



COMMUNITY SUPPORT AND SERVICES COMMITTEE

Members present:

Ms CP McMillan MP—Chair

Mr SA Bennett MP

Mr MC Berkman MP

Ms CL Lui MP

Mr RCJ Skelton MP

Visiting Members:

Mr AD Harper MP

Mr LA Walker 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

TUESDAY, 19 OCTOBER 2021

Aitkenvale

TUESDAY, 19 OCTOBER 2021

The committee met at 11.03 am.

CHAIR: Good morning, everyone. I declare open this public hearing for the Community Support and Services Committee's inquiry into social isolation and loneliness. I respectfully acknowledge the traditional custodians of the land on which we meet today, the Bindal people and the Wulgurukaba people, and pay our respects to elders past, present and emerging. I acknowledge especially all of the elders in the room this morning. I thank you very much for your custodianship of the land and also for welcoming us so beautifully onto your country. I also acknowledge our colleague Cynthia Lui, the member for Cook, a First Nations woman and a great asset to this committee. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander peoples, whose lands, winds and waters we are all lucky enough to 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, which is in Brisbane, for those of you who do not know where Mansfield is, and I am the also the chair of the committee. Mr Stephen Bennett, the member for Burnett, near Bundaberg, is the deputy chair. The other committee members with me today are Mr Michael Berkman, the member for Maiwar, which is a seat in the western suburbs of Brisbane; Mr Robert Skelton, the member for Nicklin, on the Sunshine Coast; and of course our dear colleague Ms Cynthia Lui, the member for Cook, which encompasses Cairns and the Torres Strait Islands. I welcome Mr Les Walker, the member for Mundingburra. I think he just left for a little while. Mr Aaron Harper, the member for Thuringowa, may be in the audience 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 Townsville today to hear the views of your community. Please take this opportunity to share with us your thoughts and your experiences. I ask everyone to respect the rights of others to hold and express their particular view. When speaking, please take care not to refer to ongoing court matters or to the naming of children.

The hearing is being recorded and transcribed by Hansard and speakers should be aware that the transcript of this hearing will be published on our webpage. If any media are present, 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 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.

BAWDEN, Ms Sally, General Manager, selectability Townsville

PATTERSON, Ms Rebecca, Mental Health Hub Manager, selectability Townsville

CHAIR: It is lovely for you both to join us this morning. We welcome you and thank you sincerely for offering your advice, support and considerations on the work of our committee. I will ask you to make a brief opening statement, after which our committee will have lots of questions for you.

Ms Bawden: Thank you so much for having us here today. We really appreciate this opportunity and we would like to answer any questions that you have. We have a small presentation on behalf of my CEO, Debra Burden, who is unable to make it today. I am happy to present that to you today. I can send it off to Ciara afterwards so that you have a copy of it. selectability acknowledges the traditional owners of the land on which we provide services and we pay our respects to elders past, present and emerging. Thank you all for having us today.

We acknowledge those with lived experience and those who support and partner with us to improve mental wellbeing and prevent suicide across regional Queensland. selectability has a large footprint across regional Queensland and we are in most of the major centres. In terms of our purpose and why we are different, selectability exists to improve the mental wellbeing of regional Queenslanders and contribute to suicide prevention in regional Queensland. We do not actually go down as far as South-East Queensland, across the borders or as far as the Sunshine Coast. We go as far as Rockhampton, out to Longreach and up to Mount Isa. We have 45 years history in service delivery in the region. We merged in 2017 with SOLAS and MIFNQ and we are now selectability.

We have national standards for mental health, human services quality standards and NDIS practice in complex standards. We have our own registered training organisation and we have a strategic goal to become accredited to deliver aged care in the home by 30 June 2022.

We have eight board members and a chair. Tom Ryan is a psychiatrist at Queensland Health. We also have Tulha Aga, another psychiatrist at Queensland Health. We also have Marianne Bonassi, Sandra Hubert, Robert James, Dr Clive Skarrott, Professor Robert Stable, Matthew Watts and currently we have a vacant position. Our CEO is Debra Burden. I am the general manager for Townsville. We have a general manager in each of our regional outlets. Colin McPherson is our Mackay GM. The GM for the regions is Ryan Wiggins. The general manager for Cairns and clinical services is Ingrid Westthorpe. The chief operating officer is Aaron Farrell and our chief finance officer is Chris Attard.

We currently have 370-plus in our workforce with a range of backgrounds and experiences. We have qualified and highly skilled staff including psychologists, mental health nurses, social workers, registered nurses, recovery coaches, peer workers, lifestyle support workers, support coordinators, life coaches and cleaners.

Our registered training organisation covers a number of different courses within the mental health space, ranging from certificate III in individual support and certificate IV in mental health right through to managing and preventing aggression.

We have a number of NDIS programs and services running throughout the footprint. selectability is one of regional Queensland's largest NDIS providers of mental health services and supports. We offer individual support in the home and community, support coordination, specialist support coordination, group support, psychosocial recovery coaching and supported independent living.

We have a carer gateway through Wellways. We have a carer gateway coordinator who offers counselling, emergency planned respite and carer coaching. We also have funded programs like the selectwellbeing program, which is a Queensland Health funded program. We also have bike sheds, clubhouses, mental health hubs, the carer gateway, community service facilitators and child protection.

I would like to touch on the bike sheds and our mental health hub. That predominantly covers a lot of supports and services that we can offer to the community that specifically cater around loneliness and for people who are struggling with their mental health. As we know, one in five can often experience mental ill health at some time in their lives.

The bike sheds give you something to do, something to look forward to and something to love. It has taken off quite well. We have a number of bike rides each week. It gives people an opportunity to come together. We have a coffee machine. We have break-out spaces. We also have bikes on loan that are free to the community. They can bring their own club or their group. They can go themselves or however they like. That has been a huge bonus for impacting those who experience loneliness and mental ill health of any kind. It is open to the whole community.

We are branching out into aged care for people who would really love to do some volunteering. Often we find that people in the aged-care space are quite lonely. It is giving them an opportunity to volunteer to help the younger people in the community. We are branching out into the child safety area as well.

We have a large number of clinical practitioners within our team. We are one of the largest private practice providers of clinical mental health services for our organisation and individuals across our footprint. The team is dedicated and is led by Ingrid Westthorpe, our general manager in Cairns and clinical services, who is a registered nurse of 35-plus years experience. We have over 50 Ahpra registered mental health professionals within our organisation.

In terms of services, we provide treatment for suicide, eating disorders, self-harm, PTSD, women's mental health including postnatal depression, depression, anxiety and stress. We know that postnatal depression can impact a large number of women.

Our Suicide Prevention Community Action Plan is in place in Mackay and Townsville. Out west to Mount Isa we have the Way Back Support Service. Across the footprint we have a new Real Mates Talk campaign, which has really taken off in the Mackay/Isaac region. It is an incredible program that we will roll out into most of our outlets. It is a great space if you have the opportunity to have a look on the website.

The Well Man App is an incredible app around keeping men specifically connected. Especially when they have been out in the mines or they are working, they do experience a lot of loneliness. In those impacted areas they do not see a lot of people when they are working out west or anywhere. It

really caters for a number of people. I did a bit of training with the Well Man App the other day. It is quite remarkable how it can resonate with males. I found that there is a lot in there that could help me as well.

In our Townsville region we have our head office in Charles Street. We have our mental health hub in Cambridge Street. We have our bike shed in Charles Street and we also have our clubhouse. Our clubhouses are an integral part of the community. We do a lot with Queensland Health and those experiencing especially the gap or admissions to hospital around their mental health. With the clubhouse we found that people are having fewer admissions to hospital because they have somewhere to go and are able to be part of something.

We are out in Cairns, Mackay, Mount Isa and Palm Island. When you see this presentation come through you will see on the acknowledgement and also on the Palm Island page the beautiful artwork that the Palm Island women have done. It is quite beautiful with the colours they have used. We use that on our pashminas and also our men's ties. We are really proud of that.

Mr BENNETT: You did not bring any for us?

Ms Bawden: I can bring them back. I should have, actually. I will look into that, sorry.

In Charters Towers we have the Mental Health Hub. We have branched out into the Mental Health Hub in Mount Isa and also just recently opened it in Ingham. We are about to stand up in Ayr. We have just been given a grant to get the Mental Health Hub up and running in Ayr, which will make a huge difference to the Burdekin community. We are about to stand up in Bowen and out to Longreach. That is it for the minute. If you have any questions, I am more than happy to answer what I can answer.

CHAIR: Thank you so much, Rebecca and Sally. It is really good to hear about the wide range of work that you are doing in the community and beyond the community.

Mr BENNETT: Your presentation was great because you ticked off on a number of things that I was going to ask you about, including your geographical footprint. You said that you are standing up in Bowen and Ayr. Is that a recent development?

Ms Bawden: Yes. We have found that there is a significant need and people are asking us to come into the community. Once we acknowledge that and understand the level of support that people are needing, we then go into the community and try to employ locals in that community to stand up a service. That will also include NDIS and government funded programs where we can.

Mr BENNETT: One of the things that earlier presentations were talking about was training of staff. You mentioned you are an RTO in your own right.

Ms Bawden: Yes.

Mr BENNETT: Do all clinicians or contact people have to be trained or certified? I am interested in the social workers within your organisation. A few groups have talked about mandatory training. Do you do a certificate in social work for your staff?

Ms Bawden: We do a diploma in community services, which gives them an entry level into support coordination. However, the Ahpra accredited or the social worker accredited social workers who are on board are under the clinical governance of Ingrid, who is in Cairns. She is our clinical general manager as well. They do have qualifications to go in as social workers to deliver that service.

Mr BENNETT: Yours would be specific around the NDIS and also mental health. Do those social worker certificates drift into areas of expertise?

Ms Bawden: It depends. I would have to get Ingrid to answer that question.

Mr BENNETT: I will make a note that you are an RTO in your own right, providing that training and development for your staff, which I think is a great outcome.

Ms Bawden: It is fully online. It can be right across Australia. If somebody in Western Australia wanted to do it, we are fully online and can implement that anywhere.

Mr BENNETT: When you said it, it prompted me to ask the question. Other organisations are seeing a gap. It could be another revenue stream.

Ms Bawden: Especially around the psychosocial recovery coach, which was implemented last year with the NDIS in conjunction with the support coordination. With the psychosocial recovery coach, we do the certificate IV in mental health, which is a requirement for a psychosocial recovery coach. It is really great to see that we have career pathways also for anybody coming into that space to offer support.

CHAIR: A number of organisations have raised with us the capacity-building issue. It is really positive to hear of that training and that you have taken the initiative to provide that. Well done. Congratulations on that.

Ms Bawden: Thank you.

Mr BERKMAN: I really appreciate your time today. When we spoke with your colleague in Mount Isa yesterday, I made the observation that it is a really unusual mix of functions in the organisation between being an RTO, an NDIS service provider and obviously the kind of in-community mental health work that you do. My question has a specific focus on social isolation and loneliness and the links with mental health impacts. We have heard from witnesses who speak to the mental health impacts of social isolation and loneliness and also loneliness and isolation being driven by mental health as people are more isolated because of mental health issues.

Ms Bawden: Yes, there is a huge impact.

Mr BERKMAN: Can you speak to your experience in that space, whether it is the bicycle hubs or the other community facilities that work in with the clinical mental health service provision that you do?

Ms Bawden: It usually gets flagged by their mental health case manager with Queensland Health. If they find that that person has been impacted and is needing a level of support that they are not funded through or have not got an NDIS plan for as yet, they can go on a program called the selectwellbeing program. They get offered a certain amount of hours per week to access the community. It is just relieving that cycle of isolation and not being able to get outside the house.

There is also a branch off that to be able to access some community groups through the same funding. As an organisation, we are able to offer that to the consumer—they can be part of that program—and also get them integrated and build their capacity. It may take them quite a lengthy amount of time to be able to feel comfortable to go into that group, but it is knowing that someone is coming in there weekly to check on them to make sure they are okay. They may then find that they meet access to the NDIS and then they will have be offered more support around capacity building around any kind of therapies and things like that that they need, but also integrating them back into the community to live their best life.

Mr BERKMAN: I do not think we naturally or intuitively perceive the NDIS to relate directly to supports for mental health needs. Is that the primary 'in' for NDIS service provision for your organisation or are you meeting a broader range of NDIS service packages?

Ms Bawden: We are predominantly mental health, so those consumers who are suffering with mental ill health that is a permanent diagnosis and they have an NDIS plan. That is the majority of the support that we offer. However, with the support coordination we can offer support to anyone with an NDIS plan, whether that is physical or mental. It does not matter; we can offer support there. We have them in separate areas, so they are very distinctly separate. The majority of our work is within the mental health space.

Mr BERKMAN: It is wonderful work that you do, thanks very much.

Mr SKELTON: Do you think there are any benefits in the introduction of a statewide strategy to address social isolation and loneliness? Obviously every situation will be nuanced, but should there be an overarching framework or something of that nature?

Ms Bawden: We are trying to stand up our mental health hubs and our bike sheds in each region and outlet that we have. We found it is very successful in minimising loneliness and social isolation. It really tries to get those people back out into the community. It is building their capacity and understanding that they are wanted, they are valued and they are needed, and it gives them something to do, something to look forward to and something to love. We found that is quite profound in people in the community who cannot find anything. We find that the more we stand up these programs, the bike sheds specifically, the more it brings the community together to make sure that people are feeling a part of something.

Mr SKELTON: A common interest.

Ms Bawden: A common interest. The coffee machine is quite an important aspect of that because you can get yourself a coffee, you start to sit around and people start opening up. It does create a bit of a conversation point. It really breaks that silence and enables people to come together and communicate. It has been really wonderful.

Ms Patterson: I think one of the benefits of a statewide approach is that people then can rely on having an organisation to assist them with mental health wherever they are in the state. For example, we have consumers who travel through regional Queensland and up to Cairns. If they knew that there was somewhere they could go for support when they are feeling low and they want to connect socially with others, that would reduce the anxiety and assist.

CHAIR: Rebecca, this question is a little bit about my own naivety and ignorance. The member for Maiwar mentioned the NDIS and tapping into that resource funding. What level of mental health allows you to draw upon the NDIS funding? Can you talk to us a little about that? It is probably not really our realm of expertise. A really important issue for social isolation and loneliness in Queensland is around supporting those who have periods of mental unwellness because, of course, it feeds into isolation and loneliness. Can you talk to us a little bit about the degree of mental health and accessing NDIS?

Ms Patterson: To get onto the NDIS you must have a lifelong permanent disability. There are options available for those who do not meet that criteria. There are a number of different government organisations and funding programs that enable people to access the mental health supports, but I think it is really just making people aware that there is support available and that it does not matter whether you are on the NDIS or not on the NDIS; there is support available for everybody. I think sometimes the focus on the NDIS can be a barrier to some people. Maybe they feel that they cannot get support when there is so much available.

Ms Bowden: There is sometimes a gap for people, whether they do not meet access for the NDIS or they do not meet access for another funded program. There is still a gap where people cannot access things. There is a barrier to some people, but it is just making sure that we have enough funding out there for people to know that they can access that without adding too many criteria to access it.

CHAIR: Congratulations on the great work that you do. As the member for Maiwar mentioned, the committee was really impressed by your organisation and the work that you do in Mount Isa. Seeing the work you also do here in Townsville, I commend you for the support that you provide for our communities. Well done to you both.

Mr BENNETT: Chair, was there an undertaking for a document to be forwarded?

Ms Bowden: Yes, I will send that to Ciara.

CHAIR: The committee would be really keen to have a read of that. Our time has come to an end. Thank you both sincerely for providing that support, advice and guidance to the committee. Thanks again and enjoy the rest of your day.

Ms Bowden: Thank you for your time. We appreciate the opportunity.

MARTIN, Ms Christine, Centre Manager, Rollingsstone Community Centre

CHAIR: Thank you for appearing before the committee today. Before I ask you to make a brief opening statement, I want to acknowledge the member for Thuringowa, Aaron Harper MP. It is great to have you join the committee today, Aaron. Thank you for welcoming us to your community. Chris, would you like to make a brief opening statement?

Ms Martin: I begin by acknowledging the traditional custodians of the land on which we gather today and pay respects to their elders past and present. I extend respect to the Aboriginal and Torres Strait Islander peoples here today. I thank you for extending the invitation for me to speak here today.

The Rollingsstone District Community Association is responsible for a small district north of Townsville and south of Ingham; it is almost directly in the middle. There is only one road network that leads in and out of that area. The communities are often isolated when the roads are blocked by accident or incident and there is no formal public transport system. The communities of Rollingsstone, Balgal, Toomulla, Crystal Creek, Mutarnee, Paluma and properties and stations in between have an approximate permanent population of 1,500 to 1,600, of which 28 per cent are aged 65 and over, according to the ABS 2016 statistics. Numbers increase greatly during the cooler months, with tourists and travellers utilising free camps and parks around the district. Many residents move to our district for a quieter or retirement lifestyle.

In days gone by, the Rollingsstone-Balgal neighbours used to look out for each other. They would check in on one another if they had not seen them in some time or in times of crisis. These old social norms are changing as the old guard moves on.

Being so far out of town does have its advantages as there are half a dozen special interest incorporated associations in the district and each has very active social and events calendars and very reasonably priced memberships. In other words, the community knows how to make its own fun.

There is limited employment in the district, with only half a dozen outlets offering jobs. Much of the employment is offered in seasonal work through the local growers. The rental market has traditionally been on the cheaper side, which is another reason families on lower incomes and government payments choose to live in the district. This can be deceiving. While rents are cheaper, the cost of fuel and travel quickly eats into budgets. This can also result in isolation, as often residents' extended families living in Townsville say it is too far to travel to come and see them. Many of the older residents experience this, and it seems that the only time they see their extended families is when they make effort to travel in themselves. It is a two-hour round trip to Townsville.

Rollingsstone and District Community Association was founded in 1964 and incorporated in 1990 and has been responsible for much of the community development in the district. The Rollingsstone Community Centre is managed by the association and offers a wide range of activities and events, many of which were mentioned in the submission, for residents. Our figures for the 2020-21 year stand at 38,231 interactions with the centre, including Facebook and webpage statistics. The numbers through the RTC alone stand at 2,550 for the same period and slightly down due to COVID.

The Rollingsstone Rural Transaction Centre is a community development project undertaken by the association. It is funded for one employee. In the RTC, much of the work can be of a sensitive nature and not always suitable for a volunteer workforce to handle, given the complexities of some clients' needs. Privacy and confidentiality is a great concern, especially in small communities. I once heard it said, 'We don't go to the community centre because we don't want everybody knowing our business.' I have worked hard for eight years to change that culture, both at the centre and in the community.

The centre is flourishing with increasing workloads. A small reserve of capital provided funds to employ a part-time admin worker for the past three years, but we recently had to let him go as employment costs became too great.

The RTC building is not leased from the department of communities and the RTC is responsible for its own maintenance, repairs and ongoing costs which need to be budgeted from the contract funding. Building repairs after the torrential rain in 2019 took much of our reserves.

The district has no public transport service. The association has achieved a community transport service which is self-funding and has been operating for two years. The only time it was not run was during the COVID lockdowns. The regular passengers on this service have developed a small social network of their own and help each other when assistance is needed at other times.

The association performed a fundamental role in achieving a doctor and pharmacy for the district, both developing an MOU with the Bluewater Medical Practice, working out of offices in the RTC, and the RTC contributing funds for nursing staff. The resulting statistics were the basis of a

grant application, with funding being approved to build a permanent medical and pharmacy facility in Balgal Beach. Prior to this, the nearest medical centre was at Bluewater, 30 kilometres away. Locals now can actively receive support from their local GP, including short-term and long-term mental health planning. Only recently the RTC was approached by a counsellor to rent office space on an as-needs basis.

The population is not large enough to provide full-time or even part-time professional support groups. Townsville support organisations often advertise that they provide outreach services, only to discover their outreach ends at Deeragun, 40 to 50 kilometres away—not to mention that referrals to services find that not only are the services at capacity but also clients are being placed on a waiting list.

I thank you again for the opportunity to speak about the services of Balgal Beach and Rollingstone.

CHAIR: Thank you very much, Chris. The outline you provided really helps the committee understand the funding arrangements, which are not always clear when we are talking with community organisations, but it certainly was very thorough, so thank you.

Mr BENNETT: Thanks very much, Chris. Be assured that your colleagues from the 140-odd centres around the state are talking to us about issues with resourcing, so I do not need to repeat myself in that space. I am interested in some of the innovations. Everywhere we go, individual centres are providing amazing services and they are all a little bit different. We hear place based solutions. You mentioned strength based awareness campaigns. Could you tell the committee a little bit more about that, please?

Ms Martin: I am not very good at straight out, so—

Mr BENNETT: That is fine. Talk about why you are a little bit different in some of these innovations you are putting forward to the committee. We are very interested to hear that.

Ms Martin: We are different because of our locality, because of our distance from the services. The community itself is very resilient. There is a resilience that has always been there because of the nature of our location. Even during cyclones and local disasters, we quite often do not get assistance from the mainstream for anything up to a week later, so we have to be resilient. We have a lot of local groups that work together. As I said, there are half a dozen or more incorporated associations where we work together to help.

We are currently putting together a process, in cooperation with the SES and all the SES hierarchy, whereby instead of ringing the 1300 number, which a lot of our residents do not want to do, they can actually ring us. We will do the RFS locally and then it will be handed over to the SES to actually put through to the mainstream reporting.

We also have a vulnerable persons register. We have a lot of older people, as I said. We also have a lot of vulnerable people. That register is to do with the SES but also for what we can do for them anytime. It is also to help them plan for the nature of the disasters that can come our way.

CHAIR: Chris, for someone who does not speak off the cuff, you did pretty well, I have to say. Well done, Chris.

Ms LUI: Chris, given the locality and how isolated your community is from the rest of Townsville, how many people do you have working at your organisation and how many volunteers do you rely on?

Ms Martin: We rely heavily on volunteers. As I said, up until only last month we were at 1½, but that was because we were chipping away at different things. The community is small, so the ability to earn income for the RTC is not great. The association was there before the RTC, so a lot of those funding streams belong to the association, not to the RTC. We had to let our part-timer go. Then when you look at funding and the department says, 'Why are you holding this funding?' you have to justify why you have extra funding from what you have saved up and so forth. There is not a lot of opportunity for the RTC itself to earn income. We do that through providing admin services. We do hire out some offices to local groups and so forth, but we only have three offices and two of those are taken up already.

We also have a Centrelink access point which we need to keep open. We have had incidences where someone accessing the Centrelink access point has become a bit violent and we have had to move people out who were having a social game of cards in the RTC. We now have to keep that main area open without renting it out to anybody else. Income stream is very hard. We have over 40 volunteers, to answer your other question.

Ms LUI: We heard from a speaker yesterday about especially regional and remote communities losing volunteers and that engaging volunteers is becoming an issue. Is it the same in your community?

Ms Martin: It is. A lot of the volunteers do not have the skills that we need to work in the RTC, because that is where the community service work is done. We particularly have volunteers with Centrelink requirements who need a certain number of hours. Then we have people who just want to volunteer because it helps with their mental health and it helps get their social activities going.

It does become a problem because you put on one or two, then three or four want the same privilege. We do not always and cannot always find that space for those people to work with us, so we then work around it. At this particular moment I have a lady who has come to work and wants to work with us and she does not want to clean, she does not want to do admin work and she does not want to do the library. She does not want to do anything. We now have to work with her, drill down and find out what she really can do and try to find space for her as she has a Centrelink requirement as well.

Mr BERKMAN: We really appreciate you taking the time to come down and meet with us, Chris, so thank you. Focusing on the service that you offer the immediate community around the community centre is an interesting one. You are obviously a reasonably isolated community, as you referred to the two-hour round trip to Townsville. I am interested in the bus service that you mentioned before. In the absence of any public transport, that is obviously a really valuable service for the community. Can you tell us a bit more about that—how it runs, who is using it and what for?

Ms Martin: The Rollingstone and District Community Association recognised that there were transport issues. Probably 12 or 13 years ago I applied for a grant to hire a bus to drive people in and out once a week to Townsville. That grant funding was finalised. It was very successful. They had a lot of people using the bus, but, as is the nature of grant money, it dried up. Then the association saved its pennies and bought a 10-seater bus and commenced its own service. It had to go through the full gamut of a commercial bus service. The president had to go through and become the lead operator of the bus; she had to do courses and so forth. Every six months the bus has to go over a certificate of inspection.

The fee that we charge our passengers is \$20 return, regardless of whether or not they return. Initially it was \$15 from the community centre and from Rollingstone, but then we have just upped the price to a full flat fee of \$20. You cannot get anywhere for \$20 these days. The bus is constantly used. We also hire the bus out for other people to take away on other times when it is not being used for the trip into town. It is self-funding. It earns enough income to pay its insurances, the certificates of inspection, any running repairs that need to be done and obviously registration and things like that. It is a valuable service and, as I said, the only time it has not run was during the COVID lockdowns, when nobody was moving anywhere, and that is in 10 years.

Mr BERKMAN: That is great. Thanks very much.

CHAIR: Well done, Chris.

Ms LUI: Chris, can you talk to the impacts of COVID-19 on social isolation and loneliness in Rollingstone?

Ms Martin: Obviously with the initial onset, everything at the centre shut down, except we kept working. We used the outdoor facilities to service people if they had any administrative or other tasks that needed to be done, so we continued to work but obviously limited the number of people who could come through the doors. We found that after the shutdown ceased people were still a bit reluctant to come in and out. They are still reluctant. Even now numbers are down from previous years. I very rarely have much time to myself during the day, but it has been a bit quieter even since we have had to wear the masks just recently. As I said, we are a fairly resilient community and the majority are social. There are those few that have holed themselves up and are not coming out much since COVID. We are looking at those people and just keeping an eye on them and inviting them out to things.

Also, just as another aside, because of COVID there has been an influx of new residents, with people buying housing. Housing does not move very much in Balgal, but we have hardly any houses for sale and we do not have any rentals at all. About three months ago we put on a 'welcome to community' morning tea, where all the groups could come and talk. We had over 50 people come to that, so that was a very good success. That was one way we tried to get people into the community to know what was actually happening.

The community up there have not been overly affected by COVID, other than the lockdowns or having to wear the masks, and we are constantly asking them, 'Can you please sign in? Can you please wear your mask? Can you please do your hands?' because they feel very safe in their community as far as COVID goes, yes.

Mr BENNETT: Chris, we have heard from other neighbourhood and community centres about their collaboration with other organisations, and I note that in your submission you talk about food relief in particular. My community is not immune to that either, but I am interested about Rollingstone and the issues with your community needing that level of support.

Ms Martin: Yes, we have had that in the past and we do address it. We are aware of several families who really do need support. We have always had a lady who was working for us and she had gained food from down at ADRA Food Pantry—in West End, I think it is—and she would actually bring food up. We would refer people to her so she could send the food around. Then we also work collaboratively with NoTCH, North of Townsville Community Hub. Initially we were doing food boxes and food parcels. We would take the referral and send them back to them. They would resupply us. Things have changed just a little bit lately, and they are now providing that service as part of an outreach of their playgroup service, which comes to our community on a Thursday. It has only just happened in the last couple of weeks. They have an agreement with OzHarvest. They are bringing food up at that time. We let that be known and, in the community, if somebody was hungry, somebody would find something for them to eat.

Mr BENNETT: Are you doing anything with Meals on Wheels? I know they are doing a lot more frozen capacity within more isolated communities.

Ms Martin: We have been approached by Meals on Wheels in Ingham. We ran their advertisement for three months in our Rollingstone rag, free of charge. It has been touched on before in the past, but, historically, you get one or two people and you then have to find a volunteer to run it.

Mr BENNETT: Yes, of course. Same chestnut, yes.

Ms Martin: So you are relying on that volunteer all the time. It has been offered. We have also said that we would hold some frozen foods if they were putting it together. In the past we have also had frozen food. We would supply people with a small donation just to replenish. It is not the traditional way of doing it, but as a one-horse operator it is the best we can do at this particular time.

Mr BENNETT: Physically, is your centre fairly new or is it quite aged?

Ms Martin: As I said, the Rollingstone and District Community Association has been founded since 1964. They were running out of a community hall on the other side of the highway. That was destroyed during one of the cyclones in. In 1998 they opened up a new hall within the Balgal area, so the hall has been there since 1998. Funding for the RTC was gained in 2005. I have been there since 2013, so we have been in the community for quite a while.

Mr BENNETT: The reason I ask about the age is to do with the digital capacity you have to engage with people who are isolated in our communities, whether they be aged or remote. Are you guys set up pretty heavily?

Ms Martin: We have a community cafe that is open to the public. We have our Centrelink access point, which gives us all the digital stuff to be able to contact Centrelink. We were running, and we still run, a one-on-one digital learning session. It is just done one-on-one. If somebody comes in and says, 'I've got an issue,' we sit there and solve it the best way we can. We have a young lad who has studied technology; he has now started work, but we make arrangements with his family and he goes and visits the people and does what they need him to do. We try to do that so that we are not always bombarded with everyone, but not a day goes past without somebody saying, 'Hey, Chris, my mobile phone is not working properly.'

Mr BENNETT: Yeah, I get it.

Ms Martin: So we just sit there and we solve it the best way we can, and a lot of the times that has to do with the fact that they cannot contact their families and things like that.

The Townsville City Council used to come through for many years presenting technology learning sessions. They have had a shake-up over the last couple of years and we have now lost that service. They were trying to do it on a web session, but COVID has meant we have lost their ability to even do that for us.

Mr BENNETT: The council are appearing before us later, so we can ask them for you, if you like.

Ms Martin: Yes, please. Absolutely!

CHAIR: Chris, yet again, like all community centre managers, you have shared with us and clearly articulated that we certainly would be in loads of strife if we did not have community centres. Thanks for your great leadership as the manager. Thank you for all that Rollingstone does for the community. Well done.

Ms Martin: Thank you for the opportunity.

ANDREASSEN, Ms Jane, Seniors Intake and Support, Townsville Community Law Inc.

MITCHELL, Mr Bill, Principal Solicitor, Townsville Community Law Inc.

CHAIR: Welcome. I invite you to make a brief opening statement, after which committee members will have questions for you.

Mr Mitchell: We have just come from the seniors expo so we are a little worn out. It was a blitz. We spoke to hundreds of older people. It is great to see that back in full swing. It did not happen last year because of COVID. We did a survey the year before that asking older persons what would cause them to be socially isolated within their community. Some of the material I have referred to in terms of the reasons for isolation locally was a result of the survey that was done three years ago.

We acknowledge the Wulgurukaba and Bindal people and the land on which we meet today and thank the committee for its invitation to be here. We have given a submission that is relatively practical in the sense that it relies upon our experience in working with social isolation for about a decade. That has been looking at this locality and what causes social isolation here in Townsville. The service is 30 years old and the work with older persons is almost 20 years old. We have seen many difficult legal issues arise from social isolation. It becomes a self-fulfilling prophecy for some people and families.

We have only addressed the issue of older persons in this submission today. We have a very broad experience of dealing with other groups, including people with disabilities and others who experience social isolation, but we focused on older persons because we can give some of those practical examples without the submission running to 30 or 40 pages, which is quite easy to do at times. The things we have talked about have been, as I said, because of the work we have done to talk to older persons themselves. That included a forum held at the RSL almost 10 years ago this week asking older persons about their concerns more generally.

Social isolation was raised squarely by them at that time as a big issue. They told us some of the things that gave rise to social isolation. We then surveyed the seniors expo and the same issues came up. Some of those were practical things and some of those we have looked at in our submission. The work of the World Health Organization and the UN identifies all the same issues. Many of them are human rights issues. Many of them are age-friendly issues. Many of them are the sorts of things you have already heard from Chris and others about accessibility, mobility and centralisation of services. We wanted to give you a bit of a snapshot of some of the key issues.

There are two issues I want to raise as critical ones that the committee can stew on. They are the two things that featured very highly when we asked people what keeps them socially isolated. The first one was good old access to public toilets. This was the largest and most fundamental issue leading to social isolation for older persons when we interviewed them. Not only does it keep them socially isolated but it was given as a very clear reason they would not go out and they would not engage and participate in public life, which of course is a human right. This does not only affect older persons. The need for accessible public toileting is a critical issue for many groups, including parents and people with a disability.

The second issue is one we have talked about in the submission and it is the victimisation fear paradox. Older people are disproportionately low victims of crime, but their fear of crime is disproportionately higher than their actual experience. This did feature highly, although it did not feature as highly as simple access to public toilets. This gives you an idea of how the perceptions of what keeps people away from participation are in fact different in reality. The sample was only 143, I think, but it was a decent number.

We have also given some examples in the submission about the group that Jane is responsible for facilitating, Seniors Creating Change. This is a way of intervening in the community, breaking down stereotypes about older persons and giving some ability to break down social isolation for the members themselves and also for the places they go, including nursing homes and places like Rollingstone and others where they often go seeking isolated peers as a peer group. That is an introduction for you. I am happy to take questions.

Mr BENNETT: You mentioned human rights in your submission, which caught my eye as a public official, and the right of aged people to participate in that process. Can you think of any solutions to try to improve that process? It is about getting people to vote and that sort of thing. You spoke about human rights implications and that every person has a right to have an opportunity to vote and deal with public affairs. Do you have any idea how we could make that a better experience?

Mr Mitchell: On a kind of microcosmic level, voting is one aspect of it. It is clearly a critically important thing, and it is also the law that you must vote or at least attend the voting booth. The problem we see is that social isolation is the other end of not having all of those other guaranteed rights—whether it be mobility, free choice, autonomy or independence. Literally everything inside the Human Rights Act is militating against social isolation on some level, so it is not a small story. These things are all interconnected. Of course we have to see social isolation as a result of people being denied a range of services. Chris had the example before: can we get somewhere to do something; then when you get there, is that accessible to you; and then when you get inside that place, are the services designed and adapted for you? All of these things lead to self-isolation in many cases.

The research in England is very clear that older persons are not seeking help in the way that we perceive. In fact, they do not bombard our doctors surgeries and pharmacies and take up space. They do not seek assistance on many occasions because of their fear of ageism. Fundamentally, the policy shift you could have is to have a very strong policy on ageism. The World Health Organization has done a very detailed report on what this means and how prevalent it is. That report found that 50 per cent of people in Europe hold ageist attitudes.

We have mainstream policies at Queensland government level on everything else really except ageism. It is a small bucket compared to the other bigger ticket items, but it is just as prevalent. The research shows that it is probably more prevalent. There is a very strong connection between age-friendly policies—and the Queensland government has an age-friendly policy—and human rights. You cannot satisfy the domain of being connected to one thing unless you can achieve the other. Human rights are the way in which age-friendly cities are enabled from that perspective. It is a bit of a wishy-washy part of the submission, and I apologise for that, because it is hard to point to particular policies. If decision-makers have older people's human rights in their field of view each time they make a decision, that is going to have a knock-on effect, and social isolation is one of those things that I think will be if not intentionally then unintentionally improved.

Mr BENNETT: I guess my point was whether we can influence what the Electoral Commission may be thinking in that space. It was a very important point. I want to thank you very much for the submission. It is very comprehensive and very long. There was a lot of information in there and I thank you for taking the time to engage with the committee.

CHAIR: The deputy chair just made the point of the comprehensive nature of your submission, and I certainly thank you sincerely. It was one of our most comprehensive submissions. You raised a couple of issues that we have not heard of so far during the inquiry—firstly, the fear of a lack of access to public toilets and, secondly, the fear of insecurity. I think it is tremendous that you have raised those two issues because they have not been raised so far during the inquiry but obviously they are very clear determinants of social isolation and loneliness. Can you tell us what we can do as a government? Perceptions are really hard to deal with for any organisation, any policymakers, any government et cetera. What do we do about this?

Mr Mitchell: Our submission is more geared towards the issue of social isolation rather than loneliness, but loneliness is a consequence of social isolation. There is a very short and simple answer: you need to build more public toilets. Historically in North Queensland this has been an issue because there has been a prevailing view that if you build public toilets that might encourage things like homelessness. That is simply not the case. Homeless people are older people as well. The largest growing demographic of homeless people in Queensland is older women. Can you imagine being a homeless person—an older woman who has had a change in their life circumstances at age 60, who has lost her job and is living out of a car between houses, who is possibly experiencing elder abuse from family so does not have that safety net? You do not even have the dignity of a place where you can actually refresh yourself and shower and toilet and those things. For some people that is the day-to-day; for other people it is episodic. We do need to have facilities. Age-friendly cities and towns have to have facilities. That is the bottom line.

I said in our submission that there needs to be some awareness and work with older people about safety. There obviously are older people who are victims of crime. They probably do not make applications under victims of crime laws themselves ever. They are a cohort that probably never does that, but they also need to understand that their fear of crime is probably disproportionate to their likely impact. Young people are far more likely to be victims of crime, or women in the home in terms of gender violence. I think a public information piece could be done around what are real safety issues. I am more concerned about older people in North Queensland being socially isolated by a natural disaster than I am about them being impacted as a victim of crime. They are more likely to experience serious isolation in that disaster sense than others, but it does happen. I think there is an information

piece about why older people are socially isolating—understanding those issues, which is what we tried to get to with that questionnaire. It is a multilayered thing, with no one answer. Simple access to facilities is one of the things that was certainly raised.

Elder abuse affects one in six seniors. That is the estimate. We also have a problem that is not being addressed on the same level as other societal problems or other forms of structural inequality. We see many cases because we have a home visiting service where we see that victims of elder abuse are socially isolating and not reaching out to services in the way that I guess the stereotypes about older persons might indicate.

It is a multilayered problem. Older people need to know that they can go to a service and that that service is adapted to their needs, it is accessible, it is age-friendly and all the things that brings. They also have to know that they are going to be treated with dignity and respect when they get there. Ageist attitudes are still highly prevalent. It is the one area we still feel comfortable making jokes about. We still are very comfortable about making jokes about ‘I had a seniors moment’. You only need a family member suffering dementia to realise that that goes from being a joke to being a very serious situation quickly. It will also be the leading cause of death in the world at some stage in the near future. We need to recognise that those people are the most isolated, but many elder persons with mental health issues are also isolated. We have a pretty good service in Townsville which does some work with older persons in mental health.

CHAIR: Thanks, Bill. You said there was a perception that there is a lack of access to public toilets, so I wanted to check whether that was a perception or whether that is a reality.

Mr Mitchell: No, it is a reality. There is a national toilet map which is horribly out of date. The groups that use it most commonly are travellers, because they need to know where they can have their next pit stop, so to speak. It is horribly out of date. Doing a state audit of available public toilets would be a very practical first exercise to see what we have. The public toilet map is a starting point, but, again, it is very out of date.

CHAIR: You mentioned the importance of showering facilities as well. I guess that would be quite significantly lacking across the state. There may be toileting facilities but there would be less showering facilities.

Mr Mitchell: I am guessing far less. There are still some of them but, again, these things are not cheap and they require maintenance. It is a fundamental need that we have. If you cannot satisfy that then that is why people do not go out. That was the answer: ‘We do not go out because we cannot be guaranteed that when this happens’—and it is not a matter of when; it is a matter of how many times for some people.

CHAIR: Great point.

Ms Andreassen: I would add that it is not just about if there is a toilet available. For example, if you go down the Strand there are three blocks of toilets but the Strand is extremely long. It is the distance between one toilet and another and where they are located amongst other facilities. For example, when I am planning events for the Seniors Creating Change group, I will say, ‘Can we meet in this park? There is a toilet.’ But how far from the park where you can gather is the toilet? They do not necessarily place toilets beside places where people can gather. They may be available, but because of the time it will take for someone with mobility issues—across all ages but in particular older people—it may not be close enough so we cannot go to that park. Yes, there is a public toilet, but it is too far to get to if it is needed.

Mr BERKMAN: Thanks so much for being here. As a former community sector lawyer I have a particular admiration for the work that you do in CLCs. Thanks for all of that but especially for your submission. I am really interested in the victimisation/fear paradox that you have addressed. Are you able to speak to the role that, whether it is government rhetoric or particular media reporting, fear of crime will have on that perception of risk, particularly amongst elderly people? What steps should government be taking to address that?

Mr Mitchell: I think all of those things contribute to the fear of crime in society. Townsville is a case in point. We have and are surrounded by rhetoric at all times from all places. Often, interestingly, the most straightforward and sensible responses come from the Queensland police themselves when they talk about, ‘Here is what the data looks like and this is what is happening.’

Quite aside from that, there does need to be a far stronger policy approach to intergenerational solidarity. This is where you can break down a lot of interpersonal and societal stereotypes around how young people view older persons and how older persons view younger persons. Most of us are in the middle somewhere. We have been at one end and we are headed towards the other. I think

there is a real need, combined with work on ageism. Most ageism comes from intergenerational tensions: 'They had more than me', 'They get more than me', 'They are lazy', 'They are taking up space.' Likewise, ageism, in the other way, is often about: 'They are dangerous. They do not have to work as hard as I do. They get a handout when I did not.'

It is really important for young people to talk to older persons to break down those stereotypes. The work that is being done where they have strong programs like intergenerational solidarity—and it is unbelievably a new area for most countries—has been very successful. Ultimately, that is one angle: if we can restore some respect for older persons, and I say in particular restoring respect for Aboriginal and Torres Strait Islander elders within the community. Many of the concerns that are raised with the fear of crime in Townsville also mirror a loss of respect for cultural practices and a loss of respect for the role of elders in society—

Mr SKELTON: That is what Father Tapim was saying, too.

Mr Mitchell:—specifically at a First Nations level but even more broadly at an elder level in terms of who are our elders in terms of older persons. We talk about the sage wisdom and pay their dues, but that is not the reality of how we treat them. We do need to flip that narrative around and we need to remove ageism because it is a key driver of violence and abuse of older persons, which is a key driver of social isolation.

Mr BERKMAN: Earlier in your answer you referred to the QPS response and a direct reference to the crime statistics as an important part of addressing that sense of perception of risk. As a local CLC, can you speak to—if I have understood your answer correctly—the disconnect between the real statistics on crime and any change over time as compared to the perception of risk and fear in the community about that very issue?

Mr Mitchell: I will speak to it in the sense of its relevance for this inquiry. It is true that older persons here in Townsville have a fear of crime. It is true that, in the sense of what the data shows us, it is a paradox because they do not have necessarily a need to be afraid of what is happening. They are no more likely to experience or be a victim of crime than another group or another cohort, but the reality for our clients is that they are concerned and it does give rise to social isolation.

Whether it is the role of government to be telling very clearly what the statistics show, one would think that the primary role of government is to communicate what is happening. That is one method. Of course, you do not have control necessarily over the media. The media is where a lot of it comes from. I have to say that the High Court's decision in Voller, which has downplayed a lot of comment on the Facebook pages of newspapers, has controlled a lot of commentary that would contribute to that. That is not to say that older people are necessarily using Facebook all the time. They are a low user of social media, but they hear stories from their kids.

Fear of crime comes from a lot of places. The media is most certainly responsible for a good deal of it in North Queensland, but of course there is an electoral cycle with a law-and-order campaign. You in government know just as well as anyone that it is a key political issue that gets heightened and escalates in the public's mind at times.

Having older persons understand how to be safe is about where they are actually unsafe. For the most part, you are far more likely to be unsafe at home. The likelihood of being a victim of elder abuse from a family member or carer is one in six. Compare that with the QPS data on how many older persons get assaulted somewhere other than the home and there will be daylight between those statistics, guaranteed.

CHAIR: Bill, you raise some really interesting questions and some very interesting issues. Personally I thank you for challenging the discourse that does present in our community and is perpetuated by the media and, of course, electoral cycles as you mentioned. We thank you. It was a really great submission. Certainly we appreciate the opportunity to have you here today so that we can interrogate your submission a little further. Thanks again to both you and Jane.

Proceedings suspended from 12.23 pm to 12.34 pm.

GIBSON, Ms Stacey, Tourism and Population, Townsville City Council

JACKSON, Ms Donna, Principal Inclusive Communities, Townsville City Council

CHAIR: Welcome. I invite you to make a brief opening statement, after which committee members will have questions for you.

Ms Jackson: The Townsville City Council appreciates the opportunity to speak with the committee today and contribute to your inquiry into social isolation and loneliness. I would like to start by acknowledging the traditional owners of the Townsville local government area, the Wulgurukaba, Gurambilburra and Yunbenun, Bindal, Gugu Badhun and Nywaigi people, as traditional owners of this land. We pay our respect to their cultures, their ancestors and their elders past, present and for future generations.

As part of our opening statement, we would like to introduce Townsville to you. We are known as the second capital of Queensland, with a population of approximately 196,000 people and a population density of 52.59 persons per square kilometre. It is estimated that by 2041 we will have a population of approximately 282,000 people.

Townsville provides a laid-back, tropical lifestyle that is complemented by capital city comforts. We enjoy over 300 days of sunshine each year, and our daily rush hour is less than 20 minutes. Our local government area covers 3,736 square kilometres, which is 0.2 per cent of the total area of Queensland. We are home to the largest garrison city, and we offer a range of diverse experiences, from our wonderful Great Barrier Reef to the World Heritage Wet Tropics and rainforest and out to the dust and dirt of our great Australian outback. Our population comprises seven per cent Aboriginal and Torres Strait Islander people. We are predominantly made up of couples with children. However, we are seeing an increase in lone-person households as well as an increase in people born overseas and people identifying as needing assistance who live in Townsville.

A fundamental focus for our council is to create a city that is a great place to live, work and play. We are recognised as a refugee welcoming zone, a member of the Welcoming Cities network, a White Ribbon accredited organisation and a Reconciliation Australia partner. We most recently have been named in the 2021 global top 100 sustainable destinations. We have been highly commended in 2021 in the Get Ready Queensland Resilient Australia Awards for our work in the area of CALD community disaster resource programs. Recently, we have been in the top seven globally for intelligent communities.

Providing the submission to the committee was important for council as it is an opportunity for us to represent our community, the things we have learnt through the sphere of local government and the experiences of our local people. From an operational perspective, we look at not necessarily the topic of social isolation and loneliness; we look at how we can develop our community and create our community to be a place of inclusion.

There are a few things I want to highlight in addition to the submission on how we may be able to do this. These include: the importance of approaches that contribute to building our participatory culture within the community and also a welcoming and accessible city; the importance of place based approaches that are informed by the people, the human citizen-centric approaches, and really taking the time to understand the lived experiences of our people; the valuable role of our community centres and community groups and who we call our community champions—I note you have met some of those and you will meet some more this afternoon; and the mental health element that sits behind isolation and loneliness. It might seem a bit simplistic, but I think if we take the time to understand the challenges faced by people in the community and we use the information to see what we can unlock to increase social participation then that in turn is addressing isolation and loneliness.

In closing, there is a television ad at the moment, and I cannot remember exactly what it is or what it is for but the words have been resonating with me. It goes along these lines: 'When you don't feel seen in a community, you question your purpose, identity and belonging.' That kind of hits home for me about that acceptance piece for a person when it comes to the place in which they live. Again, I would like to thank the committee for your time today. We welcome any questions.

CHAIR: That certainly is a great ad. I think it unintentionally focuses on the work that we are doing around social isolation and loneliness and that issue of connectedness.

Mr BENNETT: A number of submissions today have focused on issues in the community and other studies that have been done. I know you had a Place Score study in 2020, which I guess is more up to date than others, which may be 10 years old. On the back of COVID, I think that was very timely. One of the issues raised by seniors and others was amenities. Council has an active role in those spaces. Has the council been taking more roles in homelessness, affordable housing, amenities and green spaces? They were high on your list, with I think 49 per cent of respondents in your study.

Ms Jackson: Operationally, we are taking a higher interest in affordable housing, amenities, the landscape and public realm. Even though some of those are not necessarily things that are our lead—such as affordable housing—as the closest government to the community we may not be able to lead it but we certainly have a role to work with our state government partners and feed in the understandings that we have of our community. We also work collaboratively with the government around the things we can do that can lift affordable and social housing. It is not our jurisdiction, but it is a significant need in our community and our role is to be proactively contributing to the needs of our community.

Mr BENNETT: Would you mind talking about the amenities issue? Has anything changed in the capital works planning in terms of expenditure into the future? Your surveys and others have identified this issue, particularly with people going out and engaging in our parks, our spaces, basic shopping and those sorts of things.

Ms Jackson: I am unfortunately not from the capital works area so my knowledge is probably not as great to answer that question. From an inclusiveness perspective, the things that we do look at are how we can increase social participation. We look at some of the challenges faced by members of our community—those who may have disabilities as well as sensory and cognitive issues. We are looking at how we can increase access to those facilities, so it is definitely an active piece of work. Council is responsible for a series of public toilets across the LGA. That is our ownership. I am unfortunately not able to comment on those plans today because it is not my information piece.

Mr BENNETT: Sorry to put you in that position.

Ms Jackson: That is okay.

Mr BENNETT: You need to be commended on the programs you are doing as a council that you have put in your submission. I want to make sure that is acknowledged.

CHAIR: Yes, there is certainly some great work coming from Townsville City Council, so congratulations.

Mr SKELTON: It looks like you have some great programs. Obviously you have identified that it is an issue. Just how prevalent is social isolation and loneliness in the Townsville community?

Ms Jackson: From a data statistics perspective, I do not have that in front of me, but when I look at the work that we are doing in the community development space and capacity building, I am going to say it is prevalent. It is high. It has been compounded in our community post the monsoon and also we were hit quite quickly post that with COVID. There are many contributing factors. It was here before and I feel it is a bit more prevalent now in response to those environmental contributors that have happened as well.

Neighbourhood days are really important ways to break through that. When we were in our response mode to COVID we were working with vulnerable working groups. It was all about understanding what it looked like from the person's perspective and how we can manoeuvre that and create something that can be a proactive response with the community.

We are also quite dispersed. We have some density pockets in our population but we are also quite dispersed. We have the issues of what it looks like for someone who lives in our concept of a city and then those living out in a rural element as well. We are also a transitional population with our garrison city. We are a gateway into health services as well. There are some contributing factors there that have led to an increase in loneliness and social isolation in our community.

Mr SKELTON: Thank you. That is a very comprehensive answer. You alluded to natural disasters and the pandemic that have increased an already high number.

Mr BERKMAN: I really appreciate you taking the time to be here today. I am not sure if you were here for the community legal centre representatives who appeared just a moment ago.

Ms Jackson: No, I was not, unfortunately.

Mr BERKMAN: They gave us some really interesting evidence and addressed in their submission what is called the victimisation/fear paradox. It is the perception, particularly amongst elderly people, of the risk of being victims of crime, which serves as a deterrent to them leaving the home and participating in life, and that feeds into social isolation and loneliness. The paradox part of it, though, is that statistically they have a very much lower likelihood of being victims of crime themselves. I am curious to know: is the city council doing anything specifically on that point of trying to address the perception of risk, particularly amongst elderly people, and overcoming the misrepresentation or the over-representation of crime as a risk for elderly people in the community?

Ms Jackson: We have probably a broader perspective that will encompass senior members of our community. We do have a community safety action plan. We are currently standing up a community safety advisory committee. From my perspective, when we are looking at perception, a key responding piece is education. It is around normalising people's feelings but also then bringing in information to help alleviate their fears. We have two key leading pieces of work that look at community safety in a bigger perspective. The role that we can play is with the partnerships that we need to be looking at in order to be more specific in some of the delivery pieces.

Mr BERKMAN: Obviously you do not have any control over what it is that the *Townsville Bulletin* might choose to publish on any given day, but can you give us any more specificity about what that communication piece looks like? How do you try to frame the rhetoric around youth justice within the facts, the reality on the ground in the community?

Ms Jackson: We probably support youth justice in that narrative. The media does play a really important role, and you are correct that we do not have much control over what happens there except to put out some amazing good news stories and hope that they get picked up. That is what we try to do.

Changing the narrative is a key conversation piece right now. The narrative around crime statistics is not our narrative, but we are really looking at how we can work with the owners of that narrative to contribute to it and to support feeding it out into our community. The goal of our community safety advisory committee is to have those key knowledge people in the space with us where we can put those ideas on the table and work out a strategy. At the moment I do not have one to show exactly how we are doing it, but it is our role in a narrative to feed into our community. That is one of the things our advisory committee will be looking at.

CHAIR: Thanks, member for Maiwar. That was a really good question. Certainly it was a great follow-up from some of the submitters we heard from earlier today.

Ms LUI: Donna, I refer to page 2 where you list all of the vulnerable and disadvantaged individuals or groups in Townsville, acknowledging the diversity that exists in the city. You mentioned before about participatory culture, which I think is great. Do you have any suggestions around how you would engage such a diverse group to participate and be more inclusive in activities and all that occurs here in Townsville? I am interested to know your thoughts.

Ms Jackson: Certainly. That is a key focus of our community development work for council. We have officers who work with this function looking at diversity. The first step is working with them—to be able to go out, talk with them, understand and seek their ideas and solutions, and then turn that into an activity. With the list of different groups noted in the submission, we have officers, including myself, who can identify different groups that we all work with and that connect into this space.

It is the learning piece that is really important for us. Some of the things that we have translated it into include the way in which we do our community grants funding, so we looking for social benefit outcomes in our grants. Then there is our response in how we deliver our work. Sometimes we may not deliver a piece that is quite specific to a group but we are delivering a piece that is holistic to the community. I will use Neighbour Day as an example. We are looking at ways that we engage all of the diverse groups in our community but we are using it through one platform. The way that we market it to them, the way that we communicate with them, the way that we make the look and feel of it is that inclusiveness element.

We then have some things that are quite specific. We have some pieces of work that work directly with seniors. We have pieces of work happening with people who have recently experienced loss in their life. We do the range, from specific through to broad. The goal is to have programs that are attractive, open and accessible for all people.

Ms LUI: I am interested to know about TaskforceNQ, why it was set up and the type of work that you do in community.

Ms Jackson: Initially it was set up as a response to COVID. There were a number of information feeds coming back into council expressing some of the distress being felt in the community. Rather than working in isolation as an entity and rather than just looking at it from Townsville city's perspective, the task force was stood up to bring a regional perspective, because there was a lot of synergy amongst the issues being faced in the community.

There was also an understanding that there was not one level of government or representative that could really fully understand it or fully contribute to solutions. It was a collective group of people that included elected members from local, state and federal, community representation, businesses and also government operational staff. It is about bringing together all the different perspectives and

leaders, because it is a high leadership level, along with our community leaders to talk about specifically what was happening, what it looked and felt like, and bring it into a space like a funnel where it could be strategically looked at.

The outcomes of the NQ task force led to a number of project suggestions that were then fed back up into government. Again, it was to paint a clear and full picture of what it looked like in North Queensland, working with all those councils and not just presenting a problem but presenting back some project solutions that were based on evidence.

Mr BENNETT: Stacey, this question is about cohesion and social inclusion in your community. Would you like to talk to your tourism issues? We do not want to dwell on COVID and what it has meant, but what are the positives that you are hoping will come out the other side?

Ms Gibson: As we all are aware, tourism has been affected by the recent COVID-19 outbreak. We are seeing unprecedented awareness of our region at the moment as a result. For example, there are a number of home owners from down south—Victoria, Melbourne, Adelaide—who have vacated over the past six to eight months and now taken up residence on Magnetic Island. We have seen a shortage of housing there as well as in our Townsville city. That is one result of persons moving up here. They have moved for a variety of reasons. One is wanting to escape the lockdowns. Two is re-evaluating what is important in their life. A lot, like myself, have come up from down south and find this a positive environment to be living in because we are not commuting three hours a day. There are lifestyle factors that have seen an influx to this region.

From a tourism perspective, that has put us on the map. City leaders and our local tourism organisations are aware of the current situation. They are working quite closely with the state government in order to figure out ways in which we can support our local tourism operators that were affected by shutdowns and lockdowns and so on. We have also seen a number of staffing shortages in that time. I do know that insurance is also a current issue that our tourism operators are facing.

Mr BENNETT: Have you seen a need to open up a showground or something to get caravans housed each night? Has that been a reality for you?

Ms Gibson: Not as yet. That has not come up here yet.

Mr BENNETT: They are coming. Look out. They will get out of Burnett and they will be on their way.

CHAIR: The member for Burnett speaks from experience.

Mr SKELTON: Go to Kenilworth showgrounds.

CHAIR: Certainly we are seeing that issue emerge in the area of the member for Burnett and areas on the Sunshine Coast. The showgrounds are full as you move through.

Ms Gibson: I am wondering if I could take the member for Burnett's phone number as I may need to call him post this?

Mr SKELTON: Send them this way.

CHAIR: Absolutely. I am sure he would be very happy to help. Ladies, sadly our time has come to an end. That went very quickly. It is very exciting, the work that you are doing. Congratulations to you both for your great leadership and the committee thanks you for the work that you are doing in this space. Please keep in touch with the inquiry.

Ms Gibson: We shall, thank you.

ELTON, Ms Sandra, Manager, North Townsville Community Hub

CHAIR: Thank you for appearing before the committee today. We are very excited to hear about the work that is happening at the North Townsville Community Hub. Once you make a brief opening statement, the committee will have some questions for you. We thank you for your great work.

Ms Elton: I would like to start with the questions but I will do the story first. Thanks for having us. I am really excited to be able to speak here. The easiest way for me to communicate what social isolation and loneliness looks like in our corner of the woods is to tell you a story. As mentioned, I am the manager of the North Townsville Community Hub. We are a neighbourhood centre servicing the northern suburbs of Townsville.

I will paint you a picture of a recent day in our neighbourhood centre and then you can tell me if you think one worker is sufficient to meet the connection needs of our community. It is 9 am, opening time. The elderly ladies of our weekly social craft group make their way in, along with our team of beautiful volunteers.

An Indigenous care worker has transported last night's domestic violence escapee to our centre with her two young children sleeping in the car. They are tired from their overnight drive from Cairns. She has facial injuries and is still in shock but needs food and clothing as she has escaped with only the clothes on her back. She is just one of many that we will see today who needs connection and a kind listening ear.

Whilst she is breaking down in our courtyard telling her story to our temporary worker, I am working with the local cafe and our volunteers to pull together our community event, which is also happening today. As the many senior and socially isolated women start rolling in for their morning of fun, which I am also hosting, I am notified of a mentally distressed man who has accosted one of our volunteers in the car park. He is homeless and desperate and threatening to do something or hurt someone or himself. We manage to locate him, feed him and calm him, to identify and support his needs.

While I am running the cent sale, through the morning I see through the window a steady stream of families, individuals, seniors and couples presenting to our front counter for crisis support. The temporary staff are run off their feet but I cannot help them.

This is just one day in one centre. I am sure you are hearing these stories repeated all across the state. We tried closing our doors to crisis support two days a week earlier this year when we lost our last two temporary staff, but the need kept growing and intensifying. As a team we agreed that there was as much work in turning people away and telling them to put their crisis on hold as there was in taking care of their needs on the day that they needed help.

This means more work for an already overstretched team that has been servicing compounding disasters in our community for two years and counting, first with the 2019 Townsville floods and then COVID started in 2020 and, as we all know, is still continuing. The recent reduction in JobSeeker, the end of JobKeeper and a chronic and escalating housing and homelessness crisis in Townsville have resulted in yet another wave of domestic violence victims, homelessness clients and mental health clients presenting to our centre for connection and support, among other things—and we are not even funded for homelessness or domestic violence.

Our little centre can trace the impact of disaster on our community. Our old normal disappeared with the receding flood waters of 2019. In its wake, our new normal is showing in our dataset as 17 times the volume of clients we used to service, without any extra staff or infrastructure. That is a 1,600 per cent increase and that is a permanent shift, except that now the temporary workers who have allowed us to do all of that work have left because there is no funding for a second worker for my centre.

The current neighbourhood centre funding model has us servicing a growing population of more than 45,000 people with just one worker. That worker is me and I am tired. If you guys can help me understand how we can better solve this problem, how I can turn away the homeless family paying \$500 a week to live in a tent, the elderly lady who has lived in our community for 50 years and now lives on cereal as her pension does not allow her and her disabled son to afford rent and meat, the abused mother who needs clothes and food for her children, the suicidal man who is lashing out in desperation or the other 300-plus people per month I will no longer be able to service at my centre because I am just one worker, I would love to know.

As a sector we are in crisis but the solution is simple: support our request as a neighbourhood centre industry for better resourcing of neighbourhood centres now. We are the solution to the social isolation and loneliness problem. We are the social infrastructure that is already embedded in Aitkenvale

communities across the state. Nobody I know in centres across Queensland is asking to do less work. We just need immediate support to meet the connection needs of our communities in a way that is sustainable and safe for our staff. Almost every person I just mentioned in this story needed some form of connection and found it at our neighbourhood centre.

To give you a bit of perspective, I have just done our quarterly statistics for September. We serviced 6,990 people with one worker. Imagine if we were not there. Our community centre has also self-funded a worker to maintain this work for the next 12 months. That is a solution; it is not the solution. It is temporary. Unless we can pull a rabbit out of the hat, this time next year we are going to be in exactly the same position.

I know that is a little bit about funding and a bit more about neighbourhood centres than social isolation and loneliness, but it is all interwoven. Almost every person we speak to has that level of need.

CHAIR: Thank you, Sandra. Sadly, your story is not unique. We are hearing this story in every location that we visit. We commend you for the work that you do and the selflessness that you and your volunteers show in the community sector. The committee absolutely appreciates and understands the work that you do. We understand the context that you work within. We thank you for giving and giving and giving. We thank you sincerely. Certainly we are here to hopefully make a difference. Thank you for being so honest and frank with the committee.

Mr BENNETT: Sandra, thank you for your time. I commend you on your submission. On your list of programs, I do not need to put you on the spot; you have just told us how difficult it is for you. As the chair said, we are hearing it loud and clear. For me personally, the understanding of neighbourhood community centres has been quite an eye-opener. Could you talk to me about the 800 to 1,000 meals a month that you provide? I would also like to talk about the Orange Sky Laundry. Is that Townsville-centric?

Ms Elton: No, it actually originated on the Sunshine Coast about five years ago.

Mr BENNETT: Are they in the major provincials now?

Ms Elton: They are statewide, definitely.

Mr BENNETT: They just pull up out the front of your centre, don't they?

Ms Elton: They have actually kitted out vans with a laundry. They have washers and dryers on board. Some of the vans have showers. Post floods here particularly they were very useful. We have actually just replaced them with our own laundry.

Mr BENNETT: Turning to the meals issue, I guess you are not the only community service that is trying to deal with this.

Ms Elton: No. In the regional areas you will find—and I am sure you have heard—we work very collaboratively. As you have seen from my submission, we sit across several networks—local, state and national. At a local level, to meet that individual client need often one client will have to access four or five services to get a holistic solution. We are constantly talking to each other.

I am not familiar with the panel so I do not know if you are familiar with the geography of Townsville and the region. We are positioned 20 minutes from here if you have a car. Public transport here is basically non-existent. We are fairly isolated on the northern fringes of Townsville, in the northern beaches. We are the only social service on the ground. In a disaster, for everyday meal needs and all of that kind of thing we are the place that people come to.

The food programs that you mentioned have just increased by probably another few hundred a week because AusHealth has just come to town. We meet the food needs not just of the northern beaches. Since the floods we are on the radar of the whole Townsville community. We are now servicing need five days a week from the whole Townsville region for crisis but especially for food. We have six different input methods for our food support, including volunteers at the high school down the street. Their hospitality students make frozen meals and deliver them to us. That is pretty cool. We do food boxes from another local charity, Food Relief NQ, which is funded by the department of social services. We do community food tables that we outreach to the rural communities to the north. I was sitting in Rollingstone last Thursday with food boxes to meet the needs of their families.

Mr SKELTON: Thank you, Sandra. You have put into context all the challenges that are being faced by community centres around Queensland, particularly in the regions. I am based in the Nambour region. I know you guys are up at Deeragun. You have alluded to funding. Does your organisation get any funding other than the funding commitment from the state government?

Ms Elton: We are creative jigsaw puzzle makers of funding. We live on grants and funding. If I could have a worker just writing grants, that would solve the problem. They could be doing that full-time and acquitting and delivering and designing the programs.

Yes, we do. At the moment we are running six or seven government programs as well as our own and we are a charity as well. We are very creative at piecing together to create the solutions that our community needs.

Mr SKELTON: There is only the one steady income stream, as in the one given one?

Ms Elton: It depends on what you call 'steady'. Disaster has been really helpful for us in the past few years. We are actually hoping for another little cyclone so that we can get some of the funding to continue this work that needs to happen between disasters. I know that sounds radical but literally that is where we are at. I had an extra worker for two years because we had a plug and then COVID hit. We managed to get the support that we needed. From that experience I have the data and the stories to know exactly what level of support is required to meet the needs of a community of 45,000 people. It is not one worker; I need about four, plus the volunteers.

Mr SKELTON: I will rephrase: do you think we should look at all the individual community centres, because at the moment, as I understand it, there is a one-off payment and everyone is getting the same? It is just over \$100,000. However, different communities have different needs. Obviously you are servicing 45,000 people. Should there be a funding model introduced to take that into account?

Ms Elton: At the moment the base level funding is one centre per worker. It is a flat rate across the state. I also sit on the strategic repositioning committee for neighbourhood centres. We have embarked on a two-year journey of reviewing the sector which is not going to come soon enough. We needed help last year, but at least there is some positive impact there about creating long-term solutions to this problem that, from all accounts, has been around for more than 30 years. I am fairly new to the neighbourhood centre space—I have been in it for three years—however, I have been a local and in communities for 20.

To answer your question, yes, I think there should be some population density considered. For example, the teeny-tiny neighbourhood centres that sit in a population of 1,500 do not need 2½ workers, but when we are servicing 40,000 or 50,000 people we need more than one.

Mr BERKMAN: I cannot tell you how much I appreciate your really blunt appraisal of the work you do and the desperate need for more resources to do it. Can you explain to us what difference a consistent funding stream makes for you as compared with the patchwork of funding? You are clearly very good, as are a number of other neighbourhood and community centres, at sourcing funding from wherever you can possibly pick it up, but I assume it has a major impact on your ability to hire and retain staff and to actually plan for the future of the organisation. Can you flesh that out for us?

Ms Elton: There is no capacity. The most relevant context for us here is disaster preparedness. The National Recovery and Resilience Agency, which we also sit on the task group for, is aiming at turning around the statistics that we put three per cent of our budget each year nationally into resilience and we have 97 per cent into post-disaster. To be prepared for a disaster, my centre needs to keep that worker. At the moment, I have managed to patchwork for three years now to keep the same worker so I can train and develop her. My community is comfortable engaging with her, so if they have a need post disaster or any other need, we are the soft point of entry.

We need to consider the impact on the staff, because the very real issue of psychological injury has not been raised yet. We raise it internally; we do our best to peer support. Eventually there will be a court case and that will be enough to shut down a centre like ours that does not have funding for an EAP. The very real issue of putting this complex social work onto volunteers is also up for consideration that we are raising in lots of different spaces, but, yes, it just makes it impossible. There is no way to retain staff.

For example, we have just come off the end of a 12-month mental health contract which is actually creating some really interesting and positive solutions to a lot of the issues you are wanting to hear about. To continue that work and to make it sustainable to meet the needs of the clients who engaging and the staff member who has made all of those connections, I have had to roll that and rebrand it as 'disaster resilience' to get funding for the wages, to get just continuity of those programs beyond the very short life cycles which are often associated with grants.

Mr BERKMAN: No-one has raised yet the unavailability of an EAP where we are talking something like 140 staff across the state who are funded in neighbourhood and community centres. It is intriguing for me that we have not had anyone else flag that as an issue and the need for that really quite fundamental staff support in government funded roles.

Ms Elton: It is not only that. The \$115,000, which is supposed to be for a wage, a part-wage and some overheads—our insurance costs before the floods were increasing at 20 per cent a year, so we pay \$15,000 just to open our doors every year. There is increasingly a resistance in the insurance industry to insure neighbourhood centres at all, so we have a patchwork of insurance now that is doing less and costing us more which comes out of the 115 before we even start.

Mr BERKMAN: I think the comment you made before was that neighbourhood and community centres are the answer to social isolation and loneliness. Again, that is a pretty common thread throughout a lot of the hearings, certainly with each of the conversations we have had with neighbourhood and community centres. Can you give us a sense, though, of how much of your work is that kind of proactive community building as compared to the amount of time and resources that you spend on the reactive crisis support, whether it is personal crises or natural disaster response? From what you have said, it sounds as though there is very little left for the proactive community building once you deal with all of the reactive work you are doing.

Ms Elton: It depends on how good your volunteers are. We are very lucky to have a dedicated team of long-term local volunteers so that in a disaster, or day to day, their life experience and their local, place based knowledge solves that for us. A lot of other centres do not have that luxury, I understand. To give it a quantifiable number, pull the onion out of a piece of soup; it is all just layers of overlays. For example, we have a few hundred people every week who come in to access our bread and food support—our community food table. The guy I spoke to this morning who rides his bike about 10 kilometres each way every day in the hot sun to get the loaf of bread: he needs the chat probably more than he needs the bread. They come for one thing, but often it is interconnected need presenting as, for example, domestic violence. From our playgroup, we have so many crossover presentations that we refer to other programs. The key issue is to get people to connect with their neighbourhood centre and to know that we are there, but please do not go and do that before you resource us properly; we already do not do any promotion because we are already swamped with need. On the flip side, our community also needs to know they are there.

Mr BERKMAN: Sandra, thanks for your work and for your time today. I really appreciate it.

Ms LUI: Thanks, Sandra. I also acknowledge your contribution to the community and thank you for your hard work and support of our most vulnerable. You mentioned that there is just yourself as a full-time employee of the neighbourhood centre. Can you tell us your experiences around managing the impacts of COVID-19 with a full-time worker and volunteers that you work with?

Ms Elton: Our volunteers became our clients. Talking about our workforce, I am the one full-time permanent worker. We have 2½ temp workers as well that I have managed to patch together from the grant funding and our volunteer team. All of them together are the equivalent of only 6½ full-time staff as many of them give us three days a week of their volunteer time.

In respect of COVID, I know that we have been lucky in the north. It is a really good time to live in regional Queensland, but that is not to say there is not COVID impact. COVID impacted mostly our disability, seniors and small business community, carrying on from the tourism comments of the previous speaker.

When our centre was forced into the three-week shutdown that we had in March last year, our volunteer team, many of whom are seniors, socially isolated and health-vulnerable themselves, became our clients. We had to actually instigate more programs. We had to operate from behind closed doors as we were considered essential with our food support. We had to redesign all of our programs, including our playgroup. Our playgroup parents who were then homeschooling in regional areas were asking us to bring wine, and we completely understand that. We took bread. We are very creative and very proactive, and I have a beautiful team that helps me do that.

We did things like a playgroup tour where we asked the community to opt in and we went and did playgroup at everybody's fence. The kids were on one side and Miss Jodie was on the other. We hung the bread off the fence so people could swing through and still access the food support without breaching any of the COVID rules.

We instigated a daily video chat with our volunteer team, who were mostly north of age 70 who previously were not interested at all in engaging in any digital inclusion. Because the need for connection was greater than the resistance to technology, we had to train them how to video chat. We did that, and they engaged with us beautifully, but that also put more work on us. There were three of us that were allowed to retain that work from behind closed doors and then had to service the needs of particularly the disability community.

Under the initial stages of COVID, when there were a lot of unknowns, particularly in the outreach areas, which is what we are considered, a lot of the disability providers just shut their doors to their clients and pulled back to town and left their clients high and dry. Some of them could not even get out to access food, so they ended up on the door of the neighbourhood centre, as did the age pensioners when all of the aged-care workers could no longer visit or carry clients in cars. All of those gaps in the community end up at the door of the neighbourhood centre.

Mr BENNETT: It feels like we are rubbing salt into the wound here a bit, but the emergency relief package that you talk about: is it \$400 a month? It is not so much after a natural disaster, but it is the community disasters of domestic violence and homelessness. Could you talk a bit to the emergency relief packages that you are doing?

Ms Elton: We are state and federally funded for emergency relief. We are one of about 12-strong in our network in Townsville now. We are one of the few providers where you can access support when you need it five days a week. Many providers have a cap due to shortage of staff and shortage of funding. The first 25 that text in might get some food support next week, or if we assess you over the phone, if you can get through after two hours, we will send you a food voucher that you might get next Wednesday. That does not help the mother who cannot feed her children or the homeless guy who has been moving around free camp sites and literally scoffs the loaf of bread in front of you because he has not eaten for three days.

Emergency relief actually became our core business in the disaster recovery space. We had four years worth of funding the month after the floods, which was massive, but that created its own challenges and problems. It has now put us on the radar as a very effective provider of very caring emergency relief, which is great, but if you do a good job you often get to keep it. There is no paperwork for that program. We are currently servicing about 1,000 people a month, which just increased last week, with our food support, plus anywhere from 350 to 400 crisis support clients, which is the mentally unstable guy who is suicidal in front of our volunteers, the domestic violence mother—those really hardcore cases—or the people who just cannot get back on their feet from the floods. Increasingly it is my staff. Three of my staff have been affected by the homelessness problem in the last few weeks.

Emergency relief is a critical need, but it is the function of community centres that is unfunded. There is not even any wage attached to that funding at all. There are thousands and thousands of people that every neighbourhood centre doing emergency relief helps every year. I do not know who they think does this. I have spoken to state managers, I have spoken to federal representatives and I sit on the state committee for emergency relief, informing of the COVID impact, and we informed the National Coordination Group, the NCG, and we have been doing all of that reporting since COVID started.

Overwhelmingly across Australia, there is that need for a second worker in a neighbourhood centre. The way I see it, that second worker would be a day-to-day crisis worker who would be there for social interaction and to do all of this work that we do unpaid and unstaffed, and then post disaster, as they are already trained in mental health and they are already familiar with processes, they just pivot and become a disaster recovery worker.

Mr BENNETT: Thank you. Hang in there.

CHAIR: Absolutely. Sandra, like all of the centres right across Queensland, you do really remarkable work. Do you feel you have really succinct knowledge and a thorough understanding of the community organisations around you that you can work with and defer to? How is that managed? Is it transient? Are there changes? How does that support your work?

Ms Elton: That has been how we got through the increase in demand overnight for our services since the floods. We had to adopt a model of co-location and partnering. That has seen our growth triple and been maintained for the last three years. We are the only service on the ground for the northern quarter of Townsville. At the moment there is a counsellor on site. Because we do not have a paid counsellor or social workers, we have to engage other services to complement what we do to fill the gaps that our community has which creates—

Mr SKELTON: Other charity groups.

Ms Elton: No, not necessarily other charity groups. It is mostly complementary support. We have a financial counsellor on site. We have disaster recovery workers that visit us weekly. The Women's Centre for specialist domestic violence and women's services came and placed themselves within our centre. We are truly a hub, a one-stop shop for the clients. The problem that creates is that the infrastructure we are in is 10 years out of date already and the community keeps growing, so I

am having to advocate in all of these spaces that we need a bigger boat. We could literally put another layer on our centre and still have all of our rooms full every day of the week. That co-location and partnering model works very well, particularly in regional areas, because there are such strong social networks. We know people socially. That is a very good model to adopt. It helps us fill those needs.

CHAIR: I noted that connection and support of other individuals, like the financial support professionals et cetera. What about the other community organisations that the member for Nicklin mentioned? Does that happen? What are the barriers?

Ms Elton: In our area, no. One of the ladies who works at Vinnies comes to our tai chi class on a Thursday and she is doing what she can. We work regionally in the emergency relief network, so I work with the regional head of Salvos and Vinnies. What it means, though, is that often the dollars and the awareness are placed on the big organisations and it is the small organisations that are doing the work. I am not saying that to denigrate—they do lots of fantastic work—but we work together because we have to and because we are nice people. Essentially, there are a whole lot of small players in the regional spaces that do not have the funding and the staff. Often they will refer to us. At last count, we were actually servicing more clients per month than the Salvos.

CHAIR: Sandra, thank you. You have certainly raised a lot of issues for us to consider and you have certainly summarised a lot of the challenges that community centres face, not just here but also across Queensland. On behalf of the committee, thank you for your time today. We really do appreciate it. We understand that you are understaffed in your centre, so you being here today is a great commitment. Thank you so much.

Ms Elton: Thank you for listening. I am really excited that these conversations are happening. If we can share stories or if you have other questions further down the track, please reach out. Like I said, we have very interesting and unique datasets to tell those stories and we are actually solving some of these problems already. I am happy to help with that if we can be of any assistance in the future.

CHAIR: Thank you, Sandra. You and many other professionals in the area have offered your assistance, so we feel very supported as a committee. Thank you so much.

POOL, Ms Jan, Chief Executive Officer, ABIS Community Co-operative Society Ltd

Ms Pool: My name is Jan Pool. I the CEO of ABIS Community Co-operative Society Ltd, which deals with Aboriginal and Torres Strait Islander affordable housing. We have been in existence for 46 years in Townsville without one cent of government money. When we talk about organisations that bend over backwards, we do lots of hours for nothing. We have a funded homelessness program which supports one worker part-time. It does not cover a vehicle or anything else.

I would just like to add to what Sandra said here about small organisations in that the large organisations get the funding, essentially, and it is the smaller ones that are doing a lot of the grassroots work. That happens with us as well, and I believe Leslie Walker has spoken to you as well about the program we run for youth in conjunction with DATSIP and TAFE. They come out and do work on houses. We pay for the materials. They get a certificate at the end of it and hopefully we can get them into a job pathway.

Coming back to social isolation, this building we are meeting in today is the Townsville Aboriginal and Torres Strait Islander Corporation for Women. Our two organisations work very closely together. We run a number of programs in this hall which Sandra funds out of her own pocket on most occasions—many of the occasions—and we bring the elders together. We have a bus, we pick them up and we run Hoy.

On the ABIS side of things, we have been acting as an advocate for the Aboriginal and Torres Strait Islander Elders Group here, which we recently formed, and we meet every month. We invite the chair of the hospital board and the executive director of Aboriginal and Torres Strait Islander Health and we have had a number of politicians—our local members—here to hear what our elders say. Many of these do suffer from social isolation and it is only due to the fact of what we do as a community to get people involved that they have an out. As you said, COVID-19 was a big part of that. Many of them have never been out. Sandra gets phone calls asking, 'When is the next Hoy?' because they want to get out.

Our issue that we see the most is that government departments want to do the right things and they connect with who they believe to be the right parties and fund them for programs. We have a couple of marginal Aboriginal and Torres Strait Islander organisations here in Townsville and they will get funding towards all sorts of programs and it is outside of their core business, yet there is us over here that run these types of programs that do it from either grants or from our operating cash flow to run certain programs.

I have worked regionally and very remotely for many years. One of my pet hates is that four or five different parties will be funded to do the same thing. I will pick Mornington Island as an example. When I did a program there a few years back—research work—64 different health providers, including children's health and allied health, all came into the community—4,000 people. Then they were saying, 'Well, nobody turns up to the physio; there is no use running the program.' But they were having five there on the one day—all different organisations. You are splitting the money; you are not getting the value. It comes back to if you are really socially minded—we all work together. It is not about, 'Oh, they are getting more customers than we are'; it is about who you are helping on the ground.

For the children up there, there was money going to Act for Kids and to Mission Australia and they were all trying to run exactly the same thing and actually achieving nothing. If there is anything I would like the panel to take away it is that when programs are developed, I think government departments try to please too many people. Yes, you will upset somebody by not giving them the money, but we need to start being more cooperative with different organisations because we are not getting the results. Our youth here is a classic example of that. Money came in for a program and it was given to a mob outside Townsville. What do they know? They have no community connection. How do they know which families to go to, which kids are in strife? Actually, most of the kids who are in strife here are not from Townsville; they are from the gulf, Doomadgee, Burketown, Normanton, Mornington Island or Mount Isa. They have been brought to Townsville. It is not necessarily just our own problem here. Thank you.

CHAIR: Well said, Jan. It is a message we have heard loud and clear. It is about the coordination of those funds, it is about reducing the double-up and it is about being aware of what organisations are doing what and at what time and with whom and then the coordination of those funds to ensure we get the outcomes that we are expecting.

Ms Pool: That is right.

CHAIR: Jan, you raised some really good points. We very much appreciate your contribution. Also, the notion of the issue around where our children are from and their contribution to the context here in Townsville—I think it does present a different picture for us to what we read in the *Courier-Mail* and what we hear in the popular press. As we know, poverty and disadvantage is complex. Understanding where our children are from and some of their needs will assist the government to facilitate some of the outcomes that are required for those young people. Thank you.

Ms Pool: Thank you, Corrine. Just in relation to the children, I work quite closely with Doomadgee, Burketown and Normanton, and one of the programs that we are trying to get kicked off there at Delta Downs Station is having the boot camp idea, only they are in their own country. We have gone four times to get funding for a program and been told that it is not appropriate, yet these kids would still be at home and treated in a culturally respectful way. We are working to get a certificate at the end for them, whether they are fencing or using chainsaws or working at heights. It is giving them a focus. Thank you.

CHAIR: Absolutely. Jan, thank you so much. That concludes this hearing. On behalf of the committee, I would like to thank all of the witnesses and stakeholders who have participated today. I would also like to take this opportunity to thank the many submitters who have engaged with this inquiry. I acknowledge the Townsville Aboriginal and Torres Strait Islander Health Service, who have promised us that they will make a submission. That is really tremendous. Thank you to Bonnie, our wonderful Hansard reporter who is travelling with us. A transcript of these proceedings will be available on the committee's parliamentary webpage in due course.

I just want to take a moment to record into the *Hansard* of the Queensland parliament my great appreciation of the committee. It is a big task to leave our families for four days and travel throughout the state to seek the advice of community members and individuals from across Queensland. I take this opportunity to thank our committee for giving up their time. Our work in our communities does not stop. We are often working well into the evening, dealing with local community issues in our own electorates, but being away from our family and contributing to this very important inquiry is appreciated by me as chair. Thank you to my committee.

I also want to especially thank Donah Ellin for your great hospitality and for looking after us. Mr Francis Tapim and Mrs Agnes Tapim, thank you for your prayers this morning—Mr T and Mrs T—and your great hospitality for us as well this morning. Mrs Sandra Oui, thank you for your hospitality as well. To Mrs Mary Whaleboat from the ABIS Community Co-operative Society, and you, Jan, CEO of ABIS, thank you for your assistance with today's venue.

Ms Pool: Our pleasure.

CHAIR: We are away from home for a few days, so it is just so nice to be cared for, to be fed and to be welcomed so warmly to your community.

I also thank our elders throughout Townsville for your great stewardship and leadership of the community. On behalf of the non-Indigenous members of our committee, we rely on and thank the elders of this community to support us and to guide us in legislation, and we acknowledge the expertise, support and advice of our colleague Cynthia Lui, the member for Cook as well. Thank you very much. I now declare today's hearing closed.

The committee adjourned at 1.42 pm.