



COMMUNITY SUPPORT AND SERVICES COMMITTEE

Members present:

Ms CP McMillan MP—Chair
Mr SA Bennett MP
Mr MC Berkman MP
Ms CL Lui MP (virtual)
Mr RCJ Skelton MP

Visiting Member:

Mr RI Katter MP

Staff present:

Ms L Pretty—Acting Committee Secretary
Ms C Furlong—Assistant Committee Secretary

PUBLIC HEARING—INQUIRY INTO SOCIAL ISOLATION AND LONELINESS IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

MONDAY, 18 OCTOBER 2021

Mount Isa

MONDAY, 18 OCTOBER 2021

The committee met at 1.01 pm.

CHAIR: Good afternoon. I now declare open this public hearing 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, the Kalkadoon people, and pay our respects to elders past, present and emerging. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander people, whose lands, winds and waters we all now share.

On 27 May 2021 the inquiry into social isolation and loneliness in Queensland was referred to this committee for examination, with a reporting date of 6 December 2021. My name is Corrine McMillan. I am the member for Mansfield and chair of this committee. Mr Stephen Bennett, the member for Burnett, is the deputy chair. Other committee members with me here today are Mr Michael Berkman, member for Maiwar; Mr Robert Skelton, member for Nicklin; and Ms Cynthia Lui, member for Cook, who is joining us via teleconference. I also acknowledge Cynthia as a First Nations woman. I welcome Mr Robbie Katter, the member for Traeger—he will be joining the committee for this hearing shortly—who I am sure is well known to you all. Mr Jon Krause, the member for Scenic Rim, was unable to be here today.

The purpose of today's hearing is to assist the committee with its inquiry into social isolation and loneliness in Queensland. The committee is a committee of the Queensland parliament and its hearings are subject to the rules of the parliament. We are in Mount Isa today to hear the views of the community. Please take this opportunity to share with us your thoughts and your experiences. I ask that everyone respect the right of others to hold and express their particular view. When speaking, please take care not to refer to ongoing court matters or to name children.

The hearing is being recorded and transcribed by Hansard—thank you so much, Hansard—and speakers should be aware that the transcript for this hearing will be published on our webpage. For any media present today—and I understand ABC North Queensland will be joining us—I ask that you adhere to my directions as chair at all times. The media rules endorsed by the committee are available from committee staff if required. Please also note that you may be filmed or photographed and images may also appear on the parliament's website or social media pages. By all means, please advise us if this is an issue for you. I ask everyone present to turn mobile phones off or to silent mode.

HARRIS, Ms Leanne, Manager, Mount Isa Family Support Service and Neighbourhood Centre

CHAIR: I now welcome Leanne Harris from the Mount Isa Neighbourhood Centre. We will have the great privilege of visiting the Mount Isa Neighbourhood Centre later this afternoon. Leanne, it is a great pleasure to have you here with the committee. We look forward to hearing about your experiences and your expertise and your knowledge of social isolation and loneliness in the Mount Isa community. We invite you to make a brief opening statement, after which committee members will have questions for you. Thank you, Leanne.

Ms Harris: Thank you for travelling to be here in person to hear our voices.

CHAIR: Pleasure.

Ms Harris: I, too, would like to acknowledge the Kalkadoon people as the traditional custodians of the land on which we meet today and pay my respects to elders past and present and certainly acknowledge all of those young people who are emerging. I am very fortunate, with the support of a group of amazing local people, to manage the Mount Isa Neighbourhood Centre. The Mount Isa Neighbourhood Centre was born out of the Mount Isa Welfare Council in 1972, and in 1988 we became incorporated and became—it is a real bummer for an email address—the Mount Isa Family Support Service and Neighbourhood Centre. We are part of 140 community and neighbourhood centres that support local communities across Queensland.

We not only respond to social isolation; one of the big things is that we notice social isolation and loneliness in our communities. We notice when people are not there, and I think that is one of the most important things. Somebody really clever once told me that the meaning of life is what you

notice, and when people are travelling really well they notice how good their life is but when it ain't travelling so well they notice how socially isolated they are and they notice how disconnected they feel.

We also talk about the concept that a connected community is a well community, so when people are travelling really well they connect but when they are not travelling so well the first thing that they do is disconnect. I think one of the big things that neighbourhood centres do is notice when people do not connect, and the lovely thing about that is that we have the connection and the capacity to, firstly, notice they ain't there and then ring them and ask them what is going on for them or to notice their other friends or their natural support networks in their community and say, 'Hey, what's going on with aunt? Why isn't she here? What's happening with her?' I think that local connection is something that is really important.

I have been in Mount Isa since 2009. I moved from sunny Kenilworth to come to Mount Isa to be involved in a Fams program, which was a mental health service around mentoring and connecting people. One of the big things is that people have all overcome something. They all come with skills and capacity, but I think it is when we support people to notice their skills and capacity that they are better able to connect to their ability to overcome and thrive. Neighbourhood centres are place based and social infrastructure that foster belonging, connection, participation and inclusion.

In our area, the issue of social isolation is more prevalent than ever. Neighbourhood centres welcome everyone regardless of race, gender, sexuality, religion, age or social status and by their very nature build connection between individuals and organisations. I think that is one of the things we are pretty damn good at doing—that is, we know our community, we know who does what and we have that relationship and that sense of ability of finding people to work with other people.

Our centres offer many funded and unfunded programs to encourage people to engage in community activities that are meaningful to them, and I think that is one of the good things that neighbourhood centres do—that is, we understand that no two communities are the same and to be meaningful in community engagement you have to hear the voices of that community around what works well for them. I think a lot of what we do is a bit like a tapas platter: you get people to taste things, and I say, 'If you don't like it, spit it out.' It is that understanding around giving us capacity to have a decent tapas platter. I think that is what we would say.

Currently we facilitate things like emergency relief funding. We support people who are in domestic violence situations—sometimes around accommodation overnight, sometimes around food vouchers to support them, sometimes about getting out of town. We support people with a no-interest loan scheme, which is a fabulous opportunity for people to get credit ratings and to also get small loans of no interest at all. We do after-school craft activities, and I think one of the big things especially for new people to this community is that your kids make you connect too. If you can engage with those after-school activities, it gives capacity for parents to connect with other parents who are attending. In fact, for December we are doing a young entrepreneurs Christmas market where the kids are making things—Christmas baubles, lip balms, scrunchies and a whole lot of things. We are charging them \$10 for a stall and they keep all their profits, so it is a great opportunity. We are getting some young buskers in, so it is a great thing for a family to connect together. We also do weekly craft activities.

We work with people on NDIS packages. We have a great centre—and I look forward to showing you—and we host organisations and community groups to do training and to do meetings there. We support people with filling out documentation and some of those tricky things around what they sometimes do not understand. Especially literacy and numeracy for some of our community members is an issue. We are really mindful about not getting in the way of people's natural support networks, and I think that is really important. When people do not have natural support networks, I think we are that first port of call. When they do not have natural support networks, how do they connect? I think some of that loneliness and social isolation really impacts with new family members who come out. Mount Isa has many new family citizens who come to Mount Isa for work and often they leave all their networks behind. These are some of the most isolated in our community.

Then there are older people who are frightened by COVID and the local headlines. I think headlines can be very frightening for some of our older community members, and with that disconnection they become very vulnerable and become housebound. A lack of community transport also impacts people and connection. We have some great sayings in Mount Isa. I probably could not tell you all of them here, especially if they are being recorded in *Hansard*, but this is something we talk around. If we were horses we would be called good doers, but we are seriously in a drought-affected paddock, guys. We innovate service to fit our community. We have local connections and existing partnerships. We are good doers. With further funding we would have capacity to meet the

needs of our socially isolated citizens connected in our community. When people are connected, they are more likely to have a wider social network, a sense of purpose and belonging and reduce that sense of social isolation and marginalisation. Basically, help us with support to continue to be good doers. Thank you for your time.

002

CHAIR: Well done, Leeanne, and congratulations on the great work you do here in the Mount Isa community. The committee is very much looking forward to visiting your centre this afternoon. I am going to turn to your local member, the member for Traeger, to see if he has a question in relation to the social isolation and loneliness inquiry.

Mr KATTER: Chair, you can come back to me if there is time.

CHAIR: Okay.

Mr BENNETT: Thank you for your presentation. The importance of the place based approach has been heard right across the state. How important is it that we allow you to be place based in your own development and not use a cookie-cutter approach statewide?

Ms Harris: Where do I begin? 'Service land' loves to do things around, 'This is a service response, and what works in Brisbane is what we're going to put in place in Mount Isa.' As I said, no two communities are the same. If you want people to walk through your door, you need to make your door meaningful. We talk about frameworks and outcomes that you would like—that people are better connected, but what does better connected look like? That needs to look like what a community engages and involves in. What works in Brisbane is not necessarily what works well in Mount Isa, especially with our cultural diversity in Mount Isa and how that works and operates.

Mr BENNETT: And isolation as well.

Ms Harris: Exactly.

Mr BENNETT: What is the staffing base that we are going to meet this afternoon?

Ms Harris: I have myself and I fund one other staff member via other programs, by renting out our room.

Mr SKELTON: How are you resourced in terms of funding? Obviously there is a mixture of funding and so forth.

Ms Harris: I have some funding that I get which is from the NILS program, the No Interest Loan Scheme, which funds four hours a week. I have the residual funding from the department of communities to fund the neighbourhood centre, which basically funds one FTE. I am very fortunate to have such a wonderful centre to be able to rent out the rooms to have capacity to employ somebody else. I also have some funding federally from emergency relief and a small amount of state funding from emergency relief, too.

Mr BERKMAN: Thank you for being here. I am looking forward to visiting the centre. It seems like the majority of the neighbourhood centres we have heard from have said that, if they were to get additional resources, they would use that to provide more staff time—that is their first, second and third priorities—but we did hear from some of the more remote community centres that they had particular infrastructure needs that were not met. That could be needing a bus to collect people to get them engaged in the centre more or some kind of electrical or built infrastructure. What would your priorities be for the centre? Is it about having more staff time, or are there other bits and pieces you would like to see funded ahead of that?

Ms Harris: Meeting the needs of our diverse community needs to look at the way we operate. Currently, we are funded to involve and engage in service delivery from eight o'clock in the morning until four o'clock in the afternoon, Monday to Friday. I really would like to look at some of the diversity of potentially doing some hours outside of that, but with the funding and the staff I have I cannot make that happen. I would like to be able to look at out-of-hours funding.

I would really like to involve and engage in some of the social enterprise opportunities, but for that I need capacity around purchase of plant and equipment and some of the expertise to be able to train up some of our staff. There are some opportunities within the state funding around mentoring for growth. There are some great opportunities that I can connect with with some of those things, but with what I have at the moment I cannot make it stretch any further.

Mr BERKMAN: We have heard about some other leading work. The week before last we heard from some folks in the UK who are doing interesting work to use what is called social prescribing to address social isolation and loneliness. One of the risks they have identified, though, is that you cannot use social prescribing if those services you are trying to direct people to are under-resourced, oversubscribed. I assume that is the case for you and your centre: you could not fill that gap through a structured social prescribing mechanism without significant extra resourcing?

Ms Harris: Correct. I think there is a beautiful saying that people are people because of people. When people have capacity to connect with people, they learn, grow and prosper because of that connection. It actually gives them that sense of connection that is meaningful for them. Baby boomers are getting older—we are all getting older—and some of the traditional ways of engaging people in social activities need to innovate. To innovate those, you need capacity to fund that.

I was really fortunate as a young person that I learnt to spin wool. I was able to then get onto a woman who supported me to buy two spinning wheels and now we are doing a Spinning a Yarn program. I live with somebody who calls himself a busted-arse ringer, who has connection to Merino sheep so I was able to get access to some fleece. We are now starting Spinning a Yarn, and that is going to be the start of our social enterprise, but I need funding to make some of that happen. I can utilise the great networks and partnerships that I have. I have a woman who is coming up from Toowoomba to teach the spinning and weaving, but it still cost me two grand to get her up here with the plane flight and then we have to accommodate her. She has said that she will give her time freely, but silk purse, sow's ear. It will only go so far.

Mr KATTER: I am interested in how this applies when you go remote—to Normanton, Burketown, Karumba et cetera. Also, I feel that social isolation and those sorts of issues have been compounded by the fact that the first paper is no longer printing in town and they have stopped delivering the *Courier-Mail* out west. Could you comment on the impacts of that and also those really isolated communities?

Ms Harris: I have been involved in the neighbourhood centre since February this year, but I have been in Mount Isa since 2009. Previously, I used to travel a week in communities—so a week in Mount Isa and then a week between Doomadgee, Mornington Island and Normanton. I have not been involved in going out there since November.

Community hubs are really important in those communities. I was involved with another organisation that did have community hubs out there. It again started with connecting with the aunts and connecting with the older people in that community, getting a reputation as somebody who would listen to people. That then allowed you capacity to get into that community. COVID really affected those remote communities because people could not fly in and fly out, and they had real difficulties getting professionals—mental health professionals, doctors, all of those people—to come out to communities. Also, the cost of getting out and about in those communities was hugely high. Those older people would come in for a coffee, a bickie and a yarn, and then there would be talk around getting their needs met and supporting them to either refer them onto other services or help them get services at the right time and right place for them.

Mr KATTER: Have you noticed much impact from the newspapers?

Ms Harris: Again, I think it is for our older people in the community. They certainly are not going online to read the newspaper at all. My partner is from Longreach and it is that connection to the paper. My understanding is that the Longreach newsagency was able to negotiate with the bread delivery for some reason to make that happen. Honestly, Robbie, I could not tell you, but certainly the oldies can no longer get that paper and that was important to them around noticing what was going on in the community. They do not read via social media—not at all.

CHAIR: Thank you, member for Traeger. Thanks again for making your time available today for the committee and for being here.

Mr BENNETT: I am after some examples where you have seen some positive outcomes with particularly the programs addressing social isolation.

Ms Harris: I think there is nothing greater than a group of people sitting around and having what we call the incidental yarn—when you are doing things. You will see it there today. We did a Wings project and we talked about the fact that as one single feather you are not that strong but when you get together as a group of people you get wings and from that you get that sense of connection and that sense of strength.

It is people coming together, yarning, having a cuppa, sharing. I usually do some sort of cooking, so we cook something, we have a feed and we have a yarn. We have that social connection and interaction. Some of the women taught other women how to crotchet. We did the Wings project. At the moment we are doing a vinyl project—what we are calling a de-vinyl project. We are turning records from an audio recording into a visual recording around what a community means to us. They are some of the things we have been involved in. It is great fun. I wish I had something happening today so you could hear that but it is a lot of fun.

CHAIR: LEEANNE, thanks again for today. Sadly, our time has come to an end but the committee is looking forward to seeing the neighbourhood centre and experiencing some of what you offer and the wonderful outcomes that happen in Mount Isa and in the community centre. Thanks again for your time today.

Ms Harris: I look forward to seeing you later.

003 **DAVIS, Ms Helen, Regional Coordinator, Selectability Mount Isa**

CHAIR: A very special good afternoon to you, Helen. Thank you for appearing before the committee today. The committee knows that you have a lot to offer us and we are certainly looking forward to hearing your insights. I invite you to make a brief opening statement and then I am sure our committee will have questions for you.

Ms Davis: I have lived in Mount Isa now since 1994. I am a registered nurse. I used to work at the accident and emergency department. That is my forte. Then I joined Blue Care and was the manager of that for 25 years until it got restructured. My role was looking after the community nursing side in Mount Isa, the respite centre in Mount Isa and the little community respite centre Blue Care has in Cloncurry. I also worked at North & West Remote Health overseeing a group of provisional psychologists. I also flew in FIFO the opposite way to most people—from Mount Isa to Townsville and back—for close to a year looking after a little team of mental health nurses in the Townsville region which serviced Townsville, Bowen, Ayr, Charters Towers, Richmond, Hughenden, Cardwell and Ingham.

My background now is that I am a regional coordinator for selectability in Mount Isa. I have I think 27 staff at the moment—and growing; we have another 10 coming on board—and two in Cloncurry. Most of the staff I have are lifestyle support workers. Seventy per cent of the work we do is under NDIS. That is obviously under the age of 65, those with mental illness and physical and mental incapacities. We also get funded through the Way Back program for mental health. Thirty per cent of our work in Mount Isa at the moment is mental health, and that includes suicide prevention. A lot of our referrals for that particular side of things, the suicide prevention, come straight from the mental health team at the hospital.

We have moved into our lovely new building. Most of you who have been here a while are familiar with the old Playtime building. It was an empty building for an awfully long time. We moved into that a few months ago. We are in the process of looking to rebuild upstairs. If you look through the window upstairs it looks much like it used to—empty. The plan for that would be a lot of office space, a lot of visiting clinicians, hopefully a lot of joining up with Queensland Health to get psychologists and mental health nurses.

Downstairs I have my team working full bore. We have actually outgrown the space already. We have only been in there for two months, like I said. The plan for that will be, along with the work we do, that down the track we will be opening what we call a bike shed. For those that are familiar with selectability, there are a number of bike sheds across Queensland. The concept is to ride for mental health, so that will be happening. I do not have a date for that yet. We are looking at a clubhouse sort of concept whereby we can open the doors for people in the general community to actually come and have a cup of coffee and a yarn. Obviously the topic today is social isolation and loneliness, so that would be a great benefit for the population of Mount Isa. Obviously we are looking at this stage for funding for that. Both of those are quite costly. If you have any questions, fire away.

CHAIR: Thank you, Helen. That was a really great summary. There is certainly lots happening at selectability, we can hear that, so congratulations on your great work. Deputy Chair?

Mr BENNETT: I was going to ask you specific questions about the bike shed and the clubhouses and you have given us an overview. I would love to hear a little bit more about those, but are there programs that are not run here that would be run elsewhere in the state that you feel would add value, mainly with the isolation or the geographical challenges that you may have?

Ms Davis: Can you repeat that question?

Mr BENNETT: Selectability across the state runs a whole heap of things. Is there anything that you are not running that your colleagues would be running that you would like to see here?

Ms Davis: At the moment, obviously the big one on the agenda is the bike shed. We need considerable funding to get that up and going. If you look at the selectability website you can see how positive it is. It is a wonderful thing for all age groups to be involved with. The plan for us is that not only will we have the bikes that are brand new that come to Mount Isa and a bike trailer so that we potentially can go up to the lake and use their wonderful facilities, but also we will have a bike-tinkering area for people to come and work on bikes. We already have a lot of donated bikes that came through from the PCYC centre at Mount Isa, and the plan for that would be to do them up and give them out into the community to people who are in need who might like a bike so that we are actually helping the community as well. It is a big positive for the whole community.

Mr BENNETT: It is huge. What is your forecast for costing on the bike shed program?

Ms Davis: I will have to get back to you on that because I do not have the figures, but it is quite a lot of money to get it up and running.

Mr BENNETT: On the clubhouse concept, are there any partnerships with men's sheds or any other organisations like that?

Ms Davis: We are looking at a partnership with Queensland Health for the clubhouse. One of the advantages of that is obviously that people can pop in. The plan behind that is that hopefully people will find an outlet. It will help with some of the anxiety, depression and mental illness we have in Mount Isa. They can obviously pop in, have a cup of tea, speak to someone if they want to and we can refer them on if they want to, but also the long term of that will be a reduction in numbers that go through the accident and emergency department looking for help or going to their GP. There is somewhere out there; there is an outlet for them; there are things for them to do. They can join in with a lot of the group activities that we are planning to do. I have to catch up with Leeanne about one because I am planning gardening and we do not have a garden and they do. We will be joining with the neighbourhood centre for some of those activities as well.

When we do the main renovations to the property that we are currently in, we are getting a community kitchen put in place. I would love you guys to come down and have a look at what we have done thus far. The idea behind that is: not only can we supervise some of our consumers who are learning to become independent and learning to do cooking but also we can have people come in and use the kitchen themselves.

Mr SKELTON: There is a wide range of people here in Mount Isa, but are there any particular people that are affected more than others in relation to social isolation and loneliness?

Ms Davis: I have lived in Mount Isa since 1994. Social isolation has always been a big problem here particularly because we are so far inland. A lot of families do not have family nearby. You have an awful lot of people who move to Mount Isa for work. You have a lot of families that have, for want of a better word, Skype nannies. They do not have the extended family nearby. That is all age groups. Although my background was predominantly in the aged-care sector until this year, I would say that isolation is a major problem out here. It always has been. It is not just the elderly population. There are an awful lot of fly-in fly-outs, for example, who have nobody here and are very isolated.

Mr BERKMAN: I really appreciate your time here today, Helen. Just looking at the selectability website, it is really an unusual mix of functions.

Ms Davis: It is, yes.

Mr BERKMAN: You are all at once a NDIS service provider, a registered training organisation and providing clinical supports. I am keen to get a better picture of the centre here in Mount Isa. What is the split? How many people are coming to see you through NDIS as compared with folks who are getting training? How does that work?

Ms Davis: Our registered training organisation is in Townsville so they will come out and provide training for us. Once we get our commercial kitchen we may be able to do a bit more training, which is great. In terms of our clientele, I would say that at least 80 per cent are NDIS at the moment. We are growing the Way Back program, the suicide prevention program. That is slowly coming forward. We did not expect it to be fast and furious, because it is fairly new. Obviously the consumers we get are through the hospital and, because of the taboo around suicide and that sort of background, people do not always want anyone to know that they are going to see anyone, so some of that care would be through telehealth. We are growing that service and it is getting bigger every day. We are getting referrals for that service as well, which is fantastic.

In terms of where we are operating out of, at the moment our service in Mount Isa's hub is Mount Isa and in Cloncurry we have a very small service. We have been in Cloncurry for a little while. I have two staff there, like I said, and only just these last few weeks we have picked up an office space that we can rent out so that we are actually there physically in Cloncurry. We also have a staff member—usually me or one of the NDIS support coordinators—popping down every two weeks. We go down there quite regularly.

Mr BERKMAN: We have heard from different witnesses throughout this hearing process about social isolation and loneliness driving mental health problems and the other way around—that mental health has a tendency to isolate people more and leave them more susceptible to loneliness. Can you speak to that from your experience? Is it more one way or the other, given the particularly isolated nature of the community out here?

Ms Davis: I think if people know it is there they will come forward. I think that is probably the biggest thing. I think the GPs need to be trained more in knowing what services there are out here and forwarding people on. It is a bit like Carer Gateway. We do Carer Gateway as well, where we are offering assistance to carers. We do not get huge numbers of carers, yet you only have to look around Mount Isa

this room to realise that probably half of us are doing some form of caring. The numbers are astronomical. I think we could be out there doing a lot more if we got the referrals through. Some of the backlog is the fact that we do not actually get the referrals. You cannot tell me that a GP, for argument's sake, sees someone come into their surgery and does not think, 'Maybe they might actually get some help if we refer them on in this direction.' We are not getting those referrals at the moment and I think it is across the board. There are an awful lot of people out there who really do need help and they are not getting it. They do not know how to get referred on. They can refer themselves, but a lot of people do not even realise they can do that.

Mr BERKMAN: Does the organisation have more scope to accept clinical mental health referrals?

Ms Davis: Absolutely. We are growing really quickly. We can take on more. Most of you are probably aware of Carer Gateway. It is dreadfully under-utilised. There is an awful lot of help out there for people, but they do not know where to go and they do not know who to ask. It is all age groups, including small children even. There are small children who are carers and they are very lonely, very isolated. Children leaving school to help care for a disabled parent, for argument's sake, are getting missed.

CHAIR: You mentioned the fly-in fly-out workers and how isolating that can be. You also talked about mental health. What are the other factors or leverages that lead to social isolation and loneliness, particularly here in Mount Isa? What are the other considerations, if you like?

Ms Davis: How long is a piece of string? I have been to that many meetings about the fact we do not have any bus service in Mount Isa. It has been going on for 25 years. If you happen to have no wheels, which happens as you get older, Mount Isa is a small town but you still cannot get around town. It is too hot to walk. For most of that age group that fall into that category—a lot of women in their 70s and 80s who never learned to drive, for example—there is no bus service. There is absolutely no way. They can get the Irish club/Buffs club courtesy bus, but that is not really the best-case scenario. They have tried this before and it has not worked. That is a major cause of isolation.

We have a lot of people who do not speak English as a second language. They do not understand. You mentioned the newspaper. I wholeheartedly believe what Leeanne says: people do not read the newspapers anymore. They have gone away from it. The older age group might have done, but if they cannot get down to the newsagent you might as well forget that. I do not even know if they deliver it anymore. I have a house on Maggie island. There is a bus service there. It is the same population as Cloncurry. Your supermarket will deliver over there. Over here you cannot get your groceries delivered. It is click and pick up. If you are an old person or a disabled person and you ring up for your groceries, you have to get someone to pick them up because there is no system in Mount Isa. You have a population of whatever it is now—it has dropped, I know. You have a population of 18,000 or whatever it is and they do not deliver groceries? It is just madness. You can see why people leave Mount Isa and go down to the coast to live. There are a lot of reasons, but that would be one of them. You just cannot function, so what do you do? It is very depressing, very isolating and very lonely for them.

004

Mr KATTER: I am interested in how big is the region you are responsible for and how your services extend into some of those trickier, more remote areas of Boulia, Normanton and Burketown.

Ms Davis: That is a good question. Funnily enough, I have two staff on board on a 12-month contract before they go back because they were lifestyle support workers with funding by the PHN to do a core community service facilitator. I have two of those and they work full-time. Their role is actually to go and map areas of the gulf out to Lake Nash—a huge area. We have Mornington, Normanton, Doomadgee, Burketown, McKinlay, Lake Nash, Camooweal, Cloncurry and Mount Isa. To cut a long story short, they are out there mapping out what we do and do not have in those areas. When I say what we do and do not have in those areas, I mean everything from schooling, visiting clinicians—you name it. The feedback we have received from these fellows is actually quite sad. For argument's sake I will pick Doomadgee. There are people who are not getting the services they want and we cannot provide services that far at the moment.

One of the biggest things, believe it or not, that would help in these areas, apart from getting clinicians, is that there is an awful lot of people out there who cannot work because they cannot get a blue or a yellow card. They cannot get the NDIS screening because they have been naughty in the past, so they are null and void when it comes to getting any sort of police clearance. Basically, that means that there are willing people—I am picking on Doomadgee just to give you an example—who want to work, but they cannot work because they may have done something 20 or 30 years ago. Theoretically, I could employ them up there to work for selectability and they could become lifestyle

support workers. There is a huge number of people who are unemployed who want to work but they cannot because they cannot pass their police check. Surely there has to be something put in place where they can go on a provisional something for 12 months, for argument's sake. Obviously it depends what they have done, but if it is drunk and disorderly and they did something wrong and ended up in prison for a day or whatever 20 years ago and there is now a huge population—not just here; it is also in other areas. My region that I work under with selectability includes Palm Island and, of course, they are in exactly the same boat. The same thing is happening up in Mornington Island and Doomadgee and, to some degree, Normanton, where people just cannot get their blue card and NDIS clearance. The same thing is actually happening in Mount Isa. This is a big problem.

Mr KATTER: It is happening all over Queensland.

Ms Davis: Yes. I am particularly looking for guys, for example, to come and work with us. In this kind of role we often get a predominance of females, but we do want fellows. We particularly want blokes for the men's shed and for the role model they can provide for some of these youngsters, for argument's sake. I cannot get them because they cannot get a clearance, for want of a better word. I think that is where we need your help. This needs to be fixed.

In answer to what we are doing out there, yes, we are going out there to map out what we have in those areas. Quite frankly, it is the good, the bad and the ugly. I do not even know what to say politely because it is not going particularly well. When we expect a director of nursing to go and work in a nursing home and do a six-week shift with one week off, where are we going to find someone? Who is going to do those shifts? Nobody, unless we get a nurse who is about to retire who is single and is just biding her time before she retires. The whole situation is not working very well at all and it could work so much better if only they would ask people on the shop floor exactly what works. They do not and so it continues like a revolving door—the staff included.

They use agency staff because it sounds nice to say, 'I'm going to go and work on Mornington Island.' It sounds pretty cushy when you come to Australia—'I'm going to work on a tropical island'—until they get up there and they realise, same as in Doomadgee, that they have to live in secure housing. That is the other thing out here: we cannot get the staff because of the housing. There is nowhere to stay and nowhere to rent.

CHAIR: That was a great question from the member for Traeger. The evidence you have provided is very useful, so thank you.

Mr BENNETT: Earlier you alluded to the number of staff you have on the ground. Could you repeat that for me?

Ms Davis: At the moment I have 27 here in Mount Isa and two in Cloncurry. I have another 10 coming on board. We are growing so fast. I spend my life interviewing and recruiting.

Mr BENNETT: I was curious about that. Where have you resourced those 10 staff from, or can you not tell me because you are going to get yourself into trouble?

Ms Davis: No, I can tell you. It is not what you know; it is who you know. I have actually employed a lot of staff who have been cut back from different organisations and just do not have the hours. You will find that staff vote with their feet. They will and they will come back to where they feel comfortable. They have come and joined us because I am there. I am not singing my own praises, but that is the reason.

Mr BENNETT: Obviously you are doing the right thing. You mentioned the federal government funding. In terms of the resourcing model that you have, who are you reliant on to make sure your services are as valuable as they seem to be?

Ms Davis: I cannot answer the whole question, but I believe it is all federal funding. We are all after big-time money to keep us going, to assist us.

Mr BERKMAN: In your answer before you said that about 80 per cent of what you are doing is NDIS based. Just here in Mount Isa, roughly how many clients are you helping under the NDIS?

Ms Davis: I have 76 at the moment and it is growing.

Mr BERKMAN: Hence the 10 additional staff coming on board.

Ms Davis: Even though you look at the numbers, you could have half a dozen and you are doing equally the number of—it depends also on the package. It depends what they are funded for. Of course, NDIS clients have the right to choose whichever provider they want. They can have several and they can come and go as they like. They can come and then they can come back later on if they want to.

Mr BERKMAN: I do not know that you have mentioned this along the way, but are you doing any aged-care work?

Ms Davis: No, not at the moment. The interesting thing is that I believe they are going to branch into aged care in the second half of next year. That will be very interesting. It will be more geared around mental health. We will be looking at consumers with anxiety, depression, dementia—that sort of thing.

Mr BERKMAN: Particularly in the context of the NDIS services you are offering, obviously the packages are tailored to meet particular needs of particular people. How much of a role do you think the organisation plays in that kind of ancillary benefit of addressing people's loneliness or isolation? We have heard quite a bit about people with disability being one of those cohorts most susceptible to the physical isolation and the loneliness that comes with that.

Ms Davis: I think if they did not have their packages they would be incredibly isolated. They would not be able to do the things they are doing right now. Obviously the aim of the package is to encourage them to be as independent as possible, that hopefully down the track they might not even need us.

I do have concerns more so about Cloncurry and the more remote areas—not so much Mount Isa, because there are a lot of NDIS support coordinators. There are a lot of people out there telling people about NDIS. I was told the other day there were 27 NDIS packages in Cloncurry, for example. We do not have that many in Cloncurry at the moment, but you cannot tell me there are only 27 people with a disability in Cloncurry. In terms of their isolation, of course, if they cannot get outside or they cannot be independent, they are going to be increasingly lonely and that is not going to get any better without support.

CHAIR: We have Cynthia Lui, the member for Cook, on the line. She is having trouble hearing, but she has a question. She apologises if we have already spoken about this issue.

Ms LUI: Thank you, Helen, for your contribution here today and, again, my apologies if I ask a question that has already been asked or answered in your contribution. I am interested to know your views around the benefits of the introduction of the safe ways strategy to address social isolation and loneliness, especially for regions such as Mount Isa.

Ms Davis: Thank you for the question. One of the reasons I came today was that as soon as I saw it, I thought, 'Oh yeah, I've been here a long time. I know quite a bit about this.' The more people who are interested, the better. Obviously this is a stepping stone. I do not know how many of these forums you have had, but clearly when you go to them you are going to hear the same story over and over. What you are hearing today would not be new to any of you, I am sure. That is the first step in actually doing something about it. Obviously I am not in your role, so I do not know what roles you are planning to do or take away from the discussions you have had already or who you have spoken to.

We know that isolation and loneliness is going to be one of the biggest causes of death down the track. We are all getting older. We want it to be right for everyone in the community to be included. I suppose I cannot really answer that question. I can only say that I am very happy that you are all involved and that you are keen to do something about it. I would be very interested to hear the end result of these conversations. Obviously for Mount Isa and Cloncurry, the areas I cover, I would be very interested to know what you are going to do for us down the track, for want of a better word. What can you do to help us? It is not just a question of saying, 'You can have X, Y, Z amount of money to open a house,' or, 'Let's open this, that and the other.' We need clear guidelines and help to get things going.

CHAIR: We are coming to the end of this session, but I will make a couple of comments to close the session for you, Helen. We know that in the Western world social isolation and loneliness—you are absolutely correct—lead to an early death for many people, but, most importantly, it reduces their opportunity to contribute to their life and to Queensland life to the full, which is a huge concern for us and for the government. We really do appreciate you coming along and sharing with us some of your experience. We know that Queensland is a very difficult state to govern for. We are very different—the different areas of Queensland. There are many issues that are very common to us all, and certainly social isolation and loneliness is one of those issues.

Helen, thank you for sharing with us your many years of experience in all those different roles. We hope that we are able to raise awareness about this important issue and put some steps in place to support you. Thank you.

Ms Davis: Thank you all for your time and I hope you get the opportunity at some stage to come and look through our new office.

005 **GOMERSALL, Ms Selena, Chief Advocacy Officer/Founder, Outback Futures (via teleconference)**

WHIP, Mr Peter, Community Representative, Outback Futures (via teleconference)

CHAIR: I now welcome representatives from Outback Futures. It is wonderful to have you both this afternoon. Thank you for giving up some time out of your busy schedule. The committee very much appreciates you making the time to share some of your expertise and experience. Firstly, I ask you to make a brief opening statement. Then I am sure our committee will have some questions for you.

Ms Gomersall: Thank you very much for the opportunity to speak with you in this context. I will give the opening comments and then you can feel free to address Peter as well. Outback Futures is a not-for-profit organisation that evolved in the bush with the bush. It is not a city-comprised model being imposed on a bush culture; rather, it is an organisation that has developed with the bush to address the inherent issues of isolation and distance for remote communities in Queensland.

We are currently operating in nine remote shires. Our mandate is to only work with remote and very remote communities. It is a very unique model for suicide prevention and mental health and wellbeing in the bush. Basically, it is a person centred primary and secondary prevention approach, very much based on shifting whole-of-community change. Whilst we offer service provision in a multidisciplinary and hybrid manner with face-to-face consultation combined with telehealth, we are actually very much about empowering and equipping our isolated communities so that they can better care for themselves and each other and so that they have the capacity to reduce some of the challenges of isolation themselves as well.

This inquiry is very relevant for the work that we do in the communities in which we work. Where we work, there are massive issues built in inherently in the distances and the isolation—the physical isolation in which people live. Many people live hours from any sort of community connection. Aside from that, those living in the town deal with isolation in terms of the quality and consistency of service provision that they receive in terms of high levels of workforce turnover, particularly professional turnover in these communities, and the fact that a lot of them have disengaged from help seeking and from any sort of service provision because of decades of poor experience in this area. Outback Futures is very committed to shifting that for the long term, not just looking at short-term physical output but very much being about equipping these communities to have a voice and to be confident to advocate for their own wellbeing and their own level of connection into the future.

That is a very brief summary of who we are. I am not sure whether there are specific questions that you would like to address from our submissions?

Mr BENNETT: For the committee's benefit, could you give us more information on the geographical areas you cover? I am interested in the partnerships that you have tried to develop in Queensland for the more remote service delivery. We just had selectability before the committee to talk about their work around Mount Isa and their struggles. Comment you on that for me, please?

Ms Gomersall: At the moment we are working in Alpha. The community of Alpha is as far east as we go. We are currently entering communities down in the south-west, around Murweh shire and Charleville area. We go as far west as Diamantina, so included in all of that is Barcoo and Longreach, Winton, Blackall and Tambo, and then we go up to Cloncurry and Julia Creek. We do not work in Mount Isa. Because we are very focused on the remote and very remote, Mount Isa, for us, even though it is in a remote context, is more of an urban context. We are in all of those shires.

Very much part of our work is because we do not want to entrench ourselves as a service provider that a community becomes dependent upon long term, we are about working very closely with all levels of the community—everything from teachers and schools to property owners, councils, community groups and other agencies. We are very much about finding the gaps that are not being filled in the community but, more importantly, about helping the community that has disengaged and does not want to cross the shopfront to connect with other agencies. We are about really working hard to build trusted relationships across the community and assisting those people to gain the confidence to understand how to seek help and where to go in the community. We are very much about working with other agencies so that we are mobilising the community to better use the service providers that are there already in the region.

Mr SKELTON: Selena, can you tell the committee how social isolation and loneliness affects mental health?

Ms Gomersall: Peter, do you want to speak to that?

Mr Whip: Yes, I could talk a bit from a bush perspective. I live about an hour south of Longreach. I have lived here for a bit over 30 years. What I have seen over that time is a bit of a breakdown. If I go back to when I first came out to this area, there were a number of services in place and they really relied on key people who had been in the community for some time. They were often long-serving public servants or long-serving medical professionals who had been in the community for a long time. There was a real stability and a real sense that they were part of the fabric of the community, if you like, so there were established services and networks in place, to some degree.

Over the last 30 years, that is very much no longer the case. A lot of those people have moved on, retired or died. Generally, the services that have replaced them tend to be a little bit—well, they are positions that are hard to fill and hard to keep filled. Often policy seems to change. We have one direction for a bit and then that shuts down or is no longer funded and then we tend to go off on another tangent that lasts for a little while. Those sort of things are probably indicative of the social fabric that was part of the bush. It was almost the thing that was special about the bush. I really feel like that has broken down to a large extent, certainly over the last 20 years or so. Partly that is because of the gaps in services that Selena touched on before and partly it is a change in demographics in the bush. Even with the property we live on, 40 years ago there were three families living here; now there is just one. All of those sorts of things have contributed.

We certainly see that there is a lot more incidence of mental health issues in the bush now than there was, say, 30 years ago, or than was evident 30 years ago. The big struggle we see is that often you feel like you are on your own. You are remote in location, but you are often remote in terms of what services you access. That is probably the key thing that I see for folks in the bush: there is this real gap between sensing a need and then being able to get something done about it, or to find help when you do end up looking for it. I am not sure if that is where your question was going, but those are the things that I see from where I am at.

Ms Gomersall: Clinically, from a clinician's perspective, Western Queensland has the worst suicide statistics in the country. What we are finding, particularly as we work in the early intervention space with children and young families, is that the incidence of issues for children is huge and parents have often disengaged because, as Peter said, that fabric has dwindled; they are not sure where to go. There is so much turnover that they have become cynical and they just disengage from that. We feel like that there is a long-term issue at the moment in that the suicide of young adults and adolescents that we are coming across are kids who did not receive what they needed back when they needed it, which is one of the reasons we feel like we should be addressing this at a whole-of-community level.

Mr BERKMAN: I am interested to know, within the community facilitation model, what other organisations you are working with and connecting community with—or have I missed the mark a bit? Is it more about the direct provision of clinical services to remote communities?

Ms Gomersall: No, you have not missed the mark at all. One of the features that makes this Outback Futures community facilitation model quite unique is that it is very much about whole-of-community engagement. Direct clinical service provision is one of the key tools that we use, but we are very much about engaging with every facet of the community. We only go where we are invited, and usually we are invited through the council or through a property owner. Then we spend a lot of time building relationships with the council, from the mayors down. We work with schools and child care centres. We work with hospitals and medical centres. We engage with different groups like the ICPA—the Isolated Children's Parents' Association—Distance Education and other organisations like Royal Flying Doctor Service, North and West Remote Health and other agencies. Direct service provision is really part of our model in that we want to teach people what good service provision looks like and the difference that it can make.

006

A large part of our model is about building relationships, building communities' confidence in the mental health space, helping them to understand what it means to be connected and to feel safe and to feel resilient genuinely and to help them want to fight for that themselves. For example, one of the key tools we use within our Head Yakka program is a campaign called 'Look Out; Check In; Speak Up', which is very much about helping to build connections within a community. We are working with children, with parents, with the council workforce and with sporting clubs so that the same language and the same resources are being developed across the whole community so there is consistency and unity: look out for others—make sure you notice how people are travelling; check in on yourself and how you are travelling; and speak up and talk about it together. Let us make sure that we are caring actively for one another to try to reduce that isolation. It is very much about whole-of-community connections.

Mr BERKMAN: That is really fascinating. Thanks very much for that.
Mount Isa

Mr Whip: The thing that I like about the Outback Futures model is that we are actually involving the community. We are involved as a community in the solution, if you like. I know that I am talking to a government inquiry and I am not meaning to have a go at anyone, but sometimes when government policy is developed by the time it gets out to remote areas the policy that might have made a lot of sense, say, in the suburbs of Brisbane or wherever—if it is a policy that is based around numbers of students per guidance councillor or KPIs that talk about how many days a clinician might spend in a town and not necessarily how many people they see but just days spent in town—some of those things in a policy meeting probably sounded really good but you have to have people from the community saying, ‘Hang on, that’s not working. That’s creating a situation where we have a clinician sitting all day in Boulia and not seeing anyone’ or whatever. The key thing is the actual community that is obviously affected most directly by policy decisions or those KPIs.

Through that Outback Futures model we are actually having input into what the solution looks like so that we can be a part of tailoring that service delivery, that long-term community model. We can actually design that ourselves and have some input into that so that we are actually getting the best bang for the buck, if you like. We can identify where things are not working and say, ‘Look, we really need to change that or streamline that or shift some of that over there, because where it is at the moment is not working.’ Like I say, it might work great somewhere on the coast, but when you put remoteness and distance and isolation in the mix often there needs to be a different solution or a different outcome.

CHAIR: Thank you, Peter and Selena. Obviously we are in Mount Isa talking about something that is an issue throughout the Western world. Can you talk us through what you believe the benefits may be of having a statewide strategy that puts social isolation and loneliness at the forefront of the work that we do?

Ms Gomersall: I think there is real value in it in that it gives some sort of framework that everybody can be operating from. I have only been working in the bush for the past 10 years. My experience as a psychologist working in the city really has, in lots of ways, little relevance to what is happening in the bush. Whatever is developed as a statewide strategy needs to be adapted and needs to be rethought and re-evaluated once you hit a certain point in the state and move west. A lot of people think that Mount Isa or Toowoomba or even Roma or Emerald are classified as rural, but the situation and the needs and how things operate are just so inherently different once you get to Isisford and Julia Creek and Normanton and Boulia. It is a totally different world. It is really cross-cultural work. I would love to advocate that, whilst I think a statewide framework is a great idea, there needs to be an adaptation and an adaptability in that framework once you hit the remote and very remote contexts.

Mr Whip: Please do not take this the wrong way, but often government likes to have one policy: ‘Let’s get one policy for the state.’ I can see why that makes sense. I am sure if I was in a policy job in Brisbane I would want to do the same. However, the reality is that I do not think it works. I do not think it has ever worked. I cannot see how it will ever work unless you actually have local community buy-in. That does not mean saying, ‘We consulted with the community because we held a seminar at Longreach’ or whatever. It actually needs local communities to buy in to the issue and become part of the solution. I have been talking to a little community group here that is seeing people who are not connected and who are falling through the gaps. They have developed their own little strategy that they are going to work on. I know that in terms of a statewide strategy that probably does not sound very exciting, but it will mean a lot to the area that that community group touches.

I think the difference that we will really see, whatever we come up with, will be when we can actually get local communities to—ultimately we want our community to care about our community. Does that make sense? We see often that local government is a lot more effective at this sort of thing because the councillors are the same people who will be suffering the same issues—or their families or their grandkids or whatever. Unless we get that level of buy-in, anything from a state level is not going to work. I do not mean to say that it is a waste of time. I am trying to say that we really have to get our community caring about our community. That is when this will really work. That is when social isolation and loneliness are going to start to be dealt with.

It might be as simple as someone from the Rotary group committing to ringing five people every month just to say g’day and ask them for a coffee when they are next in town or something like that. I know in the global sense of things that does not sound very exciting, but it will actually make all the difference to someone who is living on a property an hour or two hours out of town who now has that relationship they did not have before. That is the trick with trying to come up with a statewide policy. It needs to be down to the level of relationship in communities. That is what I would see working.

I do not mean that to be a negative to what we are talking about, but often a statewide thing, by its nature, will not work everywhere. If that statewide policy could somehow be the incentive to get local communities mobilised and local communities working with and caring for their neighbour, the bloke down the road or whatever, that would be effective.

Ms Gomersall: Peter can correct me if I am wrong, but there is a sense for me that one of the roles that something like Outback Futures can play is almost as a translator. One of the reasons our unique workforce model is actually working well is that when you try to put mental health professionals in a small, close-knit community it is inherently going to fail because your social network is also your client base and it is very small.

The advantage of something like Outback Futures and the Head Yakka initiative is that we invest a lot in building trusted relationships with the community and really becoming connected. We recruit to each community. We have a team for each community but our team is based in the city. We have the relationships to push and we have the relationships with community, but we are also living in the place where the policies are developed and in that reality as well. We have a foot in both camps.

The advantage of something like Head Yakka is that it is about being the facilitator and using our trusted relationships with those communities to help them then adapt and shape and mould whatever a state policy is or whatever assistance is to work in their unique context. I think that is the power of the initiative called Head Yakka that we are now rolling out across a number of regions. It is not a program; it is a facilitation process to help communities to become, as Peter said, more mobilised, more engaged with and more involved with what works for them and how they want to take control of their wellbeing and future again.

The beauty of Head Yakka is that each team works with each community so that it can be different for the Barcoo shire and the Cloncurry shire. One may have had a drought back to back with a monsoon back to back with something else, and that is totally different from Isisford where they may have had three suicides and just drought. It allows us to be shaped for the unique story of each region and allows them to therefore create what is needed and adapt things to suit their community.

CHAIR: Thank you, Selena and Peter. You are both incredibly articulate around what the issues are and what some of the strategies have been for you. From what I am hearing, it is really about that connectedness. Special thanks to you both.

Mr BENNETT: I am curious about the staffing and how you find yourselves resourced. Can you explain that for the committee's benefit?

Ms Gomersall: You are referring to our workforce model?

Mr BENNETT: Yes, please.

Ms Gomersall: Again, this is a workforce model that developed with the bush. As Outback Futures was evolving with the bush communities, they were telling us what would work and what would not work. Originally I had thought that we would put local people on the ground and that was what we had initially planned. That just is not working out there if you are a psychologist in the Barcoo shire, where there are 440 people and everyone is a client and you are also going to meet them in your social network. The flip side is that FIFO is also a bit of a dirty word in the bush in that people do not like blow-ins from the city. They do not want somebody who is just going to come in and do their day in town and then leave again.

The unique factors of the Outback Futures workforce model is that we recruit to a region. We have a specific team for every shire that we work in. That shire knows that that is who their people are and that team knows that that is their community. With a lot of FIFOs, their head space is only in a region when they are there on the ground. They are in Boulia today, Mount Isa tomorrow and Barcaldine the next day. The difference for us is that our team's head space is with Winton even when they are not in community.

The second factor is that we use what we call extended FIFO; that is, we travel to town as a multidisciplinary team and we live, eat and breathe with the community for a week at a time. We have invested a huge amount of time, sometimes up to 12 months, just in community engagement and co-designing what our work will look like in that region before we even really fully immerse ourselves in the region so that the community is very involved in what we do from the beginning. The key to that extended FIFO model and the commitment to community engagement is that we get senior experienced staff and we get longevity of staff because we are not requiring them to move and live in community. It also means that we have a unique dependence on the community itself to carry what we are facilitating. We are building local champions. We are building people in the community with the capacity to lead the process when we are not in community so they are not dependent on us for success.

Whilst I know that there is a massive shortage of mental and allied health staff at the moment—we are being told that by everyone—the reality is that we just did a massive campaign for new staff and were inundated. I think people are wanting to do something meaningful in this COVID season, but they recognise that the opportunity to do that in a way that allows them to build genuine relationships and does not require them to move their family to live a million miles from anywhere is a unique opportunity. Recruitment is something that we are very committed to because we will only recruit for the longer term. We are committed to not having 12-month staff members. It is a challenge but I think the model that we have come up with is working because it evolved in the bush.

007

Mr Whip: I remember years ago, when I first met Selena, I said something like, 'I don't want my community to be worse off or just the same after Outback Futures moves on.' I guess that would apply to any service provision, and that is the key. I think Selena probably touched on it, but I just wanted to emphasise that it is. What we have to do is change the community. You can have a service provider come and deliver service, and that is all good, but the minute their funding is cut or the policy changes or that person leaves their job, that just stops. It just falls in a heap.

Part of what we are talking about and part of what Selena touched on is actually embedding stuff in the community so that service providers do not come and go, and that is part of being in the bush and that is probably never going to change. However, if we can change some attitudes and if we can change some skill sets around people saying, 'Hey, look, I saw someone from Outback Futures and it changed my family or changed me or whatever,' suddenly they are advocating for things whereas once upon a time they would have said, 'I'm in the same boat as you, mate. We may as well just go to the pub. That is the only strategy we have.'

I guess the critical thing, from where I sit anyway, in terms of what Selena is talking about is that it is not just about providing services and doing the work. Obviously that work still needs to be done and that service still needs to be provided, for sure, but there is also this other aspect of saying, 'We do not want to just leave the community how we found it; we actually want to embed some of this help-seeking behaviour and almost advocacy in the community.' We want to keep some of that with people in the community so that suddenly you will have organisations that are just little tiny groups in a community saying, 'I think we could make a difference. I think we could do something about people being isolated on properties. I think we could probably try and care for some of these people a bit better than we have in the past.' That is never going to happen from just having someone come and deliver service; it has to be this other aspect which is about embedding stuff in the community and the people who will be there long term. We actually have to do some work so that some of those skills and attitudes and all of that changes so that in five years time or in 10 years time we are not the same community we were 10 years ago. I am sure Selena said that, but I just wanted to emphasise that as well.

CHAIR: Peter and Selena, it has been quite difficult for the whole committee and some of the audience to hear you, just because of the teleconference arrangements, so my apologies for that. You really have provided a very succinct model for the committee to take away and the committee certainly commends you for the work that you do and for the model that you have so beautifully articulated this afternoon. Thank you sincerely for your time and please keep in touch with the inquiry and continue to talk to us should there be anything else that the committee can do to support you or to provide feedback.

Ms Gomersall: Thank you very much for giving us the opportunity.

LANGTREE, Mr Greg, Treasurer, Mount Isa Pensioners Association

LOWCOCK, Father Mick, North West Queensland Indigenous Catholic Social Services

CHAIR: I now welcome Greg Langtree from the Mount Isa Pensioners Association. Greg, it is great for you to be here today and I note that you have been listening all the way along today. It has been wonderful to have you here and certainly great to have your perspective on behalf of the pensioners association, so a very special good afternoon to you and thank you again for assisting the committee. I invite you to make a brief opening statement, Greg—from having chatted to you earlier, I know that you have lots to offer—and then I am sure our committee will have some questions for you. I do note Father Mick, who is in the audience as well. Father Mick will be joining us very shortly also, so over to you, Greg.

Mr Langtree: Thanks very much. I would like to start off by thanking you all for coming here to Mount Isa today to give us the opportunity to add to this new, if that is what it is to be, state strategy. I think it is a great idea. I am the treasurer of the Mount Isa Pensioners Association. The pensioners of Mount Isa are different to a lot of the groups here. We have no government assistance or sponsorship, and I do not think we require any; it is just a group that gets together to help with the isolation and loneliness of pensioners in Mount Isa.

I will give you a few facts, and I know that a lot of it has been mentioned already today. To talk about transport, a lot of the pensioners do not have cars, but if they do they are very old and they cannot drive. Someone mentioned earlier that there are no buses. We have had no buses for ages, so you cannot just jump on a bus and go somewhere. They did mention that a few of the clubs have buses, but a lot of the pensioners find it very difficult to get on those buses. In summer here out in the sun it can get up to 50 degrees, so you do not want to be out in the sun too long. In terms of mobilisation, a lot of the pensioners have walkers and walking sticks. It is hard to get into club buses or any buses to get anywhere.

I want to mention medical alert bracelets. I have not been able to follow it up, but I would like to know where you get these from so maybe some of the pensioners could receive them. I talked to Blue Care, but the lady I was talking to did not know much. I know that Blue Care have a number of packages. They have a basic care, a low-level care, a medium care and a high care, but all of these things, as you are aware, cost money and pensioners who do not have much money have to pay for them.

In terms of meetings of the pensioners, we have 22 members—that is all we have—and that is an issue in Mount Isa. I do not know if you are aware, but a lot of charity groups in Mount Isa are closing up because they cannot get volunteers anymore. I do not know if you are aware, but the Red Cross recently closed down in Mount Isa because they cannot get members. People want to be paid. We meet once a month but have problems getting new members. There are probably about 500 pensioners in Mount Isa, but they do not want to join the pensioners association. I think there is a stigma with respect to the word ‘pensioner’ and we have been talking about changing it to ‘seniors’.

We have three free lunches a year, with the last one being at Christmas. All members pay \$10 and we take them out three times a year to a club to have lunch. As you can see, the basic purpose of all these things we do are to help older people to get them out of their houses and help them with loneliness and remoteness. What happens at our meetings is a lot of the pensioners cook beforehand—they pay for it themselves—and they bring food along and at the end of the meeting we sit down and talk, and it is great talking to old people, because I am almost getting there myself!

Pensioners in Mount Isa are aged from 60 to 90. I say to my wife, ‘I don’t know if I should be in the pensioners association because all the people are dying on us,’ and that is very sad. We play Hoy, if everyone knows what Hoy is. For those of you who do not know, it is basically like bingo but they play with cards and once you get all your cards you yell out ‘Hoy’. We have that once a month and we provide little prizes and it gets the pensioners out again. We hold pensioners bingo twice a week at the Irish Club. We have pensioners bingo where they play actual bingo and the Irish Club donates \$30 prizes—about 10 of them.

We have the Laura Johnson Home here. That is our aged-care facility here in Mount Isa and I know that a lot of the people in there are very lonely. The issue in Mount Isa is the expense. I know someone mentioned earlier the expense of things in Mount Isa. Do you remember Prime Minister Chifley? You are probably all too young to remember him. He introduced a zone allowance for Mount Isa years ago because he realised that the remoteness of Mount Isa meant that the cost of living in Mount Isa was very high. He introduced a \$960 allowance—and I can remember it myself because I was in payroll and I used to have something to do with it—that would come off your tax. That was a benefit to people, but that has gone by the wayside.

008

Family travel is very expensive. To get to the coast it is 960 kilometres. You have to go to Cloncurry to Julia Creek to Richmond to Hughenden to Charters Towers. When I was a young fellow, I could drive all the way through to Townsville and through to Cairns. Now I am flat out driving halfway to Townsville, and that is the problem that old people face; they cannot drive that far anymore.

There is also the cost of fuel—and I know you have an issue in Brisbane at the moment, but let's think how it was a month ago. In Mount Isa it is \$1.70 a litre while in Brisbane it is \$1.30 or \$1.40; it is a lot cheaper. In terms of rates, I know that Mount Isa has some of the highest rates in Queensland. We have also paid for water in the last couple of years. We never used to pay for our water, but now we pay 87 cents a kilolitre for our water. It cost me nothing two years ago and now it is costing me—pensioners—\$500. That is why if you drive around Mount Isa you will see most of the lawns are dead; people are not watering.

I turn to the Red Cross. The other day a young fellow, an Englishman, came to my place collecting money. I heard someone mention it here earlier; it is a great idea. Red Cross are raising money so they can ring pensioners every second day or every day and see if they are all right. If that Red Cross project could be subsidised I reckon it would be great for people in Mount Isa.

The Mount Isa City Council have a morning tea for pensioners once a year. That has been since COVID started. Before COVID started they used to run three pensioner dos in the year—on Easter, Christmas and Mother's Day. The Mount Isa cinema put on a picture for the pensioners once a year. I heard the other lady a minute ago mention GPs. There is an issue with GPs in Mount Isa. I know that I have had about five GPs in the last six years. You get to know one and they go; they do not want to stay here.

Newspapers is also a big issue for me and other pensioners. The older people do not get online, as the lady here said before. We used to read the paper. The big thing—and I know it is pretty morbid—is that people we know are dying and we do not know about it because we do not read it in the paper. It is a big issue. That is all I have to say. I think we are a bit different to the other organisations that have been here today. We are not government funded or sponsored; we are just there to help the pensioners.

CHAIR: Thank you sincerely for sharing with us a lot about your organisation and the opportunities it provides. I am sure the committee will have some questions for you. We are also going to ask Father Mick Lowcock if you would not mind coming forward also. He is the local parish priest and is also a member of the North West Queensland Indigenous Catholic Social Services. Welcome to you, Father Mick. It is very good to have you here, as one of the pillars of the community. I am going to turn to our deputy chair, who will ask the first question.

Mr BENNETT: Chair, could I be so bold as to suggest that Father Mick might like to make an opening statement—

CHAIR: Sure. Father Mick would you like to share—

Mr BENNETT:—of five minutes or something? Is that all right?

CHAIR: That is a great idea.

Father Lowcock: Good afternoon. Thanks for coming, as Greg has said. I would like to acknowledge the Kalkadoon people, on whose land we stand today, and their elders past and present and the young emerging elders. I will give a quick rundown.

No matter which parish covers Boulia to Camooweal to Julia Creek, we look after all of that area. There are separate parishes. There are a whole lot of issues in that. Also through the state government we auspice the CAMS program, Community Action for a Multicultural Society. I will speak about two little things related to that.

There are a number of women who are part of that program who normally would not even be allowed to leave their house. To me that is social isolation. Particularly for some of the Asian women, it has been really good for them and I would like to congratulate the state government on offering that program. The Multicultural Festival is one of the things we hold every year for the community. It overcomes social isolation. For example, a number of years ago—we used to highlight a different country each year—the Indian community felt for the first time a part of the community. This year we had Southern Asia, and the people of Nepal really felt a part of the community. The other thing is the parish also offers a room to the Islamic men for their prayer room. That is the parish part.

Because Mount Isa is over 20 per cent Indigenous and North-West Queensland is 25 per cent Indigenous or more, we have a number of services. We employ about 90 people, 80 per cent of whom we try to ensure are Indigenous. I will go through a few of the things to do with either parish people or Indigenous people.

Obviously people have talked about mental disability. To me, it is a huge issue. For example, a number of years ago I took someone to the hospital. I could not speak when they went to the doctor at the outpatients. He obviously had mental disabilities, which is why I took him there. I could not speak, but what he told them obviously was not true but they gave him some medication and I put him on the plane the next day to send him back to Doomadgee because the services there out of Townsville were better than here. To me there has always been a problem with some of the services in mental health that Queensland Health have here.

In terms of NDIS services, obviously most of those things are between nine and five. That also leads me to the whole issue of disability, particularly mental disability in relation to jail. We talk about whether it is 30 per cent or 60 per cent of people in jail who have a mental disability. I know that, mainly because of domestic violence laws, the number of people in the last three years—a number of us send a card to everyone in jail at Christmas time—has doubled. I think there is a whole issue around that in terms of jailing. I am not saying it is not a serious crime—I understand all that—but sending them to jail is a waste of time. They come back and nothing has really happened. In fact, they are probably destroyed as a result of their experience in jail.

Through the Murri Court we try to do something. We have a men's group and a women's group through Murri Court and through the youth court. I think Adam and Faisal spoke about that this morning. There is a whole issue around DV. People say men are the cause of DV, but what happens for men? All we are doing is protecting women. We are not looking at the cause of it all. Then socialisation of men becomes a bigger issue. For example, when men are let out of the watch house, they go straight down the river and there is some social isolation from some of the men they are drinking with. We have been in touch with Darwin and the department of housing here looking at what they call a cooling-off place so men can go to a place to avoid that social isolation. We have a men's shed connected with one of our services here for Indigenous men and young people.

Suicide, especially in youth, has been an issue and continues to be an issue. Two weeks ago a fellow who was club person of the year and received another award at Cloncurry for Rugby League went home and committed suicide. There are a few issues in all that; it is not as simple as that, but suicide is still a huge issue. Then there is sexual relationships in young people. To me, for a lot of them it is because of the isolation they feel, particularly from families, because of what is happening in their family life. There are people as young as 10 in a domestic violence situation for sex. That blows my mind to even think about that. I saw a young girl the other day walking across the bridge over here and I thought, 'Love, you've been through every experience of life and none of it has been pretty. So what do you have to look forward to?' I understand that social isolation is caused by the experiences that people have when they are too young to understand what they are really going through in life.

Other examples of social isolation, for example, come about due to drought and remoteness. For example, Boulia is in the Longreach health district, but if you are sick you come to Mount Isa. The flying doctor visits here one week and the next week visits Longreach or Winton. In terms of health issues, at times there is a disconnect with what people have and what they are offered. This Friday we have a funeral in Dajarra, which is 150 kilometres south, halfway to Boulia. I will take the body down in the car. That saves people \$500 to \$700. Social isolation causes lots of issues that people cannot really fund for themselves, and most of the community are on some sort of pension or disability benefit.

People have raised the issue of blue cards and also the bus service. The issue for me is that, since COVID came, there is no longer a bus service to the Northern Territory. Greyhound used to do that. One of the disabilities associated with Greyhound was that they could not pick up anyone between Townsville and Mount Isa because that is run by Sunbus and subsidised by the government. They would come here and then go to the territory, so people who come here were stranded. We are in the process of hiring a bus to take 20 or 30 people. In the last two weeks we have sent 20 people back to Mornington Island. The department of housing gave us a special dispensation to use some of the money we have to fund that service through Rex Airlines, who have a special arrangement to do that. That is with the police and with our own Riverbed Action Group Outreach and Support Service.

Privacy laws to me are a really big issue in terms of social isolation. I will give you two examples. There is a young fellow here who obviously had a mental disability. Neither his parents nor I were able to find out anything from Mental Health about him. He went to the territory and then he ended up in a park in Brisbane where he murdered someone. We were not able to even understand some of those issues.

There was another example in the last year where a young person, who was not even 12, found the youth court had ordered a mental health assessment. I thought, 'I know what's going to happen here. It's going to be proven that he's not capable of giving consent and as a result of that all the charges relating to cars and everything else will just be dismissed.' What happened? I went to court on that day. I went to Youth Justice and they could not get a copy of the report. I went to ATSIILS and they could not get a copy of the report. Outside court his grandmother, who is his carer, called me over and said, 'Us ladies are so ashamed of our boys and what they are doing.' I said, 'You know what? That lady up there, she's done a mental health assessment and even I can't get a copy of it. I said join the club.' The whole subject of privacy laws creates a lot of issues for us which makes it very difficult to deal with. It causes a lot of isolation in that people are then isolated from their family.

Then there is the issue of prostate cancer. Tony McGrady and I head up the prostate cancer group here in town and we offer \$1,000 to any men who come forward with prostate cancer. Obviously Queensland Health and doctors cannot tell us who they are. That is another question of privacy, so you have to find out in a roundabout way who has prostate cancer. The whole issue around health sometimes isolates people from the community and from the services that are available in the community.

I did not intend to speak, but I wrote down some things. The other issue I want to mention is pokies and alcohol. Pokies are open till 4 am now, as you probably know. That is a form of social isolation. People are able to come here and they are offered Tim Tams and free coffee after midnight. People's pension comes in between two and three in the morning, so by four o'clock there is nothing left in the account. All these things which provide some entertainment for people have a side effect which to me is devastating. In the old days, when their pension came in the kids would get the card, go uptown in the morning and get some groceries before they went to the pokies and spent the money. If you have any influence at all, can you bring the closing time for pokies back to midnight at least?

They are some of the things I wished to raise, and I have probably spent enough time talking about them. If I can mention one more, there is the issue of new people coming to town such as, as people referred to earlier, teachers or mining people. For example, more than three-quarters of teachers in our Catholic schools—we have two primaries and a secondary school here—are in their first, second or third year. That means that a young person comes here from university with no money because they have lived at home. They have bought their car to get out here and then they have to set up house. Some of them have never cooked before in their lives. With all the things that young people go through, they feel really isolated. There are extreme cases, and one of the extreme cases was in Cloncurry where someone was coming to the school and he got as far as Barcaldine with his father and he cried so much that he went back to Brisbane.

009

There is the whole sense of distance. What we could afford to offer is really difficult in terms of young people who come out here as professionals. As an example, Education Queensland offer about \$75 a fortnight in terms of education with free electricity. The best we can offer is \$175 so we cannot compete, but I think there is a sense in which social isolation for these young people ends up being at the grog, at the shop. As I said, the young engineer comes home sitting in his unit and the young teacher comes home sitting on the front. By mid-Easter or April sometimes, there is only one unit needed, because it is social isolation. There are a lot of issues in the community that could be developed.

CHAIR: You certainly have a tremendous grip on the issues that are pertinent to people here in Mount Isa.

Mr KATTER: Greg, I got a lot out of your talk. There were a few things I had forgotten about or did not know. I am interested in transport, and it is probably not a huge thing but it is the sleeper cabins. I know that was a big issue about 10 years ago when they removed those, because that was a viable way to get to Townsville. Father Mick, you talked about mental health. Sometimes when the health provisions are not here there is a form of isolation, but the big one for me is renal. There are some tragic stories. I was going to ask about the newspapers again, but you already brought that up. I have a lot of feedback on that. Greg, do you have a comment about the train? I am also interested to hear about the renal.

Mr Langtree: Not on the train. I know when we used to travel by train we could get a cabin. You do not want to sit up all the time so you just do not go.

Mr KATTER: To me, the biggest users of it were the pensioners and the poorer, local Indigenous people who could not afford anything else.

Mr Langtree: That is exactly right.

Mr KATTER: Do you want to talk about the renal?

Father Lowcock: There are obviously not enough chairs. I think Alice Springs has five times as many chairs as we have and their town is the same sort of size. There are 60 or 70 chairs, and we have 10. For example, the husband of one of our workers had to go to Townsville for an operation. He ended up on dialysis, so the best he could do was go to Cairns for dialysis. In the process of being in Cairns, their son committed suicide for another lot of reasons. In trying to get back here for a funeral and being able to stay here, it is a week-by-week process now that Queensland Health can offer them a chair. There are a number of people they have gathered since there has been some publicity around that. People from Queensland have a better chance of getting dialysis in Alice Springs than in Queensland. A number of people are over there, partly because they have some connection with the Territory, but it is really sad what happens to families in the process.

CHAIR: Greg, did you want to add anything there?

Mr Langtree: No, that is about right.

Mr BENNETT: Father Mick, this morning the guys from the Youth Hub were here. This is a difficult subject with challenges. I am not advocating that this is good, bad or ugly but it is controversial about income management in other jurisdictions. Has that been talked about in your circle? I am not trying to advocate for that; I think it is an issue for every community. We hear about the pokies and other issues. I declare that my town is income managed, so I just make that comment.

Father Lowcock: I am pretty familiar with that. Doomadgee have the Family Responsibilities Commission so they have a number of people. Last week we were speaking to people from Cairns who run that here, because some of the principles are really important but obviously there are only those five communities that have those. To me, to try to get that extended would be a good thing. Rather than declare the whole area, we could work with families who are in need. The problem I see is the cards when it is blanket—that is, no-one then works with the people to try to get them off the card, whereas this is trying to get them onto the card to help them manage and then every six months or nine months—whatever they agree to—they can do it. To me, that would be a better model if we could do that. That is the way I see it.

Mr BENNETT: I point out that there is a lot of work done to get those people into employment so they are off the card.

Father Lowcock: We have talked about it—

Mr BENNETT: It is controversial; I get it.

Father Lowcock: No. It is not so much controversial. To me, it is the way we go about it—where do we start or where do we end? We have been trying to say, 'How can we draw some of those principles into working with families here, and can we then negotiate with Centrelink to have those people tied up somehow to those cards?'

Ms LUI: I am not sure who mentioned volunteers and the challenge of getting more people volunteering. We heard from previous speakers that volunteers play a critical role in community organisations in bringing people together. They are part of that connectedness and getting community people engaged. I am interested to hear your thoughts on the important role that volunteers play in community organisations. What do you think about the challenges moving forward if we continue to lose more volunteers in communities?

Mr Langtree: There is no doubt that volunteers provide a big service in the town. However, as I said earlier, the younger people these days—I do not know if it is their mentality or what it is—expect to get paid. As an older person, I get pleasure out of helping people, but I do not think that is young people's mindset. You help people and it is worth it. A lot of organisations, as I said, are folding because they cannot get volunteers.

Father Lowcock: We have a free meal at our place every day. We have a contract with the watch house to supply meals. The money we make from that pays people to work Monday to Friday, but on the weekend volunteers do it. The great ones who have been doing that—particularly young teachers and young people—have a sense of service for the poor. The advantage of the free meal is that a number of those people are really social isolates but they come and have a place where they can gather each day. Little things like that provide some form of overcoming social isolation.

CHAIR: Thank you, Greg.

Mr BERKMAN: I want to say thanks for the work you do. Greg, it is a huge service offered to pensioners in the city. Father Mick, your name came up a handful of times before you even stepped in the room today, so you are clearly integral to the community.

Mr BENNETT: And everyone should have a look at the Mount Isa Pensioners Association Facebook page to see Robbie Katter. I see you are a regular visitor. I just got that into *Hansard*. Do yourself a favour and have a look.

CHAIR: I thank you both for your contribution this afternoon. The committee is under no illusions about the work you both do in the community. On behalf of the committee and the government, we thank you for your tremendous contribution and how much you give of yourself for others.

That concludes this public hearing this afternoon. On behalf of the committee, I would like to thank all of the witnesses and stakeholders who have participated today. I would also like to take this opportunity to thank the many submitters who have engaged with the inquiry. Thank you so much to our Hansard reporter, Bonnie. A transcript of these proceedings will be available on the committee's webpage in due course. I now declare the public hearing closed.

The committee adjourned at 3.09 pm.