



COMMUNITY SUPPORT AND SERVICES COMMITTEE

Members present:

Ms JR Howard MP—Acting Chair

Mr MC Berkman MP

Mr JM Krause MP

Ms CL Lui MP

Mr RCJ Skelton MP

Staff present:

Mr K Holden—Committee Secretary

Ms C Furlong—Assistant Committee Secretary

PUBLIC BRIEFING—INQUIRY INTO SOCIAL ISOLATION AND LONELINESS IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

MONDAY, 30 AUGUST 2021

Brisbane

MONDAY, 30 AUGUST 2021

The committee met at 9.59 am.

ACTING CHAIR: Good morning. I declare open this public briefing for the Community Support and Services Committee's inquiry into social isolation and loneliness in Queensland. I would like to respectfully acknowledge the traditional custodians of the land on which we meet today and pay our respects to elders past and present. 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 all share.

On 27 May 2021 the Legislative Assembly agreed to a motion that the Community Support and Services Committee inquire into and report on social isolation and loneliness in Queensland, with a reporting date of 6 December 2021. My name is Jennifer Howard. I am the member for Ipswich and I am substituting for Corrine McMillan, the member for Mansfield and chair of the committee. Mr Stephen Bennett, the member for Burnett, is the deputy chair but he is unwell and he could not be with us today. The other committee members are Mr Michael Berkman, the member for Maiwar; Mr Jon Krause, the member for Scenic Rim; Ms Cynthia Lui, the member for Cook; and Mr Robert Skelton, the member for Nicklin.

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 broadcast live on the parliament's website. Media may be present and will be subject to the chair's direction at all times. The media rules endorsed by the committee are available from 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.

Only the committee and invited officers may participate in the proceedings. As parliamentary proceedings, under the standing orders any person may be excluded from the hearing at the discretion of the chair or by order of the committee. The purpose of today is to assist the committee with its inquiry into social isolation and loneliness in Queensland. I remind committee members that officers are here to provide factual or technical information. Any question seeking an opinion about policy should be directed to the minister or left to debate on the floor of the House. I ask that any responses to questions taken on notice today are provided to the committee by 10 am on Monday, 6 September 2021.

The program for today has been published on the committee's webpage and there are hard copies available from committee staff. In line with COVID-safe guidelines issued by the Chief Health Officer, I remind everyone to maintain social distancing. Face masks are to be worn at all times and removed only to speak during the proceedings. I welcome representatives from the Department of Communities, Housing and Digital Economy.

MESSER, Dr Stacey, Acting Director, Community Needs Analysis and Investment, Department of Communities, Housing and Digital Economy

VIOLET, Ms Irene, Acting Assistant Director-General, Community Services, Department of Communities, Housing and Digital Economy

ACTING CHAIR: I invite you to make an opening statement, after which committee members will have some questions for you.

Ms Violet: Good morning. Thank you for the opportunity to come and speak with you today. I would also like to pay 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 am joined by Dr Stacey Messer, acting director for our community needs analysis and investment team within our division.

The Department of Communities, Housing and Digital Economy's vision is to have thriving communities where all Queenslanders can have a safe and stable place to live and enjoy high levels of social and economic wellbeing, supported by a strong digital economy and a vibrant arts sector. Our understanding of social isolation and loneliness is that they are distinct experiences. People can

be isolated and alone but not feel lonely. Conversely, people can be surrounded by others and apparently be well connected but feel quite lonely. However, people, of course, can experience both. We know that those most vulnerable and disadvantaged in our communities are more likely to experience social isolation and loneliness. There is growing research and evidence to suggest that the COVID-19 pandemic has further impacted our ability to connect with others and that this can have a significant impact on our health and wellbeing.

Social isolation and loneliness requires a range of responses, and I would like to take this opportunity to briefly highlight a few of the department's key contributions in this area. Within Community Services we invest in initiatives and programs that deliver community connection directly and indirectly to mitigate and address the drivers and impacts of social isolation and loneliness. One of the key components of this is our network of neighbourhood and community centres that we have across the state. They provide the critical social infrastructure to communities across Queensland and often provide a first point of contact for people, a soft entry to the system, a place where people can feel safe and able to connect with other community members, groups and services. These centres and the people who work within them are place based experts for the community that they serve.

Housing and Homelessness Services invests in a range of housing and homelessness programs, guided by the Housing Strategy and the housing action plans. They aim to support vulnerable and disadvantaged people and households in our community and to build cohesive communities. Some of the services are designed, of course, to maintain tenancies and make sure that we have specific services to assist some of the most vulnerable people in our community. Access to secure, safe, appropriate and affordable housing is a fundamental right of all Queenslanders and plays a key role in preventing social isolation and loneliness.

Digital economy includes digital inclusion, which is fundamental, and more so during COVID-19, to ensure that all members of our community are able to access information and services to be able to work online and stay connected. The pandemic has highlighted some of the inequities with respect to limited connectivity, affordability of devices or data, the lack of digital skills and, in some cases, low levels of interest in engaging in this primary channel for accessing services.

The investment of our Arts Queensland colleagues is guided by the Creative Together 10-year road map for arts, culture and creativity in Queensland. It has a key area of focus for driving social change. The first action plan focuses on sustaining the sector and strengthening wellbeing, social cohesion and creativity in Queensland through cultural and creative engagement. Arts, culture and creativity are powerful catalysts offering new and different ways of responding to social challenges faced in Queensland, from individual health and wellbeing to community recovery. It fosters social cohesion, community belonging and trust and helps reduce social isolation by connecting people, particularly our First Nations Queenslanders. Thank you very much for the opportunity to provide this opening statement. We are more than happy to take any questions from the committee.

ACTING CHAIR: Thank you very much. That was terrific. I have a fast-growing electorate in Ipswich and I am interested in how neighbourhood community centres can work to help connect people.

Ms Violet: We have 127 neighbourhood and community centres across the state. Each one of those neighbourhood and community centres operates usually with a particular board. They tend to operate as individual centres but, of course, through the work that we do with them, and particularly the work that we are doing at the moment with neighbourhood and community centres, we are looking at a way that we can better use the network of neighbourhood and community centres so that we can assist in the services that people need from them. They operate in a variety of ways at the moment, but they are fundamentally a place for people, as I said, to have soft entry to connect with the system. It will depend on the services that are offered in each of those centres in terms of what their community needs in terms of what makes up the services of a neighbourhood and community centre.

ACTING CHAIR: Do you know how those needs are identified in these community centres? Is it through engagement with the community over a process? I am interested to know how they work.

Ms Violet: There will be things that the community generates themselves and identifies as a need and therefore the neighbourhood and community centres will reach out for that. Conversely, through the department we have some specific programs where we think there may be a specific need in a community as well and we tap into some economic data to help us guide that investment. For example, at the moment we are looking at a couple of programs for financial resilience workers to connect in across that network and also Care Army connect workers. In terms of where those workers are placed, we look at the evidence and the needs within those communities.

ACTING CHAIR: That is terrific.

Mr KRAUSE: Good morning. Thank you for attending. I have a couple of questions. I will start off with a housing one. It relates to scenarios that I have seen play out a number of times in the area that I represent relating in particular to older people but also sometimes older people with mobility impairments and the situation that arises where, if they are in public housing, to get appropriate housing they have to actually move away from the area they have lived in for a very long time which, as a result, leads to isolation and loneliness. I wanted to ask: how does the department, in terms of your area and particularly related to this inquiry, deal with the department of housing and the housing sector to work out ways to accommodate people so that that does not occur and how do you interact? Is it an issue that you are aware of and what is the plan for dealing with that, because I think it is something that is certainly going to get worse as we proceed into the future?

Ms Violet: My area is more in the community space, but I can speak a little bit to the work that we are doing with housing, but if there is more detailed information that you are after I can get that to you. In terms of housing services, the approach is a person centred approach. For any of our social housing tenants that perhaps need to relocate for either health issues or that they are used to living in a larger property and are looking to downsize—

Mr KRAUSE: That is a common scenario.

Ms Violet: Yes. We have had some excellent examples where we have been able to make sure that any of the relocation that is happening within that—we have the wraparound services to make sure that we have those social connections and that we are bringing together like tenants and residents into more of a community approach. We have purpose built housing, if you like, where we have folks that are all in similar circumstances connecting and sort of rebuilding a community and then we are able to work with our providers to make sure we have the wraparound services for the social connection and inclusion activities that occur within those locations.

Mr KRAUSE: I know this is not a housing inquiry, but I think some of it comes down to capital investment and inappropriate stock too. On another issue, I would like to know some more about how problem gambling is looked at by your team and, in particular, how it may lead to isolation from family and community and how the Queensland government actually supports that issue or works on that issue.

Ms Violet: Our colleagues in the Department of Justice and Attorney-General have the programmatic lead in terms of responding to gambling and our department works with Justice and Attorney-General to help deliver some of the programs for gambling help. It is something that we have seen I think anecdotally, particularly through the COVID response, and is an issue that is continuing to emerge. We have 17 locations plus a 24/7 helpline that is available for those with gambling problems to contact. We provide services to support individuals and families that are adversely affected by problem gambling. The services aim to reduce the impact and severity of that gambling through strengthening resilience and self-reliance, so through a financial resilience frame for them. It is a delivery model that we have with financial resilience workers and financial counsellors to help through that program.

ACTING CHAIR: Do you have a breakdown of what areas of gambling are the biggest problem? Do you have a breakdown in terms of what people are gambling on and what the biggest problem is?

Ms Violet: I probably do not have that with me. I am not sure whether we collect that data, but we could certainly find that out for you, if we have it.

Mr BERKMAN: I am interested in the work that is going on, particularly through the LGBTI Roundtable. In some ways, this may be similar to the previous issue raised by the member for Scenic Rim. I understand that a lot of the issues that will come out in terms of addressing discrimination faced by the queer community will be dealt with by Justice and Attorney-General. Certainly some of the most recent legislative changes have. I am curious to know how it is that that round table is directly addressing the discrimination faced by the queer community and the flow-on effects in terms of loneliness and isolation.

Ms Violet: The round table, as you would know, has been established. We are currently reviewing the terms of reference for that round table and what the form of that will be to help us going forward to fully understand the issues within that community, particularly with respect to social isolation and loneliness, and then what is the best structure to take those issues forward. I think we have been able to have a really good first iteration of that engagement with the round table. What we are currently in the midst of is reviewing that and working towards the next iteration of that and how we ensure we have the right representation from different associations and representative organisations to be able to work with government to take the most relevant issues forward.

Mr BERKMAN: Is the plan for this future iteration of the round table to involve all of the relevant departments? We obviously see it coming up in workplaces and in schools. There are so many different areas of responsibility where for the queer community we just do not have the policies and processes in place to address discrimination that is ongoing. How holistic will this be?

Ms Violet: The round table did have some representation from other departments as well. Certainly a key feature of the feedback from non-government stakeholders is that there needs to be representation from different departments so that for any issues that emerge there is a path forward for their resolution.

Ms LUI: I am interested to know more about the stage 2 social cohesion action plan. Can you tell the committee more about the stage 2 social cohesion action plan focusing on young people between 12 and 25 years? Can you explain to the committee how this will help young people affected by social isolation and loneliness?

Ms Violet: I might ask my colleague, Dr Stacey Messer, to respond to that.

Dr Messer: In terms of the role the department plays, we see social cohesion as a key preventive measure for social isolation and loneliness. The department is the lead agency for the whole-of-government social cohesion portfolio. Since 2019 the department has worked with a community committee—the Queensland Social Cohesion Implementation Committee—to develop and implement a second social cohesion action plan. Cohesive communities or communities where people feel a strong sense of connection and belonging are less likely to feel lonely, and research tells us that.

In this second action plan there are 33 funded projects supporting implementation. They aim to preserve and strengthen social cohesion by encouraging participation and engagement amongst diverse groups and build understanding and connection with communities. Whilst the projects are diverse, they are focused on bringing people of all ages, backgrounds and abilities together. This second action plan has focused more on young people and a range of projects in relation to youth.

I can give you some examples of some projects, if you are interested in knowing about that. For example, the Nambour Community Centre has been creating a social connection hub for women to meet and participate in weekly social, creative and educational activities. Through these formal activities, women who were disengaged and came alone have made new friendships, grown in confidence and now regularly attend other centre programs. There is a statewide peer leadership program using basketball to engage young people from First Nations and multicultural backgrounds. There is also a social enterprise in Cloncurry that is expanding their recycling hub to create jobs and skill development for vulnerable young people.

Over the past nine months social cohesion projects have delivered over a thousand activities with over 9,000 participants, many from cohorts vulnerable to social isolation and loneliness. Some 47 per cent of those have been young people and 22 participants were from culturally and linguistically diverse backgrounds. A lot of those projects—75 per cent of them—have reported using volunteers to support project delivery.

Ms LUI: In my electorate we have regional communities where there are neighbourhood centres and whatnot. The further north you go, the more remote it is. I am wondering whether the action plan captures remote communities. How is that being delivered in community?

Dr Messer: I do not have a breakdown of where all of those projects are located, but we could get that advice for you and determine the proportion in remote communities, if you were interested.

Mr KRAUSE: This question goes to the level of awareness that your team has about social isolation issues in rural communities within South-East Queensland itself, like the one I represent. Sometimes we have people stranded on their farms or in their homes with little access to transport, medical appointments or things like that. That can really lead to feelings of being left out there with nowhere to go. Are you aware of it? If so, how can your team assist with those issues? Do you talk to the department of transport? Do you talk to Health?

Ms Violet: In terms of the extent of issues in different areas, there is some information that we are able to access through the Australian Bureau of Statistics in terms of analysis. There is the Queensland social survey that is conducted on a regular basis through the Queensland government. I might get Stacey to talk specifically about that survey.

Dr Messer: Since 2017 the Queensland government has undertaken an annual Queensland social survey. Originally it was focused on indicators relating to social cohesion and also Queenslanders' perceptions of domestic and family violence. In response to this parliamentary inquiry we were able to pivot the focus of the social cohesion portion of the survey to capture data in relation to social isolation and loneliness. It will provide a baseline dataset. We will also be able to use existing

Australian data on social experiences and volunteering through the ABS and the general social survey to be able to augment those findings. We anticipate the report on the 2021 survey findings to be available in early September this year.

ACTING CHAIR: The time for this session has expired. There was one question on notice from the member of Cook. If you could get an answer to us by 10 am on Monday, 6 September that would be great. Thank you so much for your assistance today and for coming along.

ALLAN, Professor John, Executive Director, Mental Health Alcohol and Other Drugs Branch, Queensland Health

HARMER, Mr David, Senior Director, Social Policy and Legislation Branch, Queensland Health

ACTING CHAIR: I now welcome representatives from Queensland Health. Thank you very much for coming today. In line with the COVID-safe guidelines issued by the Chief Health Officer, I remind everyone to maintain social distancing. Face masks are to be worn at all times and removed only to speak during the proceedings. I invite you to make an opening statement, after which committee members will have some questions for you.

Prof. Allan: Good morning and thank you for the opportunity to appear on behalf of Queensland Health at the public briefing today. Understanding the impact of social isolation and loneliness for communities across Queensland is an important issue. We know that social isolation can be harmful to a person's overall wellbeing and associated with poorer health outcomes in both physical and mental health.

What does social isolation look like and feel like for different people in communities in Queensland? Queensland Health supports the development of a statewide strategy, noting it will be important to understand the problem clearly first and how it affects Queenslanders from all backgrounds, ages, genders and cultures.

The definitions of social isolation and loneliness differ across the literature. Generally, social isolation would be described as having minimal contact with others and loneliness is a subjective state of negative feelings associated with having less social contact than desired. It is likely everyone experiences social isolation and loneliness differently. Therefore, this will require a response from communities, government and non-government organisations that can be tailored to meet the needs of the individuals and local communities.

The COVID-19 pandemic and measures put in place to protect the health of Queenslanders have brought the issue to light in more recent times, highlighting the importance of engagement and connectedness with our friends, families and communities in being a protective factor for overall mental health and wellbeing. However, it is important to note that for many people loneliness is a chronic problem which has significant effects in their life. We know that Queenslanders and government and non-government organisations have come together to support our most vulnerable, with a recent example of this being standing up the Care Army at the beginning of the COVID-19 pandemic. Almost 28,500 Queenslanders registered to volunteer to provide a range of services for vulnerable Queenslanders.

We know that social isolation and loneliness is a problem recognised internationally. In October 2018 the UK government published *A connected society: a strategy for tackling loneliness—laying the foundations for change*. This strategy has three overarching goals: a commitment to improving the evidence base to better understand the causes of loneliness, its impact and what works to tackle it; to embed loneliness as a consideration across government policy, recognising the wide range of factors that can exacerbate feelings of loneliness and support people's social wellbeing and resilience; and, finally, to build a national conversation on loneliness to raise awareness of its impacts and to help tackle the stigma.

This strategy emphasises the need for a socially connected society and subsequently specified objectives and programs for government departments in relation to: supporting the development of community organisations through infrastructure projects to develop under-utilised community spaces and community-led housing projects; social prescribing so that GPs can link their patients with services; creating a transport network that supports people's social connectedness by connecting them with their community; maximising the power of digital technology with targeted approaches for the elderly and disabled; targeting vulnerable population groups; and arts, libraries and volunteering opportunities.

All healthcare providers, particularly general practitioners and primary healthcare providers, have an important role in identifying people who might be socially isolated or at risk of loneliness. Queensland Health has tailored services and programs to support people across the life course to maintain social connectedness and wellbeing, from antenatal care through to older persons' health. Queensland Health has an important role to play in providing specialist mental health, alcohol and other drug services, which includes funding non-government organisations to support people experiencing social isolation and loneliness as a result of severe mental health or addiction challenges. These agencies provide psychosocial supports which help connect people to society, promote recovery and complement the clinical services.

Nearly all clinical interactions in health can have an element of connection and personalisation, which are particularly important to people with chronic health problems. Not all Queenslanders will be a patient of one of our health services, however. We do not want to wait for someone to present to an emergency department before the problem is identified. This is why it will be important for meaningful engagement and partnerships to address social isolation and loneliness in our communities from across the government and non-government sectors to ensure the problem is, firstly, well understood and then solutions developed that are targeted and impactful. Thank you for this opportunity today and we look forward to working with the committee to be part of the whole of community and government approach.

ACTING CHAIR: Thank you, Professor Allan. I am interested in how social isolation and loneliness are contributing to the prevalence of domestic violence in our community and what Queensland Health might be doing about that.

Prof. Allan: It is an issue that has been raised as one of the things triggered by COVID—the notion that people would be longer at home, particularly if you are in a relationship that you are not happy with or children are problematic, that rise in tensions. I think we have to remember that before COVID this was a problem as well, so we need to make sure we focus on that.

From Queensland Health's point of view, there are a number of things that occur to us. One is awareness, so that all of our staff are actually aware so when a person comes and presents we are aware of not just the physical things. It might be that a person presents in the emergency department—as you know, there is a stigma about revealing domestic violence—so the opportunity to actually ask. We have domestic violence awareness training, so people think of and ask those questions and do that. The other thing is that, in particular in the area where I work, mental health, we would consider it to be poor form if you did not ask about domestic violence routinely and then have the capacity to make a referral. We also look at vulnerable children. The whole issue of domestic and family violence and the vulnerability of the children is tied up together.

Mr KRAUSE: Is Queensland Health specifically tracking issues regarding isolation and mental health issues during times of lockdown and more broadly during this pandemic?

Prof. Allan: I think we said in our submission that Queensland Health does not specifically measure loneliness as an indicator. We do have significant data on people's mental health and presentations. I receive a weekly report about new presentations, community contacts, admissions to hospital and presentations to emergency departments, whether those are around suicide, drug and alcohol issues and so on, so I receive—

Mr KRAUSE: Self-harm?

Prof. Allan: Yes, self-harm. We track that data very closely. We also track that through the ambulance and so on. We also compare our data with New South Wales and Victoria, so we see the various effects of particular times of lockdown and the changes that occur in those patterns. In general, it is probably worth noting that in the last five years there has been a steady increase in mental health presentations anyway, so that is really important to note, of between eight and 10 per cent. Last year there was about a 10 to 12 per cent increase in emergency department presentations. This year it is five per cent more than the year before, which was 10 or 12 per cent more than in 2019. There are significant increases in that time. I am happy to talk more about that if you have other questions about it.

Mr KRAUSE: I do not want to hog the committee's time. There may be another member who has a question.

Mr SKELTON: Can you briefly explain the mental health co-responder model and how this assists people impacted by social isolation and loneliness?

Prof. Allan: What we know is that people who are socially isolated, lonely and so on are more likely to have issues with anxiety and depression, so in a crisis situation they are more likely to make contact through triple 0 and seek assistance. The traditional response to a triple 0 call might be—

Mr SKELTON: Paramedics.

Prof. Allan: Paramedics. They might send an ambulance or police. There is a triage system that I am sure you are aware of, depending on the type of problem. We have a couple of systems that are in place. One is that we have mental health workers who work in the police callout centre, so they work in liaison with police and are able to supply information about the type of calls that come through triple 0 to help police make an appropriate response. Similarly, there are mental health workers who work in the ambulance callout centres. That helps triage the calls and work out the type of response we need to have.

There has been throughout Queensland probably for about the last 15 to 20 years small pockets where we have done the co-responder model, which is where the callout would actually be done by a mental health professional with the ambulance person or police officer, depending upon where they have originated from.

Mr SKELTON: They go together.

Prof. Allan: They go together. The idea is to solve the problem at that place, to stop the person having to be brought to hospital or taken away by police and so on. We have now started to expand that throughout Queensland, rather than just the small pockets we used to have, as part of the response to COVID and so on but before that as well. About 60 to 70 per cent of people who would have been transported to hospital by ambulance, for example, are able to then have their issues resolved, and they stay at home or go off to a friend or have some other community resolution of their problem. We think that is an important part, obviously, in terms of ambulance ramping and the time it takes to get ambulances turned around and so on.

Mr BERKMAN: I appreciate you being here this morning. I want to go back to some of the issues raised around COVID-19—the impacts of the pandemic on isolation and loneliness but mental health more broadly. In the last term, when we had the inquiry specifically into the health response to COVID-19, the Mental Health Commissioner was very clear that everyone across the board effectively was having their mental health impacted by the global pandemic. Is it the case that—if I understood the figures you gave before—that impact is effectively worsening over time, the longer it goes on?

Prof. Allan: I think both things are happening. It has been worsening over time, particularly for younger people. One thing to note is that presentations for young people have been increasing for a number of years. COVID seems to have brought out more self-harm and more eating disorders. It is a bit hard to explain why, but that is a phenomenon that has been experienced throughout the world and around Australia. Fortunately, we are able to meet that demand and understand we need to do more for that. I think COVID has exacerbated it. I think everybody is worried about COVID, and everybody has a right to be worried and should be worried about what the future holds in terms of COVID. You think about that. I always think that it is not such an issue to worry about it: it is when that turns into a morbid anxiety or something that you cannot shake off.

In times of stress, everybody has a risk of developing more serious mental health problems. I would also point out that, in terms of the people who developed problems during COVID, a lot of the people who had pre-existing problems have had those exacerbated. People with existing mental health problems have had an exacerbation of that because they were already lonely and already had problems before, and that has exacerbated that. There has been a small group of people who have trickled over into that next phase of being a bit more than worried: they have become anxious and depressed and so on. I suppose those are the people who may not have thought they had a mental health problem in the past.

Then there are some people where the situation becomes quite extreme for them, where there have been very long periods of lockdown or where they have had losses in the family and so on. Fortunately, we have not had as many losses in families as we might have, but certainly there have been quite a lot. People have had very significant changes in their lives without the resources to back them up. We have had some significant problems. We do not have really good data about the surveys in lockdown at the moment. We are starting to get published data about the lockdowns from last year. When the first long Victorian lockdown occurred there were community surveys. We are starting to see that data about a rise in mental health problems in that group of people, and I assume we will see that from this year's lockdowns as well.

Mr BERKMAN: The breadth of your answer demonstrates that this inquiry cannot possibly scratch the surface on the extent of the impact the pandemic is having on people's mental health. You would be aware that the committee made an interim report in September last year and we have not heard anything more in terms of inquiry output since then. Would it be of value, do you think, to have some sort of inquiry to look specifically at those impacts over the last year?

Prof. Allan: I will have to let other people decide whether there should be an inquiry or not. I do not think that is for me to say. I think it is probably important to note two things. One is that the impact of mental health problems and people's stress and so on may not come out for a number of years. What we know from traumatic events is that things like post-traumatic stress disorder often appear years and years later—I am sure you are aware of that—in situations like the bushfires, war veterans and so on. It would not be surprising, of course, for what has happened this time to have effects like that on people, so there will be effects continuing over years.

Also, I think that the situation is changing for us. As it goes along, we are better at the medical treatment. There are probably different community opinions about lockdown, different social forces that are occurring, so it would be worth understanding that. In Queensland we have been incredibly fortunate in that we have a very cohesive society in general. People have understood the need to do that. It depends upon the messaging as well in relation to mental health. We have to see the lockdown as an opportunity to be heroic and save other people's lives rather than an imposition on ourselves and see social distancing as not social isolation but as physical distancing and social connection. It is all those messages. Obviously, maintaining that over a long period of time is stressful and does lead to fatigue. I think people are noting fatigue. There will be more to see. There will be more to come.

Mr KRAUSE: I would agree with that, Professor Allan. I have a brief comment. What I am picking up is that the impact of the pandemic is not so much financial in a lot of respects in some parts of the world at the moment but there is anxiety about when it is all going to end and what it might look like. That goes to your last point, so thank you for raising that.

Ms LUI: Can you outline for the committee the ways in which Queensland Health is supporting Aboriginal and Torres Strait Islander people impacted by social isolation and loneliness?

Prof. Allan: Indeed, that is a really important question. There are a couple of things that are worthwhile to note. One is that from work done on the swine flu, SARS and so on, it is recognised that Aboriginal and Torres Strait Islander people are physically vulnerable, so ensuring that we deal with the nature of the physical health impacts that COVID-19 might have on First Nations people has been really important. In doing so, we have also had to recognise what effect that might have on social isolation.

We have been working with the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships around the discrete communities that went into biological bubbles. We have been particularly working with them about drug and alcohol issues and mental health issues to support those communities. We put in extra resources. We worked on a telehealth model to support people. We took community consultations where we could and we worked with partners to assist in that. It has been an interesting result, because many communities have been very happy about the bubble and feel it has added to their safety rather than the incredible stresses they have had. We need to do that.

In urban communities we have been working with local community control organisations around ensuring not just the vaccination rollout but also talking about mental health supports and so on. We have put in place an economic support and recovery package. We have supported NGOs to support people in the community to look at the isolated and vulnerable from the very start. We have looked at the community supports that we need and the economic recovery around hotel quarantine, but also around what would happen to people who have those extra presentations, so we have really taken that into account. Our Aboriginal and Torres Strait Islander branch has been working very closely with us about health outcomes and talking health equity and making sure that we do not lose sight of what our real goals are with COVID. Hopefully, we have been successful in that. Of course, as I say, it is stressful for everybody.

ACTING CHAIR: The time allocated for this session has expired. Thank you so much for your contribution.

BRISCOE, Mr Wayne, Executive Director, Multicultural Affairs, Strategy, Department of Children, Youth Justice and Multicultural Affairs

CONNORS, Ms Kate, Deputy Director-General, Strategy, Department of Children, Youth Justice and Multicultural Affairs

MISSEN, Ms Helen, Acting Executive Director, Strategic Policy and Legislation, Strategy, Department of Children, Youth Justice and Multicultural Affairs

ACTING CHAIR: I now welcome representatives from the Department of Children, Youth Justice and Multicultural Affairs. Thank you for appearing today. In line with the COVID-safe guidelines, we have to socially distance and we also have to wear masks at all times when we are not speaking. Would you like to make an opening statement?

Ms Connors: I am the deputy director-general of strategy for the Department of Children, Youth Justice and Multicultural Affairs. Thank you for the opportunity to appear before the committee alongside our Queensland government colleagues from other agencies. I have with me Wayne Briscoe, the executive director of multicultural affairs, and Helen Missen, the executive director of policy and legislation. I would like to begin today by acknowledging the traditional custodians of the land on which we are meeting—the Turrbal and the Jagera people—and paying my respects to elders past, present and emerging. We provided a written brief to the committee and we are happy to elaborate on any of the material contained in that brief or my statement today to support the committee and secretariat in any way we can in relation to your work in this inquiry.

We recognise the significant risk of social isolation and loneliness for Queensland children, young people, families and the communities that we provide services to every day and the critical role of all levels of government and the non-government sector to address the causes and levers of social isolation and loneliness. We want to highlight some particular examples today for the committee.

For Aboriginal and Torres Strait Islander peoples and communities, the separation and isolation of children, families and communities was and remains a traumatic experience that correlates with an increased likelihood of adverse health, cultural and socio-economic outcomes, including social isolation and loneliness when people are not connected to kin, community and culture. Children and young people who are leaving statutory care or transitioning out of the youth justice system face significant risks of loneliness, isolation and a variety of poor outcomes, particularly those who have experienced very traumatic family experiences or have limited support networks and connections to their communities and culture.

We would also like to highlight that vulnerable people from culturally and linguistically diverse backgrounds in Queensland—including the elderly, those who experience mental illness, refugees and people seeking asylum—may also experience social isolation and loneliness. Those experiences can be compounded by other disadvantages such as language and cultural barriers and barriers to social and economic participation, including housing stress, unemployment and insecure employment. The department provides a range of services and programs offering opportunities for social involvement and connection to communities to mitigate the drivers and impacts of social isolation and loneliness. We thought we would highlight a few today.

The Community Action for a Multicultural Society program funds 19 community based organisations to support greater intercultural connectedness so that people from culturally diverse backgrounds can achieve their ambitions for social and economic participation. In the youth justice area, our Transition 2 Success program is a holistic program that is designed to assist young people involved in or at risk of entering the youth justice system to find and maintain employment and educational opportunities and, really importantly, to re-engage with their communities. We provide that program in 20 locations across Queensland.

Finally, supporting Aboriginal and Torres Strait Islander families to thrive and remain together is a fundamental focus of this department and the child protection system. We fund Aboriginal and Torres Strait Islander wellbeing services to make it easier for Aboriginal and Torres Strait Islander families and communities to access culturally responsive supports to improve their social, emotional, physical and spiritual wellbeing and build their capacity to safely care for and protect their children. The child protection framework is built upon the child placement principles, and our staff take active efforts to embed the Aboriginal and Torres Strait Islander Child Placement Principle—prevention, partnership, placement, participation and connection—when supporting a child.

Now more than ever, our families and communities in Queensland are at risk of social isolation and loneliness as the impacts of COVID-19 are felt across the world. The continued economic stress, lockdowns and loss of freedoms are impacting on the ability to interact and connect with families,

friends and communities. Throughout the pandemic, the department has continued to monitor trends relating to COVID-19 and its impacts on the child protection system to ensure we have appropriate support and services for children, young people and their families.

Our latest data—which spans the initial 12 months of the pandemic—shows that many more families are relying on the department's services. In this time, the number of children in care and investigations commenced have both increased. We remain committed to adapting to this shift in demands, and in the same time frame we have increased the number of families stepping up to be carers for the first time. We think it is timely for the development of a statewide strategy that engages with all Queenslanders, including vulnerable and disadvantaged individuals and groups, and addresses how the drivers and causes of social isolation are not experienced uniformly across Queensland but do vary between people, families and communities.

Our department is well placed to connect the committee with our key leaders and service providers, and we would be available to offer any advice or assistance to the committee on this matter if you would like that. We thank you for the opportunity to make this statement at the briefing and are happy for any questions or elaboration.

Mr KRAUSE: I have a question for the deputy director-general. In relation to young people in particular and social isolation issues they can face even in rural communities close to Brisbane, is your department engaged in the process of putting in place funding for things like PCYCs and other youth community centres like that?

Ms Connors: We have some funding supports for youth services. We do not fund PCYCs—that is through the Queensland Police Service—but we do have a range of regional youth services that we fund and certainly we are engaged with those services. In terms of youth justice, we have connections with PCYCs and some of those terrific services that provide that.

Mr KRAUSE: Do you fund some of those services through PCYC?

Ms Connors: I do not believe we do. I would have to take that on notice but I do not think we do through PCYC, no.

Mr KRAUSE: One of the issues identified around my area is that we are close to Logan, Brisbane and the Gold Coast but far enough away that it is a bit too far but we are not treated separately. I am making a statement, Acting Chair, but the point is that there needs to be a strategy and hopefully this committee can look further at treating individual communities for their own needs. With that, I am happy to go to other members for questions.

ACTING CHAIR: What is your department doing to support asylum seekers and refugees?

Ms Connors: I might get Mr Briscoe to answer that.

Mr Briscoe: We have quite a significant program in place that we have had in place for a couple of years. Just recently we have had funding extended on an ongoing basis—just over \$2 million a year—that we provide to a consortium of NGOs led by Communitify. That provides specific assistance to asylum seekers and some other visa types, particularly those who have fallen through the cracks of Commonwealth government assistance. The assistance that we provide through that program includes some housing support, some emergency relief and access to mental health support, but obviously more can be done.

We are very conscious of the fact that they are a cohort of people who are experiencing significant social isolation through a range of circumstances that have been imposed upon them. That isolation, as you probably have heard through media and other sources, leads to horrific outcomes for many, including mental health issues and also suicide. The suicide rate amongst asylum seekers in particular is unacceptable.

We are doing what we can, but more could be done, particularly at the Commonwealth level. As we know, they are in charge of visas and providing support to people who are expected to leave the country, particularly if they have gone through all of their appeal processes, but we know that many of their home countries will not accept them. That is particularly stark at the moment in relation to Afghanistan. People who have arrived here by boat at some time in the past are not provided with Commonwealth assistance. They have employment rights quite often, but in these times and in the circumstances that they find themselves it is very difficult to get employment outcomes. There is a lot of support at community level, but obviously that is limited as well.

ACTING CHAIR: I imagine as the communities grow here there is a bit more of a wraparound service but it is concerning. Michael, do you have a question?

Mr BERKMAN: I appreciate you being here this morning. We heard just a moment ago from the Queensland Health representatives that the impacts of the pandemic on mental health vis-a-vis social isolation and loneliness are particularly pronounced for children and young people. I am wondering what the department is doing specifically to address that.

Ms Connors: Thank you for the question. We think that is right too. In some cases there has been an uplift in pandemic funding for services, so we have been able to fund extra workers in family wellbeing services and other family support services to provide more outreach to families, children and young people. We have been able to increase the services that we have, but we are continuing to watch and worry about this. There are children and young people living in circumstances like residential care for whom lockdowns are difficult experiences, so we are working with service providers to be able to provide support where we can to children and young people living in those circumstances.

One of the other issues we have been talking to groups like Create about is the economic and employment circumstances for young people transitioning from care who had a plan about what they wanted to do but those education, travel or employment plans are now all on hold. I think that is contributing significantly to children and young people's hopefulness and sense of what might be there for them in the future. I know that the QFCC is also closely looking at the views of children and young people around this. We have been able to provide some more uplift to have more workers available to assist families, children and young people but I think, as I am sure Health would have said as well, this will be something to closely watch in this cohort as they are transitioning to adulthood.

Ms LUI: Can you explain to the committee the Transition 2 Success program and how it keeps young people connected to communities across Queensland?

Ms Connors: It is a vocational training and therapeutic service model delivered in a community setting. It is for 15- to 18-year-olds. It is delivered through local partnerships, so the model is adapted to what is there and appropriate in the community. The purpose of it is about reducing risk factors for offending. It is about reducing that disengagement. It is for young people who have become very disengaged from education and then consequently training and employment.

What we do is engage with services to work with participants to develop the skills and behaviours they need to access and maintain long-term employment and education opportunities. We have it in 20 locations, and the goal is that they can improve their social and emotional wellbeing so that we can permanently divert them from the youth justice system. A lot of these young people might be considered not work ready because they have not, I suppose, had the work done with them about behaviours, how to regulate their emotions and things like that.

We try to enhance also through T2S their community relationships so they feel that through their employment and engagement they are back embedded in the community and a part of the community. As committee members would be aware, for many of these young people their disengagement from education and things has meant they have felt very separate from the community they are in, so part of T2S is about re-engaging them to do work that means they are part of the community again and back to participating productively.

ACTING CHAIR: There are no further questions so I thank you for your assistance today. It was very much appreciated.

BIANCHI, Ms Elizabeth, Executive Director, Strategic Policy and Legislation, Seniors and Disability Services, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships

KIDD, Mr Jason, Executive Director, Strategic Policy and Legislation, Aboriginal and Torres Strait Islander Partnerships, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships

WISE, Mr Max, Assistant Director-General, Disability and Seniors Connect, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships

ACTING CHAIR: Welcome and thank you so much for coming. In relation to being COVID-safe, we have to maintain social distancing and wear our masks when we are not talking. Would you like to make an opening statement?

Mr Wise: Firstly, thank you for the opportunity to provide information on this very significant issue for the health and wellbeing of Queenslanders. I would like to acknowledge the traditional owners of the land on which this briefing is taking place today and pay my respects to elders past and present as well as our future leaders.

The research and submissions made to the inquiry strongly suggest that there are factors influencing vulnerability to social isolation and loneliness at a number of levels. We can see that there are individual factors, community and some other broader levels of influence. Social isolation and loneliness are particularly relevant for the Queenslanders our department supports and represents—those being older people, people with disability and Aboriginal peoples and Torres Strait Islander peoples, who are all the more at risk of experiencing social isolation and loneliness.

The research and submissions identify that the risk increases dependent on factors that include the extent of participation in societal roles like work, caring, volunteering, sporting and other social club type activities, the extent of close personal connections and available financial resources. There are personal aspects—personality and personal resilience, existing health and mental health conditions. Living arrangements also have a significant impact—whether people live alone or with someone else, whether they are remote or potentially in aged care. All of those factors can influence.

From our agency's perspective, we are also concerned at the risk played by societal attitudes towards seniors, people with disability and Aboriginal and Torres Strait Islander peoples. Nationally and in Queensland, intergenerational trauma, the impacts of colonisation, discrimination and past government policies have been identified as important causal factors and drivers of First Nations' experiences of inequality, isolation and disadvantage.

Generations of Aboriginal and Torres Strait Islander people have endured grief, loss and trauma impacting upon their social and emotional wellbeing. Such factors are also recognised as contributing to the higher rates of over-representation across multiple statutory systems. The results of contact with these systems can also lead to additional dislocation and isolation from family, culture and community. As such, we encourage the committee to consider both the historical perspectives and present-day community attitudes towards the inclusion and value placed on the contribution of seniors, people with disability and Aboriginal peoples and Torres Strait Islander peoples or, to frame it as an opportunity, building more inclusive communities could be a potent protective factor against social isolation and loneliness.

Let me say a couple of quick words about COVID. COVID has impacted the factors influencing vulnerability to social isolation and loneliness in an almost uniform negative way, from our perspective. It has amplified risk at those individual, community and other levels. The First Nation Queenslanders' strengths and protective factors such as connection to country, culture, community and family are vital in maintaining healthy social and emotional wellbeing. Due to the pandemic, Aboriginal and Torres Strait Islander peoples were at times unable to connect for sorry business or travel to visit family members, heightening the risk of feelings of loneliness.

The UN has reported that worldwide the COVID fatality rates for persons over the age of 80 is five times the global average. It has therefore been essential for targeted approaches to prevent the speed of COVID to shared and congregate care settings for older persons as well as people with disability. However, these prevention efforts can also disrupt social isolation protective factors if not managed in a client centred way.

The Queensland government has worked closely with Aboriginal and Torres Strait Islander communities, local leadership, people with disability and older Queenslanders to respond to the health risks and issues created by COVID. We have also been very pleased that this has included ongoing engagement and consultation by Queensland Health on the development of public health directions and building an appropriate flexibility where essential. We have had lots of great conversations with Queensland Health and they have connected very closely with stakeholders, so we are very pleased by that.

I will not go into any more detail about service delivery or performance at this point. What I would like to say is: from our perspective, we think this inquiry is very well timed and the terms of reference really hit the mark. We do not believe we have all the answers, and we are going to look forward to the wisdom and guidance that will come from the committee's work in this area.

ACTING CHAIR: Thank you so much. We are ably assisted by you attending today. We might start with a question from the member for Cook.

Ms LUI: How does the department support Aboriginal and Torres Strait Islander peoples affected by social isolation and loneliness? I think I asked the same question of the last panel as well.

Mr Wise: I might say a few words to begin with, if that is okay. Then I will hand over to my colleague Mr Kidd. Throughout the state we deliver a series of social isolation services targeted to seniors. There are 43 services located throughout the state. We have reasonable quality data from the 13 bigger social isolation services. These services are for seniors, I should say. Generally people over the age of 50 are the cohort for these services. There are two broad areas—one being group activities conducted through various regional settings. They can be neighbourhood centres. They can be community centres. There is great flexibility. There are group activities. The other area involves some individual support elements.

What we see in the reports from the 13 services that provide the better quality data to us is that they note and have reported improved social connection through the group activities for 41.2 per cent of the people who participate, and for the more individual support type aspects where people are receiving some level of assessment in terms of their particular needs to help prevent social isolation it is higher. About 72 per cent of those people report improved social connections. The uptake of those services by Aboriginal and Torres Strait Islanders statewide we see for the individual support elements is 2.2 per cent and for the community support is 4.4 per cent. That is a broad response to the seniors work. I will invite Mr Kidd to say some more.

Mr Kidd: The department plays a key role in driving a broader approach to social and emotional wellbeing for First Nations Queenslanders. That is in line with our statement of commitment for a reframed relationship. Some of the key elements there are supporting our service delivery partner agencies to ensure that work in this space is done in a holistic way. There is a focus on connection to family, culture and community as being important protective factors and strengths—so working with agencies to make sure there is an acknowledgement of those strengths and protective factors and there is a holistic and integrated approach and, where possible, encouraging agencies to fund community controlled service providers and make sure those services are provided in the main by Aboriginal and Torres Strait Islander workers. That is obviously a key factor.

As Max mentioned, we have also worked closely with the mayors of remote and discrete communities given the particular risks through the COVID period. That was, I think, a good partnership approach that worked well. We had regular teleconferences to plan how those health directives were put into place in a flexible way. More broadly, under that reframed relationship, we are looking at the Path to Treaty. The committee might be aware there has been a significant investment in the Path to Treaty work, with a \$300 million fund put aside. One of the initial key steps for that work will be a truth-telling and healing process. I think that will be a critical part of the overall approach of the state to social and emotional wellbeing for First Nations Queenslanders.

A key initiative of the department is the Local Thriving Communities reform, which at the moment is focused on work in the remote and discrete communities. Again, that is about working and investing in local leadership and local ideas about what services are needed, including around social health and wellbeing, and making sure those services are self-directed by the community and well targeted.

Mr BERKMAN: If we look at elderly folks who are getting support in their homes—home care packages and the like—and I assume for plenty of people getting NDIS support as well, that hands-on care in some instances is going to be the most social interaction they get in their daily lives. It is clearly not the key purpose of the care. How could those services be improved to fill the gap and provide better support for people who are experiencing social isolation?

Mr Wise: If I can answer perhaps initially from the perspective of disability, for people receiving in-home care they are generally going to be one of the hundred thousand or so people in Queensland who are currently receiving or seeking access to the NDIS. What we see is that in those NDIS plans there is a very person centred approach to the supports and needs that are directed towards achieving life goals. Within the line items of service that are available, there are specific items that relate to social, community and civic participation.

It is not necessarily just all services delivered in-home. Even if people are high-needs clients, there is still a definite focus on them getting out the door and being able to join in and participate. I can give you a general idea. Of the hundred thousand or so people in or seeking access, over half receive social community and civil participation funding. That is about 57,000. About 37,000 receive transport supports, worth over \$120 million. There is capacity building in relationships as a line item. That is about getting people out into community, helping to build their personal capacity to engage. For the people you referred to initially in your question as being perhaps the more housebound ones who receive independent living support—people coming to their home—that is about 4,800 out of the group. That will involve supervision with daily tasks to help people live as independently as possible.

The nub of the question is: the NDIS provides people with the freedom to express what their life goals and choices are. In a planning meeting, if it is a life goal to be out and to be more engaged, they are able to express that. That will be honoured and appear in their plan. As I mentioned, over half the people in the NDIS we see in our reports actually have that type of funding and support for community participation. I will pause there; otherwise I will go into the seniors side of the question.

Mr BERKMAN: I am very interested in home care packages for seniors under the federal scheme. I have a similar question in that context.

Mr Wise: I do not have the same level of data for home care packages, unfortunately, so I am sorry about that. It is Commonwealth delivered, but we are a little bit more closely connected to the NDIS and we want to see value for money, so we do ride the Commonwealth hard in terms of data and performance. In terms of the in-home care packages, the point to make is that we can probably access data and provide that to the committee, if that would be useful, from whatever is published by the Commonwealth. Otherwise, what is not there is supplemented by what we have in our Queensland Community Support Scheme, which provides an analogous level of support to some of those community access and in-home supports that I was just describing for older people with low-level disabilities, so people who are not eligible for the NDIS. I will see if my colleague Ms Bianchi has anything to add.

Ms Bianchi: In relation to the point around disability, it is probably worth noting that there are some preliminary indications that the funding that people are receiving in their packages is really starting to help. About 75 per cent of people in Queensland say that the NDIS has actually specifically helped with their social and community participation, which is a good trajectory to see things on. In terms of your question about the overlay into aged-care services, there is an opportunity there to explore how similar or dissimilar those packages are and whether there are opportunities to really learn from the NDIS experience. I know that is something that certainly in our work we are starting to see a lot more focus on: what can we learn out of the NDIS experience and import into other environments.

Mr Wise: And that is probably the exciting part about the aged-care royal commission also recommending that seniors should not actually have a lesser support than if they were in the NDIS, which could really be groundbreaking in terms of funding and bumping up that level of support.

ACTING CHAIR: Just for clarification, Max, can you provide some advice on the home care packages?

Mr Wise: We can definitely have a look. I do not have ready access to data at hand, but I am sure it is published and I am sure we could provide something useful in the way of a supplementary submission.

Mr BERKMAN: That would be much appreciated, thank you.

ACTING CHAIR: Yes, that would be excellent, thank you.

Mr SKELTON: Can you tell me about the Seniors Enquiry Line funded by the department and how it assists older Queenslanders impacted by social isolation and loneliness?

Mr Wise: The Seniors Enquiry Line is one of those initiatives that we think is well used and well appreciated. We hear feedback from stakeholders and people who do connect with it that they get good value from it. The inquiry line is operated by UnitingCare on behalf of the Queensland government with funding of just over \$400,000. It received about 8½ thousand calls last year. The range of information sought includes support services, concessions, social activities, household

assistance, retirement accommodation, financial and legal matters, health, education, transport and a range of other issues. It will try to help solve people's problems there and then and get them pointed in the right direction in terms of accessing other services, whether they are state or Commonwealth. UnitingCare also delivers the elder abuse prevention service for us as well. There is that level of expertise that can be brought to the table if there is some kind of tertiary level of distress being experienced.

Mr SKELTON: The only comment I would make is that it is just not widely known. Is there any way that the department could promote it a little harder? From my perspective, I will utilise channels in my electorate but, to get it out to all Queenslanders, could there be a bit of a media campaign? Elderly people obviously ask these questions all the time and it would be good to have just one number where they can get the information that you spoke about. I do not think the community is as aware of it as it could be.

Mr Wise: That is a good comment. There is an age-friendly strategy in place at the moment that we are currently looking at revising and refreshing because a lot has changed in the past 12 to 18 months. Part of that is involving running a statewide effort to connect and engage with seniors. We have had a couple of those forums to begin with—one at Rockhampton, one at Bribie Island and a smaller morning tea at Longreach. As part of that process we are gathering data and insights from seniors, because we want to know what their views are and what they want to see the government do when we next publish a plan, which hopefully will be early next year. Going to your point, part of the data capture shows that when we ask people what services they value and what they know about, about half say they have an awareness of cards and concessions. There is more work to do, I think, and we can actually promote that more widely.

Mr KRAUSE: One of the issues I face often, especially with elderly people, in the area I represent is a lack of access to services and social opportunities. Has the department ever considered giving personal transport subsidies or grants for particular age cohorts if they cannot drive themselves or really do not have any other way of getting places, which is a huge contributor to social isolation? That may be some sort of bus subsidy, taxi subsidy, Uber subsidy—I know some people do not like Uber—personalised transport subsidy or something like that.

Mr Wise: For people with disability in NDIS, as I mentioned before, it can actually form part of their plan and form a significant amount of money for seniors.

Mr KRAUSE: Yes, but separate from that.

Mr Wise: For seniors, the services available to them already would include the Queensland Community Support Scheme. There is a community access component to that. Many of the services we fund as part of our seniors social isolation funding. If they have a group activity—it might be a cards day, morning tea or coffee, chair yoga, line dancing or whatever it is—they will also connect with those people who might participate from that network and see what their transport needs are. There is variability also across local councils. Some actually are active and invest and make a priority the inclusion of seniors who are in those exact circumstances that you describe. They will have small buses available as a courtesy bus type arrangement to bring people to group settings, medical appointments and so forth. There is also the transport subsidy scheme. Ms Bianchi might know a bit more about that.

Ms Bianchi: I do not have a lot of the details about what is available through the Commonwealth packages, but I am aware that through some of the aged-care packages there is also some availability of transport services. There are also some additional services that are provided by the Department of Transport and Main Roads. We could get some additional information from them and potentially come back to you on, for example, the Taxi Subsidy Scheme that operates as well. That crosses over for people who have disability. I am sure we could find a little bit more information and come back to you.

Mr KRAUSE: I think there are some gaps there. If you are on an NDIS package, yes, it could be included; if you are on an aged-care package, yes, it might be included. However, there are a whole lot of people who are not on either of those packages but still are quite isolated. That was the point of the question. I know there are some things that you have to take on notice.

I have another question relating to disability housing, because this is the department of disability services. In terms of dealing with people who have impairments, especially physical impairments, how do you interact to make sure that their housing—especially public housing—needs are met, and not just on a regional or a global basis but actually from town to town and region to region? If they need to move because of impairments into public housing and it is 300 kilometres away, it really contributes to the issue of social isolation. Is that on your radar and how do you deal with it?

Mr Wise: I will probably kick off the answer and again maybe pass over to Ms Bianchi. The needs of people with disability in housing is a very broad spectrum that the services need to respond to. From an NDIS perspective, supported disability accommodation is the top tier in terms of people with the highest needs of support. SDA is kind of the bricks-and-mortar component so people can actually access significant funding to support their housing needs that way. If people have other support needs from a disability perspective, they can also access supported independent living, which is in-home care and support specific to their needs and, as I mentioned before, life goals. Prior to the NDIS it was often left to carers, families and friends to help people. Now you find there is a large array of supports that can be delivered in the home which can be helping people to get out of bed, get dressed, bathe, feed, prepare food, go to the shops and buy food. There are those levels of supports. There are also home modifications available for people that will allow them to live in their own homes. I think there is about 5,000 or so people who have home modifications, in addition to the near 5,000 in supported independent living. Ms Bianchi, do you want to pick up there?

Ms Bianchi: In terms of the interplay, there is obviously only a small proportion of NDIS participants who are eligible for specialist disability accommodation. The Queensland government then remains responsible for accessible housing for anyone with disability outside of that cohort. Again, it is primarily the lead by our colleagues at the Department of Communities, Housing and Digital Economy but the recently launched Housing and Homelessness Action Plan has some quite specific strategies around increasing the level of accessible housing for people with disability. There is also some work happening at the national level in terms of having a look at what kind of building standards and requirements there are. There is a consultation process, I am aware, currently underway testing what those kinds of building standards look like and how we can move towards ensuring that there is, I guess, a greater quantity of accessible housing available. As you know, it is obviously a particular issue in more remote communities, and that is certainly from an NDIS perspective where some of the thin markets projects are really targeted, with housing being a pretty key priority in that national frame as well.

ACTING CHAIR: The time for the session has expired. Thank you so much for your assistance. Can we please have the answers to questions taken on notice by 10 am on Monday, 6 September.

BAKSH, Ms Ishra, Executive Director, Mobility as a Service, Department of Transport and Main Roads

STANNARD, Ms Sally, Acting Deputy Director-General, TransLink, Department of Transport and Main Roads

ACTING CHAIR: I welcome representatives from the Department of Transport and Main Roads. In line with COVID rules as reported by our Chief Health Officer, we need to maintain social distancing and wear our masks when we are not talking. Would you like to start with an opening statement?

Ms Stannard: Thank you for the opportunity to present as a witness on behalf of the Department of Transport and Main Roads. As you probably know, TMR moves and connects people, places, goods and services safely, efficiently and effectively right across Queensland. All Queenslanders, irrespective of where they live and work, can expect to have appropriate transport choices and fair access to the transport system.

TMR is committed to the vision of a single integrated transport network that is accessible to everyone. Transport connects people to jobs, health, education and people, enabling them to be a part of their community and make meaningful connections. In the context of addressing social isolation and loneliness, TMR's vision, strategies, policies and programs all contribute in some way by building and connecting Queenslanders right across the transport network. The department provides a range of products and services, such as public transport and licensing and registration, that help people to connect to each other and use all modes to travel on the network.

Mr BERKMAN: There is a part in your submission that goes to concession public transport fares. I am wondering whether the department has done any work to quantify directly the impact of those concessions and even of those customers with free travel rights. How does that directly affect the uptake or the use of public transport?

Ms Stannard: I will just find the information on fares, but I will also comment, for the benefit of the committee, that we have an independent panel which helps to advise on fares and they support the department in the setting of fares and our reviews of that and they have spoken very highly about the importance of the concession basis that we have. For the information of the committee, we have 50 per cent concessions for children who are five to 14 years. You will also know that this applies for students, tertiary, seniors, pensioners, asylum seekers, jobseekers, veterans, holders of Department of Veterans Affairs white and gold card holders. We also offer free travel for children between zero and four years and also for holders of a vision impairment travel pass, holders of national companion card schemes, veterans and those who are totally and permanently incapacitated.

For the year 2020-21 TMR provided \$277.2 million worth of concessions and assistance to those customers. It is a very significant part of the public transport network and in COVID times it has also been one of the strongest sustained parts of our patronage. As you can imagine, people using concession travel are often customers who do not have another choice of mode of travel so, whilst we have seen a significant drop in the use of public transport, what we have found is that concession travel has remained largely still present on the network. The exception is tertiary students, obviously, where on-campus learning has not occurred so much so those trips have fallen away. A number of our concession travellers, often people who do not travel in the peaks, are still relying on the network at the moment. That, to me, is evidence of the provision that concessions provide for travel for customers, particularly those who do not have another option on the network.

I will just flag some of the concessions for long-distance travel as well, because right across Queensland that is quite important to us. We have these concessions in place to improve the affordability of long-distance travel. Concessions are available for eligible pensioners, seniors, veterans and, in specific conditions, carers and spouses of dependants of Queensland pensioners and veterans. The concession rates vary per eligible customer group, but we do offer for Queensland pensioners free one-way journeys per annum—four of those. There is a \$25 journey administration fee, but we allow those on the long-distance rail services throughout Queensland. We also have, for Seniors Card holders, a 50 per cent discount on a full adult fare on those long-distance rail services. We have a business discount card for seniors to have a 15 per cent discount on full adult fares. We also have a veterans travel card discount—again, 50 per cent of the full adult fare—and Department of Veterans Affairs similarly. I guess you can see there are a range of discounts provided for that long-distance rail travel, again, to meet the needs of customers travelling further afield.

The committee is possibly also aware that we offer the School Transport Assistance Scheme—subsidies for travel when education is impeded by distance, when students do not live in the vicinity of their local school. Eligibility is based on distance. They are actually kilometric. They are 3.2 kilometres or 4.8 kilometres because they are back to the old miles.

Mr KRAUSE: It is a very controversial area.

ACTING CHAIR: It is. We all know about that.

Ms Stannard: Yes. It is a detailed measurement to the household. That subsidy is available as well for access to schools.

Mr BERKMAN: Your answer has made it pretty clear just how important those concessions are to the folks who use them. I guess what I specifically was interested in is: has the department done any work to quantify the increase in public transport usage, or the uptake of public transport, as a consequence of concessions being made available?

Ms Stannard: I cannot refer to any specific work that we have done that quantifies that, and I guess it is because the concessions have been in place for such a long time that it would be hard to point to a pre or post comparative analysis. I think perhaps the most telling is just that sustained usage by that passenger class or that fare class during this time when other users have perhaps dropped away from the network. We have seen that sustained usage by concession fare holders other than tertiary students, but I cannot point to any pre or post analysis of that kind.

ACTING CHAIR: We have the Brisbane Valley Rail Trail just outside of my area and I just wonder how well utilised it is. It is fantastic. Would you outline to the committee how the Rail Trail Local Government Grants program works and how it supports local communities?

Ms Stannard: The committee may know that we have both a Queensland Walking Strategy and a Queensland Cycling Strategy and that both of those provide a plan for the improvement of walking and cycling facilities. In terms of the Rail Trail Local Government Grants, we have an extensive network of disused railway corridors. They are owned variously by state and local governments. Developing railway corridors as rail trails allows local communities and visitors to use them for walking, bike riding and even horseriding in some locations. They support active and healthy lifestyles. We know that people who use public transport tend to have more incidental physical activity and often that is enough to contribute to that daily activity that people require for healthy lifestyles. They also create diversity in local economies. Where tourism may not be a big part of that local economy, the rail trails provide a means for people to access that community in a different way.

The Queensland government is investing up to \$14 million over four years to support local governments who are planning, designing and constructing rail trails. We administer that Rail Trail Local Government Grants program on behalf of the government. The program responds to community feedback that came through the development of that Queensland Cycling Strategy. The cycling strategy was developed for the period 2017 to 2027 and it highlighted the opportunity that other states had taken on to develop rail trails and to use those to increase cycling participation but also tourism in regional economies. The program is listed in the Queensland Cycling Action Plan 2020-2022. Community interest in recreational and nature based trails has been highlighted during our recent engagement in the Queensland Walking Strategy as well. It is another area of transport that during the period of COVID we have seen even more usage of walking and cycling and also by users who are not always cyclists.

Mr SKELTON: And horseriding.

Ms Stannard: Very important, horseriding. But not always commuter cyclists. Recreational cyclists are coming out onto parts of the network where they may not have otherwise been.

ACTING CHAIR: Thank you. We have a very aggressive magpie on our Brisbane Valley Rail Trail.

Mr KRAUSE: Chair, that question almost sounded like a Dorothy Dixier. I will ask a very direct question and it relates to my electorate, Tamborine Mountain and Boonah. When are you going to add them to the TransLink service area?

Ms Stannard: Thank you for the question.

Mr KRAUSE: You may have heard about my representations on this in the past.

Ms Stannard: Yes, indeed, and the benefits of TransLink as a brand and as a network has been seen right across South-East Queensland so I understand the importance.

Mr KRAUSE: Not much out our way.

Ms Stannard: But not in your area, no. I probably cannot comment on a specific detail of when and what that would look like. There are plans for improving regional access to the network—many plans in each of the regions about what that is—and also to simplify fares and zones as we move forward. That work is still underway.

Mr KRAUSE: Take that as comment too, please.

Mr SKELTON: Can you tell the committee about the Indigenous Driver Licensing Program and how this helps prevent social isolation and loneliness in Indigenous communities?

Ms Stannard: We do have some information on the Indigenous licensing scheme. The aim of the program is to ensure that licensing can be undertaken in communities that are remote from our normal driver licensing facilities. We have a mobile driver licensing unit. It is based in Cairns and it takes driver licensing services to remote areas where residents cannot access mainstream customer service centres. The unit provides learner driver licensing testing as well as practical driver licence testing for cars and trucks, driver licence replacements and renewals, as well as adult proof-of-age cards. The unit also provides support to communities undertaking road safety initiatives. By increasing that licence ownership, the Indigenous Driver Licensing Program aims to reduce unlicensed driving and improve access to employment, education, health, social and cultural activities and particularly reduce incarceration rates for licensing offences.

ACTING CHAIR: Thank you for your time today. It is much appreciated.

GURNEY, Ms Margaret, Assistant Director-General, State Schools, Operations, Department of Education

NEUMANN, Dr Regan, Assistant Director-General, State Schools, Rural Remote and International, Department of Education

PROUD, Mr Leon, Assistant Director-General, State Schools, Indigenous Education, Department of Education

STEVENSON, Ms Hayley, Executive Director, State Schools, Operations, Department of Education

ACTING CHAIR: Good morning and thank you again for helping us with our inquiry. In line with COVID-safe guidelines issued by our Chief Health Officer, I ask that you maintain social distancing and wear your mask at all times when you are not speaking. I invite you to make an opening statement.

Dr Neumann: Thank you very much. Thank you for providing an opportunity for us to provide an opening statement. I would like to start by acknowledging the traditional owners, the Jagera and Turrbal people, whose lands we are meeting on today, and pay my respects to elders past, present and emerging.

The Queensland Department of Education's purpose—our moral compass—is 'every student succeeding'. This means that we focus on student needs in terms of both learning and wellbeing. Guided by our Student Learning and Wellbeing Framework, schools take a holistic approach to supporting students' wellbeing and creating safe and supportive environments where every student feels connected.

Explicit teaching of social and emotional skills through curriculum assists students to form positive relationships and friendships. We know that students who feel accepted, respected, included and supported by others at school have better performance, motivation and behavioural outcomes. To stimulate and engage our students, schools work collaboratively with teachers, other students, families and the community to create meaningful and differentiated programs to respond to children's interests, whether it be in sport, the arts, agriculture or STEM.

Our 1,254 state schools—from Tagai State College in the Torres Strait, Camooweal in the west, and Hebel on the New South Wales border—range in size from two students to 3,602 students. Articulated in the inclusive education policy, schools support the learning and wellbeing needs of students from all backgrounds, all identities and all abilities, regardless of where they live.

Of our 580,000 students, 11 per cent are Aboriginal and Torres Strait Islander, 16 per cent speak one of 310 different languages other than English, and 19 per cent have a disability. The department is investing heavily to ensure all students have access to tailored support. Over four years, \$31.1 million has been provided to support rural and remote communities through four Centres for Learning and Wellbeing, located in Emerald, Atherton, Mount Isa and Roma. These centres provide interagency wellbeing support for staff and students and their families, giving our rural and remote school communities every opportunity to thrive and grow.

Our \$100 million student wellbeing package, commenced in July this year, will see state primary and secondary school students from all parts of Queensland benefit through increased access to psychologists or similar wellbeing professionals. Over three years, up to 464 full-time-equivalent professionals will be employed to work in our schools. These new wellbeing professionals will complement the range of support services already available in our schools such as guidance officers. In 2021, \$76.9 million has been provided to schools for guidance support. Our growing wellbeing workforce will ensure students can access support at school when they need it to achieve their potential.

From our frameworks and policies, resources and specialised staff, the department and all our state schools are working very hard to ensure that every child has positive connections within their school and their broader community and someone they can talk to when they need support. Nothing is more important than nurturing the next generation of Queenslanders so that they can become and are healthy, confident, resilient and active citizens in our communities.

ACTING CHAIR: Thank you, Dr Neumann. That is great. We hear a lot about senior high school students missing out on milestones in their education throughout this pandemic, but some of my local primary schools and teachers—and I do want to acknowledge how amazing they have been

throughout all of this—have concerns about kids missing out in those early years with foundational skills and learning the basics. How will the department support them playing catch-up? Have you identified whether this is indeed a problem?

Dr Neumann: Schools have been very mindful of the impact of COVID on our children and young people. We all know that when it comes to literacy and reading skills, those foundational years are very important. I think schools have had an individual and differentiated approach in terms of the way that each student's needs are being addressed. They are working collaboratively with not just each other but also with families, to identify what areas need further development and what areas need additional support, not just in those learning skills but also in the wellbeing areas, so that they feel really connected to their local schools—I think that is very important—and their teachers. I know that teachers have found and implemented a range of different strategies to connect with their students during that period of time, not just virtually but also in being able to connect even through telephone calls and catching up with the families as required.

ACTING CHAIR: Yes, there has been a lot of support there.

Mr KRAUSE: Thank you for your opening statement. I think teachers take up a lot of the slack quite often when it comes to social isolation issues for our children, no more so than in the past 18 months or so. I wanted to raise a question about access for vocational education and training within the school program. How might that be made more accessible for students in rural areas or areas that are not close enough for it to be convenient for those kids who are accessing that to get to those opportunities? I will give you an example. Boonah State High School has quite a number of kids who want to go to TAFE opportunities in Ipswich but there are not very good transport opportunities. I am sure there are other examples in other parts of the state as well. Do you have a strategy to deal with that? A lot of it has to do with money, but are there ways of dealing with that so that those children get those educational opportunities outside of the school environment in a more accessible way?

Dr Neumann: It is interesting, because often students in rural and remote areas have higher participation, completion rates and qualifications than their metropolitan counterparts. For example, 94.4 per cent of the students in remote areas and 93.8 per cent of the students in very remote areas received a VET qualification. We in the department have been working hard to make sure that many of the programs that are being supported in the VET qualification space have that focus on providing those educational opportunities in regional, rural and remote centres. I know that the Palaszczuk government committed \$45 million over a three-year period to upgrade the facilities available to run the VET qualification programs. One close to my heart is the Big Red Truck, based in Longreach, which services a number of communities. The department has provided \$2.6 million to make sure that that continues to provide opportunities for the delivery of hospitality training in Blackall, Barcardine, Aramac and Winton as well as Longreach. That is an example of where, once the needs of the individual school community have been identified, the school community has worked together with the department to access funds to support the qualifications to allow students to feel success and connection with their local community but also achieve their training needs. I am not sure whether you want to expand on anything in that space, Leon, from an Indigenous perspective?

Mr Proud: There are a number of different programs that we do. One that we do for our Aboriginal and Torres Strait Islander students is the Catch Program. We have partnered with Tallebudgera Outdoor and Environmental Education Centre as the RTO. We have staff members who travel to the communities and support teachers on the ground in regards to three different certificates that those students can engage in if they are still in their communities. As of last year a total of 2,380 students participated in that Catch Program of which 445 were Aboriginal and Torres Strait Islander. Schools are very flexible and innovative in how they are providing subject choices for their students and the families.

Mr SKELTON: Thank you for all your hard work. The Department of Education really had to react very quickly to COVID. I know how busy everyone in teaching was. Can you please outline the student wellbeing package and the provision of guidance officers in our schools?

Ms Stevenson: Thank you for that question. It is something that I am really pleased to be able to talk about. The \$100 million wellbeing package comprises two elements. One is the wellbeing workforce, worth \$96 million. That is around providing up to 464 wellbeing professionals in our schools. Predominantly, we are hoping to get a workforce where there is a large number of psychologists to provide mental health and wellbeing support in our schools, but it can also be used to provide guidance officers, with a focus on the counselling side of their work as opposed to assessment, and also social workers. The package is being rolled out over three years. In the first

year—this year—around 109 FTEs will be allocated across the state for primary, secondary and special schools. In the second year we will have another 155 full-time equivalents and in the final year 200 professionals.

At the moment, our regional directors are consulting with principals around the rollout of that first phase. Because it is a smaller number, they are looking at what the priority areas are, getting feedback from principals as to what wellbeing professional they believe will best meet the needs of their students and then looking at what that recruitment process will look like. Many of our small schools already cluster together when accessing services. A number of our small schools will cluster together and share one full-time person across a number of schools. Some of our larger schools, of course, will get a full-time professional of their own who will join the support network at the school. Schools already have guidance officers in place. This wellbeing professional will form part of that student support network that students and schools have access to, with a focus on students with mild to moderate mental health concerns. It is about filling that gap for students for whom we know early intervention can really reap benefits before having to go into the crisis or the mental health system. That is the aim of the initiative. It is really exciting to see such a large investment in that space. We will be providing access at schools, because we know that access to services can be a real issue for the students and families who need it the most. Having the professionals in situ will make a big difference.

The other \$4 million I have not spoken about is a pilot of placing general practitioners in 20 secondary schools. The GP will be located in the school. The school will be resourced to improve their facilities so that they have an appropriate clinic room. The GP will be there one day a week, so students will be able to access free medical care at the school. Again, that will work in partnership with the wellbeing professionals in providing that wraparound support.

Mr BERKMAN: I appreciate your time here today. Obviously with looking at the cohort of LGBTQIA+ kids in schools, discrimination that they face is a major driver of isolation and of mental health issues. Can you share with the committee what is being done to ensure all Queensland state schools have an appropriate inclusion or diversity policy for LGBTQIA+ plus students?

Ms Stevenson: We do have our inclusive education policy statement. That forms that high-level direction, where our state schools are around every student succeeding and feeling connected. In addition, my team looks after support around diversity in students. We have developed a template diversity policy based on a number of examples that schools had already developed. That is available. We also have a range of information and resources for our schools, because every day our schools are doing a tremendous amount of work in this space to support the diversity of the student population.

We see that a number of schools also have student bodies that particularly represent the needs of LGBTQIA+ students at their schools. We get a lot of inquiries around transgender students and supports there. For any school that is facing challenges and is not sure on the appropriate approach for a group of students or an individual student, we have a dedicated mailbox where we can provide that advice directly to schools. We also have a partnership arrangement with True Relationships to provide intensive support to schools as they need it. They conduct general webinars for our school communities but will also go in and provide individualised support for students or a particular situation that might arise in a school. We are really fortunate to have that partnership with them.

Ms LUI: My question is around student disengagement. Pre COVID, especially for discrete communities, there were issues around students being disengaged from school and back in community. Post COVID, we know there has been a lot of disruption associated with education and kids going back home. Most of my communities are remote and regional. What did the department do in that instance to support kids who were disengaged because of COVID?

Mr Proud: From the start of the 2021 school year, our data of the students we support, particularly through transition support services of getting students from particularly our cape schools back to their private schools, did not show there was a decrease in the number of students who were returning to their boarding facilities. What COVID-19 did do is highlight the need for a single monitoring mechanism. We have certainly been working across multiple agencies, both state and national, as well as Independent Schools Queensland and Queensland Catholic Education Commission, to really try and get a snapshot of all the students who are transitioning to boarding schools from our remote discrete communities. That partnership has really forced us to make sure we are case managing those students a lot better than we have in the past.

Where we recognise that disengagement is happening, in line with the Queensland government's reform agenda we are really investing in placing the voice of our Aboriginal and Torres Strait Islander people at the forefront of the decision-making. We have piloted local community

engagement through a co-design process, and we have started in 13 communities. We are really involving the communities in the decision-making with a real approach of not doing to, not doing for, but doing with. It is really localised because, as you know, each community is totally different—local context, local cultures, local histories—and we are involving the experts in the decision-making.

ACTING CHAIR: We will have to wrap it up there. The time for this session has expired. Thank you again for your time. It is much appreciated and it will help us enormously.

ANDERSON, Mr Chad, Executive Director, Sport and Recreation, Department of Tourism, Innovation and Sport

SLY, Mr Andrew, Assistant Director-General, Sport and Recreation, Department of Tourism, Innovation and Sport

ACTING CHAIR: Thank you very much for appearing before our committee. We are looking forward to asking you a few questions. First of all, in line with the COVID-safe regulations issued by our Chief Health Officer, we have to maintain social distancing and wear our masks when we are not speaking. Would you like to start with an opening statement?

Mr Sly: I would like to start by acknowledging the traditional owners of the lands on which we meet today and pay respects to elders past, present and emerging. Thank you to the committee for giving our department the opportunity to speak at the inquiry today. We fully acknowledge and appreciate the importance of the work of the committee and the linkage between participation in sport and active recreation as protective factors against social isolation and loneliness.

There is obviously a growing body of research that tells us social isolation and loneliness are becoming increasingly prevalent and problematic both in Australia and across the world. There are significant negative impacts on the physical and mental wellbeing of individuals from social isolation and loneliness, particularly for older Australians. Activate! Queensland, the state government's 10-year sport and active recreation strategy, was launched in July 2019. That strategy seeks to deliver better health and wellbeing outcomes, especially for the most vulnerable, to protect and promote better connected communities.

Activate! Queensland focuses on four priority areas: empowering more Queenslanders to enjoy physical activity—more people more active more often; inspiring activity in places and spaces that invite active lifestyles; creating partnerships to maximise the impact of government and industry actions; and driving success at the elite level and delivering and promoting world-class knowledge and facilities. The Queensland Academy of Sport obviously has a very big role to play in that with the 2032 Olympic Games in Brisbane as well. Our Active8 was the first three-year action plan under the broader Activate! strategy. That focuses on delivering a range of initiatives to lead to more opportunities for Queenslanders of all ages and abilities to be physically active.

Since the commencement of the strategy, the Department of Tourism, Innovation and Sport has provided or approved funding totalling over \$81 million to deliver a range of initiatives and programs. This includes the delivery of a \$27 million investment in sport and rec infrastructure approved under the Active Community Infrastructure program. That also included two community use-of-schools projects. Opening up schools for community use, it goes without saying, is a very important thing that our department supports 100 per cent.

It also includes: over \$17 million as part of the Active Industry Fund to support 71 state-level organisations and our two peak bodies to provide quality and inclusive participation opportunities for Queenslanders across our state; over \$8 million to provide about 97,000 FairPlay vouchers targeted at socio-economically disadvantaged families to subsidise the cost of participation—that is a highly successful and sought after program as well; over \$4 million recently as part of the ActiveKIT program that is supporting 39 businesses to deliver innovative programs or initiatives that specifically engage Queenslanders who are insufficiently able to be active or that help strengthen the capability of organisations to deliver quality inclusive participation opportunities; around \$2 million as part of the Community Active Partnerships Program, which is supporting pilot programs in both Logan and Cairns to develop place based initiatives on physical activity opportunities and supporting social cohesion in these communities—and the great outcomes that those two pilots are producing has been really nice to watch; over a million dollars as part of the Emerging Athlete Pathways program to support young athletes travelling to attend state, national or—not so recently—international sporting events, including state school sporting events; and delivering targeted programs that provide physical activity opportunities in Aboriginal and Torres Strait Islander communities, including through the continuation of our department's Indigenous community sport and rec program and the Torres Strait community sport and rec program.

Planning is now underway to develop the second three-year action plan under Activate! Obviously with COVID, a number of things have been brought forward or paused and those sorts of things, so we will be going out to consultation on action plan 2 shortly and working out the best way that government investment can support sport and rec and its infrastructure needs.

As I said, the global COVID-19 pandemic has no doubt exacerbated the prevalence and impact of social isolation and loneliness, with survey data revealing that loneliness is the most common

personal stressor due to the pandemic. It has also caused significant disruption for sport and recreation clubs since this all began back in March 2020. We have conducted two surveys now. The latest one, in August 2020—in the former department of housing and public works, where sport and recreation previously was—revealed that 73 per cent of Queensland clubs were forced to cease activities due to the COVID-19 lockdown. We continue to see, quite rightly, lockdown measures to prevent the spread as recently as August of this year.

The survey also showed that a key concern for clubs post easing of restrictions was a loss of members and volunteers, who are the lifeblood of community sport and recreation around this state. Our department has worked collaboratively since the onset of the pandemic with the sport, fitness and active recreation industry to support our industry to respond to, and recover from, the significant disruptions caused by COVID-19. In May 2020 the government approved the \$51.3 million sport and recreation COVID-safe restart plan. That provided stimulus to our industry and clubs returning to activities. Our department has also released guidance on returning to play and developing COVID-19 safe environments to give our communities confidence in returning to local clubs and activities.

The health and wellbeing benefits of physical activity across an individual's life spectrum are widely recognised. Participation in physical activity not only improves physical health but also mental health. It can also promote connectedness to communities through the building of relationships as a result against social isolation. Similarly, participation in sporting clubs through volunteering or involvement as a spectator can act as a buffer against social isolation due to the social nature of sport.

Our department has also done the Queensland Sport, Exercise and Recreation Survey of Adults together with Sport Australia's nationwide sport and physical activity participation survey. Both of those highlight that a top motivator for participation in sport is the ability to socialise. Despite the clear health and wellbeing benefits of physical activity, we note that as it currently stands not all Queenslanders are sufficiently active. There are a number of barriers that impact people's ability to participate. The department acknowledges that tackling barriers to participation in sport and activity is a job for all of us to try and manage to make sure we can get as many people as we can more active more often. These barriers include: illness and injury, disability, cultural and socio-economic barriers, lack of time—and that can be due to a range of factors such as work, study or family—fears about contagion due to the pandemic and the need to socially distance, and obviously sometimes the cost of participation.

In closing, thank you again to the committee for the opportunity to participate in your hearing today. We look forward to hearing more about the committee's findings in relation to social isolation and loneliness.

Mr BERKMAN: You mentioned FairPlay vouchers in your introductory statement. At the end you reiterated how cost can be a real barrier to participation in sport. For whatever the FairPlay voucher system offers, there will still be a lot of people who are not eligible for those, cannot afford the residual cost above and beyond the \$150 or simply miss out because the program is oversubscribed. Has the department looked at how a free school sport program might increase participation—that is, if it were something that covered the complete cost of a program and were available to every school-age child in Queensland?

Mr Anderson: There is a range of opportunities for people to be physically active in Queensland. Participation in organised community sport is one of those. There is also the school sport program, which is run through the Department of Education. There is a range of opportunities there. What we do through the department is support the entire industry. There are 77 peak sporting organisations that the department works with that provide a range of different opportunities for people to be active. There are a range of choices that cover different seasons and different preferences for people to be active.

As Andrew said in his opening remarks, at the moment the department is working through the review of the implementation of the first action plan—Activate! Queensland. We are looking to develop action plan 2.0. We will look at how things have gone through the first action plan, what we have learned through the impacts of COVID-19 and review the first initiatives that we put into play. We will be briefing the government on the options for action plan 2.0.

Mr BERKMAN: There has not been any quantification of how FairPlay has increased the uptake of club sport for kids or how it could be expanded to improve that?

Mr Sly: To a certain extent. The uptake is traditionally strong for the program. What we will do as part of action plan 2.0 is do another review of that program, because we agree that nothing is ever perfect. There are always ways we will look to improve. In terms of the FairPlay vouchers themselves,

at the moment they are set at \$150. We should do a benchmarking exercise. There are certainly sports that are harder to be involved in than others. As a general rule, the feedback on FairPlay is very positive in that it does in fact help people participate more. Yes, to take the point, we should definitely be reviewing that and seeing how we can be improving it.

ACTING CHAIR: Are there any other questions? It was a very comprehensive opening statement. You have answered a lot of things we had concerns about.

Mr SKELTON: This might be bit off topic. Would the \$150 FairPlay voucher apply for scouting groups? I know it applies to team sport. Someone has asked me this. They are outdoors and they are practical conservationists. Scouts is quite expensive, as you know, with the uniforms et cetera

Mr Sly: Yes, that is right.

Mr SKELTON: What is the eligibility criteria? Would they fit within that?

Mr Sly: Am I allowed to take that question on notice?

Mr SKELTON: Yes, certainly.

Mr Sly: I have a feeling the answer is yes, because they are eligible for a number of our other programs. I literally had something in my folder that I took out before coming that would have given me the answer. I will take that on notice and come back to the committee.

Mr SKELTON: That would be good. Oddly enough, my scouting groups actually grew during COVID-19. That is strange when other activities fell away.

Mr Sly: The evidence is starting to show that more people went walking, went out and rode a bike and gravitated towards things like scouts and guides and those sorts of outdoor based activities.

Mr SKELTON: If you could get back to me on that I would appreciate it, because I have a big scout and guide population and I have been asked that question. It is rather expensive. I would like to see more participation in that because it is outdoors. It is practical conservation. They learn so many skills. They do first aid et cetera. Anything I can do to increase that would be fantastic.

Mr Sly: I will come back to you.

ACTING CHAIR: We have set a time frame for questions on notice—that is, 10 am on Monday, 6 September.

Mr Sly: That is fine.

ACTING CHAIR: Thank you so much for your time today. It is much appreciated. Thank you for the work you are doing. That concludes the briefing today. On behalf of the committee, I thank everyone for coming today. Thank you to our Hansard reporters, who are invaluable. A transcript of these proceedings will be available on the committee's parliamentary webpage in due course. I declare the public briefing closed.

The committee adjourned at 12.20 pm.