a significant difference in helping to alleviate isolation and loneliness affecting older people. This is especially so within the 35 communities where we have a presence. The social connectivity U3As provide, in addition to the quality of our programs and the sense of purpose held by our members, assists in mitigating social isolation and loneliness in these communities. In the words of one U3A member, one of the strengths of U3A is that 'it provides an antidote to depression, isolation, boredom and loneliness'. In our view, while a number of organisations provide specific support for older Australians, U3As offer life-changing activities across a wide spectrum including informal education, wellness programs, social interaction and a wealth of enjoyable things to do with new and established U3A friends.

Internationally, the World Health Organization report on social isolation and loneliness proposes, 'High quality social connections are essential for our mental and physical health and our wellbeing—at all ages.' At U3A, we provide those social connections for those in the 'third age' of their lives. These connections provide the cognitive stimulation, the physical activity opportunities, the peer group engagement and the sense of purpose through volunteering—and they are collectively essential to ageing well physically and mentally.

Research led by Dr Rosanne Freak-Poli into social isolation and loneliness in older people shows that older people are faced with a number of adverse life events that can negatively impact social isolation and loneliness. Particularly widowhood is a huge adjustment. Retirement or redundancy; downsizing or moving house; or the death of a partner, relative or close friend can have a devastating emotional or financial consequence.

At U3A, we know from experience that serious illness affecting one's self, a partner or significant other, or the geographical separation from family, can be traumatic events in many lives, with potentially damaging emotional effects. U3A enables people to cope better in the company of

others within the U3A community. Members often say after getting through a traumatic experience in their lives, 'U3A saved my life.' This is heard many times, not just in Queensland but in U3As across Australia.

As mentioned in our submission, many members come to U3A encouraged by family or friends who may know a member of a U3A or by members themselves. They understand the benefits U3A can offer not only for the emotionally wounded, lonely or socially disengaged but also for those who just want a more enjoyable and fulfilling time in the later part of their lives.

In terms of U3A helping further, if we were asked to contribute more broadly in mitigating isolation and loneliness in Queensland, we could, with support, establish a U3A presence in a number of isolated locations that would benefit from access to U3A programs. An objective within our strategic plan is to establish six new U3As during the currency of the plan. We are currently working on the establishment of two of the six in areas where no U3A exists at present but where the local government understands the benefits a U3A would bring to the local community.

Further evidence in the asset value of U3A is in the following statement from Professor Helen Bartlett, Vice Chancellor and President of the University of the Sunshine Coast. She is also an expert in the field of gerontology and a great supporter of U3A. She said—

… we … need to showcase and recognise … organisations such as U3A, as a valuable asset in the ageing process.

…

… we do know that learning does help older adults acquire psycho-social resources; it helps to build so many things related to self esteem, hope, communication, social integration and the like. These resources help us manage some of the less positive aspects of health decline associated with ageing.

We also believe there is great potential for further research in this area and in areas such as the evaluation of U3A programs; new directions that could serve our communities better; mutual benefit of developing U3A programs to assist Indigenous communities; and/or how we could best offer our volunteers training to attract and assist a wider range of the socially isolated and lonely within our communities. It is also one of our strategic objectives to seek the assistance of those who can help us in that research. We would be delighted to receive any guidance the committee can offer in how U3A could contribute further.

In conclusion, we consider that what we do at U3A is totally consistent with the World Health Organization key policy priority to ensure as far as possible that each individual maximises their capacity for healthy and active ageing in order to maintain functional capacity for as long as possible. We also consider that our objectives and programs are consistent with governmental objectives in the ageing demographic.

I hope it is clear through our submission and this statement that U3A will continue to play a critical role in assisting those in their third age, and we remain ready to assist government in programs aimed at mitigating the adverse effects of isolation and loneliness in Queensland.

Mr BENNETT: For the committee's benefit, can you give us some examples of some of the training programs that are done through your membership?

Ms Bonser: We cover a very wide variety. Because we are all volunteers and our teachers are all volunteers, each U3A offers what their tutors are skilled at and willing to share. As a general rule, we cover things like many different languages, technology, art and craft, physical exercise, dance and all kinds of history.

Mr Maddocks: Various events are organised such as going to the opera as a group, and there are dining groups and social occasions where there is a focus on arts, crafts and so on.

Mr Armstrong: I think the one thing that brings everyone together is the social interaction of all of these things. I think that is the strength of the programs we run. Educational programs and the ones that have been mentioned before all have that core purpose of bringing people together and combating their isolation and their loneliness

Ms Conolly: The psychology course is just a discussion group about psychology and everyone has my phone number if they need to ring me privately because they do not have to talk about it in the group. The benefit of all these U3A groups is the tutors having lived experience. They are talking about lived experience. We are not a whole lot of 40-year-olds trying to do courses. I am 86 so I have had a bit of lived experience and people appreciate that.

Mr SKELTON: One of the big stalling points for a lot of things is digital inclusion. How do you combat that, in particular getting your courses out there?

Ms Bonser: That has been a very important part of what we do in most U3As. There are many U3As that are actually part of the federal government's Be Connected program. Apart from that, U3As run classes in digital technology, and it was particularly noticeable during the shutdown last year that many U3As ran special programs to involve their members and keep them engaged. John is working on the innovation side of our strategic plan and he has some very specific technology objectives in mind.

Mr Armstrong: The first thing I did at the Sunshine Coast was redo their website so it was much more interactive. That has enabled our members to get the latest news from U3A and around Australia as far as U3A is concerned. We do that through an email marketing type system. It goes directly to people's inbox so they get used to clicking on a link and coming back to the website, reading the whole story. That is really important, that circular arrangement with websites and email marketing. We also have a major project underway to develop an online hub to not only combat the separation of our members geographically but also bring them along into the social media network type thing where they can log in to their particular group online and then interact with other members and just generally get used to the digital way of doing things. The other thing the network is trying to establish is an online library of lectures, particularly for our more remote and smaller associations, so that there is availability of lectures across a broad spectrum where they can either undertake those programs personally or gather in a classroom and have a convener or a tutor take advantage of a really well prepared lecture but in a social construct, which is the strength of U3A.

CHAIR: Thank you, everyone. Unfortunately our time with you is up. We certainly very much appreciate you sharing your experience with our committee. We apologise for the earlier technical difficulties.

Ms Bonser: Thank you for the opportunity.

Proceedings suspended from 11.19 am to 11.42 am.

COUNTER, Mr Mark, President, Board, Queensland Positive People

HOWARD, Mr Chris, Executive Programs Manager, Queensland Positive People

WARNER, Ms Melissa, Chief Executive Officer, Queensland Positive People

CHAIR: Good morning and thank you for appearing before us today. I invite you to make a brief opening statement, after which committee members will have questions for you, I am sure.

Mr Counter: Good morning, Madam Chair and honourable members of the committee. Let me begin by acknowledging the traditional owners of the land on which we are meeting today, the Turrbal and Jagera people, and their elders past, present and emerging. At QPP we also like to acknowledge all those who have died from AIDS since the start of the epidemic and on whose shoulders we stand. It is fair to say that since the beginning of the HIV epidemic nearly four decades ago, successive governments at both state and federal level of both persuasions have responded to HIV with policies and programs that have focused almost exclusively on reducing rates of transmission. Even today when advanced treatment options are now able to offer us near-normal life expectancy and render us un-infectious, government strategies and funding still continue to be aimed at disease prevention.

Today will be the first time QPP has ever been asked to talk about the quality of life of people living with HIV, the 6,000 or so people whom we represent across Queensland. We thank you for inviting us and giving us that opportunity. Whilst isolation and loneliness might be an emerging feature of the COVID epidemic, for people living with HIV it has been a constant in most of our lives for very much longer. For long-term survivors like Chris and myself, who have lived with HIV for over 35 years, we have watched as stigma and discrimination associated with HIV have led our colleagues, clients and friends to experience self-imposed isolation and loneliness, severing of family ties and friendships, accelerated HIV related comorbidities linked to ageing and heightened mental health and alcohol and drug problems.

Chris told me recently of new research that found five out of 10 people still hold discriminatory attitudes to HIV and people living with HIV. Somewhat more disturbingly, two out of 10 health workers still hold discriminatory attitudes. The net effect, supported by extensive research, tells us that our clients and members live a life where many, already facing the uncertainties of ageing alone, choose self-isolation and loneliness over the risk of being stigmatised and further prejudiced against. COVID has worsened the situation through fear of potential health impacts and exacerbating existing financial, housing and food insecurity caused by commonly experienced poorer health and the inability to hold down regular work with subsequently lower superannuation balances.

Internal and external research and our own client feedback through Chris's programs identifies targeted social support networks and peer connections as the single most effective way to alleviate this loneliness, whether face to face or electronically. Due to anticipated or experienced stigma, people with HIV do not trust mainstream social activities and public networks that have failed them and failed their friends before them. Again, thank you for inviting us. We look forward to answering any questions you may have.

Mr BENNETT: Over the last couple of days I have been looking at your submission. Can you expand on some of the programs that you see as having positive outcomes? We can always look backwards, but are there programs you see as successes? I have to admit that I am quite ignorant and I did not know about Positive People. Congratulations on the work you are doing.

Mr Counter: I might hand over to Chris, who as the programs manager is best placed to answer that.

Mr Howard: The programs that we currently deliver are funded through the Department of Health through the Communicable Diseases Branch. The one that in particular has been very successful is the Peer Navigation Program. It is a program that is staffed by people living with HIV as peers. They essentially support people newly diagnosed or those people re-engaging in care to navigate the health system, to build HIV health literacy and so forth. The key component of that program is delivered by people with HIV, so they are people with lived experience. They understand what it is like to navigate the diagnosis, to navigate the condition of living with HIV treatment but also, most importantly, how to ameliorate stigma—in particular looking at the formation of internalised stigma, experienced or anticipated stigma—and those key things are the things that generally tend to prevent people from engaging with the broader community and other social networks and so on. That has been very effective. The scope of that program is extremely narrow and it is essentially around a biomedical focus in getting people onto treatment and the attainment of an undetectable viral load,

which renders people non-infectious. That is the priority of the program, but the peer connection is the thing that underpins it and makes it so effective.

Mr BENNETT: I am a little bit ignorant and I apologise for not understanding this entirely, but are you able to give us a snapshot of where we are at with the mortality rate for HIV? I take your point, Mark, that there were some issues about people living as opposed to having a death sentence some decades ago. It is a difficult subject, but are you able to brief the committee?

Mr Counter: The breakthroughs in treatment, as Chris said, have reduced us down to non-infectious. The goal is 95 per cent in Queensland. We are not far away from that. The difficulty is that whilst one or two tablets a day—in my case two tablets a day; for new people mostly one tablet a day—keeps them essentially healthy and well from a HIV point of view, for people who have been living for a long time the difficulty is all the comorbidities that go with that. Having had no immune system for 35 years, a lot of people we work with across Queensland have diabetes, heart disease, lipodystrophy, kidney disease—you name it. That is the bigger challenge from a health point of view. HIV itself now is essentially manageable if you take medications—if you are well enough to take your medications—if you do not have mental health and alcohol and drug issues or homelessness issues that reduce your capacity to make those decisions and stay stable in that way.

Mr BENNETT: By being diagnosed early, we are able to save people's lives now?

Mr Counter: Absolutely.

Ms Warner: Yes.

Ms LUI: We all know the impact COVID has had on everyone across Queensland. For the benefit of the committee, can you tell us the impact COVID-19 has had on your members?

Mr Howard: This year we undertook some research specifically with the population of people living with HIV, partnered with the University of Queensland, to do a systematic review. What we identified was that people living with HIV experience accentuated issues in relation to pre-existing social isolation—so acknowledging that people with HIV are generally significantly socially isolated and extremely lonely—and that COVID exacerbated those issues for people. The precarity—as Mark alluded to—around mental health and social disconnection but also a lack of employment and so on have impacted people as well. With very limited and fragile social networks, I cannot underscore the impact that has had on people with HIV where they have just not been able to connect. We have tried to do some online type support, but unfortunately that only meets part of the population's needs.

Ms Warner: QPP experienced a 30 per cent increase in inquiries and positive people reaching out to the organisation for the first time during the COVID period. I think a lot of people who were otherwise coping well in their lives found themselves in the position for the first time of really wanting to reach out to QPP for often broader emotional support and advice, particularly around COVID. There were feelings like, 'Are we more vulnerable to the COVID virus?' and 'Will the vaccines interplay with the multiple medications I am on?' I think there was also quite a significant retriggering. This is the second pandemic for people living with HIV. We have been dealing with this for a long time. I think we cannot underestimate that retriggering of the fear of the unknown. It took a lot of people right back to the 1980s.

Mr BERKMAN: I really appreciate you being here today. Mark, it was really interesting to hear you talk about the slow movement in policy focus from transmission to treatment. Can you flesh out for us a little bit more where we are up to? How far has government come? Where do we have yet to go? How do you expect a more targeted focus on treatment will help the isolation and loneliness of your clients?

Mr Counter: Corrine was at Parliament House two years ago, I think, when I talked about some of this. We have a very siloed system, so almost all of the funding we receive is prevention funding from the Communicable Diseases Branch. Melissa and I both worked in the Communicable Diseases Branch; we know how it works. The money is simply there to specifically stop infections. Almost everything we are funded to do has that end in mind. I think I said to the previous health minister one day that if someone came to us and said they were about to commit suicide we would have to say, 'I'm sorry, we can't really help you. But if you tell us you're about to have unsafe sex with someone, we can throw a program of activity at you because of the way our service agreements are focused.' This has been the problem we have had all along.

The mindset is that this is a disease to be prevented. Our problem is that we have 6,000 people and some of them—as I said, in Chris's and my case 35 years—are at the top end of the scale here. We are articulate and we are able to present ourselves to our doctors and negotiate our way through the system, but we know that a huge number are not. How do we provide support to them to

give them the strength to say no? If they are being told they cannot have an osteoporosis check—and they definitely need them—then they need to be able to say no. We do not have the ability to educate them et cetera, so we are moving away. Prevention is sort of covered; it is a medical solution now. People who take HIV medications can look forward to a future that is, from a HIV perspective, fairly safe. It is all of the other things now about living with HIV, all of the complications.

As I think I alluded to in my speech, if you have eight comorbidities, as I do, you have eight specialists, you have eight doctor's appointments, you have eight visits to the blood place and you have eight trips to Nambour. Fortunately, if you are articulate and you are capable you can manage that. Unfortunately, we have an awful lot of people who are not. Managing that becomes complicated and expensive. A lot of people are not working, so they have to decide whether they are going to look after their health and buy their medications or eat and pay their phone bill. We have moved on.

I suppose my simple word is that HIV has changed but the government's response to it is still the same. That is why we are so thrilled to be here, because finally we have the opportunity to say we need some different things now; we need to look after the people who are here. We are starting to see falling numbers. That is not so much the issue now. Medications are doing that. What we need to do is treat and look after the 6,000 or so who are here already who are struggling. We know they are struggling. A lot of the University of Queensland research Chris does tells us they are struggling enormously. This is the first time we have ever been asked to talk about it.

Mr Howard: I think the thing to recognise, just in response to your question, is that HIV is now pretty much seen as a chronic manageable condition. What differentiates it from any other chronic manageable condition is stigma, as I mentioned earlier, and stigma impacts so significantly in the way that people engage or not in society. We are seeing a really disturbing trend that research here in Queensland has shown for the past 13 years: an extremely vulnerable, disadvantaged group of people as they age with HIV. I want to speak to the fact that with HIV it is accelerated and accentuated ageing. People with HIV will develop far sooner than people without HIV in the community these chronic comorbidities and so forth. That really compounds the issue for people. Whilst on a physiological level people may be managing well with the condition, they are certainly not from a psychosocial perspective, and the quality of life of these people has been significantly impaired and impacted.

Mr SKELTON: Thank you, Mark, for mentioning the services of our beautiful Nambour General Hospital. You probably touched on it with a bit of mentorship, but how could the current government investment be leveraged to provide targeted support to people living with HIV in Queensland? You say we have done the prevention and now we are looking at the social isolation and mental health issues associated with it.

Mr Howard: One size does not fit all. Essentially, it is looking at a suite of options for people—for example, utilising digital platforms such as Health My Way, drawing on the federal government initiative to try and build capability and capacity of people with HIV to utilise the digital platform. That is a way that the organisation would be able to support that. I think specifically, as I said earlier, the significance of peer connection—that is peer to peer—is that it is people who really understand the condition.

We provide a degree of safety for people to be able to talk about what it is to be living with HIV. There is the marginalisation for people. We see a divergent epidemic. For example, we are seeing more heterosexual women being diagnosed with HIV and people from different cultural and ethnic backgrounds. The compounding, multifaceted, intersectional stigma for these people is just going to cause further isolation and loneliness. As well as looking at building and strengthening our peer programs that go beyond just the attainment of an undetectable viral load, we need to look at what really matters to people.

If you provide that peer connection and that support, it ameliorates the impact on people of stigma, but also there are people disengaging from their care because they do not have that. It alleviates their mental health, their depression. I have worked with a number of people over many years. Some of those people have passively suicided due to their isolation—that is, they just do not take their treatment because they cannot see hope about being accepted in the community.

As Mark alluded to, the data in this report—the stigma indicators report—demonstrates that 50 per cent of the population hold negative attitudes towards people with HIV, so you can appreciate that people, particularly who those live in rural and regional areas, are very isolated in terms of not wanting to disclose their status. We run a program to support people who have experienced stigma and discrimination specifically to address their rights and so on. That is a real issue for people within rural and regional communities.

Ms Warner: QPP has held social groups. It has been one of the mainstays of the program services and supports that it provides for community for over 30 years now. It is something that we fundraise for. It is through self-generated funding. It really is very minimal money at the moment. We want and need to do so much more.

Whenever we have consultations and do surveys with community, the one thing they ask us is for more opportunity to connect with peers and also to have those social groups with a bit more of a focus—to have them facilitated, to bring in key speakers, to have the opportunity to talk about managing their chronic illness, perhaps English lessons to support getting back to work. We would really love to be able to do so much more with those social groups.

Those social groups at the moment are in person, and they happen all across Queensland. Of course with COVID we have transitioned to online. There is now a mix of the two which has worked incredibly well. There is so much more that the community are asking for and that we would love to be able to do. We already have premises—a lovely kitchen and courtyard area in our Brisbane office and other offices around the state.

Mr Counter: There may be social activities occurring in all of these places, there may be sporting groups and there may be all sorts of other places that people living with HIV could go to. They choose not to because of the fear if they start becoming friends with somebody and someone starts asking questions and they start evading to answer those questions and someone finds out—and we have seen this happen time and time again—people's lives are thrown into chaos because suddenly their status is revealed and they cannot go back there et cetera. It has been one of the most difficult parts of the epidemic for us as an organisation—dealing with people who think they have comfortably arrived in Nambour and they can live there nicely but suddenly it is disclosed to all the network that they know and suddenly they cannot do that anymore and they feel uncomfortable.

I know it sounds like we are pumping our own solutions here—just for QPP—but it is about the trust that we have. They do not have to ask the question. They do not have to say that they are HIV because if they come from us they automatically know that. We would have already vetted them. We have already seen a medical certificate from a doctor to say that they are HIV positive and the doctor has confirmed that, so that horrible part of any introduction is taken care of by us. We do believe that we are in a unique position to offer that in a way that sporting clubs and all of the other sorts of solutions that might be out there would not normally do. They do not work for us.

CHAIR: Thank you very much, Chris, Melissa and Mark. It has been an absolute pleasure to hear your experience and to hear the expertise that you bring to this issue. We thank you sincerely for your contributions.

BLACK, Mr Peter, President, Queensland Council for LGBTI Health

CORKHILL, Ms Heather, Member, Steering Committee, Rainbow Families Queensland

GELJON, Ms Julia, Volunteer, Community Visitors Scheme, Queensland Council for LGBTI Health

CHAIR: Good morning, Peter, Julia and Heather. Thank you very much for being here today. We look forward to hearing your opening statement, followed by hopefully you answering some questions that the committee has.

Mr Black: I would like to begin by acknowledging the traditional owners of country across these lands, oceans and waterways known as Queensland—lands that were never ceded. Here in Meanjin, we are on the country of Turrbal and Jagera people, and I thank them for their wisdom, forbearance and spirit of sharing.

The Queensland Council for LGBTI Health, which was formerly known as the Queensland AIDS Council, has been home for lesbian, gay, bisexual, transgender, intersex, queer, sister girl and brother boy people and communities in Queensland for over 35 years. We welcome this inquiry and the opportunity to appear before the committee this morning, as our LGBTI brother boy and sister girl communities are facing a crisis of social isolation and loneliness, a crisis that existed before but has been exacerbated by the impact of COVID-19.

QC worked with community partner organisations and groups including Rainbow Families, who you will hear from in a moment, to have conversations with our communities across Queensland about their experiences of social isolation and loneliness and the effects of this on their health and lives. These stories form the basis of the submission you have before us. Julia Geljon will also share her experiences today as an active participant in our community visitors scheme for the past eight years.

Our communities, much like what we heard from QPP before, have faced a long history of being forced to hide and to be invisible, as we have grown up and lived in a world where many of us have been told that our love or attraction, gender or gender expression, bodies and reproductive abilities or lack thereof are wrong. Our communities have experienced loneliness on a daily basis and turned to coping strategies which can be harmful in other ways such as drugs and alcohol and also, as you can imagine, affect other areas of their health and wellbeing.

Throughout this community consultation, our communities also told us what in their experience helps with loneliness and social isolation—and it is not that surprising. The answer is one of connection—connections with peers, connections with chosen families and, where appropriate, reconnection with families and friends. More information about health and wellbeing, more services to reach out to and more safe spaces to reach folks are some of what are being fed back to us time and time again as solutions to social isolation and loneliness.

In particular, better access is needed for people living with a disability, in regional and remote geographical settings, noting that Queensland has the most geographically diverse LGBTI population of any of the states or territories in this country, as well as people who are from Aboriginal and Torres Strait Islander and South Sea Islander backgrounds to access culturally safe health and wellbeing services to reduce social isolation and loneliness. I would like to ask Julia to share some of her experiences from the community visitors scheme.

Ms Geljon: I am Julia and I identify as a lesbian and live with my wife in Redland Bay. I have been an active participant in the QC community visitors scheme for over eight years. During that time I have had one gay man and one lesbian woman who I visited on a regular basis. I briefly want to go through a little bit of their story to show how isolation and loneliness impacted on their lives in a serious way.

An 82-year-old gay man was assigned to me, as a volunteer visitor, in 2013. At that time he was living in a caravan park with his much younger partner, who had morphed into his carer. He was not in good health physically and suffered from depression. His carer felt unable to continue to provide the level of care needed and he agreed to go into an aged-care facility. This seemed to be a good move as he was now receiving suitable health care, medication and food. Consequently his mental state improved and he was able to enjoy his considerable musical abilities and pursue his many interests. He was an amazing pianist.

I enjoyed his company, his wit, intelligent conversation on many subjects and visits to cafes, museums, libraries and shopping centres. He was given a tablet by a virtual visiting scheme run by the Nundah Community Centre in 2016. He was supplied with data so that he could communicate with his coordinator and also other participants. This gave him the ability to reconnect with a brother in the UK and a cousin in Norway. It also allowed him to go online to pursue his varied interests.

Despite dealing with his health issues, his life was pretty good and he enjoyed his freedom. Apart from me, his ex-partner was the only other visitor he ever had. This changed during the frequent COVID lockdowns in aged-care homes. Initially he did not mind much, but the lack of freedom, visitors and stimulation eventually took its toll and he felt lonely and miserable. It was difficult to keep in touch via phone calls, numerous texts and the occasional visit when allowed, but it became very hard to enthuse him over time, as he just had to sit in his room. His sense of isolation was exacerbated when he was ordered to relinquish his tablet because a new provider did not have a suitable—read LGBTIQ—volunteer to maintain virtual contact. This sudden rule change devastated him as it effectively cut him off from his overseas family and intellectual stimulation.

Just before Christmas we went out and he bought a new tablet but found it difficult to set up because the home's Wi-Fi did not function in his room and he had no-one to help him with it. They said they would provide a booster, which eventually arrived about four months later. In the meantime he had lost interest and his phone had stopped working as well. Because of no visiting rules, it was difficult for his ex-partner to get a new phone to him. The home could not manage it somehow.

My only contact through the home's landline was very hard. Every time I phoned he was unavailable and requested call-backs did not happen. I became concerned when told, 'He's not feeling well at the moment but he's fine.' When I asked for further information they told me they could not give me any because I was not a relative.

In the end I wrote an email to the parent organisation, which was Alzheimer's Australia, to complain about their lack of understanding that some LGBTIQ elders do not have relatives apart from their family of choice. The home then got in touch with me and said they would give me more information. I also expressed my concerns to his ex-partner, who was also his EPA. He was unaware how sick he actually was until the Logan Hospital called as he was not expected to last the night due to a severe bladder infection. He spent two weeks in hospital, but once imminent death had passed again we were not allowed to visit. This episode did so much damage to his mind and body that he never properly recovered and became disoriented. A few weeks later he had a fall and broke his hip, which proved to be inoperable. He died in the PA on 7 June. A lot of that was due to the fact that he really did not have anyone to advocate for him.

I would like to tell you briefly about a woman I visited. She was a 78-year-old Indigenous elder and I began visiting her last year. She had been in aged care for nine years due to the effects of a stroke. The home was in lockdown so we were only allowed to have phone calls. She had agreed to be surveyed for a submission by LGBTIQ+ Health Australia to the royal commission into aged care. I was asked to help to explain the process when it was possible to visit. This was extremely difficult and confronting for her and me because the home insisted we sit on either side of a screen and they had a person sitting within hearing distance. I had not met this person before, and I tried to explain the process whereby questions were going to be asked on the survey about how the home was treating her and what she felt so it could not happen properly. I questioned this and said it seemed more like a prison setup than a home, but the HR person explained that that was what the management demanded. I was also told that she probably could not do a survey because she gets confused. I did not find her to be so when I talked to her on the phone or in a face-to-face visit later. She was an intelligent and articulate woman who had lived a very busy life and had done a lot of work in the community with youth justice and other things. She had physical limitations but no obvious cognitive ones. It appeared as if the home was resisting her doing the survey.

Over time we became friendly as we were close in age and understood each other's life stories. I also became aware that she detested her living conditions. She had many small incidents of neglect and carelessness. She also felt she had little in common where she lived with mainly Chinese-speaking residents and staff. She really had no contact with her Indigenous community.

In late October I went on a visit and found her extremely angry and upset. She told me she had an altercation with a staff member who said, 'I had to leave my child at home and look after someone like you,' and then stormed out and left her unshowered in the bathroom. When reported, the place said they would look into it. I told my coordinator and she said she would contact ADAA, the aged and disability advocacy service. The ADAA person could not make contact before going on leave and on returning she had to pass it on because she had to assume a different role.

A little later there was another elder abuse situation when she was told she could not use her motorised wheelchair that she had always been able to use. When she remonstrated and said she could do what she liked as she paid the bills—this is what she relayed—the staff member said, 'Yes, but you can't get into the chair by yourself.' That was an awful thing to say to someone who has a disability. Again, I reported the incident but nothing happened.

Shortly after, she told me that she had had enough and did not want to spend another 10 years living like that. She took control back over her life by deciding not to eat and to go back to the old people. This was very distressing for me and another young male volunteer visitor as we watched her gradual decline. She passed away on 30 December last year. They were two people I visited who I feel did not really get the care they deserved and we did not have enough people to actually assist them as we might have been able to.

Ms Corkhill: I want to add my acknowledgement of the traditional custodians of the land on which we are meeting today and pay my deepest respects to elders past, present and emerging. We want to particularly acknowledge our First Nations families and kids who are a really central part of our Rainbow Families community.

The Rainbow Families community is comprised of parents who identify as LGBTIQ+ and their children. We run social groups, events and fertility information sessions, we advocate on law reform issues and we have targeted resources to promote inclusive childcare and health services. We do not have a sustainable funding source despite being the only organisation specifically delivering services to this community. We have groups in Brisbane, the Sunshine Coast, the Gold Coast, Ipswich, Toowoomba, Townsville, Cairns and Mackay and also a couple of specialised social groups for rainbow dads and transgender, diverse and non-binary parents. Our online community is 1,500 people and it is growing every day.

Rainbow families in Queensland, particularly those in remote and regional areas or those from culturally and linguistically diverse backgrounds, experience exclusionary service models, discrimination and stigma that are all major contributors to social isolation and loneliness. Loneliness is linked to poor mental health outcomes and, while our community is still not properly counted in the Census, based on the data we have from smaller studies it is clear that our community's mental health is in crisis. LGBTIQ+ people are 2½ times more likely to be diagnosed with or treated for a mental health condition within the last 12 months. From the research specifically about our families it has become apparent that, while our children are doing as well as or even better than their peers on some measures, the experiences of stigma from being in a rainbow family can lead to worse health and developmental outcomes for some kids.

We recommend that this committee also consider the submissions to the vilification and hate crimes inquiry that is currently ongoing in which Rainbow Families Queensland and other groups described how the fear of negative experiences in public can lead to social isolation. In the 2020 Private Lives study of nearly 7,000 LGBTIQ+ people, one in seven were parents. Forty-seven per cent of people who were thinking about becoming parents responded that a barrier to having children was fears about raising a child in a heterosexist society. That same study found that LGBTIQ+ people were not feeling accepted in many settings, including health, support services, mainstream social community events and other venues.

The journey of parenting is rich, rewarding and also very challenging. As new parents some of us struggle with where we fit—not with mainstream perinatal care and parenting groups and not with LGBTIQ+ groups or venues that are not necessarily suited to kids. Another particularly challenging situation is where parents have come out after being in a heterosexual relationship. They may face ostracism or rejection or even lose access to their children. Services that are specifically targeted to the needs of the most marginalised communities, and particularly children and young people, are crucial. Strong protective factors include social and peer support, as we have heard from others today, including QC and QPP. In our case, that involves meeting with other families who share in our unique life experiences. Our children gain so much from the events and social groups that we organise. Sometimes they carry shame about their different family makeup, but meeting others just like them can really make the world of difference.

Rainbow Families supports a Queensland-wide strategy that prioritises addressing social isolation and loneliness. This really needs to come with investment in targeted services for our communities, with sustainable funding models that encourage community-led solutions.

Mr BENNETT: I take on board your recommendations to the committee. Today could you share with the committee some of the successes you have had around some of the things you are doing that you are particularly proud of? Is there anything that we could leverage off going forward with other issues that are confronting you?

Mr Black: The difficulty in this space is that a lot of what we are funded for as an organisation is primary health care that does not always directly address some of these broader social or community programs, but there are a number that have demonstrated quite a bit of success. The community visitors scheme, notwithstanding some very difficult stories and situations, has been extraordinarily helpful for a number of the people who have participated in that scheme over a long period.

The other thing that we have also found very successful with our organisation is that as we have expanded our remit across the state over the past few years we have been working more closely with various community groups that are largely unfunded in terms of government grants but are very connected to the people and the communities on the ground wherever they are across the state. As we work, for example, in the Torres Strait or in Cape York, it is working with the local Indigenous organisations on the ground to ensure there are culturally safe and supportive environments for LGBTI Indigenous brother boy and sister girl people there. Those sorts of programs work exceptionally well.

One of the things we have been doing as an organisation with the Department of Health is working on what we are calling a statewide hub-and-spoke model. We have our hub in Brisbane, where we provide a complete range of services and supports. We are in the process of creating six spokes across the state that will provide some primary healthcare services but also be a wraparound physical location for all of these really powerful community organisations, community leaders and community groups that know best the environment on the ground. To have a safe home and a physical space for those organisations and for the people who work with them to come along and attend and participate in events, both formal and informal, is extraordinarily powerful, especially because a number of those organisations and a number people across the state do not feel safe going to lots of other more mainstream providers. Our experience in working with those communities and with those individuals across the state gives people the safety they need.

Ms LUI: Heather, can you tell the committee about the impacts of social isolation and loneliness on mental health?

Ms Corkhill: Certainly. I think I went through some of the mental health data, and there has been some research about our families in particular. Anecdotally what we hear is that in some social settings people are not necessarily feeling accepted or there is still stigma around being a rainbow parent. There are feelings of being less than or not fully accepted in many places, including in public. That can lead sometimes to some sheltering behaviours. Obviously we want to look after our children's mental health first and foremost, so that may mean we may not necessarily, in the worst case, leave our homes if we are not feeling safe in the community. That can certainly, I believe, lead to worse mental health outcomes. Also, that hypervigilance, those feelings of constantly scrutinising, making sure that everything is okay and safe for us, can also impact in a negative way.

Mr Black: In addition to thinking about the mental health impacts that flow from social isolation and loneliness, which I think are significant, there is also the missed opportunity that people and communities get when they are experiencing social isolation and loneliness. It means that they are less likely to take advantage of other services, activities and events and will not get the same opportunities in their social, personal and family life or even possibly their career or education because they turn inward and become sheltered and are missing out and, therefore, are unable to succeed and flourish in the way that other people should be able to. Mental health is really an important piece of this but it is not the only area for us to be concerned about here.

Mr BERKMAN: We have already heard some pretty specific examples from Julia about how the pandemic has impacted on members of the queer community generally. I wonder if there is any more you can share to elaborate on how the landscape has changed the support that your organisation has offered over the past 18 months.

Ms Corkhill: Certainly it has become a lot more difficult to hold events in person, for obvious reasons, to ensure everyone's safety. We have been able to maintain our community to some extent online, but that certainly is not the same, particularly when it comes to groups of children getting to know each other and socialising. We do not necessarily have that. We have now been able to get our playgroups back and we had an event just on the weekend for Pride. When we are able to meet we are certainly making those opportunities to do so. In terms of the practical ability for us to meet and connect, that has become harder.

From my perspective, I took so much away from building a community soon after having my daughter. When she was around four months old I found Rainbow Families. It made a big difference to me. I had come out of some postnatal anxiety and that was really helping me to connect with the community. I had not really found my place before that. It does concern me where particularly new parents are finding that connection at the moment. It is very difficult.

Mr Black: One thing we noticed at QC was that when COVID-19 hit a lot of our activities moved online, as the rest of world did. At least initially we were seeing high levels of engagement and also seeing some levels of engagement in areas and parts of the state that perhaps we had not historically seen lots of engagement with because all of sudden there was now something that they were able to participate in, even if it was online.

What we have seen in our sector—in my day job I am a university lecturer next door; I see it there as well—is that there is an element of online and Zoom fatigue which has now taken place. Even where there are these opportunities that are trying to replicate in some way the in-person, face-to-face experience, people have reached a point where they are tuning out, rightly or wrongly, and we are beginning to see some of those numbers across the board decline and people turning more inward again, which I think is quite an alarming phenomenon.

It shows, I think, that there are some extraordinary benefits and opportunities presented by this technology, and we can no doubt continue to try to find ways to improve and get better at that. We are also seeing across the board that it is not as good as those face-to-face human interactions. The longer this pandemic drags on the harder it is going to be, especially for families raising children and for people attending school or university or trying to work remotely. Those are incredibly challenging environments to be experiencing social isolation and loneliness with a technology that, at least on its face, was designed to help but in many ways is making us feel further apart.

Ms Geljon: This has meant added difficulty for our elders. Many of them just do not have the technological skills. That is why it was so confronting for the elderly man I was talking about to have his tablet taken away from him. The people I visit in a volunteer capacity really need that face-to-face contact and really need many people to talk to. I could give you other examples of people in the community.

I know a trans woman in Woodford who will not go out of her home because she is so afraid that people will challenge her. She is worried that they will pick who she is and they will vilify her. She has almost no contact with anyone and just stays home. She would not even go out with us. I say, 'Let's go and have a meal at the pub.' 'No, someone might see me,' she says. That is an awful situation. She does not do things like Zoom. There are many elderly people who cannot access the technology.

Mr Black: For our ageing population this is a particular area of concern. Our survey and work with other groups also indicates that people with a disability and Aboriginal and Torres Strait Islander people in communities are the three particular areas within our sector where we are experiencing extraordinary levels of social isolation and loneliness. The effects of this will be significant for some time to come. That is why deeply targeted interventions, particularly for those communities, are absolutely essential.

CHAIR: Thank you, Peter; well said. Heather, Peter and Julia, I thank you for the great work you do for our communities right across Queensland. Thank you very much for your time today.

WALSH, Ms Karyn, Chief Executive Officer, Micah Projects

CHAIR: Good afternoon, Karyn. It is lovely to see you again. I welcome you to our committee. We certainly look forward to hearing your great insight into the issue that the committee is inquiring about, which is, as you know, social isolation and loneliness. We invite you to make an opening statement, and then I am sure our committee will have some pertinent questions for you.

Ms Walsh: Thank you for the invitation to come in. As you know, Micah works across Brisbane. One of our programs works across Queensland for people who were children in orphanages and out-of-home care. We have centres in Rockhampton, Townsville and Brisbane. Most of our programs are in Brisbane for the regional domestic violence service and there a range of homeless services, from rough sleeping to supporting people in housing to a community hub that operates for people to come in and make appointments by phone or be linked with our outreach service. We have a social enterprise and we do cafes which are intended to reduce social isolation for people when they are housed, particularly people who probably cannot be hooked into neighbourhood centres or other community supports that they have been disengaged from for 15 or 20 years.

We have a program that does art, has art shows and does community meals. Once people are housed, a significant issue is their loneliness. In fact, we have had people with such poor health—whether that is due to diabetes or epilepsy or people needing chronic palliative care—who have decided to sleep on the streets because they are afraid of being dead in their unit and no-one knowing. Often they feel that no-one will know what is happening in their life when they are housed.

Getting someone housed is the first step and then it is looking at how people when housed can be connected to a community—whether that is a neighbourhood or a geographic location or whether it is a community of choice, like people who have experienced domestic violence or people who have had significant issues with mental illness or substance use—that has had common experiences to provide support and connection. We have a reception that operates until midnight and our DV line goes 24/7. Often the calls we get on that are from people ringing out of loneliness. We know that many people present to hospital. There is the burden of the cost of people going to tertiary facilities such as an emergency department because they are lonely. They want to talk to somebody. We have had several examples of that and programs that started as pilots but did not continue. I think there is economic benefit in addressing loneliness and connection in the community.

We work closely with Aboriginal and Torres Strait Islander people—sorry I did not acknowledge Aboriginal and Torres Strait Islander elders past, present and emerging—in trying to link people with cultural connections and cultural activities in the community through medical centres or services such as our own that are community managed. Domestic violence, by its nature, is disruptive to people's lives. They often have to leave the community they are in and leave support from their families, if they have it, to be safe. A lot of work needs to go into considering, when people are relocating for safety, how they get the support for a prolonged period of time to reconnect or to make new relationships if it is a safety issue for them to return to where their family and friends are.

We saw a lot of diminished services with the transition to NDIS. Sometimes it is the design of services that does not really allow for services to go through that process of reconnecting people in the community and looking at how we can provide the basics like welfare checks. As I said, people are scared they are going to be left in their unit and no-one is going to know if they are sick or if they have died when they have chronic illness. In terms of shopping, people do not have access to transport. Most activities you have to pay for so people's limited income is reduced.

We know that a lot of trauma is mitigated by having connections with other people rather than being left in isolation where people then experience a lot of suicidal ideation or substance use because it is a way of coping with the trauma. Generally, I think our communities, for some people, are places where they are disconnected and isolated, and COVID has really exacerbated that.

Mr BENNETT: Thank you for the work you have been doing. I visited the South Brisbane complex some years ago. Brisbane obviously has the certain demographic, size and social issues. Has consideration been given to expansion into regional Queensland hotspots? We are in crisis in a lot of areas, whether it is due to homelessness or DV or other things. Where do you see Micah Projects assisting with that across the state?

Ms Walsh: We think there are great local services in regional areas. We would be happy to support any other regional service. We are very much committed to place based services and local communities being involved in the development of programs. I do not think fly-in fly-out services are the way you address something like social disconnection. It is really about how a community wants to address it and how a community wants to engage with a particular problem. There are things that we can offer and other organisations can offer in terms of local services to provide support, but I really think from a connection, social cohesion and development point of view local services are critical.

Mr BENNETT: Very diplomatic. I was talking mainly about the bricks-and-mortar success of what you have done at South Brisbane. It is about having that safe connection and people—

Ms Walsh: That is a model that could be replicated in any community depending on size, diversity, the number of units and the population people want to house. We advocate strongly for Housing First models in every community. The difference with a Housing First model is simply saying that some housing needs to have embedded services, whether that is health care or personal support such as helping people manage their personal needs or case management—whatever the population group is that is going into that housing.

Mr SKELTON: Can you talk to the community connection programs your organisation runs to support people affected by social isolation and loneliness?

Ms Walsh: We have advocated strongly to have some community connection programs that are connected to supporting people when they get housed, because we know that people will return to homelessness if there is not that connection and assistance for people to be able to function—to go shopping, to get to their doctor and to understand what services they can access in their local community. Sometimes people do not necessarily fit into the programs that are run by a community centre because of their history and their lifestyle. We also run groups. We have community markets and we have community meals where we try to build up that connection so people know that they can call if they need to and that they are not on their own. We are always linking them with whatever other services they can access for their individual needs. There is a big gap.

Mr SKELTON: I understand that when they are homeless and sleeping rough they are often in groups and have community there.

Ms Walsh: Not as much in Brisbane, because there is a very strong move-on directive, so people are often isolated and are having to be more isolated.

Mr SKELTON: We have the opposite in Nambour.

Ms Walsh: Yes, you see it all throughout Queensland. Rough sleepers do tend to have a sense of community, but it is not always a safe community. Certainly, the programs that community care run have been diminished greatly from the transition to NDIS. I think we really do need a program to replace that for people. It should not be based on whether they are eligible for NDIS or not eligible. It really should be about people's ability to have community connections.

Mr BERKMAN: We obviously bring to this issue a state lens, I suppose, but one of the listed solutions or factors that we might bring to the issue is to embed loneliness as a consideration across relevant council policies and strategic plans. Can you flesh that out for us a little bit?

Ms Walsh: We have seen some local councils that have frameworks for social isolation. Different councils see it as their role—or not. I think it is everybody's responsibility, not a delineation between Commonwealth, state and local. Definitely local areas often have the options and the venues, and they have volunteers and people who are on the ground who would be able to help build up what are some actions and activities. Usually people need money for it. Even if you have volunteers, you need coordination of the volunteers. There is a whole quality system you have to comply with. There is managing the risk. It is that infrastructure for community engagement and volunteering that I think a lot of us struggle with. The smaller communities still have the same cost, so I think it is about looking at how that can be shared—how councils can support it, really understanding the community. What are the isolating factors? Usually it is about infrastructure or transport or poverty, people living in what kind of housing, where is that housing, women leaving the community for domestic violence or people coming to a community from a domestic violence situation. I think it is grassroots—people who know what that movement of people is. Brisbane City Council has often had programs that have focused on social inclusion and connection which just build on other things that are happening in the community. There are examples across Australia where councils have taken it up more, whether it is a particular population group like children and families or whether it is older men's sheds. What people do is really diverse.

Mr BERKMAN: I maybe made the assumption that a bigger council—geographically pretty big with a massive population like BCC—would be in some ways better positioned or more integral to that work, but it sounds as though you are suggesting that the smaller councils actually play a more integral role.

Ms Walsh: Any council knows their community and the strengths and weaknesses of that community in terms of people's feeling of connection. Often in regional areas transport is really poor for people to get to shopping, taking health care to people. There have been examples over the years

where people have set up health clinics under trees where people could come together for a barbecue and access some health services when they were worried about suicide. There are some great examples over the years of what people have done. I think the problem is that they are not sustained.

Ms LUI: You mentioned before that FIFO is not a solution. I see it happening quite a bit in my electorate for many reasons. What are your suggestions or solutions to prevent social isolation and loneliness? FIFO is not one of them. Do you have any other solutions?

Ms Walsh: I think it may be one, but it is not the foundation of it. I just do not think you can fly in and sort out a community's loneliness, but you can fly in and maybe give some training or give some support.

Mr SKELTON: You need to set something up.

Ms Walsh: You want really culturally specific and managed responses to it; it is not just 'one size fits all'. Some of the feedback you get from fly-in fly-out is that it is 'one size fits all' rather than it being really driven at a local level. It is a specific issue. Sometimes it is tagged onto other issues, whereas I think how people live in a community is very specific to that community and specific to an individual. You have lots of people who are moving around. I think it is a real issue for people coming out of prison and reconnecting in the community. Most of it is about stigma. What is the pathway to be connected? Where will they be accepted? Are there any pathways to employment? All of those things are important, but that basic connection of 'I feel like I am part of this community' is sort of foundational to the other aspects of their life they may want to look at. There are lot of things that displace people. When they find themselves in a new community of choice it is about how you actually connect in that community. For Indigenous people, though, we have found that culture, really having that opportunity to meet and hear from people, cultural leaders and art are all really important. Non-Indigenous people will join in with that because they really value learning about that now, which probably was not as common 10 years ago.

Mr BENNETT: At the conclusion of your submission you talk about the 506 service providers of homelessness and loneliness services. Across Brisbane and regional Queensland, do you feel that the people who need connectivity to these service providers are able to find them in these communities?

Ms Walsh: Not always.

Mr BENNETT: 'Signposted' I think was a word someone used. Can you talk to us about that?

Ms Walsh: We always have a lot of work to do to make sure that people who are experiencing marginalisation can find us. That is why we put a lot of energy into outreach and going into peer groups and asking people, 'Do you know anyone else who needs assistance?' It is pretty daunting for people when they feel so stigmatised and isolated from general acceptance and they have had so many experiences of breaking it down. Finding help is always a hard thing. It is not easy. People come to you wanting a house, but then there is a process of waiting for a house and people do not always get what they are asking for, so people feel further disconnected. We always have to do more work to make sure that people know where they can go for help and support. I mean, these days people just need food. People do not have enough money to live from pay to pay. Providing a community pantry or providing activities that give people a free meal is always a great connector. You possibly get to see people in a non-stigmatising way, but other people feel quite ashamed to turn up at something like that.

Mr BENNETT: There are so many in housing crisis all over Queensland and Australia. It is another issue that will not be resolved overnight.

Ms Walsh: No. We see thousands a year. Every local community is seeing people displaced. People who have been renting places for 20 years have been sold out now. We see lots of people in Brisbane from other communities. People will want to go back sometimes, so we will try and get people back to where they want to go. It is certainly a bit of a crisis now. It was a crisis before COVID; it is a crisis now because so much is going off the private rental market. We do not have enough. We are not building fast enough. We do not have enough housing, so then people are being displaced even further, so you have overcrowding.

Mr BERKMAN: We heard quite a bit earlier today about the role of neighbourhood centres and community hubs in bringing people together and engaging community. Your submission touches briefly on the role of public spaces. It is essentially performing a similar function. Could you speak to that and how we could do better with engaging people in public spaces?

Ms Walsh: I certainly support the role that neighbourhood centres play—

Mr BERKMAN: Of course. I do not mean to undermine them in any way.

Ms Walsh:—and not every neighbourhood centre can meet the needs of every diverse population group. We know from our work that communities of choice, where people have had common experiences, play a vital role too. For people who were in institutional care as children or people who are recovering from mental health or drug and alcohol issues, public spaces are very anonymous, so if you can get the use of public spaces to have activities and engagement with people we often find that people turn up. We used a park last week with the institute to do immunisation for Indigenous people. We ended up getting 45 people immunised. It was out in the open. They had Steve Renouf and people come. I think public space can take away the stigma, but it is hard.

Sometimes these days you have to pay for that as well. It is the cost of using public space that is often a barrier to people being able to use it creatively and more frequently. I know it is essential that we have food vans, but it would be great if we had more internal spaces for public use that people could come to as well, rather than just lining up at a food van. I think community is something that can happen in public spaces as well as indoors, but the common denominator is whether people have the funds to pay for it and all the risks you have to manage. If you put an event on in a public space, you have to make sure it is suitable for people of all ages; you have to consider the heat and the rain. Those complexities make it harder for people to do things that we might have done more spontaneously 15 years ago, but now you have to consider all of these things. Liability is a really big issue that probably prevents the spontaneity and the creative things that people could be doing.

CHAIR: Karyn, thank you again for your great work in our communities and for your assistance helping us today.

Ms Walsh: Thank you for looking into this issue.

CHAIR: It is an important issue. That concludes this hearing. On behalf of the committee I would like to thank all of the witnesses and stakeholders who have participated today. I would also like to take this opportunity to thank the many submitters who have engaged with our inquiry. Thank you to our Hansard reporters. A transcript of these proceedings will be available on the committee's webpage in due course. I now declare the public hearing closed.

The committee adjourned at 12.58 pm.