



COMMUNITY SUPPORT AND SERVICES COMMITTEE

Members present:

Ms CP McMillan MP—Chair
Mr SA Bennett MP
Mr MC Berkman MP
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

WEDNESDAY, 29 SEPTEMBER 2021

Toowoomba

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The committee met at 10.31 am.

CHAIR: I declare open this public hearing of the Community Support and Services Committee inquiry into social isolation and loneliness in Queensland. I would like to respectfully acknowledge the traditional custodians of the land on which we meet this morning 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 all share. I acknowledge my dear colleague the member for Cook, Cynthia Lui, who is a First Nations Australian and somebody whom we are very proud to have in our parliament. Thank you for your great work, Cynthia.

Thank you for your interest and your attendance here this afternoon. 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, member for Mansfield and chair of the committee. Mr Stephen Bennett, the member for Burnett, is the deputy chair. The other committee members are: Mr Michael Berkman, member for Maiwar; Mr Jon Krause, member for Scenic Rim; and Ms Cynthia Lui, member for Cook. Mr Robert Skelton is the member for Nicklin and he is teleconferencing this morning. Sadly, he is having a little COVID test and isolating until he gets the results. This is the world in which we live.

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. Thank you very much for being here, Deane.

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 by media, and images may also appear on the parliament's website or social media pages. I ask everyone present to turn mobile phones off or to silent mode.

Finally, while the COVID-19 restrictions for South-East Queensland remain in force—and we have come from local council areas where masks are required to be worn—the committee members will be wearing a mask when they are not speaking. When they are speaking, for the purpose of Hansard we will remove our masks. We will also be adhering to limits on the number of people present in the hearing room today. I thank everyone for their understanding. We will also do our best to maintain our 1.5 metre distance from particularly the local people in Toowoomba. The program for today has been published on the committee's webpage and there are hard copies also available from the committee staff. I now welcome both of you.

JUDGE, Ms Louise, Manager, Chinchilla Community Centre

WAHL, Ms Alana, Manager, Laidley Community Centre

CHAIR: Thank you for being here and thank you for giving up your valuable time. Thank you for coming up the mountain this morning. Lovely to see you both. Thank you for appearing before our committee today. I will hand over to you both to make an opening statement. Then I am positive the committee will have some questions for you.

Ms Wahl: Thank you so much for the privilege of allowing us to speak here today on the land of the local traditional owners whose elders I acknowledge. I am attending today as the representative of the group of selfless community members who govern our organisation and the staff and volunteers who put its objectives into practice. I wholeheartedly concur with the points already raised by other neighbourhood centres and the QFCA as part of this inquiry, particularly about how many lonely or socially isolated people attend our community centre and how much our organisation means to them. In some cases they have credited us with saving their lives.

Beyond endorsing those points already made, I do seek to value-add today and thank the committee for ensuring that the perspectives of rural and regional neighbourhood centres are given full consideration. Some issues and experiences of rural neighbourhood centres are different from those of our metropolitan cousins, although there are certainly key themes mirrored in the experiences of both.

The experience of a regional or rural community centre is not vastly different from what I understand of a rural health service. In fact, it has become increasingly recognised that the wellbeing outcomes, preventive health and early intervention services that an adequately resourced neighbourhood centre can deliver for the community should be considered through a health lens and funded accordingly.

To further the analogy between a rural neighbourhood centre and a health service, when an incident occurs in the regions, the lack of place based specialist support results in staff on location doing what is needed to offer interim support until specialists can be engaged. This results in a place based workforce that, through necessity, develops skills across a multitude of areas. These general practitioners of community wellbeing become key to that community. They are the people who know who's who and can get things done. They are well networked and know how to navigate the system and where resources are. They are resilient and can adapt and improvise when things do not go according to plan. By having these people living in our community, we strengthen the fabric of rural society not to mention keeping people employed locally resulting in their wages circulating through our small rural economies, sometimes multiple times.

Importantly, this development of local people means the community's capacity for self-reliance is strengthened, particularly in times of disaster or perhaps even lockdowns when our city cohorts are not available to come to our assistance with support. While there will always be a need for specialist workers to outreach for acute cases, place based workers usually provide more efficient solutions due to the cost savings in travel time and community orientation. They mitigate the real risk that a service will not be well utilised by the community because of the lack of established trust with outsiders. This lack of uptake can sometimes be misidentified as lack of need. That service leaves and then a new one eventually takes its place and the cycle repeats. You can see how it is easy for rural communities to become cynical.

Certainly it may seem easier for the government to manage fewer contracts. However, when you use a centralised funding model and metropolitan workers to outreach to communities, you actually disempower local communities. Additionally, by funding services to be delivered by outreach, you inadvertently reduce the viability of neighbourhood centres at the local level.

To deliver anything beyond basic services, neighbourhood centres need to achieve additional funding. It is often difficult for small grassroots groups to compete with professional grant writers of a large NGO. Additionally, the higher socioeconomic areas benefit from increased availability of professionals willing to volunteer their time and skills to secure grants. In this way the gap between the haves and the have-nots in the welfare space gets wider. Funding should be needs based, driven by data and not politicised.

The final point about place based funding is that it capitalises on the passion that people feel towards their own communities. This passion is the strength of community led organisations such as ours. It is important to stress the benefits of preserving these grassroots institutions and ensure that any measures that might be adopted in the sector recognise the strength of community owned and managed services and spaces and the additional benefits that they can achieve over and above the off-the-shelf programs that an NGO is likely to confine themselves to delivering. However, they need adequate support.

Increased compliance and other demand from funders, volunteer fatigue, difficulty obtaining DGR status and growing costs of technology requirements with no additional resourcing to navigate these things puts small community groups at risk of extinction. Just a small amount of increased funding to a community centre—a drop in the ocean compared to most government funded projects and services—would make a huge difference to a drowning workforce.

I have seen the vast difference in capacity that can be achieved at a community centre through the addition of just one staff member, as we at Laidley Community Centre are lucky enough to have a Community Connect worker as part of the Community Connect Program. This increased capacity has allowed us to dip our toes beyond crisis support and into the territory where the real work of significance is achieved: community development. This has opened pathways that has allowed us to better support disaster recovery, youth training and employment, parent support programs, technology access for vulnerable community members, resources for the homeless and development of other initiatives that encourage social connectivity.

That being said, there is still more we could do with increased resources. There have been many times we have had to push back against some agencies expecting that we could do more but without understanding that we need additional funding in order to do that. While I could continue to speak at length, I realise I have spent my allocated time. I look forward to being able to answer any questions you may have. I will hand over to Louise.

Ms Judge: Thank you for the opportunity to address the inquiry this morning. I begin by acknowledging the traditional owners from where we all come today and paying respects to all those elders past, present and emerging.

I come from Chinchilla, two hours north-west from this town with a population of about 5½ thousand people. It is an agricultural community famous for watermelons. In recent years gas production has become a very significant enterprise in our region and now we are experiencing construction of many solar and wind projects.

I manage the Chinchilla Community Centre. It is a one-stop shop; it is the Centrelink agent; we provide information, activities, a whole range of services and lots of laughter and conversation. We see lots of people who are lonely and who are rather socially isolated and at times we become a substitute family, which is rather tragic.

What contributes to being lonely and isolated in our community? We are no different from any other community, so the issues are the same as everywhere else. However, we have also had prolonged drought, and drought alone is extremely isolating and devastating. There are also changing work and work patterns. If you work on the solar farm, you work for six days a week and you have Sunday off, when everything is shut in small rural communities and there are no social activities to go to, so you stay home alone. You might be a drive-in drive-out worker, so you live in the camp and then you go home to wherever you came from. You actually do not participate in any of those communities because you are not reliable. One in four—‘Gee, you’re not going to be good on a team.’ You cannot be depended upon to be a part of anything, so you choose not to be and you become increasingly socially isolated. Unfortunately, we have high incidents of suicide in those lifestyles.

Rural communities experience poor internet connections and often no telephone signal for miles. You may need to drive 20 minutes down the road to receive a text message. In an environment where online is viewed as being the answer to staying connected, to participating in health services and education, doing your Centrelink, doing your banking and even doing your groceries in the COVID era, it is not satisfactory to not have access to that technology.

The tyranny of distance is significant in rural areas. Public transport rarely exists and far too many people have unreliable vehicles and drive without the correct licence. Complex vulnerabilities and being different to others in the community in any way contributes significantly to social isolation, and that is about community attitudes. Shame is a significant contributor to loneliness and isolation, particularly amongst our Aboriginal and Torres Strait Islander communities. Whether it is real or perceived is irrelevant. Interestingly, whether or not you are a local also fits in there because it is a generational barrier. Again, it is a perceived barrier, but it is real and it is experienced.

All loneliness and social isolation comes at a huge cost to individuals, communities and government, and this is readily seen in very poor health outcomes and mental health outcomes in rural communities. The single most important thing to do to mitigate this is to create a sense of belonging and connection for all community members. In the long term, investment to address things like connectivity is going to be crucial to ensure that rural communities continue to participate fully in society and are able to address social isolation, loneliness and all of the other issues that result from this.

As an immediate response, many rural communities have community centres. They are small, they are local, they are trusted; everyone knows you. We are able to be responsive. If something happens today, we can respond by the end of the day. We do not have to wait for people to be put in place from somewhere else. We are place based. We know our place. I do not pretend to know Laidley and Alana would not pretend to know Chinchilla, but we know our place and we are able to respond to what is going on, and many of us are one-stop shops.

We are Centrelink agents, all the visiting services come, we do a whole range of things and then we do a whole heap of things we never thought we were going to do. We are doing Pfizer vaccinations in a fortnight. Who thought that was our place, but it is because we are serving our community and that is what they need and that is what we are doing? We already cater for so many aspects of our communities and addressing social isolation. We already have so many people trusting us to walk through very difficult and painful parts of their lives with them and with improved resourcing and support to ensure that we can be the best that we can be we can serve our communities even better.

CHAIR: Well done to both of you, Louise and Alana. It has been really insightful to hear a little bit about your communities and the role that community centres play.

Mr BENNETT: Please accept my apologies for being late; it was Jon's fault. Alana—and, Louise, jump in at any time—I was particularly interested in some of your comments and insightfulness you brought to the debate. There were a couple of things that I found really interesting. I think you talked about the disempowerment with the funding models being centralised, and obviously I get that and ask you to talk to that if you would. You also talked about politicisation. I would have thought that the issues around our communities would be very bipartisan, particularly the community health centres. Would you be able to maybe expand for the committee's benefit about that? I was just very interested when you raised it, that was all.

Ms Wahl: I suppose there are a couple of things to mention. At the grassroots level at times after the change in government you can tend to see a trend in their strategy of service delivery, so that long-term security would be really useful to us but we cannot rely on that. I suppose I am trying to be diplomatic when I am speaking and make sure that I do not say anything that can be taken as a criticism, but there will be some governments that come in and you can see that there is an increased investment in social support services and then at other times when that government model changes there might be less investment in that area. I think for us it makes it difficult to do things over the long term because you are so reliant on those grants, so when there is not that security it makes it difficult for long-term planning of the organisation.

Mr BENNETT: Is that more about the grants not being recurrent but having to be contestable? Under any government that would be the case I guess. Is that fair to say? Do you have to put in for grants regularly to be funded?

Ms Wahl: Yes. Our base funding is not sufficient that we could operate just on our base funding alone.

Mr BENNETT: Yes, okay.

Ms Wahl: There is a constant battle to patchwork together a whole heap of other grants in order to be able to deliver the services that we deliver, and that is very time consuming. It takes most of my work and then other people will deliver our programs and services. It would be a completely game-changing situation to have our basic needs fully met through our base funding. That would allow the community development side of thing grants to be of benefit rather than a necessity.

Ms Judge: And some of that is a little bit historical at times. As government priorities change, sometimes we throw the baby out with the bathwater and it is really hard to get the baby back. We do. We always get the baby back eventually. I have been around a long time and I have seen it come and go, but, yes, sometimes the action is so swift and leaves us without enough. It is the unintended consequences always that are the challenge, yes.

Ms Wahl: For example, because I am interested in a place based and quite a large project in our community because there is a lot of buy-in for the development of a multipurpose hub in our area, I am looking at the considerations of governments of various levels in relation to place based services. All of the websites say, 'We support place based communities.' They are saying all the right things, but yet then we are sometimes seeing programs come out where they have given the funding to a large non-government organisation, an NGO, and that organisation is then to employ the people and have them sit out at our community centres. That is that centralised model I am talking about where we then lose our sustainability because we have lost the associated administration and management fees that are associated with that, but also I believe that then there is not as effective delivery on the ground because you have not got that person living in the area and understanding the area.

Ms Judge: And we waste an awful lot of time. The government pays for an awful lot of miles to be driven, and I think it is probably worse from Toowoomba west. Services are funded but they sit in Toowoomba, so they spend two hours driving to Chinchilla, they do a couple of hours work and they spend two hours driving back. That is not service delivery; that is driving, and it is very unfortunate because it means that what the government is receiving is 50 per cent of what it is purchasing.

Mr BENNETT: I guess that is service delivery and I think I got my answer from Alana about the politicisation. Just as a quick follow-up, is the base funding model consistent across similar sized community centres? In the last budget I think personally for one centre where I live it was about \$114,000. Does that figure ring a bell?

Ms Judge: That is approximately right.

Mr BENNETT: Yes, okay, so it is a consistent figure that they—

Ms Judge: Some of the larger ones are funded different, but, yes, it is pretty much a rule of thumb across the state.

Ms Wahl: To my comment of politicisation, I believe that some of the larger ones that got additional amounts of funding several years ago was due to the advocacy of some of the members in their area getting that increased funding, but as a general rule for nearly all of the 125 funded organisations just that \$125,000 to \$134,000 is about the ballpark.

Ms LUI: Louise, you mentioned some of the challenges relating to rural living. Distance was one of them, as was poor connectivity. I was just wondering how your organisation manages those challenges in addressing social isolation and loneliness with your clients.

Ms Judge: COVID gave us some really interesting learning curves. We made some assumptions at the beginning when we were told to close down, go home and find different ways of working that people would just be able to come with us. We see you come in and use the Centrelink computers. We know you can do this. No, they cannot. We knew connectivity was poor. We had not realised how poor. It was not a huge consideration prior to COVID, but a lot of people do prepaid, so they have \$10 or \$5 a month and that is it. That is their phone, that is their internet. If you are doing something that is a Zoom, that is gone really quickly and you just cannot keep participating and it adds another barrier, because they know there is something there that they could do if they could afford it.

For some of it we have not really found an effective way around. Really, there is no substitute for face to face, particularly if what we are trying to do is make people feel like they belong and give them ownership of the community. They need to have relationships and they need to build the relationships before we can try to do things differently remotely. So, no, we have not been effective at finding a way around that.

Ms Wahl: That is concerning because, as I was saying before, more and more a possible solution that is being looked at is for services to be delivered digitally to communities to overcome that rural issue, but it does not work for the reasons Louise raises. That draws back to some of the issues around the funding. The base funding does not even cover enough for me to cover the wi-fi bill or to have computers for public access. That is stuff we manage to do through other grants and finding other ways to make resources stretch, so an increase to the base funding would allow some of us to much better support that. I absolutely agree that that needs to be people coming to us and supported to come to us so that we can help them access that telecommunications and technology.

In my community, which is very small and a different sized area to Louise's, a very small need to overcome our massive transport area in our community is as simple as a 12-seater mini-van that can be driven on a standard driver's licence. However, so many grants that we try to apply for specifically exempt vehicles and what might only be a \$40,000 purchase and is a drop in the ocean is actually a major hurdle for us to fundraise on our own as a small not-for-profit charity in a community. Consideration could be given in any future funding to an increased subsidy for rural and regional areas to allow them to do small things like purchase a minibus that could help people get to our support services and that could help us pick up donations of rescued food and material goods.

Currently my volunteers use their own cars to do that and that is very nice of them, but I mean when you have parents groups that you want to run and they want to go on an excursion to the local library but they cannot do that because not all of the parents have a car or you want to run a youth group and take those rural kids in to see the Gallery of Modern Art in Brisbane. I can probably get funding for that to occur, but I cannot get funding for the bus and there are no local buses that I can access for that. A mini-van for my community centre would make a massive impact in our community, so that is just one small thing. It would not address of course the major issue that transport provides, but it might take a little bit of weight off some of those other community groups in how they can get their clients to access their services.

Ms Judge: And further west it would not make much difference, because we are talking people who are driving an hour just to get to town. There are no bus services. You either get a lift or you hitchhike or you stay home. If you were going to resource a bus, you would have to resource the labour and the labour would be better off delivering face-to-face services than driving around picking people up and dropping them home again unfortunately.

Mr BERKMAN: It is fascinating hearing the differences between both the service you offer and the needs of smaller community centres. I got the sense from others that we have spoken to in the more the metropolitan centres that the first, second, third and fourth things they would like funding for is more staff time, but it sounds as though there is a bit more of a mix in terms of the needs of your centres for improved facilities and the structure around the service. Is that a fair observation?

Ms Judge: That is fair.

Ms Wahl: It still comes back to staffing resources for us because we are the ones—

Ms Judge: With the staffing—you will be able to find the other stuff by hook or by crook eventually.

Ms Wahl: Yes, and because we are addressing crisis support needs, I would prefer, as a community centre, not to be addressing crisis support needs, but when someone comes into your centre because there is nowhere else that they can go to and they are in tears in your office, having just fled domestic violence and not sure where they are going to sleep with the kids that night, there is no option to say, 'Oh, there is a domestic violence service up the road that might be better able to help you.' It is me that is then supporting them as the manager. Luckily I have the Community Connect worker, but the point is we have to do that crisis support; we are a charity and we are compassionate people. That does take precedence.

One of the other submissions talked about Maslow's hierarchy of needs—I think it was Palm Beach—and they are absolutely spot-on. People cannot be doing social activity; they are not interested in sewing groups because they are actually trying to figure out where they are going to sleep tonight. We do some crisis support where there might be other services better placed in the metropolitan area to deliver that. Where we would like to get to is if we could have the staff to meet the crisis support needs, we could actually do some of the other stuff that I read about that metropolitan centres are really good at which are the social groups and cooking classes, community gardens and craft that we would like to do and we do when we get the time and capacity, but we can only do that after our basic needs are met. Are you different, Louise?

Ms Judge: The other thing we regularly find we are doing is filling gaps. The domestic violence service for us is based in Toowoomba. We access them by telephone, but they are very busy and we may not be able to get them when we need them, so we fill that gap. There may not be a mental health worker at the hospital when someone is in crisis and needs to be walked through whatever they need to be walked through; we fill that gap. Housing, homelessness—it does not really matter what the issue is, we are gap-fillers because someone has to do it and they are our people and we are there.

Ms Wahl: What she said.

CHAIR: Sadly our time has come to conclusion. The committee certainly appreciates the time you have given this morning. There are some really important issues that you have raised for our rural colleagues and certainly for our people visiting the areas that you represent. Thank you sincerely and we certainly hope that our paths cross again; I am sure they will.

BLACK, Ms Jennifer, Chief Executive Officer, Queensland Alliance for Mental Health

GRIFFITHS, Ms Emma, Director Advocacy and Communications, Queensland Alliance for Mental Health

KELLY, Ms Leanne, Project and Policy Officer, Queensland Alliance for Mental Health

CHAIR: Our committee would now like to welcome representatives from the Queensland Alliance for Mental Health. Good morning and thank you for appearing before the committee today. I invite you to make a brief statement after which committee members, I am sure, will have questions for you.

Ms Black: I start by acknowledging the traditional owners of the land on which we meet today and pay my respects to elders past, present and emerging. I thank the committee for spending some time with us today. I thought it might be useful to start by talking a little bit about the Queensland Alliance for Mental Health. We are the peak body for the community mental health sector. Our members are community, not-for-profit, grassroots organisations that are providing support to people in the community.

I work in this sector by choice. I am an occupational therapist by training and I have worked in clinical mental health services. My previous role was the Deputy Commissioner at the Mental Health Complaints Commission for Victoria and I choose to work in the community sector because it has a real agility to work with people in the community to support their wellbeing.

To provide a little information about our members, we have over 100 members who, like I said, are community organisations. They provide support in the community for people experiencing mental health challenges. They focus on the elements of the person's life but enhance their wellbeing. That is the broader social determinants which no doubt you have talked about throughout the hearing—housing, work, education, social relationships, community and economic participation. They are not so focused on treating illness per se, but actually supporting people to engage in the best lives they can within their communities.

Our members really understand that social isolation and loneliness can be a significant factor contributing to the development of mental illness, as well as the consequence of mental ill-health. Helping people reconnect with community and their social relationships to address social isolation and loneliness is at the heart of the work that they do. Essentially, they are an untapped resource who specialise in local community connections. I will talk a little bit about why they are an untapped resource in a minute.

I am sure you have heard lots of submissions on the prevalence of loneliness. One in four people experience loneliness. What I want to focus on is that it is a complex societal issue, not just a health issue. A lot of our services are funded through Health, but Health has a limited pool of resources that focus on the very unwell. Yes, we have a role to play in that space, but if we are really thinking about early intervention, and early intervention in episode of mental illness, we need to be thinking that at a community level, at a social level, before people get really distressed.

The pandemic for us has really highlighted the impact of loneliness and social isolation on the mental health of the nation. It is the most reported stressor of the pandemic, according to the ABS. In some ways there is an opportunity here because it has normalised people's distress throughout the pandemic in that it is kind of okay to get some help to stay well. I think that is a really important opportunity to tap into. As an organisation and a peak body, we took advantage of the pandemic and the issues we were hearing about the mental health service system through the Productivity Commission report and a range of other reports that we have heard about over the past couple of decades, and we produced this *Wellbeing First* report, of which we will leave you some copies. It talks about thinking about the wellbeing of the community, and I think social isolation and loneliness is so integral to that; to think about the wellbeing of the community as not just a health issue. In fact, health might not be the right place to deal with this. It is a whole of government; it needs to be imbedded in everything that we do.

Our document sets out a vision for a wellbeing approach in the population and the role that our particular sector can play in that. These are organisations that deal in this space. I said they were untapped and they are untapped partly because they work in health and they have a great role to play in health, but often you need a medical intervention in order to get access to those services. However, not all distress needs a medical intervention, and I think this is what we are talking about here today. Generally our services are not that open to the public to just walk in and get some help, but they have the skills to handle that, if we could actually think about it in a much broader sense.

The Productivity Commission acknowledged that there are hundreds of thousands of Australians that could do with more support but who are not sick enough for the hospital system and are probably too sick for a GP to be able to manage that on a daily basis. This is the kind of space that we are talking about.

I know that you are coming out to meet with us and one of our members, Momentum Mental Health, this afternoon. One of the things that we intend to do as a follow-on from our *Wellbeing First* report is to work with communities who are interested to start to think about what does a blueprint for this look like. Part of our time today here in Toowoomba is to meet with our member, Momentum, and we are starting to have broader conversations with the community, with local councils, with hospital and health services and with other community members that deal with the business community here in Toowoomba to think about how we can all come together and collectively think about what would Toowoomba look like as a wellbeing city, if you like, and what we would need to have in place and how we would need to work together to achieve that. It is great that you are coming to visit to see what they do, but we have a much broader plan to think that through. That might be all I will say to start with.

CHAIR: Thank you. Committee, the witness seeks leave to table a document titled *Wellbeing First*. Is leave granted? Leave is granted. We appreciate, Jennifer, the copies you have provided, thank you very much. I was given one in my office recently and it was very informative. The committee will proceed with some questions.

Mr BENNETT: Thank you for the opening statement. I have not read *Wellbeing First*. It will be nice to talk to the more remote service providers about that the role you see for clubs, sport and other activities in this space. We have not really touched on it yet as a committee, I do not think, and I note some issues in the submission about QSport and maybe some of the issues that—

Ms Black: We have developed a partnership with QSport. One of the things we think is fundamental to wellbeing is to be able to connect people into communities. We have started a partnership with QSport who are the peak body for the leagues, if you like, whose members then all have local sporting clubs. It is our intent to create partnerships with some of our community organisations with sporting clubs to try to ease the way for people with mental health issues to participate in normal community activities.

Mr BENNETT: I was at a function a little while ago with Clubs Queensland. There are some issues around gambling and alcohol, but in my understanding they also play a really strong role in communities in terms of particularly isolation. People sometimes gravitate towards them. Have you had any experience with how they are being positively engaged or they are working to help in this sector?

Ms Black: In relation to gambling?

Mr BENNETT: No, isolation is the inquiry. People sometimes gravitate to those sorts of things, and Clubs Queensland has identified that as a real issue.

Ms Black: I guess they are part of life—

Mr BENNETT:—and community.

Ms Black:—and community. It is about looking after your community. The point about making it much more public and thinking about our collective mental wellbeing throughout the pandemic is part of what we need to do, which is to look out for each other. If you are a club owner, you have some responsibility to help people and get some help—

Mr BENNETT: Have there been specific programs identified that they are working on? Are you aware of anything?

Ms Black: I am not specifically aware.

Mr BENNETT: It might be some work we have to do.

Mr SKELTON: I will pose one question. You have tabled a document and obviously I cannot see it and it is very hard to hear, so I apologise in advance if you have already answered this. Can you explain to the committee which demographics of people are most socially isolated and are there any particularly vulnerable demographics?

Ms Black: I think there probably are some very vulnerable demographics. A consequence of mental illness can be loneliness and isolation. It is probably well documented that older people are one demographic, and particularly throughout the pandemic we have seen a lot of stories about older people. What we have noticed has been particularly challenging has been the impact of isolation on young people and young people's mental health. We have some of the data in our report. Up to 70 per Toowoomba

cent of some of the young people surveyed in some of the data we have looked at are saying that their mental health has been worse since the pandemic. They have put it down to a lack of their usual connection with family and friends. I think it is really worrying if our young people are starting off that way. That is why we need to normalise some help-seeking behaviour and connect people into things. There are hundreds of services and community groups out there. It is about harnessing those to best effect and making them much more accessible to people who might otherwise be challenged to get there or to seek some help.

CHAIR: Thank you, Rob, and we do apologise that it is difficult for you to hear.

Mr SKELTON: That was a really good answer because obviously the elderly have been identified, but I was very alarmed to hear that there is a younger demographic at risk. As stated, obviously there have been school interruptions and they have been unable to play sport or interact in the community, but they are a demographic that I do not think has come up yet in our hearing. That is really good to know. Thank you.

CHAIR: Of course with universities closing and students having to learn online it can be quite isolating as well.

Mr BERKMAN: I do not know exactly what my question is. I found it really interesting to hear your suggestion that perhaps the extension work that is being done in the mental health sector needs to be viewed and perhaps funded outside of standard health streams, yet we heard previously from the Laidley Community Centre that the kind of community engagement work they do should properly be viewed through a health lens and funded accordingly. I am curious as to your reflections on that. Is it simply the case we have a gap in our perception of and approach to funding community connection and relating that to health?

Ms Black: I think it is often about resources. The state government funds the clinical mental health service centre. It really is the sickest people that we have. The federal government funds all of the GP and MBS sorts of psychology. The Productivity Commission identified an enormous gap of people who were perhaps too sick to tap into the primary care but not sick enough to warrant medical treatment, and not everyone wants that kind of pathway. People want to deal with their issues in a normalised sort of way and I think that is where the community sector comes into it. All of us in the community are looking for other pots of money; we will try to get that from wherever we can. There is something about joining it up because you cannot deal with people's wellbeing unless you have housing, education, employment—all of those things joined up together. Putting things in particular streams makes them siloed in the community as well. We somehow have to come together to think about—we already have players in all of these spaces—how do we bring them together to create something better?

Ms Griffiths: One of the issues for our sector being in health is that the way they are funded means that the way people have to access them is through a referral. It limits them. They are limited by their resources anyway, but they could do a lot more and help a lot more people who are in that missing middle than they currently can.

Ms Black: If they could open the door basically.

Ms Griffiths: Yes, if they could open the door. In fact, Momentum Mental Health—

Ms Black:—have done that.

Ms Griffiths:—is moving towards that. They have said even if it costs them, they will find the money somehow; they have an open door policy for people in Toowoomba. That is interesting that you have someone in the community sector saying they want to be in health and someone in the health sector saying they want to be in community. Perhaps it speaks to the fact that it really has to be a whole-of-government approach, which is seen in other constituencies, perhaps internationally, where they are looking at population-wide wellbeing and the mental wealth of a city, a state, a nation.

Mr BERKMAN: I should say I apologise if I have verbed Alana in any way in posing the question. You mentioned before about how we encourage and support help-seeking behaviours. I guess it is related to the same thing. People are going to approach whoever is available to provide support when they are willing and able to do that. It is a matter of finding ways to provide them with the supports and the help they need. That is my non-question.

Ms Black: In a mental health sense, you go to either your GP or potentially the emergency department to get some help. It would be good to have open community centres where people could go and be upscaled to something if they really need some mental health care, but they would have access to someone to talk to, some online supports—a network that is actually okay to go to and is not seen as a clinic in the community. That really normalises it for people.

Mr KRAUSE: This might seem like a really silly question. Perhaps I should know the answer to it, but I would like your comments anyway because we are inquiring into isolation and loneliness across the state. Do mental health problems for people lead to isolation, or does isolation lead to mental health problems or a bit of both?

Ms Black: Both, absolutely.

Mr KRAUSE: I would be interested in hearing any of the thoughts you have around that. A lot of the submissions and the people we are hearing from throughout the inquiry are people who have those kinds of issues or organisations that work with them. Is there anything you could add in that space?

Ms Black: I think that is right. Often particularly people with serious mental health illness through the nature of their illness might have cut ties with their social connections or withdrawn. Loneliness and isolation perpetuates that and makes it even harder for them to reconnect into their communities, which is where our services try to help them. I think what we are seeing in the pandemic, particularly with young people, is this enforced isolation and loneliness has really had an impact on their mental health, on rates of anxiety and depression. There are some stats in our report about that.

Mr KRAUSE: I believe it is probably quite pervasive at the moment. Following on from that, is there any comment you could give about the impact of cost and uncertainty about the health risks around the pandemic, the risk of lockdown and isolation—everyone is always on edge about when we next are going to be shut away—and the impacts on people's livelihoods as a result of that?

Ms Black: I think they are all contributing factors. Things like employment have a direct implication for mental health. I cannot tell you the stats off the top of my head. We have some in our report. Absolutely. I think that is part of the whole process. As someone who has family in Victoria, I think not being able to connect with your family and friends in the way you normally would has an impact on all of us. That is actually one of the most important protective factors in looking after your wellbeing and your mental health: getting that support from the people who are your family and friends and who you trust. I think it is significant. I do not know if they have teased out the stats on how much is work, but I think that is what we are seeing. In the studies that have been done on people's estimations of how their mental health is going, we are seeing dramatic increases—dramatic increases to mental health call lines, something like 40 per cent is what is outlined in our report. That is huge.

Ms Griffiths: Record levels.

Ms Black: They are record levels of people reaching out for help, but there are limited places to go that take you into a clinical realm, whereas I think it is really important to actually start to normalise these conversations. It is okay to look after your mental health. It is okay to look after your wellbeing. In fact, it is actually vital for us as a community.

Ms Kelly: In response to your question, we recently did a project speaking with our members and the wider mental health ecosystem about how they adapted their services to deal with COVID-19. Through that project—and it is linked in the submission as well—we heard a lot of people were fearful of going back into lockdowns, but as the time went along they had plans in place. They knew if we came across a snap lockdown the people accessing those services knew what that meant. They knew they could still have a virtual phone call, some of which they described as a lifesaver because it had that connection still for that person to just chat with someone. It is certainly a big concern for many people. Community mental health services were incredibly resilient and flexible and they adapted to the situation—and so were the people accessing those services. I think it really shows how important that social connection was and still is during the pandemic.

Ms Black: It is getting slightly off the topic, but I think digital literacy is really important. What we know about digital literacy is that there are certain cohorts that really are not easily able to get on to a digital platform. I think that adds to the social isolation and loneliness within the pandemic because that is how we have done stuff. We have instantly gone digital, but there are whole cohorts of vulnerable people, older people in particular, who are a bit mistrustful of being online, cybersecurity and that sort of thing. I think that is a big consideration in terms of loneliness. Yes, we might be able to go to digital platforms and yes, we might think that is an answer to rural and remote areas to go digital, but we cannot do that without thinking about the digital literacy of our communities so they can actually do that easily.

CHAIR: Thank you, ladies. The time has passed quickly and, sadly, we have come to the end of our session. Thank you for your time today. We certainly look forward to hopefully seeing you this afternoon at Momentum. We look forward to that visit and seeing some of the great work that I have read about in *Wellbeing first*. We look forward to seeing you this afternoon. Thanks for your time this morning.

Mr KRAUSE: It is nice to put a face to a voice.

CHAIR: I now call our next witnesses.

BUCKINGHAM, Ms Kelly, Regional Manager—South-West Region, Multicultural Australia

HOVE, Ms Mavice, Community Engagement Worker, Queensland Program of Assistance to Survivors of Torture and Trauma

MILJEVIC, Ms Tanja, ParentsNext Adviser, Multicultural Australia

CHAIR: Good morning. Thank you for appearing before the committee today. I invite you to make a brief opening statement. Then I am sure committee members will have some questions for you.

Ms Buckingham: Thank you, Chair, for inviting us to provide information for the inquiry into social isolation and loneliness in Queensland. I acknowledge the Giabal and the Jarowair people of the Wakka Wakka nation and pay respects to elders past, present and emerging.

I am the regional manager here at Multicultural Australia. We have been settling humanitarian entrants in the Humanitarian Settlement Services program and then the Humanitarian Settlement Program since 2010. Toowoomba is known for its long history of successfully settling diverse migrant communities and for its welcoming character. Toowoomba is one of the first refugee welcome zones in Australia and is a model city of peace, showcasing how a peaceful community can be nurtured and encouraged.

In the past five years we have welcomed over 2,800 humanitarian entrants to Toowoomba through our programs. Thirty-five per cent of these arrived during the 2019-20 financial year, surpassing Brisbane's humanitarian settlement arrival numbers. Notwithstanding the many positive settlement stories and the abundance of community goodwill, it is unfortunate that refugees we are settling have elevated risks of experiencing loneliness and isolation, often the result of a lack of belonging, discrimination, settlement factors and cultural and language barriers. In the past five years I have worked with Multicultural Australia in Toowoomba to create a sense of belonging in the clients we support.

As humans, we have an instinctual need to belong. A sense of belonging is crucial to our life satisfaction, happiness, mental and physical wellbeing and even our longevity. The sense of belonging is deeply intermeshed in reducing loneliness. The Toowoomba community has been active in welcoming refugees and supporting refugees to feel belonging in our community. Toowoomba's success story for regional settlement is largely due to the willingness of the community, education, government, businesses, social enterprises and not-for-profit community members who work together to create a welcoming, safe and inclusive community.

In addition, many faith and community groups around Toowoomba are providing additional services including English language classes, craft groups, play groups and interest-specific groups, which all help in creating that sense of belonging and inclusion. Unfortunately, COVID-19 has significantly reduced these welcome activities. As an example, we are no longer able to do our welcome morning tea with Queensland police and Queensland Fire and Emergency Services.

Multifaith and community groups have temporarily stopped significant cultural get-togethers and events. For example, the commemoration of the genocide that normally brings people together to remember, commemorate and grieve has been postponed and then cancelled as a result of the lockdowns. Our newest Yazidi community has been forced to grieve alone for two consecutive years. The Yazidi culture, historically an insular culture, has endured 74 recorded genocides against its people for thousands of years as a result of misconstrued beliefs about their religion. Loneliness and isolation are particularly problematic during this time as people are unable to travel to visit family and engage in community activities, not to mention that lack of digital literacy prohibits multimedia connections.

The impact of loneliness and isolation on mental and physical health cannot be understated. Research glaringly reports that people with higher levels of loneliness are found to have significantly poorer mental and physical health than less lonely people. These experiences of physical and mental health may cause an individual to withdraw from social interactions, making it more difficult for them to overcome loneliness. A statewide strategy on social isolation and loneliness is an important entry into the consideration of the social resilience, economic security and social cohesion of our Queensland community.

CHAIR: Thank you very much, Kelly. You raised some really important points in your summary and some points that are incredibly relevant to our migrant and refugee communities all over Queensland—not just here. Mavice, do you want to provide an opening statement?

Ms Hove: I am from QPASTT. Most of our clients will have come from Multicultural Australia to us. We look at mental health. I am the community engagement officer. I will speak here just to give the voice of the community—what I am hearing from the community about what causes loneliness amongst them and some of the things that they think would be good to be addressed or addressed in a certain way. The community's voice is not what I am thinking. They say to us that they are really happy that they have managed to be resettled in Toowoomba. They are happy with the support that they are getting, but they are still experiencing loneliness. They are saying that there are so many underlying approaches that are taken for granted that the government is using to look at loneliness amongst people from a refugee background. Unfortunately, because these assumptions are the ones used to inform policies, that is why they end up remaining feeling unsettled, feeling like they still have loneliness even though they are in a safe place.

They see some of the interventions they are given as addressing the surface and not really the underlying issues. It is their history, their past experiences, which make them feel lonely even when they are in a crowd. One lady said that she feels lonely in a crowd. She referred to the assumption that connecting with their community is the best thing for them to reduce isolation. Sometimes it does not work like that. For example, she is a single mother so she is ostracised from the community because they think, because she is single, she will start having affairs with married men. That makes her so isolated and not wanting to have anything to do with her own community. She would rather meet with people from other communities but, because of the language barrier, she cannot meet with those people.

I mention the TAFE system. They all say that they want to learn English, to be able to mix and participate in the economy, but she cannot do that because she is unwell and cannot go to TAFE, but sometimes she has to go to TAFE because that is linked to her Centrelink benefits. She just goes and sits there but gets nothing out of it. She is scared. She has never been to a school, but now she has to sit there for so many hours. That is why she said, 'I become lonely in a crowd.' She feels like it is retraumatising her, because she has never been in a classroom and she has to sit there for the whole day just because she wants Centrelink. She even talked about shaping the letters, because her letters are different; she does not have the ABCs. I observed her just holding a pen. She would be literally shaking and sweating and just showing the stress that she has because of that. She suggested that there could be other ways of learning English, maybe just conversational English, rather than having to sit in a classroom.

They also highlighted that they have barriers with transport as single women. I am talking about single women because I have groups with them here on Fridays. They say, 'We cannot drive, we don't have cars and the transport network in Toowoomba is not good.' If they miss a bus they have to wait an hour for the next bus to come, yet their appointment is within that hour. It is very difficult for them. Overall, they are very happy to be in Toowoomba but just need those few things to be addressed so they are really able to fully function in a society like Toowoomba.

Mr BENNETT: Good morning. They are very interesting insights that the committee has not heard or is not aware of, so thank you for that and for the work you are doing. I have a particular interest in how you can engage more with sporting clubs and other clubs. I picked up on your point, Kelly, about faith based English lessons. Are they not RTOs in their own right that might solve some of these issues of connectivity with the rigid system that Mavice has pointed out to us through TAFE?

Ms Buckingham: We have a lot of clients who do go to TAFE. Skilling Queenslanders for Work has been a great connection for a lot of our clients as well. We have HumeRidge, which has homework clubs and some other clubs, but a lot of things were put on hold as a result of COVID. We have clients who were refugees who were flown into Australia, went straight into isolation for 14 days and then had the subsequent isolation as a result of that. If we look at the Yazidi community, they are settled in five locations throughout Australia: Toowoomba, Wagga Wagga, Coffs Harbour, Armidale and Mount Gambier. As I said, it is a very insular community. Normally they go down to Armidale and Coffs Harbour, but they have not been able to connect that way. Certainly there is a need for conversational English to connect these people with like-minded people so they are not lonely and isolated. A lot of that has been put on hold as a result of COVID.

Mr BENNETT: Post COVID, are there some solutions? Skilling for Queenslanders for Work is done by not-for-profits, isn't it? You mentioned faith based. Are they not RTOs in their own right?

Ms Buckingham: Not the faith based organisations. I know that some of the faith based organisations do offer Skilling Queenslanders for Work programs. We encourage our clients to enrol in those courses if they meet literacy and numeracy requirements.

CHAIR: I am interested that TAFE does not appear to provide ESL support. Having spent a long time in the education sector, my understanding is that TAFEs have that ESL support for all students. What support is available through the TAFE system here? Is that something the government needs to follow up on if it is not available?

Ms Miljevic: There is AMEP, the Adult Migrant English Program, and the SEE program, which is available to anyone who wants to improve their skills for education and employment; that is what it stands for. Clients get referred to that, but this community is quite specific. Normally husbands are the ones who go to TAFE. The wives stay at home and look after children, so they lose that English language. They end up being here for a few years and have not actually learned any English. Husbands go to TAFE those four days a week and get connected to opportunities at TAFE—potentially further study if they are really good enough—but it is women in this group who are really socially isolated because they stay at home with their children.

Ms Buckingham: Traditionally it was 510 hours. The fantastic thing is that that is not capped anymore, so people can do their required hours.

Ms Hove: The other thing is that women have this barrier where they have to look after the family, so the times are not really good for them. Even though that support is available, they just cannot access it because of other barriers that they have. Some of them are not yet even ready to be in a big crowd because of their past trauma. That is also something that needs to be taken into consideration.

Mr BERKMAN: Thank you all for being with us this morning. You mentioned in your opening statement a pretty substantial list of factors that migrant communities or multicultural communities face in addition to all those drivers of loneliness and isolation which included obviously language barriers and discrimination. Most of those are issues where government services can work with the communities to try and address the issues, but obviously discrimination is not one where your work in the communities is going to help. What do you see as being the most productive ways for governments to address discrimination as one of those drivers?

Ms Miljevic: Community education is really important, to actually work with the communities and community representatives, who would be compensated for the time they spend to address that issue. It is about having appropriate interventions, listening to the voices of migrant communities when they say what are the issues they face and having it as a proper strategy. I think that would assist with that problem. Is there time for me to make my statement? I prepared something as well.

CHAIR: Sure. The committee is happy with that. My apologies.

Ms Miljevic: I thought I would go after Kelly, so I was just waiting my turn. Thank you for your time today. I work for Multicultural Australia in Toowoomba in the Darling Downs region, which has become increasingly more multicultural, with 10 per cent of people in the region being born overseas. I am a former refugee from the nineties, a migrant to this country seven years ago and a new Australian from six months ago.

CHAIR: Congratulations.

Ms Miljevic: Thank you. I am passionate, as are all of my colleagues, to create a welcoming and inclusive community for us all. As you know, our submission seeks to highlight issues affecting people from culturally and linguistically diverse backgrounds. We are encouraged by your interest in hearing these voices. We deliver a variety of programs in this region. We are proud of how we deliver these programs and we are proud of the outcomes. Through our work and the delicate nature of it, we are able to get to know our clients really well and see firsthand the struggles they are going through.

The majority of our clients, as Kelly mentioned, have gone through unthinkable trauma and have had to leave their country and settle in a new one. This is not an easy task. From my own lived experience, I know how hard that is. It takes a toll on your mental health. Despite all of the support you receive from service providers, you can still experience social isolation and loneliness. A new country means trying to learn a new system—from Centrelink to the job market to the housing market. It means adjusting to the Australian accent and slang. It means learning English in general.

During COVID lockdowns our clients had to homeschool their children and receive support services online. This was extremely hard for them, and they often felt lonely and isolated. I specifically work with women from CALD communities. Almost every single woman I have spoken to has reported that they do not have good basic skills. This includes language, literacy, numeracy and digital skills as well. They also report that they do not have Australian friends and they often stay at home. Clients have also reported that it is hard to compete in the Australian job market due to the language barrier,

and employers unfortunately often say that it is too hard to recruit someone who comes from a multicultural background. We know this is not true. Our clients, if given the chance, would be the best possible workers. As we all know, work gives people purpose and can break the cycle of loneliness and social isolation.

All of these issues I have mentioned which contribute to loneliness and social isolation are magnified when you live in regional Queensland. We have tried to address these issues as best as we can, but I guess here and now we could really use your help. We would like to encourage you to consider including CALD communities when designing activities or interventions addressing these issues. We need investment in community hubs and centres and in events that bring people together at the local level to form social and intercultural connections. We want a digital inclusion strategy. This is really important. Not only will this increase our clients' ability to participate in online social activities; it will help them to interact with government services as well. Truly welcoming and inclusive communities should start with all of us, including our government.

Ms LUI: We have heard about some of the challenges that your members face. I was interested to hear of some of the practical things you do with your clientele.

Ms Buckingham: One of the things we have done is with the Queensland Police Service. We have a lot of people who arrive from a traumatised background and they are quite fearful of anyone in uniform, because the people in uniform in their homeland were the ones to be feared. We have worked with the police to do welcome morning teas. At those welcome morning teas they can get together, meet some of their local police officers and see people in uniform. Queensland Fire and Emergency Services heard what we were doing and wanted to be involved as well, which was fantastic. We had to then alternate: one month we would meet with the police and the other we would meet with QFES. It provides an opportunity for them to come together to know who is in their community but also to create that welcome and inclusion for them. I think that is really important. One Syrian man reported on the day that he felt safer, for himself and his family, now that he had met some of our local police.

We also have regular morning teas with the community. There have been long lunches at the park. We are really trying to organise for Australian-born people to come and meet with some of the refugee community so that they can start interacting. There have been some really positive stories.

Ms Miljevic: In the program that I work in, ParentsNext, we assist women to get their driver's licence. Transport is a big issue, especially if you live in regional Queensland. We have been trying to do that—paying for their driving lessons and helping them to get their driver's licence. This is really important, because then they can go to those groups and actually connect with other people. I have also started running digital literacy classes. All of the women I work with do not have government services on their phones and it is hard for them to report to Centrelink. We started doing that for our Swahili-speaking women, but it would be great if there was a proper digital inclusion strategy and community centres could get funding to run that. We could then refer them and not do it ourselves, because it takes from the work we do in our designated programs. We refer to any group that we can think of. Last Friday one of my clients said, 'I just want to be referred anywhere I can meet someone new. I want to speak to Australian women.' I was trying to think where I could refer her. I basically referred her to anywhere that I could so she could get that support. That is what we do, at least in our program.

Ms Buckingham: One of the other things is connecting youth through sport. There was a soccer tournament at the weekend. It is really important that we use sport as that catalyst.

Ms Hove: We also do group work. We normally do community engagement. I go to the community, find out what is happening and do a needs assessment. One very successful group that we ran had some women from mixed African communities who were interested in sewing. We got volunteers from mainstream coming to help them with that project. That has been very successful. QPASTT started running it. Then they became independent and continued running the group during the weekends. When women learned to sew, they were very happy that they could make dresses for their own children. Now I understand they actually want to open a shop where they will be starting to sell. This is participating in the economy in a very nice way. That was very successful. We started it, but we allowed them to use their skills which may not be recognised in the mainstream. I was really happy that they were able to do this. Where they are taking this project is really exciting for me.

Mr BERKMAN: There has been some focus already on the challenges for regional communities and how that interfaces with multicultural communities. Is there any more you can add in terms of particular challenges for multicultural and CALD communities in more remote areas? Is it just the case that it exaggerates all of those existing challenges compared to a more metropolitan setting?

Ms Buckingham: It is certainly the connection to others. One of the fantastic stories of placing Yazidis in Toowoomba is that we had so many referred but we had so many more come because that is where their community is. We have found in some of the smaller, more remote communities that if there have not been others from the same background or with similar stories they tend to move to areas where there are others.

Ms Miljevic: The more regional you go the sadder it gets, unfortunately. I was just talking to these ladies about Warwick. That is an interesting town. We provide ParentsNext services there and apparently Warwick does not even have a community centre. There has been talk about Warwick becoming a secondary settlement zone. You would put people there, but what kind of services would they receive? In Dalby and Chinchilla there is a mobile Centrelink bus that comes once a week. These people do not speak English. They need all the help they can get to actually report to Centrelink if they want to apply for different payments et cetera. There are not enough services or they are not properly funded in those regional areas, unfortunately.

Ms Buckingham: One of the refugees we had did his hours at TAFE and went on and started working. When I met with him he said he loved working. He has gone on to buy a house now, which is fantastic. One of the reasons he said he liked working so much was not because of the pay cheque at the end of every fortnight. He did enjoy that part, but what he loved about it was the fact he met new people and he was not sitting at home. He was meeting Australians and a whole lot of different people and he had made friends. I think that is really important. When there are so many barriers for these refugees to find employment, for him I think it was really important. I have always remembered that.

Mr KRAUSE: What type of barriers are you talking about? Legal ones or skills based?

Ms Buckingham: Transport, skills based and language. Language is the biggest barrier for a lot of the clients.

Ms Miljevic: There is skills recognition as well, especially if they had completed a trade in their country. A good example is hairdressers and barbers, especially if they are from our culture. They have amazing hair; they know how to cut it. In order to carry out that occupation in Australia there is a big process. How do you navigate all of that? Who can assist you with that? They would come to us. We have to look it up as well; we do not know everything so we have to research. It is a big process. There are good news stories there; we do have some great hairdressers and barbers in Toowoomba if you ever need one.

Mr KRAUSE: Other than hairdressers and barbers, have you come across very highly skilled people who cannot work in their field?

Ms Buckingham: I had a doctor come in and ask me to help him apply for a job at Kmart. It is really difficult. He is very skilled. He has been working very hard to have his qualifications recognised. It is a long process and it is an incredibly expensive process as well.

Mr KRAUSE: Is the language barrier on top of that?

Ms Buckingham: Yes.

Ms Hove: I think the main one is actually the language barrier. We have very skilled people. I have one now who is actually a vet but he is working at Vanguard laundries right now. You can see all those skills but they are just not being utilised. Talking about Vanguard, it is a very good news story because it is employing mainly people from a refugee background. They have told us that they rarely miss their shifts. They are very happy to have them. Also their clients are saying they are practising more English there than they have done even at TAFE. What they want is conversational English; it is not so much about writing.

Mr SKELTON: This is probably a bit of a question and a statement. I am listening, and obviously English being a second language is a massive barrier. Here in Nambour obviously TAFE has a role. What we try to do here is mentor people with the same background who have lived in the country for a little bit. There is a good reason for that. I speak Strine very strongly. Australian English is very different to technical English, as it were. Fortunately, my partner has worked for 12 years in aged care and the elderly speak similar to me. I suppose this question is for Mavice. Is that good planning? If you can connect somebody already in the community who understands English, particularly from an Australian perspective, with someone who also speaks that language—I know in a classroom setting you could possibly be talking to people who speak different languages. Does that seem to be a good idea? Do you think that is the way forward: partnering people with other people who have been here and have already learned, because there are so many nuances to the language?

Ms Hove: Thank you for the question and the comment. I think that would be a very good practice if that can be funded. Even when I work with them I have to use an interpreter. That means this is someone who can speak their language. Sometimes when we are talking to them there are other cultural nuances that will not come out in just the words. However, when you have someone from the community, they are able to pick that up and explain it in a better way. I believe that having people in the community mentoring others would be ideal. If someone can speak the language and they have the technical English, for example—let's say they are a doctor—they can have the technical language which we may not have in the English words, but they know it.

For example, when we talk about counselling, our clients do not really have a word for counselling. They always say they think it is like a psychiatrist. However, when you have someone from the community, when I say 'counselling' they will not say 'psychiatrist'; they will explain the word rather than say the word. That would be the difference. That is how it could be helpful for the community.

CHAIR: Tanja or Kelly, do you have something to contribute in addition to Mavice's thoughts?

Ms Miljevic: I agree that it needs to be funded. We often rely on members from the community who have been here longer. They have adjusted; they are doing well. We often rely on them to do the work for us. I feel like they should be compensated for their time and potentially work within the community centre, however that has to be organised.

Ms Hove: That is why I was talking about funding and why Tanja was talking about funding. When someone is from the community, firstly, they need to be trained about confidentiality and those kinds of things. They also will be exposed to people's issues, so they might suffer vicarious trauma. Then that will affect them. I have an example of a lady who has been very helpful in the community supporting people as they were coming, but now she has just hit rock bottom. She is so affected. She now has dementia. She has so many issues that she is facing herself, yet she has been helping the community, but there is not much done to support her. There needs to be some funding. It is a very good practice, but there needs to be enough funding to not only look after them at work but also look after their mental health.

Mr SKELTON: Thank you for making those points about not only understanding the language but also understanding the systems in place in this country. It is a very valid point when you are talking to new Australians on what things are available and helping them with that. I know from my community centre perspective—and you probably have that there—driver's licences are a massive issue in the migrant community. In some countries they do not have them. It is about overcoming that as well as the language barrier. Thank you very much.

CHAIR: Thank you, Rob. We very much appreciate your contribution. Sadly, we have come to the completion of our session. Thank you immensely for your time this morning and for the learnings that you have shared with us. I know that our committee has been listening intently to some of the struggles and some of the barriers that are very real for you here and for your community. Thank you immensely. The committee is now going to take a break.

Mr KRAUSE: Before we break, I would like to put it on the record that I asked the member for Lockyer about Alana Wahl from Laidley Community Centre and his response was, 'She is a legend, mate. Say g'day.'

CHAIR: That is so nice.

Mr KRAUSE: I would just like to have that on the record.

CHAIR: That is lovely. Thank you, member for Scenic Rim. Thank you very much again for your time this morning and thank you to Hansard. We also appreciate the time of your colleagues who appeared earlier today. Thank you very much. I declare the public hearing closed.

The committee adjourned at 12.11 pm.