COMMUNITY SUPPORT AND SERVICES COMMITTEE

Members present:
Ms CP McMillan MP—Chair
Mr JP Kelly MP (virtual)
Mr JM Krause MP
Ms CL Lui MP
Mr RCJ Skelton MP (virtual)

Staff present:
Ms L Pretty—Acting Committee Secretary
Ms C Furlong—Assistant Committee Secretary

PUBLIC HEARING—INQUIRY INTO SOCIAL ISOLATION AND LONELINESS IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

TUESDAY, 28 SEPTEMBER 2021

Mount Gravatt

MONDAY, 28 SEPTEMBER 2021

Mr Matthew Campbell gave a welcome to country—

The committee met at 9.30 am.

CHAIR: Good morning, everyone. I now declare this 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 land on which we meet today and pay our respects to elders past, present and emerging. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander peoples whose lands, winds and waters we are lucky to share. I acknowledge the member for Cook, Cynthia Lui, who is a First Nations woman. We are very lucky to have three First Nations women in the parliament, so welcome, Cynthia. It is wonderful to have you here in Mansfield. I acknowledge Matt, who has just left, who welcomed us to our community. I acknowledge Matt as a First Nations person as well.

Thank you for your interest and for your attendance here this morning. 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, the member for Mansfield and the chair of the committee. Other committee members here today are Mr Jon Krause, the member for Scenic Rim, and Ms Cynthia Lui, the member for Cook. Mr Joe Kelly, the member for Greenslopes, is joining us by phone and is a substitute member for Mr Robert Skelton, the member for Nicklin. Sadly, Mr Stephen Bennett, the member for Burnett and the deputy chair of the committee, could not be with us today. Mr Michael Berkman, the member for Maiwar, sadly also cannot be with us today.

The purpose of today's hearing is to assist the committee with its inquiry into social isolation and loneliness in Queensland. The committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the parliament. The proceedings are being recorded by Hansard, and I thank our Hansard reporters for leaving the parliament today and spending some time with us in the inner-city suburbs. 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 committee staff if required. All those present today should note that it is possible you might be filmed or photographed during the proceedings and images may also appear on the parliament's website or social media pages.

Finally, while the current COVID-19 restrictions for South-East Queensland remain in force, all persons present at committee proceedings who are not able to distance themselves by 1.5 metres will be required to wear a face mask. These are the rules of the Queensland parliament, and of course face masks should be removed only when speaking during the proceedings as this will assist Hansard. We will also be adhering to the maximum 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.

CHESTERMAN, Dr John, Public Advocate, Office of the Public Advocate

CHAIR: I welcome a very special guest from the Office of the Public Advocate. It is lovely to have you here, Dr John Chesterman. Thank you for the work that you do across Queensland as the Public Advocate. We wish you a good morning and we 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.

Dr Chesterman: Thank you, Chair. I begin by thanking members of the committee for inviting me here today and I acknowledge that I am speaking on the traditional lands of the Jagera and Turrbal peoples and pay my respects to elders past, present and emerging. I also thank our hosts. Prior to the committee beginning it was wonderful to hear about the programs operating from this space and I am very keen to hear more.

As members of the committee would know, my role as Public Advocate, which I began last month, is to be a systemic advocate for adults with impaired decision-making capacity and my written submission focused on two overlapping cohorts of people—older Queenslanders and adult

Queenslanders with cognitive disability. For older people, who number around 800,000 people in Queensland, demographic trends are making the risk that they will experience isolation and/or loneliness somewhat greater than has been the case in the past. People are living longer with declining mobility as they age. Half of older Australians have a disability. People now have, on average, smaller families with fewer extended relatives with whom to interact. Isolation, we should note, is a risk factor for adverse health outcomes and also is a risk factor for elder abuse.

At the same time, for Queenslanders with disability, who number more than 900,000 people, a combination of factors can lead to their social isolation and loneliness. This includes low employment rates, with people with disability experiencing twice the rate of unemployment of people without disability. Other factors, as committee members know, that also inhibit the social engagement of people with disability include limited accessible transport options, particularly for people living outside cities. Stigma related to disability can also affect a person's social engagement.

I wrote in my submission about two different kinds of settings in which people in these groups—older Queenslanders and adult Queenslanders with cognitive disability—live. For people in institutional settings such as residential aged-care facilities or in shared disability accommodation, including residential supported accommodation, social engagement can often be limited to involvement with paid carers and support providers. For people living in these types of facilities, particularly during the COVID-19 pandemic, there is a sense of exclusion, initially generated by residing in accommodation that is different to the rest of the community, and then with rules that govern visitation by friends and family that can limit the opportunities for what you might call spontaneous social interaction.

At the same time we are seeing ever larger numbers of older people and people with cognitive disability living in the general community, and of course on the whole this is a very good thing, but relatedly we are witnessing a changing pattern for the delivery of social services away from provision in institutional settings to more service delivery occurring to people's homes in the general community. This trend is happening more quickly in the provision of disability services with the introduction of the NDIS, but increasingly we are also witnessing it in the delivery of aged-care services. That move towards increased in-home rather than institutionalised care has largely, as I say, been a positive one, but it can result in an increased degree of isolation when services come to the homes of recipients rather than recipients either travelling to where services are provided or being among other people where services are provided. I note in 2018-19 45 per cent of Commonwealth Home Support Programs services were delivered to people living alone.

In addition to pointing to those dynamics, in my submission I made mention of some potential reform areas which I could talk to as the committee would like, but I will close my introductory comments there. Thanks, members of the committee.

CHAIR: Thank you, John, and thank you again for being with us today.

Mr KRAUSE: Thanks for addressing us. You mentioned at the end of your address some areas for possible reform in the way we look at these issues. Would you like to go into them a little bit?

Dr Chesterman: In terms of actions at a state level that can reduce the incidence of social isolation and loneliness, in my submission I pointed to three broad areas which were ensuring that mainstream services—health, education, transport—are accessible to people. With the term 'accessible', I mean accessible not just in terms of people with physical disabilities but accessible to people with cognitive disability which means a range of things including easy English guidance to what is required. There are many other ways in which mainstream services can become more accessible to people with disability. The second area would be similarly requiring universal design principles to apply not only to the built environment but to the delivery of social support programs and services. The third broad area would be something the state can do in leading innovative developments in the creation and design of inclusive communities which, for instance, encourage and prompt unplanned social interactions. I think about how significant unplanned social interactions are for people's sense of belonging.

As a counter point to social isolation and loneliness, I note that I have recently moved to Brisbane from Melbourne and almost the entirety of my social interactions have occurred through taking a dog to a dog park and having unplanned conversations with people in the dog park. It is just interesting reflecting on that and reflecting on what I am saying today in terms of how important unplanned interactions are.

Mr KRAUSE: Do you think there is a planning element to things? Are you talking about urban planning?

Dr Chesterman: Yes, urban planning. I can think of a variety of fields. I am thinking now of an innovative aged-care facility in Melbourne that I was taken to many years ago which was wonderful, because a danger with residents of aged-care facilities can be that they feel very institutionalised and this aged-care facility had a meandering path that had discrete units and small patio areas where people could sit and interact with people who walked past but you could not from any one vantage point see all the other units. So it was a meandering path with cats and dogs walking through and people could sit there and just interact with people.

Another interesting example that, again, relates to the area of dogs is that there is an innovative and suggestive study by a young researcher at La Trobe University in Melbourne who looked at the number of social interactions a person with intellectual disability had when going into the community with a carer. That was the control group. The next group was going into the community with a carer and a dog, and the interactions with the carer and the dog were vastly greater in number than the interactions without the dog. It is just interesting the subtle ways in which we can prompt unplanned social interaction.

Mr KRAUSE: You mentioned accessible transport as well. Do you want to elaborate on that? Should there be more personalised services for some elements of the community, especially those who might suffer isolation as a result of a disability or impairment? What do you mean?

Dr Chesterman: Yes. I think we need to be looking at innovative solutions. I know that, for instance, when older people have an accessible transport option—which may simply be a community bus that takes a group of people to a shopping centre—it can take a while but people will gravitate towards that. If it is regular, they know it is happening and it is kind of a more personalised service, people will utilise it.

At the same time, if we are thinking about regular bus routes and so on, we want to make sure that they are accessible in a physical sense but also in a way that people, for instance, with intellectual disability can negotiate what it takes to utilise that service. There is a range of possibilities, especially when we move away from city centres, in which we can think of innovative ways to utilise community transports with the sole aim of promoting social interaction and inclusion.

Ms LUI: John, in your opening statement you mentioned social isolation and loneliness and how it affects older Queenslanders. I was just wondering if you could elaborate a bit further on that.

Dr Chesterman: Just on how it affects people?

Ms LUI: Older Queenslanders.

Dr Chesterman: Sure. One area of significant concern for me with social isolation for older people is that it is a significant risk factor for elder abuse. People who are isolated can be taken advantage of either because someone suggests something which might sound good—suddenly this person has an interaction, but it might be a nefarious interaction that is going to put the person at risk in terms of their finances or in some other way. It is a risk factor for elder abuse, so it has that element to it. It is also a risk factor for adverse health outcomes generally, as I am sure members of the committee are aware. Our efforts to address social isolation can be very significant in having positive health outcomes as well as other outcomes, for instance, preventing and addressing things like elder abuse.

It is interesting reflecting on those two terms that we are using: social isolation and loneliness. Social isolation is an objective term about people having limited interaction. Loneliness is a subjective term about a person not having as much interaction as they would like. I think it is key when we are thinking about older people that, firstly, we know what older people want. That is quite important for the loneliness element because some people are quite happy spending significant amounts of time alone, but what is their ideal amount of social interaction? I think it is important for us to investigate that and, where possible, provide people with what they want.

Social isolation is, as I say, more of an objective measure. We want to make sure that people are not living their lives completely away from others because we know (a) in a general sense that is not good for them, but also (b) if things are happening to them, we will not know. That is where you have those very troubling scenarios where people can be suffering great harms out of the eyes of the neighbourhood. Sometimes they can be in a suburban house with lots of people living around them, but no-one knows. That is where we as a community want to say we do not want people living their lives completely away from other people where they are at risk of harm.

Ms LUI: You mentioned earlier changing patterns in service delivery, which I found quite interesting. Could you could explain a bit further about that?

Dr Chesterman: It is for very good reason that we have changing patterns of service delivery. This is happening for a couple of reasons. One is that there is a human rights element that we recognise, certainly in the disability space and increasingly in the aged care space, that institutional

settings on the whole are not good for people. That is why we are moving away from institutional settings for the provision of disability services. I think that is now coming in aged care, too, following the Royal Commission into Aged Care Quality and Safety.

We are starting to see much more innovation in the provision of aged care services. Of course, COVID has had an impact on that as well where we realise that we are going to be much safer in having small groupings of people. There is that human rights element to it. There is also the consumer choice philosophy which is underwriting the provision of social services. Increasingly, we are gearing social services around the individual rather than block funding the provision of services. Those things are on the whole good things in that we are now delivering more services to people on an individual basis where they live, but that can have the risk of seeing people isolated.

The NDIS is perhaps the best example of that consumer choice philosophy in action. There are a couple of elements of NDIS funding that do promote social interaction and engagement and there is some evidence to say that participants in the NDIS are improving their level of social interaction and engagement because of those funding elements. However, it is also important to realise that in Queensland, for instance, we have around 92,000 NDIS participants but about 900,000 people with disability. So most people with disability are not going to be NDIS participants.

Mr KRAUSE: I am interested in your views about the last 18 months of on again/off again lockdowns, the threat of lockdowns and things like that. I am by no means socially isolated, but even I feel on edge about it sometimes. Can you give your view about how you think that has impacted on people in the community who are already vulnerable to isolation?

Dr Chesterman: That is a very important question for this committee to be addressing. I am very happy to give my thoughts on that. I think there are two elements to this. As you suggest, there are the restrictions that of course impact on people regardless of where they are in the community, and that affects older Queenslanders and Queenslanders with disability. Sometimes it affects them more if they are in institutional settings where there are restrictions on visitations and so on. If people are, for a range of reasons, already less socially connected they are going to be even more so during times of restriction. That can be everything from utilisation of information technology—I know myself during periods of lockdown, information technology becomes one of the crucial ways of remaining socially connected. If you are limited in your ability to utilise such devices and functions, that will enhance your extent of isolation.

There is also the self-imposed isolation elements that can come for people with, for instance, vulnerable health or older Queenslanders who may themselves choose to be even more restricted than they are required to be simply for fear of contracting the virus and putting themselves at risk. It is a double-edged thing for people in vulnerable groups. It is a major issue for the community here in Queensland and, indeed, Australia and throughout the world: how do we maintain social connectedness throughout periods of on again/off again restrictions?

Mr KRAUSE: You also mentioned health access could be an issue for reform. Are you talking about GPs or allied health services? What do you mean by that?

Dr Chesterman: Sometimes people need the prompt and also the availability of particular health services to make sure they are ensuring their good health outside situations of extreme need. People in extreme need may well present to a hospital or health service. You want to make sure, for instance, people with intellectual disabilities are having yearly health check-ups, and those possibilities need to be available and people need to be prompted or supported to utilise them. That is what I am referring to: taking proactive steps to ensure positive health outcomes rather than waiting for situations of significant concern. Again, during the COVID period we are seeing greater reluctance of people to present for a range of health conditions that they otherwise would present to a health service for, but choose not to either because they are obeying restrictions or they are self-imposing restrictions for fear of contracting the virus.

CHAIR: You mentioned the health delivery models across the country and how much that has changed. Regardless of whether they are federal or state government initiatives, there have been some changes over the last few years whereby we have tried to, wherever possible, deliver support services in the home, which is generally what people want. They want to stay in their home longer; they love to have the podiatrist come to their home. There is a whole range of other household services that we provide. The unintended consequence, of course, of that is the notion that people do not necessarily have to leave their home. What are some of your thoughts as to practical ideas around—whether it be the federal or state government—how we can promote that interaction, still providing the service but being very cognisant of that notion that we are actually facilitating loneliness and isolation by way of that service delivery model? How do we get around that? What are some of the practical ways by which the Queensland government can address that?

Dr Chesterman: That is a really good question. There are a number of comments I would make in relation to that. One is looking at the risk. The members of the committee would be aware of the extreme risk scenario of that kind of model whereby we saw the tragic death of Ann Marie Smith in Adelaide, who was an NDIS participant in her early fifties who received services from one provider and died of effectively malnutrition. That was an extreme case where this model witnessed a catastrophic failure. That failure was that she was isolated; no-one saw her other than one carer who was in egregious breach of their duty of care.

The risk factor is there. One of the ways we address that risk factor and something that has happened as a result of her tragic death is that there are new requirements within the NDIS. Where people are being provided with services on their own by one provider there are various ways in which risks are now mitigated and will be mitigated in the future. That is the risk scenario. How do we then prompt or promote social interaction with that model? As you say, largely that model is a good one; we want people to be receiving podiatry services in their home rather than having to travel out to receive them.

We do see with the NDIS there are categories of funded support for social interaction. Interestingly, one of the recommendations from the Royal Commission into Aged Care Quality and Safety was the provision of a social supports category within the aged care program, so addressing that very issue of providing some degree of funding federally for social connectedness. I think that is quite important. Then we can think of other ways that we can prompt people who are receiving services in the home to, firstly, be aware of programs that they might be able to utilise and, secondly, to encourage them to utilise them. That is where I think the innovations can come into play. Often the innovations will come from community services who are out there in the community, know what people would like and what people will warmly respond to.

There is a capacity for the state government to promote those innovative ideas, showcase them and put them out there for other community organisations to see what is possible. Oftentimes this can be done—and we will hear from our next speaker when it comes to volunteering opportunities—through volunteer programs that can promote really meaningful social interactions.

CHAIR: I am conscious we have about three minutes remaining. John, thank you very much for appearing before the committee today. We certainly very much value the contribution you make to particularly Queenslanders living with disability and with needs and the role that you—

Mr KELLY: Could I ask a follow-up even though it is hard to hear the response? Further to what you were talking about, from a nursing perspective, when we discharge people from hospital, particularly those over 65, we are responsible for putting those services you just described in place for people. There is never really any consideration given to active social intervention and supports. It is always just assumed that people have it or the social workers try to sort that out as best they can. In the NDIS model we try to encourage active recreation and community participation. Is that something we should be thinking about in relation to people over the age of 65 when we are discharging them from hospital?

Dr Chesterman: I am hearing impaired. I will ask for that question to be relayed again if you do not mind.

CHAIR: Joe, the member for Greenslopes, is a former nurse. He is talking about when patients exit the hospital after a period of time, particularly those over the age of 65, often nurses put in place the services that we are talking about and assume that there is social interaction happening in the home. Joe was mentioning the importance of social workers making sure there is that opportunity for recreational and social interaction. Joe was asking what more could be done around the work that allied health professionals do, particularly after stints in hospital, and making the assumption that people are socially connected. Is that right, Joe?

Mr KELLY: The other aspect of it is whether this is something that is actively considered for people on NDIS but obviously not actively considered for people not on NDIS. Is this an area we need to start to think about from a social policy perspective in terms of how we manage that? It is probably more of a health question and a discharge planning question for nurses, doctors and allied health professionals. You can see there is a glaring hole in the system. We make sure people get fed and bathed and we make sure they get their physio and the dressings and those sorts of things, but we do not ensure those more high-level needs are met, the ones that probably make them feel like human beings.

CHAIR: Basically, we think we do it well for those NDIS recipients when they exit hospital, but for those general patients, the health professionals—the doctors and nurses—do not do it well and there is a gaping hole there.

Dr Chesterman: My apologies. As I say, I am hearing impaired. Thank you for relaying that. It is a really good question and a good comment. That is right; there is a gaping hole there. As I say, with the NDIS there are those social support funding elements—two of them: one in the core supports and one in the capacity-building area—that do promote social interaction. We do not see that in the aged care space. That is why that royal commission recommendation that I referred to earlier is an important one in the aged care space. In terms of those allied health professionals you mentioned, having this as one of the things we are getting people to look at, particularly when people are discharged from hospital—we know that if people are socially interacting they are less likely to present to hospital as well for a range of reasons including the positive mental health aspects of social interaction, but also there is the likelihood that any health issue can be caught earlier rather than later. For a range of reasons it is in everyone's interests for this to happen.

There is the possibility for us to be looking at ways we can trigger these kinds of conversations and inquiries into how socially connected is this person—it can be a few simple questions—and where the answer is that the person is not very socially connected, we can then look at ways of promoting existing services to that person in whatever local community area it happens to be.

CHAIR: Listening to your response, John, and the concerns of the member for Greenslopes, who has a long history in nursing, one of the obvious mechanisms would be the role of the community centre. It could be that when doctors and nurses exit those patients who are not NDIS recipients they make sure the patient is aware and has that connection, perhaps by the link worker or the social worker who is based at the community centre to make contact with that person. The longer they have been in hospital, the more at risk they are of social disconnectedness. John, thank you. The time is up now for this section of the hearing. We thank you sincerely for your contribution and certainly the work that you do across Queensland as a Public Advocate. We thank you for appearing in front of the committee today.

Dr Chesterman: Thank you very much, members of the committee. Thank you for having me here. I will quickly say that the members would know that the Australian Institute of Health and Welfare has just released a report on isolation and loneliness with some statistics that would be of benefit to the committee. Thank you for having me here.

CHAIR: We will see if we can get a copy of that report.

NIXON, Ms Amanda, Senior Manager, Projects, Volunteering Queensland

REIMERS, Mr Zac, Policy and Advocacy Lead, Volunteering Queensland

CHAIR: I now welcome representatives from Volunteering Queensland. Good morning and 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 Reimers: Good morning. I would like to begin by thanking the committee for receiving Volunteering Queensland's submission and inviting us to speak. We would also like to echo the acknowledgement of country and pay our respects to elders past, present and emerging.

Volunteering Queensland is the state peak body dedicated to advancing volunteering for the wellbeing of Queensland. We support and represent volunteers and the organisations that engage them. In the *State of volunteering in Queensland 2021* report it was found that three million adult Queenslanders volunteered over 900 million hours in 2020. The economic value of this volunteering activity was found to be approximately $84 billion. This includes volunteers who participate formally, that is through an organisation, as well as informally, outside of organisations.

Specifically, volunteering plays a crucial role in addressing social isolation and loneliness. A uniquely powerful part of volunteering is that it creates a connection and a reciprocal exchange between the volunteer and the individual or the community that receives the benefit of their goodwill. In this case, services that address social isolation and loneliness are enhanced or sometimes entirely supported by volunteers. Also the act of volunteering itself improves the social, mental and physical wellbeing of the volunteer who is doing the volunteering.

National studies as well as studies from the UK and USA regularly conclude that volunteering has significant health impacts. The University of Wales did a review of 87 such studies and found that volunteering was shown to decrease morality and improve health, mental health, life satisfaction, social support, healthy behaviours and the ability to cope with illness. In particular—and something we have seen lately—being able to take up or maintain volunteering has been shown to be a significant protective factor against loneliness or isolation in times of crisis like when someone loses a loved one or during the COVID-19 pandemic. During the peak period of COVID-19 lockdowns and isolations, many organisations had to close their doors or cancel frontline services. This has a compounding impact for organisations that provide services for a vulnerable group and also themselves are supported by volunteers from a vulnerable group such as seniors.

The Australian National University found that not volunteering or stopping volunteering because of COVID-19 was associated with a larger decrease in life satisfaction than other demographics, and the larger decrease is equivalent to a reduction in income of $216 per week. It is vital that we build the capacity and sustainability of organisations to engage and retain volunteers effectively, even during difficult periods.

From our perspective, volunteering has already been an underlying theme in the submissions and in the previous public hearing. The committee has heard from organisations that are completely volunteer run, heavily supported by volunteers—indeed, we are meeting at a neighbourhood centre, and neighbourhood and community centres engage on average twice as many volunteers as paid staff. Many services that are relied upon to help address social isolation themselves rely on volunteers such as the Community Visitors Scheme that leads to decreases in loneliness and depression; Care Army, which is delivered in partnership by the Queensland government and us as Volunteering Queensland; and 75 per cent of social cohesion projects supported by the Department of Communities, Housing and Digital Economy engage volunteers in their service delivery.

There are more organisations and services than we can name here and now. There are also organisations that do not have a focus on social isolation but engage volunteers and have significant benefits to social wellbeing like sport, cultural events, arts events, community gardens—anything that brings people together. Informal volunteering outside of organisations provides significant benefits. The most common form of informal volunteering is providing emotional support to someone outside of your household.

While volunteers generously give their time of their own free will, volunteering itself is not free because it requires resources—administration, facilities, equipment, time and energy—and many volunteer-involving organisations are underresourced as it is, as you would know within your area in Queensland in general. The *State of Volunteering in Queensland 2021* report also found that the average volunteer incurred $1,600 in costs a year to enable them to volunteer—transport, uniforms, meals and all that sort of thing.

I do not think there is a question whether volunteers will be involved in a state strategy to address social isolation and loneliness; they already are. The question will be to what extent are the contributions and the needs of volunteers recognised and resourced by the strategy? What do volunteers need? What do organisations need? How will they get it? We strongly endorse initiatives that connect volunteers, organisations and the community such as the Ways to Wellness program, but these initiatives require the volunteering sector as a whole to be resourced, acknowledged, resilient and sustainable.

Our submission includes recommendations to support volunteers, to identify the volunteer shortfall region by region, to target resources efficiently, to increase the support provided to volunteers and to volunteer-involving organisations, to promote the wellbeing benefits of volunteers to the community and to ensure that volunteers are included in government workforce strategies. The committee will also find similar recommendations endorsed by other groups like QCOSS, QFCA, CSIA, the Salvation Army and many others that mention volunteers.

Without the recommended support, any strategy to address social isolation and loneliness risks becoming unsustainable at the foundational level when these volunteer-involving organisations are tapped into in order to deliver their services or enhance their services. They are also vulnerable to any reduction in the volunteer workforce in the formal space. We hope the committee considers volunteering and its role in social isolation and loneliness. Thank you for your time.

CHAIR: Thank you for the contribution you make. You have raised some really pertinent issues for us as a committee.

Mr KRAUSE: Thanks very much for your opening statement and for the work you do coordinating volunteering in Queensland. It really is a tangible contribution, as you have outlined. You mentioned a $216 per week reduction or an amount equivalent to a $216 reduction. Can you go through that again? What did you mean when you referred to that?

Mr Reimers: The Australian National University did a study on the impacts of COVID-19 as it relates to volunteers. They were already tracking some questions around life satisfaction. Fortunately, they were able to break it down by those who were already volunteering and continued, those who stopped volunteering, those who took up volunteering and those who were not volunteering at all. What they found is not volunteering or stopping volunteering specifically because of COVID-19 was associated with a larger drop in life satisfaction. They say a larger drop because there was a drop over almost all the cohorts in life satisfaction, but there was a larger drop, and that is equivalent to the drop in life satisfaction associated with essentially getting a $216 per week pay cut.

Mr KRAUSE: I see what you are saying.

Mr Reimers: So, in like-for-like terms, at least as far as life satisfaction is concerned—

Mr KRAUSE: So they put a number on it?

Mr Reimers: They put a number on it, yes, because it really helps make that impact something you can wrap your head around because otherwise it can be a bit of an abstract idea. If I am currently volunteering and I have to stop, what does that mean for me and my life? You know that you are going to lose out on upskilling, a feeling of meaning and purpose, routine, a reason to get out of the house, a reason to meet people—all the good news stories that come with volunteering. It is hard to try and measure that objectively, so that is something they sought to do, but that was at a national level they looked at that.

Mr KRAUSE: Okay, understood. You touched on a number of things, but I wondered if you could talk to us a little bit about the Community Visitors Scheme. Is that something that Volunteering Queensland can speak to?

Mr Reimers: In part. The Community Visitors Scheme is a federal program and it is centrally coordinated by, I believe, the federal Department of Health, but it is operationally delivered by organisations that are local within the community. Some may deliver multiple iterations of the Community Visitors Scheme in multiple areas, but by and large it is essentially organising volunteers to visit isolated, usually, seniors either living at home or in aged care who otherwise might not be able to have that social interaction. Typically they make a lot of effort to pair people up either with language proficiency or skills and interests, shared experience and they really promote them to do whatever would encourage the social activity to be stronger, so they might have a chat, they might play a game, they might go for a walk, they might do some gardening. We have even heard of one volunteer who is helping a senior that they visit to write down their memories as memoirs. It takes all forms and it is a big scheme that has significant impacts.

Mr KRAUSE: Do you have any idea how many people are only visited by community visitors?

Mr Reimers: No, we do not, but I would hazard a guess that it increased when border closures came in. During any period of lockdown or isolation we know that some people are cut off from their friends and relatives.

Mr KRAUSE: Obviously this inquiry is about trying to reduce social isolation and loneliness. Volunteering seems to be one way of doing that, but how do you get people through the door to become volunteers if they are already experiencing isolation? Do you have strategies around that? How does it happen?

Mr Reimers: That is a really important question and it is not something that can be succinctly answered. As I said before, three million adult Queenslanders; that is 75 per cent of the adult population in Queensland. Within that of course you are going to see a range of different barriers and a range of different motivations, but as a general principle the key things are to tap into the motivations, to anticipate and remedy the barriers that would prevent them from volunteering and to, if they volunteer through an organisation, make sure that the organisation is really sustainable and has the resources they need for best practice volunteer management through recruitment, engagement and especially through retention as well—that is, hanging on to volunteers and giving them a reason to feel safe and secure and happy to continue their volunteering there.

Mr KRAUSE: Keeping it organised?

Mr Reimers: Yes, that is right. Many organisations of course do it really well, but the ones that we want to focus on helping are those that struggle because of a lack of resources or because they are so busy delivering their core mission that they do not have a lot of time or resources left over to invest in improving their volunteer management.

Mr KRAUSE: Thank you.

Ms LUI: Last year when COVID happened the Care Army was stood up and it was promoted quite well and I think for the community it was really good to see how important volunteering is. I am just wondering in your view about the positive stories that came out of the Care Army and how effective you think it was.

Mr Reimers: There are so many positive stories to come out of the Care Army and even just the larger movement of the Care Army outside of the specific program and initiative that is delivered by the Queensland government and Volunteering Queensland; just also the ongoing wave of support is something to celebrate as well. We saw volunteers be referred to and placed within organisations up and down Queensland. I probably do not have a specific anecdote for you here, but I think we could provide a success story later on.

Ms Nixon: In terms of what we did see with the volunteer cohort, a lot of the organisations that were looking to use volunteers were providing a range of activities. Some of them were doing doorknocking to just make sure that their members were okay. Others were behind the scenes helping pack food getting food parcels together, making sure that those food parcels were delivered. The Red Cross also did a fairly big campaign through the Care Army so that they could support people that they were working with, so there were a range of initiatives.

We had over 30,000 people register for the Care Army particularly at the height of COVID and I would say within a week or two we reached quite large numbers of people. We have been able to place and match those volunteers with a range of organisations, but not everyone has got to volunteer and what we are seeing is some Care Army volunteers continue to work in this space through programs such as the vaccination hubs. When we talk to some of those volunteers they talk about the positive experiences they have of helping and being connected and forming new friendships, so a range of outcomes are coming out of that for those volunteers.

Mr Reimers: What was the second part of the question?

Ms LUI: It was basically just a general story around some of the positive things that we have heard and seen during the height of COVID-19. Just to lead on from that, in my electorate of Cook in Far North Queensland all of my communities are quite dispersed throughout FNQ. Do you have any ideas around getting more people interested in volunteering? Certainly there was a demand for connectedness, especially in that older cohort, but I just found that it was a real challenge getting people on board to volunteer and keep everyone connected.

Mr Reimers: Yes, absolutely. Again, it would be a multifaceted approach because different people respond to different things. Even when we speak about a certain community or remote community, they are not a monolith within that community; there are going to be people who have different needs and different things appeal to them. Broadly we would be looking for a statewide

strategy to enhance volunteering and to target those who are not aware that volunteering is basically a normal, everyday thing to do. They might think of it as a special thing that is for other people and not for them or they are unaware of the benefits associated with volunteering.

I mentioned the wellbeing benefits and the health benefits before but there is also just the upskilling, the employability, being exposed to a new network you would not have otherwise had. This sort of statewide planning and strategy that we are looking to get support for would also need to be supported by a lot of on-the-ground coordination, so supported by the MPs in the area, by the LGAs, by the neighbourhood and community centres and also by the existing stakeholders and volunteer-involving organisations that have those connections and have that outreach.

One of the key things with volunteering is that we would not be looking to make those connections from scratch necessarily. We always seek to leverage the existing networks, because a really good way to volunteer is to hear about a cause that you support in your local community or hear about someone who is within your circle who is volunteering or an organisation that you are already a part of and through one of those existing networks discover and join volunteering. We find that when someone gives volunteering a go it will often self-perpetuate from there, so we are talking about reaching volunteers who have lapsed, who have barriers that currently prevent them from volunteering, including cultural inclusion, or those potential volunteers who have never really considered it.

Mr KRAUSE: Here is your great opportunity: if there is one recommendation our committee could make on behalf of Volunteering Queensland to further your objectives but also to help reduce isolation and loneliness, what would it be?

Mr Reimers: They genuinely are interconnected, which I know is a greedy answer to give. When it comes to supporting recognised means of addressing social isolation and loneliness, the most efficient way to inject government support and resources into that is through volunteer-involving organisations, because for each volunteer-involving organisation that you support they have the resources and the means and the knowledge to up their game in terms of retention, engagement and recruitment and then you have had a knock-on effect that has benefited many of the volunteers themselves, including their ability to reach new volunteers and new networks. If I had to pick one, it would probably be to provide a big boost to the support provided to volunteer-involving organisations.

One of the other recommendations is to map the supply and demand of volunteers not according to the percentage of the population that volunteers but according to the needs of the community. That is currently unmeasured and we see that as a more valuable way to measure it and then if we were to have some support for that recommendation to enhance the volunteer-involving organisations we know where to target and what proportion of resources would make up for that deficit that they are currently experiencing. Until we do that, we can provide support and it would be valuable and it would be well received, but if we undertake that study to map Queensland region by region we can really do a much better job of the support that is provided as well. I would push for all of them genuinely, but probably support to volunteer-involving organisations would be the one.

CHAIR: Obviously being the local member here in Mansfield and Mount Gravatt, this community has changed exponentially over the last 10 years. We have an incredibly multicultural community here and one of the challenges that you alluded to was how we engage and overcome cultural barriers. We know that one of the ways in which we can help new Australians assimilate is through the process of volunteering, but how do we overcome some of those barriers that restrict people from diverse cultures to volunteering? What are some of the practical ways that government can really encourage volunteering across diverse communities?

Mr Reimers: This is something that we are currently looking into and currently working on, but we have heard from colleagues at equivalent state and territory peak bodies. For example, VolunteeringACT have done some work in this area and they have expressed to us that the barriers are mostly existing at the side of the volunteer-involving organisation, and often without their knowledge. We would encourage for organisations to really nail down what their processes and mechanisms are when people join the organisation and to do a bit of a brainstorm and a workshop to consider what the impacts are if someone comes in and they speak English as a second language, for example, or if they have other cultural needs that the organisations have not encountered before. What are those potential barriers and what training could we do to overcome those barriers—for example, tapping into an interpreter service? It could be quite an easy thing to do that many people just do not consider but actually does present a real barrier in the day-to-day life of a volunteer or a potential volunteer who is a newly arrived migrant who is still getting to terms with the community and specifically the Australian way of life and also developing those skills and language skills.

Another thing to keep in mind would just be increasing flexibility in general, so this is an overall trend not specific to diverse communities but it would certainly still assist with diverse communities. We know that increasingly volunteer-involving organisations say that more people want to volunteer occasional as opposed to regular hours. They have the ability to volunteer flexibly. It is a minority of organisations—it is just shy of 30 per cent—that when we asked them they said that they offer flexible work arrangements. The bulk of volunteer-involving organisations self-describe themselves as not offering flexible arrangements, and that would extend to overcoming some of those barriers. If someone has a cultural need that takes them away from their volunteer roster for a period of time, then flexibility can account for that and allow for that. Overall, it would be really nailing down your induction, recruitment and onboarding process, anticipating those barriers, discovering what they are, engaging in the cultural competency training, tapping into existing resources and overall increasing the flexibility of your volunteer engagement.

CHAIR: Great. Thank you, Zac and Amanda. On behalf of the committee, we thank you, as the member for Scenic Rim said, for the great work that you do coordinating volunteers across Queensland and certainly during the COVID pandemic the work that you have done coordinating those 30,000 Care Army volunteers.

Mr KRAUSE: Good job.

CHAIR: The government certainly could not manage that without your support, so thank you. That brings this session of the hearing to a close. The committee will now break for morning tea and return at 10.45 am when the public hearing will resume. Thank you, everyone. It was great to hear your stories.

Proceedings suspended from 10.31 am to 10.55 am.

CAWLEY, Ms Thelma, Queensland Community Alliance

EDWARDS, Mx Ben, Queensland Community Alliance

HANSEN, Ms Pooran, Queensland Community Alliance

CHAIR: Good morning and thank you very much for giving up your time to appear before our committee. I invite you to make a brief opening statement followed by questions from committee members. Thank you for the great work that Queensland Community Alliance do.

Ms Cawley: Good morning everyone. I would like to commence by formally paying my respects and acknowledge the traditional owners of the lands on which we are meeting today and pay my respects to elders, past and present.

I have lived in the Mount Gravatt area for about 15 years and at times have been socially isolated, especially during COVID last year. I am very lonely as my family are either deceased or living interstate or overseas. I first became aware of Mount Gravatt Community Centre about eight years ago when I was referred to a counsellor here by my GP, who did a mental health plan for me as I was unable to afford a private counsellor. At that time there was no funding for social groups or Ways to Wellness programs to help those who are socially isolated or going through depression like I was.

During my time of loneliness I went through a time of depression. I was going to the shopping centres just to get out of the house to see people. It was during one of these times years later that I decided to call into the Mount Gravatt Community Centre to see if there were any social groups that I could join to make new friends. I started with Afternoon Friends and from there filled in an application form to become a volunteer, which I have now been for three years. If it was not for the friendly staff there I would probably still be very lonely.

Homelessness and loneliness are rife here in Mount Gravatt. With more funding for the community centre, more staff could be employed to take the strain off those who are already employed here to help the homeless and the lonely by having more activity groups, more days when we could offer the homeless a good meal and extra staff for the reception and Ways to Wellness program and to run courses for unemployed. If it was not for my volunteer work three mornings a week working in the food pantry dealing with clients who require emergency food parcels, volunteering at special events and the weekly activity groups I now attend here at Mount Gravatt Community Centre, I think I would still be experiencing loneliness and social isolation.

Mx Edwards: Hi. My name is Ben. My pronouns are they and them. I would like to acknowledge that we are meeting on Aboriginal land today and there continues to be no treaty with the traditional owners of the land. I would like to pay my respects to elders past, present and emerging.

I was linked to the Ways to Wellness program following the end of my master's degree in social work. Loneliness has been a really big part of my life. I have ongoing mental health issues that affect my ability to connect with others. I have moved around a lot. Every time I have moved I have felt like I have had to stop that part of my life and lose all friendships. It has been the same with any time my mental health blows up; I have a learned behaviour of just cutting everything off. Unfortunately, that does leave me very isolated in the times that I do need support the most.

The year 2019 was a very, very difficult year for me. A lot of people say that 2020 was the most difficult year for them, but 2020 was a breeze for me compared to 2019. I came out of 2019 very, very depressed and anxious. I was very isolated. I was very poor. I could not afford a psychologist. I could not afford counselling. I was connected to the Ways to Wellness program through my local GP. At that point in time I was actually very suicidal. I was ready to take my own life. I felt like I had no purpose. I felt like I had just walked this really long road to get my master's degree and it had all been for nothing. It was a waste.

I spoke to Elise, who was a link worker at that time. She offered me a position here volunteering following the process. She also connected me with some other groups. I started volunteering here and at that time I was doing about four days volunteering a week here. That was back in late February 2020. It opened up a whole new way to look at myself.

Elise's approach to the interview was completely different to any other I had experienced. It was not really about mental health; it was about wellbeing rather than looking at any illnesses. It was about considering my strengths and looking at what I actually enjoy and connecting me to my passions. As I said, I have lived with mental health conditions all my life. I was in and out of hospital as a teenager and I had never experienced anything like that. Being able to volunteer here, being able to use my skills that I had gained through seven years of study gave me a bit of confidence in

myself. Realistically, being socially connected as opposed to isolated does not cure everything. Like Thelma was saying, connections are important. One piece of string cannot hold the same weight an entire net can.

At the moment a lot of people are connecting online, which is great, but I have always struggled with that, too. Being connected in person at an organisation like this I think there is a lot of valuable stuff you would not get online. You get a lot of diversity in terms of cross-generational friendships and you get to use your skills in a face-to-face context.

CHAIR: Ben, thank you. I am conscious of time. We might turn to the committee now who I am sure will have some questions for the three of you.

Mr KRAUSE: Ben, it sounds as though the volunteering you have involved yourself in has really assisted with your journey. That is great to hear and thanks for sharing that with us. If we could make one recommendation—I know it is a hard question and I will open it to the panel—if there is something that our committee could recommend that the state or federal governments do—we are talking all governments here—to assist more people into going down the path you have, which has clearly been of benefit, what would it be? I know it is a hard question, but we appreciate all your thoughts.

Mx Edwards: We are really blessed in Australia to live in a really diverse community. I think there needs to be greater recognition of that in services. I am talking about diversity in all forms. That can be really difficult to capture because a lot of the time different diversities can conflict with each other. I think that removing some of those barriers to access—for example, I have a lot of privilege in a lot of ways. I am white, I am educated, I am intelligent, I speak English as a first language. I also have the scars surrounding my gender identity. There are places where I do not feel welcome because of that. I can imagine that it is similar for people who do not have a lot of the privileges that I have. Language is a really big barrier for some people and then there are more physical forms of disability. Removing some of those barriers I think would be a key for getting more people in.

Ms LUI: Congratulations on getting your master's, Ben. In your opening statements you both mentioned there are probably two parts to it: one, that volunteering had helped you and, two, you have your own personal challenges with social isolation and loneliness. I wish to hear your thoughts further on, one, how do you think volunteering helped you to overcome those personal challenges, and do you feel that because of that you are in a better place now, or is there more that could be done?

Ms Cawley: In terms of the social isolation I think doing my volunteer work has given me a role in my life where I feel wanted, I feel needed and there are people out there in the community who value me. It has made me feel good in myself. I do not have to sit at home and feel depressed and lonely because I can come here three days a week. I can come here four days a week if I want to, which I do because I do the craft club on a Thursday. That is what it has done for me in my life, and I thank the people of the community centre for accepting me for who I am.

Mx Edwards: Thelma covered a lot. Giving back to others or assisting others, walking with them in their journey has always been important to me. That is why I started studying the way I did. In regards to what else could be done, do you mean what else could be done to improve our situation as volunteers or what could be done to get more people in?

Ms LUI: There were two parts to it. Do you think that there is more that could be done to help people like yourselves going through those personal challenges and also, as a volunteer, what more could be done in that space to get more volunteers through the door?

Mx Edwards: Yes, volunteering has helped. Like Thelma said, it has helped by giving a sense of worth to myself and my skills. How could we get more volunteers? I think there needs to be more recognition that volunteer work is actually valuable. A lot of the time, especially when it comes to job applications, they consider volunteer work subordinate to paid work for whatever reason, and I think that is absolutely disgusting. Just because you are not getting paid for it does not mean you have no monetary worth. I think that if you are not getting paid for the work you do and you are still doing your work, that is worth double at least.

Ms Cawley: It is experience.

Mx Edwards: Yes, it is experience. It goes to show that a person is willing to help without receiving any monetary reward. What could be done to help volunteers? Again, just more recognition.

CHAIR: Pooran, there are some wonderful things happening at the Mount Gravatt Community Centre. The committee is interested in how the work here has helped you in your daily life and some of the things that you access through the Queensland Community Alliance, the Ways to Wellness program or the Mount Gravatt Community Centre. How have some of those opportunities helped you in your life?

Ms Hansen: Firstly, I must thank the Australian government for taking the refugees. We had a problem in the war that some countries like Australia have all this opportunity and then other countries, like my country, Iran, had more activity before but now we have a very extreme, prejudiced country. I was (inaudible) in India in Shah's time. I studied economy. I was working with the taxation office. We had a very good life, very good money. We always went overseas—to Italy, London, Paris and African countries. It was a very good life but then suddenly the government changed. The revolution happened. One night because I am a Baha'i they started to loot the houses, kill the people and burn the children. The people in my whole place wanted to kill me. They killed other Baha'is there. Then one of my colleagues came out and said run for your life.

It was very hard. I escaped with some other families and their children. I thought I should go to Pakistan as the border is very easy to find a way to somewhere else, but I was wrong. I thought it was only two or three hours journey but it was not. It was a really bad train. We pulled off (inaudible) and the people with the drugs and were dirty. It was a very old train. We had been going 15 minutes and then the police stopped them and opened all the doors.

Anyway, it was a very hard journey for us and it was very cold. I did not bring any food or any water. I did not think; I just ran for my life. Then in Pakistan for two days I stayed there; I was very sick. I could not move. People looked after me and they got the ticket for me to go to India and from India, because my priority is my cousins and my family is all living in Australia, I came to Australia. Coming to Australia was not easy because I needed a visa and they said the only way I could—because my English was not good, I could not get a job—was I had to marry somebody. I married this New Zealand man and I got a permanent visa here. We went to Mildura to live. It was very hard for me in that I only had done office work. I did not do body work and I had to do picking grapes and oranges. It was a very hard job for me to do. My husband was a very sick man. He was suffering from very severe headaches. Sometimes the doctor had to come to the house and give him injections of pethidine.

CHAIR: Pooran, how have the programs here helped you now after such a terrible experience? After many years of migration and the challenges associated with migrating, how are the programs here helping you?

Ms Hansen: These programs helped me a lot. I got more confidence and I brought up my children the way this society does, not what was in my country the custom to do. I am really happy. Life was very hard, but I brought up two good children. Both of them were school captains. One of them was brought to the parliament for 10 days and they have lots of awards. They have very good positions and good lives. They are in Melbourne; they are not here. I got lots of encouragement in myself to get out and do lots of activity. I did work for the Lions Club. I did fundraising for cancer and the first time I raised $400. I contacted the city council to make a park near my house not only for my children but for other neighbouring children. This park is there.

I look after some Aboriginal children and some other children. I have a very good relationship with them. They even came to my house. We have a very good time with each other. I did lots of activities. I really cannot remember all of them, but I was working with the city council in Mildura. I did child care in my house. I then went to an aged-care home for 10 years and I really enjoyed life for the first time in my life. It has helped me. I teach other children too. I look after a child who could not talk at all, but after one year he has started to talk and he was 12 years old. I am very happy with what I have done because I did it from the heart and the hard way. I am very proud. I am very thankful to God. These are all blessings to become what I am now. After years of hatred and losing so many things gives you lots of love and compassion for other people. I think that is the greatest achievement in my life over everything else.

CHAIR: Pooran, thank you for sharing your story. Our community here in Mount Gravatt are blessed to have you and the contributions that you make, particularly around the support that you give to many other people in our communities. The committee really thanks you for appearing before us today. I am very conscious of time and I know that we have some other Queensland Community Alliance members who would like to talk to us about the social isolation and loneliness program and the leadership that they have shown in establishing this program here in Mount Gravatt, so we will move on to the next members of the Queensland Community Alliance. Thank you Ben, Thelma and Pooran for sharing your stories. Thank you so much.

DARE, Ms Karen, CEO, Communify, Panel of Queensland Community Alliance

DASH, Ms Rose, Multicultural Australia, Panel of Queensland Community Alliance

HUMPHRIES, Ms Annie, Rail, Tram and Bus Union, Panel of Queensland Community Alliance

MARSHALL, Mr Roger, President, Logan East Community Neighbourhood Centre, Panel of Queensland Community Alliance

CHAIR: Good morning. I welcome additional representatives from the Queensland Community Alliance. We have apologies from Ali Kadri. Unfortunately Ali cannot make it. He is the leader of the local Holland Park Mosque. I welcome Rose Dash from Multicultural Australia, and, Rose, and it is really lovely to see you again; Annie Humphries from the Rail, Tram and Bus Union, which is part of the Queensland Community Alliance; and Roger Marshall from Logan East Community Neighbourhood Association, and, Roger, thank you for the great work you do a little bit south of here. We also welcome Karen Dare, the CEO of Communify, which is also part of the Queensland Community Alliance. Good morning to you and thank you for appearing before the committee today. The committee is very interested in hearing about the Queensland Community Alliance and the work that you have initiated here in Mount Gravatt, so I ask you to make a brief opening statement and then the committee will have some questions for you.

Mr Marshall: As I was introduced, I am president of the neighbourhood association in Springwood which runs the Logan East Community Neighbourhood Centre. I am also a long-term member of the Queensland Community Alliance. I have been on the leadership table of the alliance since it started about six or seven years ago and for four years I was on its board and chair of the board for three years of that, so that is my background.

I wanted to just give you a little bit of background on what the alliance is to start off with and what our purpose is. The alliance is an alliance of organisations. We have 35 organisations, I believe, at the moment and those organisations have 1.6 million or 1.7 million members between them. The organisations come from three broad groups. We have the workers unions, the faith groups and the community groups, and Logan East of course is one of the community groups.

The purpose of the alliance is, in broad terms, to reinvigorate civil society and basically a lot of work on building the capacity of civil society and organisations like ours and individual people to participate in the decision-making and the community life of the state, the country and our local communities. That is basically the idea of it. I think a lot of us have benefited from building our own capacity to participate. I certainly have. I am a retired high school teacher. I have been retired for 15 years and I have to say that although the 40 years I spent in schools I thought was very meaningful the 15 years I have spent since then as a community activist or community worker and a volunteer have been the most productive of my life and the most fulfilling of my life. That is basically the purpose of the alliance—to build that capacity.

We are very pleased and proud of the role that we played in bringing this issue of social isolation and loneliness to the attention of the Queensland government. We acknowledge the role of the government in the parliament in recognising that and setting up your committee. We are very pleased about that. It was a strong recommendation that we had 18 months ago that that happened, and it has happened and it is very pleasing. We have about nine recommendations, and I am sure you have seen them. The first one of them was actually that hearings like this take place as part of the inquiry, so obviously that has been taken care of in local communities and listening to community members like the ones we have just heard from in terms of the very powerful testimonies from people like that. I trust you will get to hear them all around the state.

CHAIR: Yes.

Mr Marshall: The second group of things is we really do see a need for a coordinated, whole-of-government approach. We talk about Treasury doing an audit of what the investment is. We talk about having evaluation and research data being collected—data is a real issue that we find in the community centres—and the approach being data and research based, so there are recommendations about that. Where we want to focus our time today is on some of the specific recommendations we have on things that can be done, and I suppose they fall into two things. One is the Ways to Wellness research based program that we are aware of and that is being piloted here in Mount Gravatt—and we know that it is getting some really promising results, and we have heard some of them today—so we would really like to see, depending on the final outcome of the research, that being expanded across the state and being put in place.

The second one is building on the existing infrastructure around community neighbourhood centres and integrating that Ways to Wellness approach and enhancing the capacity of our neighbourhood centres to do it, and we heard the testimony in terms of the role that the Mount Gravatt centre has played in the lives of the three people here before. That is a broad recommendation, but we have a couple of things that we want to highlight on what might be needed in integrating the Ways to Wellness program into what is existing in neighbourhood centres and enhancing the work of what neighbourhood centres do. We also want to focus on the role—and I think this is where Rose comes in a lot—of the importance of having an inclusive approach and including the vulnerable such as the migrant communities in the work as well. I am going to hand over to Karen now to try and highlight what could be done to integrate the Ways to Wellness and enhance the work of neighbourhood centres.

CHAIR: Great. Thanks, Roger.

Ms Dare: Communify run two neighbourhood centres, one at Bardon and one at New Farm. They are both very different. We are very passionate about our neighbourhood centres and in hearing all the discussions this morning neighbourhood centres are the heart of the community. They are the go-to place when people are feeling lost and challenged.

I have been at Communify for 27 years and we have not seen an increase in funding in neighbourhood centres in that time. Communify has been very fortunate that we have been able to build a whole suite of services around our centres, so we run a homelessness hub, a mental health hub and a range of things, but I can tell you the one biggest issue for people is isolation and loneliness in all of those programs, even down to the playgroup. When mums get together on a Monday morning at New Farm, the big issue for those mums is that they are isolated in the community.

Neighbourhood centres are the place where you go when you are facing challenges and opportunities, so we feel very strongly that neighbourhood centres need to be funded. I think there are some programs that you could wrap around centres. The community care program, which provides a focus on social inclusion and supporting people in their home, is funded to a number of organisations and they do a great job. We have funding for that program and what it is able to do at a neighbourhood centre is amazing. We can run up to 15 programs a week. Neighbourhood centres are trying to string together a few layers of programs from a very small fund. I think it is really important that we start to build the capacity of neighbourhood centres through some of those other programs.

The only thing I really wanted to highlight is I heard this morning from the advocate about the way that we have moved into individualised funding. We have aged-care packages and we will see the CHSP program move into individualised funding and NDIS. We have run both of those programs as well. What that means is that people are isolated. We are including people with NDIS into our neighbourhood centre programs at our cost, because their packages do not allow for social activities and, if they do, it is so proscribed and underfunded that it does not work. I would be encouraging that you really consider putting—I know the minister is very eager to do this—neighbourhood centres at the centre of community support and programs. It is really important that we have brief intervention workers placed in our programs as people walk in the door and we can respond, particularly to issues such as social isolation which lead to a whole myriad of difficulties for people.

Mr Marshall: Is it alright if I come in on that last point that Karen made about the brief intervention workers? At Logan East, we have people doing that. We find the funding ourselves. We are not funded in any way for the work that the people do. We manage to find the funding ourselves for that. It is nowhere near as comprehensive or as effective as it could be we believe. It is specialist work building quick, good-trusting relationships with people coming off the community. That is really specialist work that we need people to be able to do. Then having the ability to guide them, to keep that relationship going and to mentor them as they get engaged in various activities around the centre is difficult work. It would be really good if the neighbourhood centres are able to do that. That has been a major recommendation from the Queensland Community Alliance for the past two years. So far, it has not been responded to. We might pass on to Annie or Rose to listen to what they have to say from their perspective.

Ms Humphries: I work at the Rail, Tram and Bus Union. I am the lead support there for the administrative team. I became involved in the alliance at its inception from about 2012. We have been an active participant in many of the activities of the alliance. The one that I was most involved in was Mount Gravatt looking at what confronted them the most. It turned out it was social isolation. We went about looking at how that might work in a community setting and, hence, the Ways to Wellness program. We actually are very proud of that accomplishment and the support we have gained from the government.

While our union did not put in a submission, a couple of unions did. Generally, their recommendations are supportive of the Queensland Alliance recommendations but, if you do not mind, I will read the Queensland nurses one for you. They recommend to the government to adopt a whole-of-government approach at the state level to ensure appropriate funding, scope, allocation of responsibilities and oversight of any strategy or plan to tackle social isolation and loneliness; enable, support and fund nurse-led and midwife-led models of care, especially in community centres, rural and remote areas and amongst migrant populations; review the current funding and contracting arrangements with community organisations to promote and enable longer and secure funding cycles and flexible contracting terms; support funding innovative public infrastructure programs and better use of public space that allows social interaction and social activity; provide further investment into the school nurses program, including enabling and supporting a school-based approach; establish appropriate mandated staff-to-resident ratios in aged-care facilities to support the mental and social wellbeing of residents in aged-care facilities; empower, develop and grow the existing health workforce to meet current and future needs; invest in growing and developing greater numbers of mental health nurses to strengthen the mental health workforce as a whole; and implement a position of Chief Mental Health Nurse for Queensland.

Just as a side note, the Rail, Tram and Bus Union does have members who face deeply tragic and stressful circumstances. There is probably a handful of train drivers, for instance, who cannot go back to their job because they were involved in a suicide. I think their situation has probably become a bit isolated because of that and the trauma they are trying to work through. We are affected by social isolation amongst our members.

CHAIR: Thank you, Annie. Rose, do you have something you would like to share with us?

Ms Dash: Yes. Firstly, I would like to acknowledge the land on which we are meeting today and elders past, present and emerging. Multicultural Australia welcomes this opportunity to be present at this public hearing organised by the Community Support and Services Committee and to speak on this important issue. I am the chief client officer at Multicultural Australia, but I am also a former community centre manager at the Redbank Plains Community Centre and I am here today with my colleague Jiral Thomas who is the current manager at Redbank Plains Community Centre.

Multicultural Australia exists to create a welcoming, inclusive and economically stronger community for all. We are Queensland's settlement service provider for migrants and refugees and have been welcoming refugees, people seeking asylum, international students and other new arrivals for over 20 years. We provide a range of programs targeted at social inclusion, engagement and employment for refugees, migrants and international students across Queensland. We are a proud foundational member of the Queensland Community Alliance and we welcome the opportunity to be represented on this panel along with other QCA members.

We present here two specific issues that can cause loneliness for people from culturally and linguistically diverse backgrounds, including refugees, migrants, people seeking asylum and temporary visa holders, and the barriers that they may face in getting help to address these. The context of migration or refugee and asylum-seeking experience can place individuals at heightened risks for experiencing loneliness and isolation. This is a very significant life event that can sever people's existing social connections which are very difficult to rebuild in a new country. Resettlement is complex, requiring an understanding of the local culture and society and building community connections. For new arrivals, these connections are within their communities of identity as well as the broader Australian community. Further, these connections and links are with local services and institutions such as community centres.

Intersection of the migration experience with other social characteristics like age, gender, ethnicity, language, socio-economic status but also visa status can create inequality and lead to an increased risk of social isolation through the combination of different aspects or characteristics. Reception within the host country is an important factor for people's sense of inclusion and belonging. Experiences of discrimination, stigma or exclusion including from local services and institutions are a significant factor in people feeling unwelcome or excluded. Social isolation poses a risk to our community at large. It imposes a health risk to people, to their wellbeing and functioning in community and is also a significant productivity loss for our state when groups of our people are unable to participate and contribute.

Multicultural Australia is keen to present here on this important conversation. We are seeking the consideration of a comprehensive strategy to address social isolation and loneliness in Queensland. This must be informed by the voices and experiences of diverse communities across Queensland and should consider adequate support at a local level for front-line resources and community spaces to mobilise action and support from within the community. A comprehensive

strategy is important for Queensland as it can improve prevention and provide early intervention for people to manage loneliness. It can increase community awareness of the issue and provide people with appropriate avenues and skills to manage this risk.

Our position is that the statewide strategy of social isolation and loneliness is an important entry into considerations on the social resilience, economic security and social cohesion of our Queensland community. It should necessarily interact with other programs to exit interventions around racism and discrimination, disability as well as considerations around digital inclusion. It should have an intersectional approach and consider priority areas in cohorts like youth, women, elderly but also place-based approaches and digital inclusion.

We are supportive of the QCA's submission and recommendations made therein, including the increase in base funding for community neighbourhood centres and expansion of the social proscribing across Queensland using the Ways to Wellness program as a model but also consideration for new community centres in growth and development areas where multicultural communities would choose to locate without disadvantaging existing funding to those centres as well. Thank you to the committee for your time and respect as it is afforded us to make this statement. As a community, we need to work together to tackle social isolation and loneliness in Queensland. Government services, community organisations and community groups need to come together to better understand the impacts of isolation and how we can collectively work towards addressing these issues.

CHAIR: Thank you very much, Rose. The committee will now proceed with some questions for you as an alliance.

Mr KRAUSE: My question relates to the pandemic. How has it impacted you, your organisation, your operations and the impact on people and loneliness and isolation? What could be done to improve the situation bearing in mind that we may have many more months or years of present conditions? I appreciate any input you can give on that particular issue.

Ms Dare: We went digital. We were very worried about our aged-care clients, but they astounded us. We invested significantly in iPads, wellbeing kits and all sorts of things and we mobilised our teams out to people. We delivered iPads and connected them that way. We run a dual diagnosis drug and alcohol program—it was the best one we ever ran—via Zoom. I think all of us really were quite agile in adapting quickly. I think we were very fortunate that we had aged-care funding and they were happy for us to invest. We really need to invest in a digital response for organisations, because it enables people to reach into people's homes still.

Mr Marshall: I concur with that. We too were not probably quite as well resourced, like Communify. But we have done a lot of digital work and we have been equally pleased that some of the concerns we have about members of the community, particularly some of our old people, not being able to engage in that, although that has been the case in some cases. Another big impact was on where we rely very much on a volunteer basis; in fact, our volunteer programs are the backbone of our organisation. We try to do things by giving people an opportunity to participate. That has had a significant impact because particularly some of the older people have been following advice not to come in and do those things. Finding ways for our volunteers to participate from home has been the challenge that we have not always managed as well as would have liked.

What can we do about it in the future? One thing is that we are all becoming more used to it and we are better at living in a lockdown state now than we were when we first experienced it. We can do that. We also need to look at things like Karen just said. There is a need for some resourcing of that ability to include people remotely rather than face-to-face and encouragement for doing that kind of work. As Karen said, it is about buying everybody an iPad, giving them an iPad, making sure they get individual support in being able to use that. That needs some resourcing at times. That would be one suggestion. I am sorry; I cannot solve the problem.

Mr KRAUSE: We are interested in all your thoughts.

Ms Humphries: I am thinking about how we manage COVID. As an office, we all were able to work from home and it was very straightforward relatively. Our members were not able to work from home. It is a bit hard to drive a train when you are working from home! Our main concern was for our members' safety and feeling our way around how to make sure they were safe when some of the information was a bit contradictory sometimes. Members were obviously worried and fearful of something when they were not fully aware of what it might do.

We ramped up our communications and made sure all our organisers and delegates knew what they needed to do and how to do it. I think on the whole we were able to reassure our members who could do the essential work they were required to do during the lockdowns we have been through.

Ms Dash: While we were able to adapt to phone and web based platforms and social media, for a lot of our communities that digital inclusion barrier is still a huge factor, even a year and a half into the pandemic. As a solution that focus needs to happen on education and also affordability and access, particularly for new arrivals. However, in the case of communities that we have worked with for over 10 or 20 years we are still finding that as the major barrier to the pandemic in terms of inclusion and social isolation. In particular there were some groups that were hit hard by the pandemic, and they were the temporary visa holders, international students and people seeking asylum. Given that they were ineligible for relief packages from the Commonwealth government, a lot of supports were given by community centres and other agencies to provide that support. That is still ongoing at this stage. That was a significant concern. I think we also need to acknowledge that a lot of the multicultural communities engage in a collectivist sort of society, so gathering in groups and coming together was a very important part of wellbeing. That impact did have adverse effects. Finding ways to be able to create that in a safe way moving forward is one of our major goals.

Mr Marshall: The pandemic has not only impacted on social life generally; one of the points that was made to me at the community centre is you cannot really separate isolation and loneliness from the many other problems that people face in their lives. Usually people are facing more than one issue at any time. The data is very strong that issues like family violence and mental health issues have all been compounded—they were there to start off with, but they have compounded. It has really made life a lot more difficult. We probably do need to consider putting more of our community resources into responding to all of those social disadvantage issues as a part of the response. In the end I believe it will prove to be economically beneficial to be addressing those issues even though it will cost us to start off with.

CHAIR: Annie, I am conscious that you are a local here in Mount Gravatt. Could you talk a bit about the impacts the Ways to Wellness program has had on people you know in our community and how the Ways to Wellness program occurs practically and what you see as a local resident?

Ms Humphries: I was involved in the gathering of information from the members of our community and finding out what issues confronted them the most, and the most important one was social isolation. This was back in 2017-18, so a while ago. As a consequence of that we were able to approach the government and ask for some funding to run a pilot program. We had worked out a model that allows a link person to be employed who is able to have links with GPs and other medical professions as well as all the community activities that occur in the area. She would get referrals from health services and meet with a person, identify their needs and help them work out how they might be able to join these different community activities.

Personally, I have a friend who lives in Mount Gravatt East. She lives in a house with her brother and is relatively non-perambulatory if I can put it that way. She had a major operation and had to have assistance getting a wheelie walker and a ramp put in the back of her house. That was all through the wellness program. That was able to assist her in making life a little easier for her. That is a personal one. I think the wellness program has seen quite a few people through the doors to help. In relation to the young bloke that was here earlier, the volunteer, I think that has transformed his life to an extent where he is able to be socially active.

CHAIR: Does anyone else want to contribute to that question?

Mr Marshall: I want to link back to the point I was making before. Annie referred to the link person, which is fairly well articulated and described in the Ways to Wellness program; it is part of the research work that has been done there. The link to that is the work that we have been doing in neighbourhood centres, which is this brief intervention work about trying to help people come in for all kinds of different reasons, usually multiple different issues they face in their lives. We have been trying to do that work as it exists, so the opportunity of integrating the research work of the Ways to Wellness program into those programs I think is really immense. We need to ensure that is certainly part of it. That sits alongside ensuring there are plenty of activities for people to join in. The community care programs and things like that actually do enable organisations to provide those programs. They do not come from nowhere—sometimes they do, but a lot of the times they do not. Those two things would really assist us. I think that is one of the key messages I want to get across.

CHAIR: If I can get it right, it is about people in the community having knowledge to make the referrals to the Ways to Wellness program and to the link workers. It is about having the link workers being able to work with individuals who are experiencing social isolation and loneliness. Then it is about having the appropriate activities to link those people who are experiencing isolation to opportunities for social connectedness.

Mr Marshall: I agree with all of that. The other point I was making is seeing that as not a separate health Ways to Wellness Program but seeing it integrated into those other social problems that are there in the community and finding ways of addressing them—not just social isolation.

CHAIR: Other health issues et cetera?

Mr Marshall: Absolutely.

Ms LUI: Karen, in your statement you mentioned the funding shortfall and an example you used was with NDIS clients. I was wondering about the types of impact and if there are any other impacts on service delivery because of that?

Ms Dare: I will give you an example about NDIS. NDIS is an extremely prescriptive program. If you want to do any group activity, it can be in no larger a group than five people per staff member at a cost of $16 an hour. That means getting people there and running the activity. It is almost impossible. There are so many organisations that are not delivering NDIS; everybody is opting out because it is actually very difficult to make it work. We decided that we will just allow people to join in our programs for free and we are offering programs that people can attend. I think it is the core of life; if you are unable to work, you need to have important engagement opportunities. It is very hard to recreate seven days a week. You really need connection to community and opportunities to join in. NDIS is presenting a barrier to lots of people to do that. I know it is probably not something you want to hear.

The other big thing is we conscript our community sector to contribute to NDIS, so there is not a lot left on the ground here in Queensland or in Australia. I think the neighbourhood centres are doing an amazing job trying to offer as much as they can to people, but I think we need help.

CHAIR: In the time remaining I want to touch on a comment that you made, Karen—and I thought it was a very good one—around building the capability of staff and of community centres. You also mentioned then that with programs like NDIS that are happening all over the country we are depleting our community supports workforce. Can you talk a little bit about that notion of building capability?

Ms Dare: Neighbourhood centres are so underfunded and they are relying heavily on volunteers, but there are some roles within the community centre like doing initial assessments for emergency relief or others that really need to be done by paid staff. We have 300 volunteers that support us and we need each and every one of them, but there are certain roles that really need to be performed by paid staff that have had the appropriate training. I think that is the big thing. Neighbourhood centres are just incredibly underresourced. Normally it is a one-worker show with a part-time admin worker. We can see up to 60 people a day with complex mental health and other issues. I think it is time to adequately resource these centres with paid staff. The volunteers are the value-add, but at the moment we are heavily reliant on volunteers just to deliver frontline responses and it is not adequate.

Mr Marshall: Can I add to that? The point I want to make is that the volunteers are the backbone of most of the neighbourhood organisations; I am sure of that. However, volunteers need the paid staff to organise them. One of the features of the pandemic has been that the volunteers, quite wisely in many cases, were not there and we needed the core staff as well to work with the volunteers we could find. Sometimes that meant that volunteers who had been doing jobs for years were no longer prepared to come in and do them, but other people were prepared to volunteer. People from the Care Army were prepared to come in, but they needed people to help them to come into the jobs. We do need that professional work. When you see people doing it really well, it just sings.

CHAIR: Thank you for your contributions. This inquiry has been an opportunity for us to uncover the work that the community centres do, witness that work firsthand and put forward a good case for that work to be adequately resourced. Ladies and gentlemen, we have come to the end of this session. I thank the Queensland Community Alliance for your contribution, for the insight and for your forward thinking around the initiative of the Ways to Wellness program. I also thank them for working with the University of Queensland and the Mount Gravatt Community Centre to bring about a really significant program where we have social workers working with individuals in our community to link them to the programs that are going to give them the most benefits, whether that be health benefits or social benefits. I thank the Queensland Community Alliance for your great leadership.

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

MONSEF, Ms Manijeh, Private Capacity

STUMNER, Ms Loretta, Private Capacity

THOMAS, Mr Jeril, Private Capacity

WADWELL, Ms Deb, Private Capacity

CHAIR: Ladies and gentlemen, we are now going to move into an open mic session. I am conscious that we have not heard from a number of people sitting in the audience. The committee really wants to hear your views. I am happy for you to remain where you are seated as we will pass the microphone around. Every committee member sitting here before you is very keen to hear your personal views on any part of the terms of inquiry that we are leading across Queensland. The committee will give you three minutes each to make a statement. For those people who want to make a contribution who have not made a contribution as yet, please indicate to the secretariat, Ciara, who is here to help us, because we would love to hear from you.

Ms Monsef: Thank you very much for this opportunity. I am Pooran's sister. Unfortunately, we did not have time to go to the major issues. For 21 years she looked after Mum and Dad. Our siblings, sisters and brother, escaped from Iran and had lots of problems. During these 25 long years, Pooran did not go even one day to see her children or anybody else. She just dedicated her time to everybody. Dad passed away in India. Mum passed away in June, and now she is alone at home. She has lots of panic attacks, she has lots of anxiety and lots of other things. She is by herself.

I see lots of wonderful things people are doing there. My recommendation is for those people to have an alarm system. A medical alarm is the most important, vital things for these people because by the time she first was (inaudible) she took our mum and dad in and everywhere else. I am not following her all of the way, but I have my problems. I am older than her, but she is alone. An alarm system is so expensive—$600 and then $55 each month. With the pension, with lots of medication and other things, it is almost impossible to do that. My request is not only for my sister, but please consider this as vital. It saves lots of hospital visits and the help of the people in emergency. She has been to emergency many times, but at that time Mum was there. There is nobody to look after her. Thank you so much.

CHAIR: Thank you very much. Just before we move on, I welcome Mr Robert Skelton MP, member for Nicklin, who has been on the phone during the entire session but has now joined us in person. We welcome Robert.

Mr Thomas: Thank you, everyone, for the opportunity. My name is Jeril Thomas. I am from Multicultural Australia and I am centre manager at Redbank Plains Community Centre. I just wanted to echo everyone who has raised points about more support for community centres within our state. The point that I want to make is more support for community centres to have a diverse pool of volunteers from CALD backgrounds. This is something that we see on a regular basis in our community centre in Redbank Plains where we have a diverse pool of volunteers, and the impact they make in the community centre tackling social isolation, but also bringing to the forefront other issues that are linked to social isolation.

One of the things that we see on a regular basis are volunteers contributing more to the community centres and, through that volunteering opportunity, many of our community members could tackle social isolation either through loss of their apartments and through settling into a new area, but also from there, volunteering into other organisations, playing an important part in the community by bringing up new programs that are important to the community and also contributing to the community in many different ways.

An example I would like to bring forward is one of our volunteers had started volunteering from the beginning of the community centre's establishment. After a couple of years, she established a women's walking group within her own community through Facebook groups. It is always through Facebook groups that you find out about a lot of social issues or issues that people are facing. One of the key things identified was how young mothers, older women and other women felt isolated within the community and have a lack of security within their own community. The walking group was established so that they could have an opportunity to build social connections amongst people from different cultural backgrounds, and from there we were able to understand more issues that the women face, organise women's groups and refer out to other services. That is just one example of how volunteering in community centres in that space requires more support.

From there as well there are plenty of opportunities where our volunteers who either have arrived into the country recently or people who are in their retirement wanting to contribute to the community—there is a beautiful blend of people coming together and talking and learning from each other about how they can contribute more into the community, learning about each other's culture and also addressing issues such as domestic violence and unemployment, and the contribution they can make through volunteering.

CHAIR: Thank you so much. Certainly there are some tremendous learnings from the story that you were able to share.

Ms Wadwell: I am Deb Wadwell. I am the manager of Southside Community Care, a specialist homelessness service that is just across the road there. We house homeless families. We have 16 properties under the crisis accommodation program that is funded by the Department of Communities, Housing and Digital Economy, and we have four properties of our own that we have managed to purchase over a long period of time. We have been around since 1979. We did not get funded until the 1980s. Under the housing minister at that time, we did not get as much funding as other ministers were giving out in subsequent years. That does not change. Once you have your funding, that is it; that is what you get. All you get is CPI thereafter.

We do an amazing job, I think. Our family support workers work with people who come into our properties. They are families who are homeless. They need support and they need to integrate into the community. Our family support workers work with them to try to do that.

A glaring difficulty that we have is with refugee families that we sometimes support. They have no income. They are families that have been finally determined, they have appealed, but they have no way of moving forward or going backwards. They cannot go back to, say, somewhere like Sri Lanka or the Middle East because they know that they will be persecuted. We have had a number of families like this come through. One in particular which comes to mind recently left our service to go to another community organisation because they had been with us for more than two years and we are only supposed to house people for three to six months. A lot of their isolation came from the fact that they have no income, they have no rights, they have no access to services and they have no access to things like English lessons to improve their chances of being able to make their appeals to the government against their final determination and things like that. It is very limited what is available to them. I know that the federal government is not going to, but the state government could perhaps contribute something towards these people's circumstances because they are being supported by homelessness services and homelessness services are not funded to support them. They just do not get the funding. That is what I wanted to talk about.

CHAIR: Thank you, Deb, for sharing your story, but also for the great work that Southside Community Care do in the community in providing emergency housing for those most vulnerable and who are most at risk. Thank you for working cooperatively and collaboratively with the Mount Gravatt Community Centre. Well done.

There being no-one else to share a story, I thank everyone. Deb, as the CEO of the Mount Gravatt Community Centre—I know you have appeared before the committee—is there anything you would like to add in relation to the work of the link workers and how that program is going?

Ms Crompton: I would love to, thank you. I will always get a word in if I can. In terms of Mount Gravatt and the link workers—and thank you to the Queensland government for the ongoing funding of the program—as I said at the hearing, one size does not fit all. We see that more and more, day in and day out, with the different types of clients that we have. I know you are going to meet three of our clients this afternoon.

We have adapted the program, when we did not get the funding from the federal government, in terms of hospitalisation under the GP program that we were running, housed in the GP practice. What we have done is ensure that we have been able to continue those connections but broaden our connections out to more GPs. More hospitals are now engaged with us. A lot of the things that were said today around patients needing to be linked into somewhere and social workers not knowing where to go, we have been doing a lot of marketing around that. We are getting a lot more referrals and we are able to support a lot more people coming out of that medical practice.

What we have also done, within our own aged-care services, is doing the same type of work with people that are isolated at home and our workers identifying that they are socially isolated. I think the knowledge base out in the community, now that there are programs and there are people who are going to support them and there are activities, has made a big difference in the community. I think it is wonderful that you are going around the state to hear from all different communities because we are all different. Thank you for today and thank you for being here.

CHAIR: Thank you very much, Deb, for having us and thank you again for your great leadership. It is important that we get around the state to hear about the great work that is happening in different communities so that we can learn from each other and so that we can replicate some of the great initiatives that are happening all around the state to ensure that Queensland, as a state, is socially more connected, which will bring about, as we know, better health outcomes and certainly better economic outcomes.

We heard from a link worker at the parliamentary inquiry in the parliament. I wonder if there is a link worker here that would briefly talk to us, for about three minutes, about a typical day for you as one of the many link workers, or social workers as we like to call them, working here in Mount Gravatt, please.

Ms Stumer: Thanks, Corrine. Hi; I am Loretta. I am employed as the Ways to Wellness link worker and wellbeing project coordinator here at the Mount Gravatt Community Centre. I guess there are three main components to my role as a link worker. There is the client-facing work, there is the managing and coordinating of incoming referrals and then there is the networking, so they are the three components that my job entails.

A typical day for me would be communicating with the referring partner, so that can happen through the website, through a phone call or through emails where I receive the referral from all the different services that we have heard from today. It could be a social worker in a hospital or it could be a GP or it could be another community agency or it could be a family member or friend or the person themselves. I will receive that referral and then our policy is that if it is not a self-referral we contact that person within two days, so it is a timely response. Over the phone we really just set up an appointment that is going to suit the person and arrange a time.

I will then see that person and the intake process generally takes about an hour, and we have a fairly structured intake process. It is very person centred and it is a very strength based process. We are really focusing less on what the barriers and problems are about the cause of social isolation and we are more looking at the person's interests and strengths and where they would like to see themselves. The way that I conduct the intakes is very much that the person in front of me is the expert in their lives. I am not there to tell them what they should be doing. They are the experts, so a lot of the questions are around, 'What does a socially connected life look like to you?', and then that facilitates a discussion where it is empowering for the person. One of the things that the research project is looking at is how does social prescribing actually work. One of the methods that they think works is that the person needs to be very much empowered and engaged to choose something that interests them. Just simply referring a person to any group may not be the best option. It is about what the person decides they would want to do and then supporting that person to do that.

We go through the intake process and then come up with a range of options for the person in terms of groups and activities and sometimes it is other service based information, advice, referral information, and then from there it can really vary. A Ways to Wellness client might be involved with us for a really short time where it is just providing information and then the person is happy to go off and connect and make the phone calls and join the group themselves and other times it can be quite a lengthy process where clients may remain in our program for many months, because people who have experienced social isolation and loneliness have often been doing that for a very long time and it is not necessarily just a quick fix or a treatment or a brief intervention; it is a lot of support over a long period.

When Deb and Elise spoke on the Monday Elise outlined some of the longer term goal-setting work that she did with a client. The level of support that we offer is really tailored to exactly what the client needs to successfully join, engage and then maintain that engagement so that they can see a transformation in their life and really overcome their social isolation and loneliness in a way that is meaningful to them. It is the meaningful connections that are sustainable and that bring about long-term change.

CHAIR: You spoke about the three parts of your job. The third part was really about networking and understanding the activities and the professionals who work in the community.

Ms Stumer: Yes, absolutely.

CHAIR: Do you want to talk a little bit about that?

Ms Stumer: Yes. From a personal perspective, I do not actually live here. I come from the Ipswich community and I only just started in August, so I am still learning all the wonderful services and agencies. So it is very much a learning curve for me to learn about what is out there in this community, but I think one of the fundamental successes of a link worker is having that good understanding. A large part of my job is keeping on top of a database that was in place before I

started, so every time an email comes across my desk about a new group or a new activity I add it to that, so it is ever growing. I really try and keep on top of having a good lens on what is actually available. The second part of that is continuing to build positive relationships with other services so that there is a reciprocal relationship there so that services can confidently refer in to me as a link worker and then I can also confidently refer clients out, because the last thing that we want to do is refer a client to a group that may in itself be fantastic but may just not be ideal for that person because it can reharm, and the last thing we want to do is contribute to cumulative harm or retraumatisation of isolated people. So it is really important that the link worker has a good working knowledge and builds good, positive relationships.

Mr SKELTON: Are there any experiences of social isolation and loneliness that we have not heard today, and I imagine there would be?

Ms Stumer: Any experiences of social isolation and loneliness that we have not heard about? I have popped in and out a little bit. Can you expand a little bit more on what you mean?

Mr SKELTON: For example, redact the name but give us an outline of a client who is particularly really difficult to get out of social isolation and who requires a lot more resources than others perhaps. Give us an example or a case study, if you like.

Ms Stumer: Yes, sure. I am working with a client at the moment who has severe and complex entrenched mental illness and that mental illness takes the form of OCD and severe panic and anxiety and it is so debilitating that this particular client really cannot engage at all in the community unless they have a support worker with them. This particular person was really courageous and brave because they actually self-referred to Ways to Wellness, so there is that real recognition from this person that they know what it is that they are missing out on. They know that it is going to be good for their mental wellbeing and their physical health to be connected, but there is just this huge barrier. Their anxiety is preventing them from doing that.

One of the questions that we ask in our intake is, 'Are you able to share with me what some of your interests are?' Most people can identify a couple of things most of the time. This fellow was unable to identify even a single activity that he might enjoy, so that I think speaks to the length, the severity and the entrenched nature of this person's isolation. They had completely forgotten what it is that they would even begin to remotely enjoy, so I realised then that going through the typical intake process probably was not going to work, that I would probably have to see and talk to this person in shorter bursts over a number of occasions, and that is in fact what I have been doing with this young fellow. He is in the younger age group too. He is in his early 30s.

The process of helping him discover what it is that he might like to do is an ongoing process. We are at the stage now where we are just beginning to explore options and what might be suitable. He is not even anywhere near ready to even be supported to go and join something, so I guess that sort of speaks to the higher end complexity of mental health and mental illness that is out there in the community. Those people are just as in need than the people with the lesser mental health and/or physical health challenges. So it is an ongoing piece of work that I will be doing with that fellow.

CHAIR: Thank you, Loretta.

Ms Stumer: You are very welcome. Thank you for asking me to share and to speak.

CHAIR: I want to thank each and every one of you sincerely for sharing your stories today. We have come to the end of this session, so this concludes our hearing for this morning. We have other work to do here in Mount Gravatt in the community centre after lunch. On behalf of the committee, I want to thank all of the witnesses and stakeholders who have participated today in the public hearing. I also want to take this opportunity to thank the many submitters who have engaged with this inquiry. We have had several hundred submissions, so we thank each and every one of the submitters who have engaged with us and contributed to the work that both the University of Queensland are doing as well as the Queensland parliament. I thank our Hansard reporters, as always. They are so patient with us. I thank them for the great work that they do.

A transcript of these proceedings will be available on the committee's parliamentary webpage in due course. I am hoping that that will be some time later today, if not early tomorrow. We will see how we go, but hopefully in the not-too-distant future we will have the transcript of today's hearing available on our webpage. Thanks again to each and every one of you. I thank the Mount Gravatt Community Centre, our link workers, our Queensland Community Alliance and the many other people who make the great work that happens here happen. I now declare the public hearing closed. Thank you.

The committee adjourned at 12.26 pm.