LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON EDUCATION AND COMMUNITY INCLUSION

(Reference: Inquiry into Loneliness and Social Isolation in the ACT)

Members:

MR M PETTERSSON (Chair)
MISS L NUTTALL (Deputy Chair) MS N LAWDER

TRANSCRIPT OF EVIDENCE

CANBERRA

TUESDAY, 21 MAY 2024

Secretary to the committee:
Ms K Langham (Ph: 620 75498)

By authority of the Legislative Assembly for the Australian Capital Territory

WITNESSES

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Amended 20 May 2013

The committee met at 11.31 am.

DE CEAN, MR CHRIS, Member, The Men's Table
COLLINS, MR MICHAEL, Regional Host, The Men's Table
TOTH, MR JON, Member, The Men's Table

THE CHAIR: Good morning, and welcome to this public hearing of the Education and Community Inclusion Committee for its inquiry into loneliness and social isolation in the ACT. The committee will today hear from a wide range of witnesses who made submissions to the inquiry.

The committee wishes to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. The committee wishes to acknowledge and respect their continuing culture and the contribution they make to the life of the city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people who may be attending today's event.

The proceedings today are being recorded and transcribed by Hansard and will be published. The proceedings are also being broadcast and webstreamed live. When taking a question on notice, it would be useful if witnesses used these words: "I will take that question on notice." This will help the committee and witnesses to confirm questions taken on notice from the transcript.

The committee recognises that this is a sensitive topic. The secretariat has information on support organisations available for witnesses and people attending or watching who are impacted by issues raised in this hearing.

We now welcome witnesses from The Men's Table.

Mr De Cean: I am still technically employed by the Ambulance Service, but I am here as part of The Men's Table group.

THE CHAIR: Wonderful. I remind each of you of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement which was sent to you by email. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly. Could I please get each of you to confirm that you understand the implications of the statement and that you agree to comply with it?

Mr De Cean: Yes; that is fine. I acknowledge it.

Mr Collins: I also understand it, thank you, and acknowledge it.

Mr Toth: I also agree and will comply.

THE CHAIR: Wonderful. Thank you for joining us today, everyone. If at any point you find the hearing difficult, please let us know and we can take a short break. Would you like to make a brief opening statement?

Mr Collins: Yes. I have something here. We each have a paragraph or so, so I am going to roll with that.

THE CHAIR: Wonderful. The floor is yours.

Mr Collins: I work as a regional host, or director, for The Men's Table. We are a grassroots and for-purpose organisation formed in 2019 and have been active in the ACT since 2021. I appear today with two of our over 100 men who sit at The Men's Tables in the ACT and the 2,300 men nationally. I welcome the men's willingness to build capacity both in themselves and in other men at tables in their community and also for exhibiting some of the courage and vulnerability it takes to share their real stories and feelings as they model the values that we espouse for The Men's Tables. I would ask them to introduce themselves personally, if that is all right. Chris, over to you.

Mr De Cean: As I have stated, I am still technically employed by the Ambulance Service. I have been off work for nearly three years with a diagnosis of PTSD, depression and anxiety. Shift work itself is quite isolating and can lead to loneliness. Since I have been off work, my capacity to get out and about has been greatly reduced. Having found The Men's Table fairly recently—about six months ago—I found it a very good outlet. It is a good place to go where I can feel safe and make connections with other people.

Mr Collins: Thanks, Chris. Jon, do you want to—

Mr Toth: Yes. I have joined to share my story today because I believe that The Men's Table has had a positive impact on me and probably the other men at my table. I did not know what to expect when I first came along, but I was aware that, among my circle of influence, there was availability and a need to connect with older men and gain some wisdom. At the event, I was met with a wide range of men with diverse backgrounds and different stories to tell. This also highlighted the tremendous need for this kind of organisation, as witnessed by the others who attended. I am happy to report that, through The Men's Table, I have developed friendships and support to venture through life's battles. Whereas I felt isolated and alone from certain demographics of men before, I now feel I have a stronger community and network to rely on. This is why I chose to support The Men's Table organisation in this inquiry.

Mr Collins: I am going to read a quick statement on a problem that we have identified. Thirty-nine per cent of men currently entering The Men's Table say they want connection and friendship, and a quarter of Australian men say they have nobody to confide in about their worries and fears. We think this is evidence of a mateship crisis in Australia and poses significant risks to men's mental health and their social and emotional wellbeing.

There is a lack of safe places in society where men can share their experiences, seek support and build and maintain meaningful connections, and this is exacerbated by a lack of positive role models. As a result, many men are going it alone. They are conforming to maybe the masculine traditional stereotypes of not showing emotion, avoiding vulnerability, being reluctant to seek care when going through hard times and crisis, and being overly self-reliant. All of this discourages men from seeking help and

sharing their stories with others and can lead to social disconnection, social isolation, loneliness, increased risky behaviours and other mental health challenges.

Our purpose is to provide intimate and safe spaces for a diverse range of men to have quality and intentional conversations about their lives and their wellbeing. Regular and committed tables allow men to feel safe and express their emotions and vulnerabilities without fear of judgement, leading to meaningful, long-term and reciprocal connections that form a community of mutual support. We create healthy men, healthy masculinities and healthy communities by activating and building tables.

We would like to share more data with you—we have included that in the appendix—and we are happy to also share some recommendations from what we have learnt.

THE CHAIR: I thank every one of you. I will lead with questions and then we will make our way down the line. This is probably to you first, Mr Collins, and, if the others would like to contribute as well, that would be wonderful. What are the biggest hurdles that are reported to you for men to make the decision to come to a Men's Table? What is it that is holding men back from engaging?

Mr Collins: We have tracked and measured men coming to our initiative. First of all, we sometimes see men watching us for as long as 18 months or two years before they are ready to come, so there is a long lead time. We are not a diagnosis that someone follows or a prescription that someone has given; it is literally about the agency the man has to follow his own self-direction. The really important part—and Jon could maybe speak to this as well—is the fact that men do not do this because someone tells them to, although often it is at the behest of a loved one who says, "Honey, I think this would be really good for you. Why don't you check it out?" Some of it is just about fear and not knowing that these places exist. Also, if you do not know something exists and you have never experienced something like sharing openly with a group of men before, you might have some resistance or you might not know what it feels like.

We have introductory events called Entrees, which are a sort of "taster" events. They allow men to have a light-touch experience where they get to understand why this space is a bit different and not like a regular meeting at the pub with a bunch of guys.

The barriers are probably from not knowing what would be different, what they need and whether they have had a similar experience. We are an entry-level experience. We are self-directed, so men do this out of their own commitment and then stay at tables voluntarily. No-one is prescribing them to be there. It is all completely voluntary.

THE CHAIR: Great. You mentioned the Entree events. Are there any other activities or ways in which the organisation could be supported to make it easier and more welcoming and to make the types of gatherings that you have more widely known?

Mr Collins: It would be good to know how Chris and Jon came to the tables. They have both overcome their own personal challenges in getting to a table, so it would be good to hear from them. We do social media marketing and advertising. We work with community groups. We do work with health organisations. We do work with chambers of commerce, for instance, and the Snow Foundation. Anybody who is in the community and is trusted, known and respected is a great referral partner for us. We

like to open good referral pathways.

There is the multicultural community. We have not really met with the Indigenous community that well so far, but we have been as inclusive and as diverse as we can be. We continue to double down on more inclusion and more diversity at our tables. Often who invites you is the biggest barrier to coming in—"Michael Collins—who is he? We do not know. And we don't know who is at the table"—but, if someone is known and trusted in the community and they say, "I think you should look at this," it is way more powerful. It does not necessarily need to be a prescription like a doctor would give you but something that could help. I guess it is the same as, say, being invited to someone's house. It should be the same way that you get invited to a Men's Table.

THE CHAIR: That is great. I will paraphrase the question to Chris and Jon as well. Tell me about the challenges that you experienced in choosing to enter The Men's Table for the first time and ways that the community could potentially have made it easier by promoting it or assisting you to take that step?

Mr Toth: I will let Chris go first.

Mr De Cean: Thank you. As Michael said, I watched the socials for the best part of 18 months before I made it to an Entree event. It was partially about the fear of the unknown and my own struggles. It was partially about stepping out of the traditional role; I have found by talking to other males, and even long-term friends, that serious contemplation is actively discouraged. People do not want to know about feelings or what is going on. I think the biggest hurdle for me was fear of the unknown and actually getting it together to go to an Entree.

Having been out of my work role for a long time and trying to find places to go and social things to do, especially as an older male, it was really hard. It took me quite a while to find The Men's Table by searching in general for things to do. If there could be a website or something that could promote social opportunities, not just The Men's Table but in general—somewhere people could refer themselves; a central point to look at—it would be really helpful. I am still looking for other options as well. I would like to augment what I do at The Men's Table and I am still having a lot of trouble finding anything.

THE CHAIR: Jon, could you expand a little bit on your journey at The Men's Table and things that could have been done to make it easier for you to take that step?

Mr Toth: Sure. The journey for me was pretty easy. I came across it via social media—an advertisement on Facebook. The reason it was so easy for me was that I was acutely aware of the need for this for men. I was intrigued to see what The Men's Table was offering and what that looked like. Regarding the way the Entree event is run, it is not a deep commitment straightaway; it is a chance to meet a bunch of men and start the conversation, and we are grouped off from there. In saying that, in our group there have been people who do not want to share straightaway, but, over a year, people are slowly opening up. As Chris said, he was on the sideline for a while. I know that I and a lot of other people in the community are not big joiners and do not want to do this sort of thing. I think the time frame of meeting once a month is good as well. It is not too much to ask and it is manageable to meet that need.

THE CHAIR: That is great. Thank you, gentleman.

Mr Collins: I will just highlight the point that Jon made: men do not have to speak; they can just sit and listen. Often, for a lot of the more introverted men, the idea that they can turn up at a social environment where they do not have to speak is actually refreshing. Their presence is just as valuable in witnessing other men. It really is a different space with a different intention. Some guys take a little bit longer. It could be six months before they want to open up more than just saying, "Yes; I'm okay. It's good to be here. Thanks," and that is it. There is no judgement.

THE CHAIR: That is great.

MISS NUTTALL: Your submission refers to an impressive number of Men's Table's established in the ACT during the last 18 months. If you are able to share, have discussions of loneliness and social isolation explicitly emerged at a lot of these tables?

Mr Collins: I could ask Chris and Jon. Is that the only conversation that came up for you two?

Mr Toth: Yes. I would say that is a reason why they joined, from the short stories that they share—that they have no-one else to share with. It is pretty much them and their families and work. There is no strong community component outside of that, so The Men's Table provides an avenue to share in a safe environment.

Mr De Cean: I would have to agree. Almost everybody at the table I go to has brought up isolation and loneliness as a topic in the time we have been meeting, in one way or another. Their circumstances are all different, of course, but social isolation and not having a group or close people to talk to about real things is definitely a recurrent theme.

Mr Collins: In my experience, we have explicitly spoken about that at my table. The data we have from over 3,180 men—as you can see in the appendix—shows that they are looking for connection and friendship, and a place to have a real conversation. It pretty much makes up over 60 per cent of people coming to a table. In the appendix you can see that data.

MISS NUTTALL: Thank you. I really appreciate that.

MS LAWDER: Do you have any figures about the age range of your members, both nationally and in the ACT? And is the ACT representative of Australia more broadly?

Mr Collins: That is a good question. I can share that with you separately on notice. We have men in their mid-20s through to their late 70s and into their 80s. I think the oldest man is 81 at the Canberra tables. The bulk of the men are, I would say, between 40 and 60. As you know, that is a high-risk age group for men, especially if you look at any suicide statistics. From 15 to 55, the suicide risk is greatest. In fact, it is the greatest cause of death for men. We believe there is a link between isolation, loneliness, disconnection, suicide and mental health. We work with collaborative groups as well, so we are acutely aware of the needs of men, and the needs of men might differ from the rest of the population.

MS LAWDER: Do you call them members or participants?

Mr Collins: Members. They are all members.

MS LAWDER: Are your members a mixture of those working full-time or part-time, or perhaps they are not in full-time employment? What is the breakdown?

Mr Collins: I would have to take that on notice to give you the exact data. We have retired men; we have men who are self-employed, working on their own; and we have men in organisations and in government. Chris is a retired first responder. We have a number of first responders and veterans in our cohort. Jon would be one of the younger men. Jon, how old are you?

Mr Toth: Thirty-two.

Mr Collins: There are working men in different professions and backgrounds. We have a number of men from multicultural backgrounds as well, which has been great, especially for the younger men who find they want to assimilate into an Australian community beyond their own cultural groups.

MS LAWDER: Are the friendships that are formed at the tables intergenerational or do people tend to gravitate towards people in a similar age group?

Mr Collins: I do not have that data at hand, so maybe you should speak to Jon and Chris about their experience. From my experience, I had an 80-year-old with Parkinson's at my table who became a mentor to me. He died last year. That was an incredibly profound and personal friendship for me. There are younger men who are fathers. I am 57 with children who are 20 and 24, so we are all at different life stages. I really appreciate the diversity of age. Intergenerationality is a strong point for me. I am not sure what Chris and Jon's experiences are.

Mr De Cean: Most of my table are around my age group—early to mid-50s. The people I have talked to more than others are generally around my own age range. That is just about shared experience and being at a similar stage in life.

Mr Toth: I am the youngest by about 10 years or so at my table. There is that intergenerationality, and it brings a youthful aspect to the elders as well. There is sometimes levity at the meetings. I have definitely caught up with people outside of the meetings on multiple occasions as well, so the friendships extend to outside of the organisation.

MS LAWDER: Thanks.

THE CHAIR: The internet has largely become the domain of what I would describe as unhelpful male role models. How do we go about identifying positive male role models and then supporting them to be looked up to and/or become beacons within the community?

Mr De Cean: Wow.

Mr Collins: That is a big question. Do you have something on that, Chris?

Mr De Cean: No. Sorry; I was saying "Wow" to myself. That is a big question. The only thing I can think of is something like promoting The Men's Table. It has been an overwhelmingly positive experience for me, especially where I have been. I spend 99 per cent of the time sitting at home and doing nothing. I am just about to start the return-to-work journey. Having somewhere to go and have a real conversation with like-minded people has been really good.

Mr Collins: Chris, at this point of the conversation, maybe you could share, because I thought it was interesting that you felt challenged to go back to your workplace to speak about your PTSD with your work colleagues. The conversations are welcome.

Mr De Cean: There is the lifestyle that you have working in emergency services. Because of shift work, you work on weekends and holidays, and you miss birthdays, parties and people's occasions, so it becomes very insular. I personally found that all my old friends moved away over the first six months to a year because I was constantly having to knock back invitations to things. All my friends were from the Ambulance Service and the AFP. Then, once I stopped working and I was struggling with PTSD, I found a lot of them did not reach out to me and, when they did, I found it very confronting because of the nature of those relationships. Generally you talk about work, but I really could not listen to their war stories anymore because it brought up too much for me, so I basically became completely isolated. I have a couple of old friends, but only one couple who live in Canberra, and I became extremely isolated because I could not maintain those old relationships in emergency services and I did not have anything else to fall back on.

Mr Collins: I realise you did not quite answer the question, but, Chris, I think it is a really important story. There are some male environments and work environments that are conducive. If we are looking at modelling a different way of behaving and creating a safe space—that is where I was going with that question. Hopefully that answers what you are looking for. Jon, is there anything from your side?

Mr Toth: Could I have the question again, please?

THE CHAIR: The question was that the internet has become dominated with colourful male role models, so how do we promote locally positive male role models?

Mr Toth: I found that at The Men's Table. The men do not necessarily stand up and say, "I'm a role model." I learn from their stories and hearing about the mistakes they made in the past and how I could benefit from not making those mistakes. It is about having an environment to hear from others. No-one necessarily wants to stand up and say, "I'm a role model," because everyone is going to turn you down. Also, at The Men's Table everyone has the chance to have a say. Anyone who has any undesirable or colourful characteristics would be shut down by the other men. It plays itself out that way. We manage ourselves like that. I definitely found some great role models at my table.

THE CHAIR: That is great.

MS LAWDER: Yes—perhaps to Chris. I know you do not have a crystal ball, but, as you go through your return-to-work journey, do you think shift work will permit you to continue with your participation at The Men's Table?

Mr De Cean: There are two things. The first is that, absolutely, I definitely plan on staying with The Men's Table—it has been really positive for me—but I will not be going back to shift work. I have been told that, basically, I cannot ever go back to anything health related. It would just be a matter of time until things fell apart again. The injury management people are looking for alternative pathways for me. But I will definitely stay with The Men's Table.

Mr Collins: I can speak to that specifically. Chris has clinical supports around him. We are a non-clinical intervention. We are really clear about that. We ask the men who need clinical supports to go to them and, for men who arrive at a table with needs that are potentially in excess of what a peer group can manage, we are really clear of our boundary—that, while active care and the spirit of care is welcome, we are not professionals and we are to refer men towards clinical supports, if they need them. That is a fundamental principle. We have five fundamental principles, one of which is around commitment. You make a self-commitment to the table and the other men. That is a self-agency piece. Then there are other commitments around the types of conversations that we have. We are modelling, I suppose, a non-fixing mentality, a certain nonjudgment, a welcomeness of diversity and the quality of listening rather than fixing. Also, there is the explicit invitation to share what you are feeling rather than what you are thinking about the world and to speak about what is happening in your story.

These aspects are really foreign for a lot of people, and not just men. Having this is an intentional space takes practice, and this is practice space. I am conscious of time—we are a little bit over time—but I would say that a lot of our fundamentals go to modern masculinity—a version of masculinity that we think is going to be an answer to some of the challenges we face. We are practice spaces. We have 200 of them in the country and we want to build more. We have only been here for four years. We think that there will be other spaces that we can support as community-led and peer-supported spaces where this work can be done. It possibly cannot be done by a government agency or a workplace because people do not necessarily have a high level of trust. Those are being done with maybe more clinical responses or compliance-led responses. There is more agency when men turn up for themselves and for each other.

THE CHAIR: Wonderful. On that note, we are out of time. On behalf of the committee, I thank each of you for your attendance today. You have not taken any questions on notice, so that is all from us. Thank you.

Mr Collins: The question I notice that I took was on the age range. I will share that with you.

THE CHAIR: You did take one on notice. Please provide your answer to the committee secretary within five business days of receiving the uncorrected proof of the *Hansard*. Thank you.

Mr Collins: Thank you all.

Short suspension.

DI MEZZA, MRS SONIA, Interim Chief Executive Officer, Migrant and Refugee Settlement Services
DORNAN, REVEREND DR GEOFFREY, Minister, Wesley Uniting Church

THE CHAIR: We now welcome witnesses from Migrant and Refugee Settlement Services. Do you have any comment to make regarding the capacity in which you appear?

Rev Dr Dornan: I am the Minister of Wesley Uniting Church in Forrest. Sonia is one of my members, and I have a fair bit to do with MARSS as well.

THE CHAIR: I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly. Could I please get each of you to confirm that you understand the implications of the statement and that you agree to comply with it?

Mrs Di Mezza: I do understand them.

Rev Dr Dornan: Yes, I understand.

THE CHAIR: Wonderful. I understand that you would like to make a brief opening statement.

Mrs Di Mezza: Yes, please.

THE CHAIR: The floor is yours.

Mrs Di Mezza: Many clients from refugee and migrant backgrounds who arrive in the ACT often come without networks, families or friends. They find that they must rebuild their lives from the ground up, a situation often exacerbated for people from refugee backgrounds who might have had to flee war, conflict or persecution, and thus have trauma effects that compound their situation.

Settlement in Australia is a long and complex process. Supports and services that the person must identify and put in place include getting connected with Centrelink, learning English, finding employment, and seeking health services and supports, amongst a myriad of other concerns. Putting those supports in place takes time and does not leave much energy for seeking or making new friends. Moving to a new country for any person can be a challenge. When that challenge is augmented due to language barriers, this can make it difficult for the person settling into Australia to make friends. If the person originates from a country where not many other people from the same country live in the same region, the isolation can increase.

The other concerning issue relates to cultural barriers. It can be hard to connect with others if you do not understand the culture in which you find yourself. Practices and behaviours that are normal to Australians might be perceived as troubling or problematic. For example, potluck meals, where people are asked to bring something to contribute to a meal, can, in many cultures, be seen as really rude or a bit difficult to

understand. So social isolation can be increased by cultural challenges.

Racism is another barrier that increases social isolation. Where people are not well understood they become even more isolated. To decrease social isolation amongst people from culturally and linguistically diverse backgrounds, we need to address racism. That is a really important factor. We need a comprehensive, societal approach to combating racism, as the federal government is implementing in the family and domestic violence sector.

When people from refugee backgrounds arrive in Australia, there are often complex mental ill health issues that have to be overcome that result from the reasons why they might have left their country—for example, due to persecution—the migration journey itself and also settling in Australia. That creates another barrier towards making friends and increasing social isolation. MARSS has a cultural competency training program, where, for a fee for service, we provide training to help organisations, agencies and individuals increase their cultural competency and understand people from diverse backgrounds—and that is important.

I have requested that the Reverend Dr Geoffrey Dornan also appear before you today because I would like to share with you a really positive experience that occurred quite recently when we were organising our annual Eid function for our Muslim community members to mark the end of Ramadan. We had a committee at MARSS and I asked the staff members how they would like to structure it, and they said we need an imam from the Sunni denomination and the Shiite, and then one of my Muslim staff, who is from Jordan, said, "We also need a priest, because that is what we do in our country." So I asked Geoff, who is the presiding minister at the church I attend, Wesley Uniting in Forrest, to come, and he graciously accepted.

At the beginning of Eid, we had a Quranic reading by one of the imams. The two imams presented, and then Geoff spoke. He spoke with a lot of empathy and acceptance of the Muslim community in Canberra and from refugee migrant communities, and he talked about the situation in Gaza, which is, as you can understand, very sensitive. Geoff had his collar on and, though there were a lot of people who might not have understood English, his attendance really sent a symbol of acceptance, where mainstream society has connected with newly arrived people from diverse backgrounds, cultures and faith. It sent a very positive message to the community. We had a lot of email feedback from the community and social media comments from religious leaders about that. It really taught us how important it is not just to celebrate culture and create communities from those which are isolated but also for mainstream community to come together, reach out and create a bridge. That is imperative.

The recommendations we have made are more funding for mental health support for people from refugee and migrant backgrounds; support for those cultural festivities like the National Multicultural Festival, which is fantastic, and also the ethno-specific cultural events; more funding for anti-racism training, like that which has been poured into support to combat family and domestic violence, which is important; and funding for cross-cultural competency training. If it would be permitted, I might ask Reverend Geoff to give a bit of input from his perspective on the event.

THE CHAIR: Of course.

Rev Dr Dornan: It was a wonderful event. I spent a lot of my life in different places around the world, in a sense, dealing with broken societies and broken sections of societies, in Latin America, Asia and Africa. Serving as a sort of bridge has been really important in my life. Sometimes it works; sometimes it does not. But it is always difficult, and it is also complicated.

When I was asked to do this at Eid, I was enthusiastic about it. I was really keen to get to know the Islamic community here. It really is about people communicating and entering into the life of others. Not everyone can do that, but I think most people can if they use their imagination. That night, I think, was a really important night, not just for them, hopefully, but also for me as well, in the sense of the human warmth and the connections that were made and the bridges that were built.

In addition, perhaps I could just make one or two comments. I think that Sonia's input—her submission as well as what she said—is really key. I think there are three fundamental problems within broken societies. One is the language issue, particularly with immigrants as they come into a country. Another is cultural difference, which in a sense represents and is the bigger picture behind language difference, and the third one is racism. I have seen that in many situations that I have worked in around the world, but it is certainly part of the Australian experience.

Racism is both overt and covert. In a developed society like ours, it tends to be more covert but occasionally it raises its head more overtly when there are particular stressors within a society, and we are in a stressed society now in terms of economic situations, international relationships and so on. I had some contact with the Chinese community in Sydney when I was working there, and they certainly reported to me an increase in pushback from people who look like me, pretty much. Even if they are just walking on the street, they will get some sort of reaction, particularly from white people and older white people.

When I did my PhD in moral philosophy, I worked under a guy called Rene Girard, who was an anthropologist and was based in Stanford. He died about three years ago. Girard was a very insightful man about human nature as an anthropologist and psychologist, and he spoke about how we human beings are made to copy each other. He called that mimetic desire. He said that we are rivalrous by nature—that that is the nature of the human being—and, in being rivalrous and competing with each other, we create scapegoats. If we are not at war with each other as groups within a society, we create scapegoats which we can then agree upon and who we can then objectify and abuse. In an article that he wrote just a week before he died, he talked about how, within a competitive society, these sorts of behaviours increase, saying that, in an overtly competitive society, we run into situations where this rivalrous nature is given expression—space is given for people to be rivalrous—and it is very hard to keep a check on that.

From my point of view, it seems to me that—in the sort of situation that we find ourselves in Australia and in many other societies in the world now which are overtly competitive, overtly rivalrous, where societies are finding it hard to hold together—it is incumbent upon government, local, state and national, to find ways to mitigate that problem; to find ways to address it. Girard was a wonderful man. He was a great

academic and a man of great moral commitment.

Thanks for the time. If I can be of any value to you or to any other organisation in Canberra—I have only moved here recently—I would be happy to provide assistance.

THE CHAIR: Wonderful. On that note, we will jump to some questions. In your submission, you make reference to the importance of cultural events and festivities. What sorts of festivals and events is the Canberra social calendar lacking? What do we need to add to it?

Mrs Di Mezza: That is a really good question. I used to work in Bendigo. I was the CEO of Loddon Campaspe Multicultural Services for three years. In 2014, there were riots on the streets of Bendigo about the building of a mosque, and council got overrun with all these protests. It was a time of great shock and sadness for the people of Bendigo, because most of them did not subscribe to that viewpoint.

Bendigo is not a very diverse place, but we used to run an annual Zinda multicultural festival. It was similar to the National Multicultural Festival but a lot smaller. That festival was so important. In country towns there are those who stay and there are those who go. If you stay, you might not know about the other cultures. Via these sorts of festivals, you bring the culture to the people.

Here we have the National Multicultural Festival, which is great. It is really hard for the new and emerging communities that are arriving into Australia. They want to become associations, get that governance and be able to do these festivities, but they lack the funds, and they come to MARSS a lot. Supporting some of those smaller groups that are emerging, that are coming through, would be an area where we would focus. For example, the Afghan Hazara community has now gotten traction. They have created a big Australia council and also local, and they are doing some festivities. But they still need funds for their Persian New Year and things like that. So continuing to fund a lot of those ethno-specific organisations would be helpful.

THE CHAIR: That is great. I guess maybe on the other side of the coin, in your submission, you suggest that we need to provide opportunities for people from refugee and migrant backgrounds to meet and interact with Australians from mainstream society. What sorts of activities should we be promoting and supporting, on the one hand, within community groups but then also to expand out?

Mrs Di Mezza: I also sit on the council of Wesley Uniting. This is something we have been exploring as a church. It is really important to find situations and events where you can invite people in. The great connector is always food—sharing our own cuisines and having other people come and bring their cuisines. We were looking at dinners and lunches where we invite people from other communities.

There is also a very important program called the CRSA, the Community Refugee Sponsorship Australia program, where humanitarian entrants are supported by Australian residents. You have a group of about five people and they provide some support to a specific family that comes into Australia. They help them to get housing, education, employment et cetera, and then that family kind of becomes part of the community. That is another really good way of supporting people who have just

arrived—humanitarian entrants.

THE CHAIR: That is great.

Mrs Di Mezza: Did you want to say something, Reverend Geoff?

Rev Dr Dornan: Wesley has resources in a way that smaller congregations do not, but it has had a history, I think, of being very, very white—or Canberra is white, I guess, or it has been historically. If you come from Sydney, it seems that way, anyway. While being aware of our cultural limitations as a white-dominant group of people, we are seeking to open up the doors, open up the windows and find ways of communicating with people—via the sorts of means that Sonia was mentioning like dinners where you have food other than just white food.

I was a minister at the Uniting Church next to Newcastle University, where I taught, and we set up a dinner program. We had this up-to-date sort of kitchen at that church—almost an industrial kitchen. We realised that there were a lot of foreign students at Newcastle Uni who were doing it tough—for example, a lot of Iranians who were trying to fit into the society. We invited them for meals, but it was Anglo food. They were very polite and said to us, "Why don't we prepare our own food?"

The program that we set up in conjunction with the university was very successful. In fact, we won an award from the New South Wales government for it. Each month, we would have a dinner program. One month it would be the Iranians, the next month it would be the Thais and the next month it would be someone else. We would get 300 people at those events—people connected to those ethnic groups but also other people like me and like you, who were well disposed to these communities and wanted to be of some sort of use. So food is a really important factor. It is about sharing food. When you share food, you share culture and when you share culture, you share language. It seems to me that was a very successful entry point. That program is still working very well in Newcastle, and I have not been there for 10 years.

MISS NUTTALL: It was not mentioned as much in the submission, but I would love to get your take on something. We have heard previously from people that our government services are not often as available in languages other than English, and that can be quite the barrier to preventing people from a culturally and linguistically diverse background connecting with and using community services. Do you think the absence of material and services in people's first languages contributes to loneliness and social isolation here in the ACT?

Mrs Di Mezza: Absolutely. I think there are some bureaucratic processes that try to address this issue but they are not always effective. You can translate information but, when you do that and just throw it at people, it does not go very far, because, first of all, you have a presumption of literacy, and you might have people whose education has been interrupted because of whatever happened in their country of origin. I know, reading different languages, that you have a level of formality that many of our communities might not always understand even in their own language. Language is important, as Geoff said, but translating everything is not the only solution. Pretty much everyone in the world can speak, but not everyone in the world reads and writes. So speaking is important.

First of all, we need to create culturally safe spaces. I am setting up something called the multicultural legal clinic, at MARSS, where our community members who might need some legal help are not just told, "Go over to legal aid," because they will not go. The rule of law in their countries could have been a tool of persecution. We will get the legal aid lawyer to come to our office in a culturally safe space and ensure there is an interpreter, so that they get legal access. It is about cultural safety, number one.

Canberra is surprisingly more diverse than we think. From the last Australian Bureau of Statistics census, I think it is now a third of Canberra is from a culturally and linguistically diverse background—that is, born overseas. We have people throughout government agencies and in the not-for-profit sector who speak different languages. I speak a number of languages. They could be bilingual advocates or workers who can support our communities. But, in doing that, we really need to differentiate between using someone as a bilingual advocate in situations where we can do that, and situations where we must use a NAATI-accredited interpreter—for example, in legal or medical situations.

It is about creating culturally safe spaces, not just throwing at people bits of paper that have been translated and not presuming that everyone uses the internet. Before my father passed away, he did not even know how to turn on a computer. There are a lot of people, particularly older people and people from culturally and linguistically diverse backgrounds who are older, who do not use the internet. So we have to look at other culturally safe ways of communicating information.

Rev Dr Dornan: I would, again, agree. Having lived in Latin America for about 14 years, I was fluent in Spanish and partly fluent in Portuguese. So when I came back, the Uniting Church asked me to work with Hispanic communities in the western suburbs of Sydney, where they tend to congregate around Fairfield and Cabramatta. In doing that work, I learnt how opaque public institutions are to immigrant communities. I am accredited as an interpreter, and I worked in Fairfield and Cabramatta with local government agencies to help the communities understand what they had to do when they went to a government office and so on, and sorted out benefits and so forth.

It was a real eye-opener in the sense of the inability of government employees and personnel to really understand and to explain to people. They did not seem to have the resources or the training to be able to communicate with these people very well. It is not just about speaking the same language literally; it is actually about spending time with people. In a sense, it is about helping a person understand that you are on their side rather than just a blank face handing papers to people to fill in. These sorts of things are really important. How you go about the process of communication with public employees dealing with refugees, asylum seekers or just immigrants is really crucial, and government does not seem to know how to do that.

MS LAWDER: In your submission you talk about investing in culturally appropriate mental health support services. Do you have any examples of where that may be done well?

Mrs Di Mezza: Yes. I am carer representative on the Mental Health Australia Consumer and Carers Register, and we have a group—I think it is called the "embrace

group"—of carers and representatives from culturally and linguistically diverse backgrounds. We know that, in general, mental health carries with it a stigma. But in our communities, it is 10 times worse. There is a lot of stigma. It is really imperative that, where we work with our communities, we are not shaming; we are understanding the cultural context, and we know the proper language and the proper approaches.

I will give an example from the domestic violence space. We had a lot of funding for family and domestic violence in Bendigo and we came up with this idea of having camps for families and children—for example, a South Sudanese or an Afghan Hazara camp—where we take them away. If we had called this a domestic violence camp, no-one would have showed up, but we called it a healthy relationships camp. We had bilingual workers and we spoke to people about issues that were really important. Those issues were in relation to family and domestic violence, but we did not speak about that; we spoke about issues in a strengths-based way.

That is what need to do in the mental health space. In Australia, we are really focused on the rights of the individual. In the multicultural space, we focus on the rights of the community, because that is how people feel that they are culturally safe. So you do not just take one person, one-on-one, unless it were a confidential interaction; you would give information sessions in a community way, in a strengths-based way, in language, led by people from the community. That is the way that we have found to be more effective.

THE CHAIR: On behalf of the committee, I thank both of you for your attendance today. If you have taken any questions on notice, please provide your answers to the committee secretary within five days of receiving the uncorrected proof *Hansard*. Thank you.

Rev Dr Dornan: Sure. Thanks very much.

Mrs Di Mezza: Thank you.

BOWLES, DR DEVIN, Chief Executive Officer, ACT Council of Social Service

THE CHAIR: We now welcome the witness from the ACT Council of Social Service. I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered a contempt of the Assembly. Could I please get you to confirm that you understand the implications of the statement and that you agree to comply with it?

Dr Bowles: I understand and agree.

THE CHAIR: Wonderful. I understand that you do not have an opening statement; so we will jump straight to questions. I was hoping you could provide some further information to the committee with regard to the ACT Community Directory. What does it do well and what can it do better?

Dr Bowles: It has a variety of community organisations and options to participate in community life that are available to people in the community. I think one of its limitations is that it is not better known throughout the community. It is a great resource, but I think there is definitely room to improve its use. We recommend funding to expand the community's knowledge of that excellent resource. I think engaging with Volunteering ACT, specifically about other improvements and a process for that, would be excellent.

MISS NUTTALL: We heard from a few witnesses that free-of-cost urban spaces and accessible, bookable facilities are also crucial for social connectedness, but people often do not know that they are available or where to find them. Do you think the community directory might be a helpful outlet to list bookable spaces and access facility requirements too?

Dr Bowles: It absolutely could be. I think, though, that that would probably require substantial resourcing because many of those community facilities would not be directly controlled by the organisation that controls the directory. I think there would need to be some significant infrastructure investment there, just in terms of the IT side. Obviously, you would need to enter into arrangements with, for instance, the ACT government to make sure that when a booking was made the space was in fact free and that the person that had made the booking was able to access the space appropriately.

It does point to a real lack of social spaces, particularly low-cost and free social spaces. Canberra is a place where you can have a great deal of fun, but doing so on a limited budget is very difficult. Most of the places where people socialise in this city effectively have a pay barrier. That means that it exacerbates the feelings and drivers of loneliness, particularly among those people who are experiencing poverty.

As we highlight in our submission, the rate of loneliness is more than twice as high in the lowest decile for income as in the highest decile. This is absolutely an equity issue—and the physical ability to meet with people in a space that is comfortable is a real one. I note that, unlike many Australian cities where the weather is reasonably pleasant throughout the year, the ACT has some great outdoor spaces, but people's enthusiasm

for meeting in them during certain months is understandably lower.

MISS NUTTALL: Your submission highlighted the importance of more funding across the community sector to enable better support for people experiencing loneliness and social isolation. You also mentioned a dearth of programs specifically dedicated to tackling loneliness and social isolation. What do you think would be the most effective in the first instance—dedicated programs on their own or additional funding within existing organisations, or is it really a situation where both are fully necessary?

Dr Bowles: I think it is a situation where both are fully necessary. If I can take a step back, I note some of the other submissions have highlighted that the health impact of loneliness is similar to heavy smoking. Loneliness is not listed in most AIHW publications around burden of disease, but those publications consistently list smoking as the greatest contributor to preventable burden of disease—so people dying sooner and people getting sick.

If loneliness is comparable in scale in terms of how much it affects people, the next questions to ask are: is it as common? Is it more common? We have ACT-specific data on that. It says that the rate of people experiencing loneliness most of the time, or much of the time, is similar to the rate of people here who smoke cigarettes. The rate of people who experience loneliness some of the time is 2½ or three times higher than that again. From that, we can conclude that, in the ACT, the burden of disease from loneliness is probably higher than from any other source.

If I were a Treasury official, the thing that would keep me most up at night would be the expanding health budget in the ACT. This inquiry, identifying what is quite possibly the greatest contributor to burden of disease in the ACT, should be of great interest to those Treasury officials who might be kept up by the same thing I would be. When we talk about making investments in one type of community program or another, it is really important to have that sense of scale. It would be easy to say, "Look, it's a difficult economic time and we simply do not have the funds for this," but, given the scale of investment in the health system and given what investment to reduce loneliness and social isolation could do to reduce that over the medium term, we need to see this as an investment. Having programs that specifically reduce loneliness is important.

You will no doubt all be aware that the community sector is undergoing a once-in-a-generation reform to how services are planned and procured—called commissioning. Commissioning is not unreasonably incrementally starting to focus programs on specific outcomes. There is greater emphasis than ever before on outcome-based reporting. That is really good, but it means that the incidental benefits of programs, like reducing loneliness, may get lost in that process. In that context, we need targeted programs to reduce loneliness and social isolation more than ever before. I hope that answers your question.

MISS NUTTALL: It does; thank you.

THE CHAIR: Loneliness, as you have described, is of huge consequence to society. Do you have an opinion as to why government does not take it as the large and consequential issue that it is?

Dr Bowles: That is a great question. I think it is partly that the evidence of the impact is emerging—so, 10 or 15 years ago, the health impacts were not as well known. I think there is also an element of stigma and the reduced social power of people who are experiencing loneliness. People who are lonely typically will not be as socially connected and, it is fair to say, will be hesitant to say, "I am lonely, and this is an issue." We know that a number of situations or conditions which have led to stigma have also seen reduced government attention, and that has really only changed when that stigma has been lifted. I think any recommendations from this committee that go towards reducing stigma are really worthwhile.

It also sits at this funny junction between health and community services. It does not neatly fall into any one portfolio. Arguably, the Minister for Mental Health would have carriage, but so many of our recommendations, and recommendations of other organisations that have made submissions to this committee, would not fall inside that portfolio. I think government is understandably challenged when issues are presented like that. That is not to say that government cannot overcome those challenges, but it is understandably more difficult to act. In this case, it is more difficult to not only coordinate but also see how each portfolio contributes to a potentially better outcome.

THE CHAIR: Do you see a role for a minister for loneliness, as we have seen in other jurisdictions?

Dr Bowles: That could certainly be useful. But the utility really will depend on that minister's ability to influence other portfolios. If they have a budget that is just for giving community services some specific funding to run programs that are to reduce loneliness, that will have some effect, yes, but it will miss out on a number of opportunities to do things like reshape the education system and reshape the physical planning system, so that housing is something that brings people together rather than separates them.

MS LAWDER: We know in most health areas that prevention and early intervention are better than treatment after the fact. But you have also said, in response to another question, that a lot of people will be hesitant to identify themselves as lonely or experiencing social isolation. How will we address early intervention and preventive programs to reduce loneliness and isolation, as you have said in recommendation 1, if people do not say they are lonely or we have not found ways of counting or gathering data for those people? What would that look like?

Dr Bowles: That is a really perceptive question. An ideal strategy does several things at once. First, we try to reduce stigma, including through education programs that are in our schools, so that people are more comfortable identifying themselves as being lonely. The other thing to note here is that, in the *2023 ACT Community Sector Snapshot*, loneliness and social isolation were identified by the community sector as its fourth-biggest challenge. When you combine that with the information that we previously talked about around the disproportionate number of people on the lowest income decile who are experiencing loneliness and social isolation, you already have a really high concentration of people who are experiencing loneliness and social isolation interacting with the community sector.

In many respects that is not a surprise, but what that means for intervention is important.

In public health, typically, there is always the challenge of wanting to screen the relevant population and not wanting to screen people that do not need to be screened, because that is an inefficient use of money. Figuring out how to target the population group of greatest interest is always a public health challenge. What we have here is information that the community sector is already really well positioned to be an effective partner for government in dealing with and reducing loneliness and social isolation, because so many of our clients and people using our services are experiencing it. So, in some ways, we have already naturally overcome that first big challenge in public health.

The question then is: are community sector workers appropriately trained to identify and deal with, either through referrals or some other mechanism, clients who are experiencing loneliness and social isolation? In most cases, the answer is no, they are not yet. So that seems like a really concrete way that we could progress this.

MS LAWDER: You have made that link already to your third recommendation about better equipping community sector workers to identify loneliness and social isolation and provide them with training. Is there such training? What would that be?

Dr Bowles: I do not have a particular training program in mind, but I am confident that such training does exist and that it could be adapted to the ACT.

THE CHAIR: What do you see as the role of social prescribing?

Dr Bowles: That is a great question. Prescription has an understood role in society. People are allowed to do things, encouraged to do things, if they are prescribed. People who might not necessarily take a particular supplement or pill will do so if their doctor prescribes it. Similarly, they can do so even in the face of some social stigma. For instance, many people who have ADHD are prescribed drugs which, if they got them on the street, would have historically led to a fairly high degree of social stigma.

One of the great things about prescribing as an act is that it makes something not just allowable but also appropriate. It encourages people that might otherwise be reluctant to undertake an activity. Given that loneliness and social isolation are so heavily stigmatised, being prescribed something may be the boost that someone needs to get them to do a particular activity.

I think one of the issues with social prescribing—and we recommend that it be linked to the community directory—is that often people who are socially isolated just do not know how to not be and where to go to not be. Having a central point of information on that—almost like one of the reference books that your GP might have on what all the commonly prescribed drugs are and what they do—and having people trained well on how to use that to guide someone who is experiencing loneliness and social isolation to say, "Here is the thing for you; I would really like you to do this," would, I think, be beneficial.

The other thing about a prescription is that potentially—and this is one of the great things about the Australian healthcare system—we make sure that the cost is manageable for that person and that they do not have to wait an excessively long time. My ambition for a social prescribing system is that it would be a mechanism to get over

the cost and system constraints, like a program being too full.

THE CHAIR: Is it your vision that there would be staff attached to the directory who would act as a sort of navigator?

Dr Bowles: I do not have a particular vision as to who employs the staff or anything like that, but it seems to me that that could well be used to help people navigate clients through the system. As to whether those social prescribers are in one particular organisation or another is not my role, really, to say. But I would say that it is important that there is a good feedback loop between that group and the directory so that the directory can evolve to be as useful a resource for that as possible.

MISS NUTTALL: You mentioned support for students experiencing loneliness and social isolation in an education setting and you also mentioned the social worker in schools program. Do you think there is space for similar programs or a case for embedding social workers in ACT schools?

Dr Bowles: I absolutely think there is a case for embedding social workers in ACT schools, yes.

MISS NUTTALL: I understand that the Education Directorate has a central hub of social workers. Is it effective to have the social workers there on a floating basis or is it more effective to embed them in each school community? Do you have a view on that?

Dr Bowles: That is beyond my expertise, I am afraid. On the subject of schools—if I may stray slightly—at the outset, I mentioned the cost barrier for much participation. I think that hits home really strongly in children's activities. Many children in the ACT with parents who are relatively well off are engaged in a couple of sports and maybe drama, music or something like that. But each of those has a cost barrier and none are offered through the school—or very few are if it is a public school. This contrasts with some other jurisdictions internationally where a high proportion of extracurricular activities are offered through the school at zero or a very low payment. It strikes me that we are effectively training children who grow up in families with low incomes to expect to be socially isolated compared to their peers.

MS LAWDER: Again, looking at education settings, you have a number of recommendations about providing opportunities and training. Presumably, you could extrapolate from that that you do not feel that is done well enough at present.

Dr Bowles: Yes, that is true.

MS LAWDER: We talked about social workers in schools. There are other counsellors. There used to be some pastoral care or some other program. We hear a lot about people wanting to add things into the curriculum, but there are arguments against adding more things in the curriculum. When you talk about providing education and awareness programs to recognise the signs of loneliness, are you talking about something in the national curriculum, or how would that come about?

Dr Bowles: For the training to identify signs of loneliness, we suggest it be specifically for education professionals rather than students. Taking a step back, the mental health

of young people, many of whom are attending schools, has been declining not just in the ACT but across Australia and much of the West for too many years now, and it is clear that social isolation and loneliness contribute to this. I think it needs to be a place where the ACT is evolving, with what we might describe as an evolving public health threat. Our schools absolutely need to continue to change to adapt to that threat.

The situation for mental health and social isolation for young people is not the same as it was a decade ago. I am really conscious that most students who are in school now had a period of intense social isolation through the pandemic, which will have impacted their social development. So we have not just one child who is a bit delayed in his ability to interact with his peers; we have whole classrooms of people who have missed out on that. This is absolutely a cohort effect, and it is one that sort of compounds itself. Normally, if you have a kid who has missed out on a bit of learning how to socialise, they can learn that from their peers. But we are now in a situation where all of their peers missed out as well. It is good that the pandemic is over and it is now endemic and we can adjust to things, but we cannot think that the mental health and social development of our children are now back on course without further input, because they are not.

THE CHAIR: On that note, we are fast approaching our deadline. Before we finish, is there anything you would like to add that you think we have missed?

Dr Bowles: I am very excited that you are holding this inquiry. It is really important.

THE CHAIR: Thank you. On behalf of the committee, thank you so much for your attendance today. If you have taken any questions on notice, please provide your answers to the committee's secretariat within five business days of receiving the uncorrected proof *Hansard*.

Hearing suspended from 12.58 pm to 1.31 pm.

HOHNEN, MS LUCY, Chief Executive Officer, St Vincent de Paul Canberra-Goulburn
STEVENS, MS SALLY, Corps Officer, Salvation Army
KIRKALDY, MS JENNIFER, General Manager, Policy and Advocacy, Salvation Army
JONES, MS JAIMIE, Policy and Advocacy Adviser, Salvation Army

THE CHAIR: Welcome back to this public hearing of the education and community inclusion committee for its inquiry into loneliness and social isolation in the ACT. The proceedings today are being recorded and transcribed by Hansard and will be published. The proceedings are also being broadcast and webstreamed live. The committee recognises that this is a sensitive topic. The secretariat has information on support organisations available for witnesses and people attending or watching who are impacted by issues raised in this hearing.

We now welcome witnesses from the Salvation Army and the St Vincent de Paul Society. I remind each of you of the protections and obligations afforded by parliamentary privilege and draw your attention to the pink privilege statement. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered a contempt of the Assembly. Could each of you please confirm that you understand the implications of the statement and that you agree to comply with it?

Ms Hohnen: Yes.

Ms Stevens: Yes.

Ms Kirkaldy: Yes.

Ms Jones: Yes.

THE CHAIR: Wonderful. I understand you have some brief opening statements to make, so we will start at this end with Ms Hohnen.

Ms Hohnen: Thank you. The St Vincent de Paul Society has been operating in the Canberra region for 100 years, providing material, financial and emotional support to people experiencing the very toughest of times. We provide over 20 community programs, including seven specialist homelessness services. We have learned through our work that we all cope with challenging life circumstances much better when we have love, care, and non-judgemental support behind us. Our programs support vulnerable groups within the Canberra community, including older people, young people, migrants and refugees, and people experiencing hardship and homelessness. Through our programs, such as the Vinnies Night Patrol, which goes out every night of the year, we see the challenges people experience when they are at risk of homelessness or want to establish social connections.

Through our youth programs, we support young people with carer responsibilities to have some respite and, importantly, establish friendships and social connections. Our Community Inclusion Program, which operates out of Oaks Estate, has supported over

400 people with psychosocial disabilities to build independence while encouraging community participation, and our Compeer program connects adults with a diagnosed mental health condition with friendly volunteers in a process that creates opportunities for friendship.

The devastating effects that homelessness, mental ill-health, disability, carer responsibilities and incidents of domestic violence have on individuals in our community, concerning social isolation and loneliness, come through to us every single day in our work in the community. A middle-aged gentleman who frequently comes to our Night Patrol van often tells our volunteers that they are the very first people he has spoken to that day. A young woman who came through our Compeer program and has struggled to establish social connections for years thanked us because she has now found a friend she can talk to and arrange to have an afternoon cup of coffee with. A member of the Canberra community who initially reached out to us for material aid told us that, although his meetings with members of St Vincent de Paul Society started when he needed material support, he actually liked the social and conversational support much better. That made him feel much more relaxed and connected with his community.

The *Living well in the ACT* reports published by the University of Canberra, which we have referenced in our submission, draw an interesting connection between home ownership status, the level of carer responsibility and an individual's experience of loneliness and social connection. We can conclude and affirm that the cost-of-living dynamic is a significant factor that needs attention as we examine loneliness and social isolation.

Our crisis helpline receives between 400 and 600 calls per week. The majority of those requests are for accommodation support, to prevent individuals and families from becoming homeless, and also food. We have seen an exponential increase in calls for assistance through our emergency helpline in the past year. In December alone, we saw a 40 per cent increase on the previous year in the number of calls to us for help. On our busiest day, we received 170 calls. The people contacting us through our crisis line are in addition to the hundreds of people that we support through our community programs. For women escaping domestic or family violence or mothers fighting against the tide to keep their family from becoming homeless, social participation becomes unattainable. This becomes the reality of the children, who cannot invite their friends over for a play date or a birthday party at home.

Vinnies advocates for the government to invest more in preventive solutions—initiatives that reduce the current cost-of-living pressures, which have a trickle-down effect on the level of volunteerism and improved wellbeing within our community. In the main, community sector programs that aim to address loneliness and build social connections rely on the support of volunteers. In National Volunteers Week, I acknowledge all the volunteers, without whom we could not run our services. With increases in the cost of living translating into a decline in volunteerism across Australia, organisations such as ours are having to work harder to recruit and retain our volunteers against a steady increase in demand from people facing hardship in our community.

Digital connectivity, access to services and providing opportunities for people to come together and contribute to the community are all important considerations. Finally,

loneliness in our community is everyone's issue, so the importance of partnerships and collaboration between government and community organisations and businesses to reduce the stigma and raise awareness about loneliness as a public health issue is critical.

THE CHAIR: Thank you. Ms Kirkaldy?

Ms Kirkaldy: Thank you for the opportunity to appear before the committee today. I would like to begin by acknowledging the traditional owners of the land on which we are meeting and pay respects to elders past, present, and future.

Loneliness and social isolation affect every part of our community here in the ACT. Where we think the Salvation Army can be of most assistance to the committee, though, is in consideration of the interface between loneliness, social isolation and disadvantage. Loneliness and social isolation are both drivers and consequences of other forms of disadvantage.

The Salvation Army provides a wide range of services in Canberra, including emergency relief, financial counselling, no-interest loans, youth homelessness services, and alcohol and other drug services. We also provide, through our churches—our core—a range of social and community supports to serve the people of Canberra. Loneliness and social isolation are recurring themes for all people we work alongside. Any form of disadvantage can push people to the margins or cause them to withdraw from their community, and that withdrawal exacerbates the impact of other disadvantage and can act as an almost insurmountable barrier to seeking help.

If you cannot afford rent and groceries, you are unlikely to spend money on a cup of coffee with friends. If you are homeless, stigma and disadvantage make maintaining connections, let alone creating connections, incredibly difficult. And we know that isolation is one of the devastating hallmarks of family and domestic violence. For us, this is why addressing underlying disadvantage needs to be a fundamental plank of any strategy to address loneliness and social isolation, and the experience of that disadvantage needs to be taken into account in creating strategies or other measures to make sure that they are accessible to the people who need them most.

Experience tells us that people can be brought back from feelings of social isolation and loneliness. In fact, our experience shows us that people can achieve great outcomes if they are just given the support they need. We are so grateful to this committee for drawing attention to this issue and looking for solutions. We really hope we can be of assistance.

THE CHAIR: I will lead off with questions. A question for both organisations—and it has been referenced a couple of times—is: how do loneliness and social isolation impact people experiencing disadvantage in a way that is different to wealthier individuals?

Ms Kirkaldy: While the experience of loneliness and isolation is almost universal, the reality is twofold. The first is the practical and financial barriers to doing anything about those feelings. If you are in a situation where you can maintain relationships then you maybe just need a little bit of support to maintain those relationships, but, if you are experiencing financial hardship or, even worse, homelessness, there are major practical

barriers to maintaining those relationships. We call out family violence as a specific disadvantage as well, because that isolation is, in fact, one of the tools of people who use family violence to control members of their family.

The second major barrier is around stigma and discrimination. There is certainly a lot of stigma around admitting that you feel lonely, but there is also a lot of stigma around reaching out and asking for help. It is incredibly unfortunate because it takes great courage and admirable character to actually reach out for help, but there is still a sense of fear and shame when admitting that you need help because you are in financial hardship, at risk of homelessness or experiencing homelessness. I do not want to downplay the impact of loneliness on people who have financial means, but the impact on people who are already experiencing disadvantage is different. The barriers to overcoming loneliness and social isolation are that much greater.

Ms Hohnen: The other factor is when you are just trying to make your life work. Life is incredibly complex. When you are in a disadvantaged position, all your energy, focus and time are spent trying to find housing arrangements for the next week or find food for your children that night. A very different dynamic sits behind all of that. To access some of the supports out there takes a lot of energy and strength, so, when all of that is going to just providing for your children or finding somewhere to stay, it is quite different.

MISS NUTTALL: A couple of submissions have reflected on the way our systems are not set up to identify or address loneliness or social isolation experienced by Aboriginal and Torres Strait Islander people. Do you have a view on what we could be doing to better support Aboriginal and Torres Strait Islander people experiencing loneliness and social isolation?

Ms Kirkaldy: Our key point on that is that we need to work with Aboriginal and Torres Strait Islander people to design systems that are appropriate to them. I am not Aboriginal or Torres Strait Islander myself, so I feel a little bit uncomfortable answering that question. What we would say is that we need to work with the community and we need to work with ACCOs to make sure it really is designed by the people that we are trying to reach.

Ms Hohnen: I would agree with that. We work closely with other organisations. In some of our areas, 40 per cent of the people coming to us are of Aboriginal and Torres Strait Islander background. It would be most effective to work with those organisations.

MS LAWDER: This is for Ms Hohnen. You talked about the decline in volunteerism linked to the cost of living. Can you explain that to me a bit more?

Ms Hohnen: Yes. It is well timed that we are holding this during National Volunteering Week. All of our organisations are really struggling with volunteer numbers, and part of that is that people now have to work. They cannot actually afford to not work. We are seeing that for a certain age group that we would probably have been able to rely on previously. They are not around now because they have to go back into the workforce. Older volunteers are now looking after their grandchildren because both the mums and the dads have to work. That is having an impact on the number of people who have free time, capacity and can afford to volunteer.

MS LAWDER: Some of your previous volunteers have explicitly said to you that they have to go back to work?

Ms Hohnen: Yes, or that they have had to reduce their hours. That is the other thing: they cannot volunteer as much as they did; definitely. Also, during COVID we lost a lot of volunteers. We have made some significant gains, but, once people stepped out of volunteering, their lives filled up with other things: grandchildren, family commitments and work commitments.

MS LAWDER: Has the age profile of your volunteers changed at all or is it just an overall drop?

Ms Hohnen: The majority of our volunteers will be retirees. We have some younger volunteers working in our youth programs on weekends and outside their study commitments, and also in our retail outlets. It is becoming more difficult to get the younger cohort into volunteering on a regular basis. They might come in to do a weekend or they might come in for short-term volunteering. Coming back to the loneliness and social isolation challenge, the programs that we offer rely on volunteers, and the availability of them has a significant impact.

MS LAWDER: It occurs to me that you may not have any data on this at this point, but those prior volunteers might start experiencing some loneliness and social isolation because they probably had a lot of interaction through their volunteerism.

Ms Hohnen: Exactly. Volunteering works both ways. People connect. People come to us to connect. I was at a breakfast this morning for our volunteers and that is what everyone was talking about. Some of them have been volunteering together for years and others might have been reluctant joiners. Somebody brought them along and they discovered new friends, new skills and a great way to spend their days.

MS LAWDER: Is there anything you want to add about volunteerism?

Ms Kirkaldy: We would absolutely back up that volunteers are the absolute backbone of what we do. It is not just that they add huge value; they can offer something that employees cannot. There is an intrinsic value in knowing that someone is spending time with you because they want to, not because they have to or because they are getting a benefit. They are there because they want to be there. Our initial reflection is that we still have lots of volunteers, and they are fantastic. I can take on notice whether there has been any change in either the age profile or the number of volunteers.

MS LAWDER: Thank you.

Ms Stevens: Our experience in Braddon on our community days—Monday and Friday—is that we have a lot more volunteers coming in. They are people who have never accessed services like the Salvation Army or community services before. They may never have found themselves in a position where they needed food relief or a community. A lot of the volunteers at my site are people who have experienced complex mental health and AOD. They volunteer because that is part of their recovery. This is more in the cohort of people who do not work and have not worked for a long time.

They are accessing our services and volunteering at the same time. It adds another layer to the structures we have around our volunteers to support them.

Ms Kirkaldy: We will come back to you with the broader numbers.

MS LAWDER: Thanks.

THE CHAIR: In the Vinnies submission there is an anecdote about people calling the emergency helpline, not for help but just wanting to have a chat. Why do you think that is occurring?

Ms Hohnen: Because they have nobody else to talk to. People see our number, and everybody knows Vinnies is somewhere to go, regardless of what your challenge is. People might contact us with a material need for food or support with a bill or whatever, but then they develop a relationship. They know that there is somebody on the other end of the phone who is going to speak with them. So, while we have programs with which we can provide more support, they know that number, they will ring that number and they will get a friendly and warm reception. Yes; we do have that.

THE CHAIR: I do not expect you to know the answer, but, if someone calls and they do not have an immediate material need—they just want to talk to someone—what is the standard operating procedure? Do you have particular services that you would lean towards recommending people to?

Ms Hohnen: We have a network of conferences. We have 50 conferences across our region, and these are groups of volunteers who work in particular communities. We would refer them to those volunteer groups and they would be visited. Somebody would go and talk to them and find out what their needs are. Through our other services, we are also noticing an increase in the number of people talking about being lonely, or they may come to our services for one thing but we know that they are there for another reason. It is a stretch of our service provision. We know our cohorts. We know them really well. Some people will come for maybe one or two instances of needing support and others who have underlying issues, as you have just described, may need us for longer.

THE CHAIR: Is the provision of these largely social services within the core mission of your organisation or is this like a slow expansion of what Vinnies and the Salvos were set up to do?

Ms Hohnen: Vinnies has always been there for companionship. Our mission is to serve those experiencing disadvantage—to serve the poor, to use that old language—and often it is about companionship and helping somebody through a difficult situation.

THE CHAIR: Is it similar for the Salvos?

Ms Kirkaldy: It is absolutely at the core of what the Salvation Army does—trying to make people feel included. We would also have the same experience. At our Tuggeranong Community Day, for example, we see waves of people. Vicky, who is the core officer there, was saying that she is increasingly seeing grandparents coming in. They come in to have a cup of tea and so that their grandkids can run around with the

other grandkids. After coming in for weeks and weeks, they finally talk about the fact that they might need some material support. There is definitely that soft entry. The ability to give people an excuse to talk is serving an incredibly important function. We would absolutely see the same thing as Vinnies on that.

THE CHAIR: Ms Nuttall.

MISS NUTTALL: Thank you. My question is to Ms Hohnen in particular. I have a clarifying question. In your submission, you mention a study conducted in 2023. Those identifying as LGBTQIA+ reported higher social connection. In other submissions that we have seen, there are higher rates of loneliness reported for those who identify as LGBTQIA+. Would you be able to elaborate on the measures for the study and why the information might differ a little bit?

Ms Hohnen: I will have to take that level of detail on notice.

MISS NUTTALL: Sorry about that. Thank you.

MS LAWDER: I go to the Salvation Army recommendations. In recommendation 2, you talk about the ACT government considering increasing the funding for the No Interest Loan Scheme. I have previously heard about the benefits and how important it is, but can you unpack for me a bit more about the linkage to loneliness and social isolation?

Ms Kirkaldy: Absolutely. The real value of the No Interest Loan Scheme is that it is about assisting people when there is a financial shock. When it comes to financial resilience, for want of a better word, we find that that one financial shock can be the difference between someone just getting by and really falling into financial disadvantage. The no-interest loan, in a very mechanical way, prevents that financial shock leading to poverty. In the same way that we do all our services, it is incredibly holistic. If someone comes in for a no-interest loan, they will also have connections with emergency relief if that helps them and financial counselling if that helps. We have had some fantastic results from financial counselling in terms of people's self-reported wellbeing. But they will also get connections to community days or other aspects of the Salvation Army—access to the Salvo Stores, for example. Being very mechanical, the connection is that it prevents those financial shocks leading to long-term poverty.

MS LAWDER: Can you give us a few examples of what the no-interest loans are used for?

Ms Kirkaldy: Yes. The most common thing that no-interest loans are used for is still whitegoods. I will come back to you if that is incorrect. When a fridge breaks down, that is a big financial shock, but obviously, if you cannot have a fridge, you cannot maintain your household. They are also used for cars—car registration and car repairs— but they tend to be those really important running-of-the-household arrangements. They tend to be for assets. They are for fixing things or replacing things that allow people to carry on their work. You can imagine that, if your car registration lapses, it could actually impact on your employment, which has an ongoing devastating impact. Those are the sorts of things that no-interest loans tend to be used for.

Ms Stevens: I have a good story on this. A couple of weeks ago, we had a refugee who recently arrived in Australia from the Congo. She has left behind eight children that she does not have any contact with. She moved into accommodation and received ACT Housing fairly quickly but did not have a fridge, so every day she would leave her house and walk to services to get fresh fruit and vegetables, but obviously that only lasted her for one day, so then she would go to another service on another day. She got a no-interest loan, was able to access a fridge and was overjoyed to have such a simple thing and did not have to walk out of her door every day to get fruit and vegetables.

Ms Kirkaldy: In the Salvos here in the ACT, we also have a small program to assist victim-survivors of family violence, to do what they need. Also in that program are funerals, because funeral poverty is very real. The reality of paying for a funeral at a time when people are at their most vulnerable and devastated is a big financial shock. That is another use of a very particular part of our no interest loan program.

MS LAWDER: Does Vinnies have such a no-interest loan scheme?

Ms Hohnen: Sometimes we refer them to NILS providers, and we also refer them to Care Financial Counselling for financial advice. We provide some service and support there.

MS LAWDER: Financial counselling is something that you feel strongly supportive of?

Ms Hohnen: Very. Again, it is one of those services when people need a nudge. We can support people to access that service. Our case managers certainly access that for our companions, those that we serve—absolutely. Then we help people manage their way out of the situation. It is hard to do on your own.

MS LAWDER: Anecdotally, do you get much push-back from people who say, "I know how to manage my money," even though they are probably experiencing some financial difficulty?

Ms Hohnen: Sometimes, but generally people are quite receptive. It is an excellent service.

MS LAWDER: Perhaps they would not be in the position of needing financial counselling if they were not experiencing a bit of a crisis at the time.

Ms Hohnen: Yes.

Ms Kirkaldy: It is always presented in a way that is very non-judgmental. It is always presented as: "Here is a range of things that we can help with. We have this wonderful program—

MS LAWDER: And advocacy on behalf of them—

Ms Kirkaldy: Some of the things our financial counsellors do includes ringing the banks to access the hardship provisions or ringing the electricity companies. It is never presented by saying, "You're in this situation because you can't manage your finances."

It is presented by saying, "We can assist you because there are all these things that you maybe do not know you are eligible for and can access." Sometimes there is a bit of push-back, but our staff—and I am sure it is the same with Vinnies—are incredibly compassionate and incredibly skilled in how they present these opportunities to people.

THE CHAIR: In both submissions, you highlight the challenges that transport around our city can cause. What are your recommendations for improving our public transport system such that we reduce loneliness and social isolation? We will go to the Salvos first.

Ms Stevens: Public transport on public holidays is a big issue. People are not part of a recovery community. A lot of people cannot go to Alcoholics Anonymous or Narcotics Anonymous meetings at night time because they cannot not get the buses back. There is particularly the communication that came around closing Centrelink in Braddon. That had a very substantial impact on our community. It happened quite quickly, and the response was that it is easy to get to Gungahlin on the light rail, but some people cannot navigate that, or they come to us from the south side and do not live near another Centrelink. When that happened last year, it was a substantial conflict for our community members.

Ms Hohnen: The other thing I would add is that it would be great if there were concessions or free transport for people who have been recognised to be struggling with loneliness or social isolation. We have seen those in need being pushed to the edges of Canberra's geography. Services are not there. So, to be able to access those services, it is really important that that is not a prohibiting measure. A lot of our clients do not have cars—running a car is expensive—and public transport is their only option. So, if that is inadequate, that is always going to be tricky.

MISS NUTTALL: When accessing something like a concession for people who are experiencing loneliness and social isolation, how do you think people would go with self-identifying that they are experiencing social loneliness and social isolation? We have heard a lot about the stigma aspect.

Ms Hohnen: It is a good point. I think it is challenging. The stigma is real. I think most of us would struggle to say, "I am feeling lonely; I am feeling isolated." I think that is a real challenge. I think they have done that well in other countries. I would look to the UK for their work in the loneliness area. I think they had the first minister for loneliness. There is a lot of social prescribing for folks—not just those who are experiencing disadvantage—just to keep people out of the medical system, out of GP rooms and out of hospital beds. There is quite an investment in social prescribing. The one we hear about a lot is the park run, but there are also gardening groups, lunch clubs and quite small community initiatives that are run by community. They are being funded through NHS funding. It is worth looking at that. It is pretty good modelling. It is not perfect, but it is quite advanced compared to what we are doing here.

MISS NUTTALL: Thank you. To everyone: are there particular priority groups that you feel are currently being overlooked when we talk about loneliness and social isolation?

Ms Kirkaldy: We are choosing to focus very much on people who are experiencing

disadvantage. So I do not know that I would necessarily say "overlooked", but we would definitely be arguing for people who are experiencing financial hardship, people who are homeless and people who have an experience with alcohol and other drug substance or misuse. I will call out again that family and domestic violence is a special case that needs to be handled incredibly sensitively because that isolation is one of the tools; it is one of the preconditions that allows family and domestic violence to continue.

Ms Hohnen: I would just add young carers. I know you have spoken about young carers. We run programs for young carers separately. We run a program for young carers specifically. I guess there is a point about actually designing support with those people who it is intended to be supporting, but specifically young carers, young people, migrants, refugees and people seeking asylum, and single parents with young children and those escaping domestic family violence.

MS LAWDER: I am referring to recommendation 17 from the Salvos submission about collocating community organisations and state and commonwealth government funded services. Do you want to talk me through that a bit more? Perhaps it relates to the example you gave in Braddon. Could you talk about what your vision would be?

Ms Hohnen: Do you want to go through the Braddon example?

Ms Stevens: Yes. On our site, we have community days on Mondays and Fridays, where we offer a hot lunch and food relief. We have partnerships with OzHarvest and SecondBite. We also have Legal Aid and ACT Housing come in and we have a community pharmacist volunteer time. We have a lot of connecting services.

To me, the biggest difference I have noticed in individual stories is the power of warm referrals. We have one community member who is in her 80s, who is not very mobile but does her best to come to our community days twice a week. She shared with me just a couple of weeks ago that she has cold showers because she is too afraid to turn on the heating system in her house. She has been accessing our services for over 12 months. It has taken her that long to share that with me. Before she left that day, we were able to call our friend Charlie, who works in the hardship office at ActewAGL. He was able to come down and meet with her and there was a great outcome from that.

Warm referrals is the biggest impact that I notice. It is not just saying, "This service is on offer," or "You could call this," or "You could do this," but saying, "I know this person, and I have a direct contact," or "I know someone and we could set something up," so that it actually happens while they are there, and people do not just feel frustrated or overwhelmed that they have to make another cold call or access another service or go somewhere else. They are already at their limits, and a lot of people just cannot do any more than what they are already doing.

Ms Kirkaldy: I think that speaks to the fact that experiencing extreme disadvantage is in itself traumatic. We know that trauma has an impact on people's executive function. If you can have government services colocated with places where people already feel safe and they already feel included, the likelihood of those services not just being accessed but also being accessed in an effective and trauma-informed way is just so much greater. The more that we can do to remove the complexity and the barriers and

that fear of having to make a cold call, the better the outcome for the person experiencing disadvantage.

Ms Hohnen: I would add something to that. We have case workers who work alongside our companions for exactly that reason. Having somebody who drives you to that appointment, finds your paperwork, helps you get to the next stage and navigates that system for you—and it is a very complex system when you do not have a home and you do not have a safe place to be—provides really great outcomes.

MS LAWDER: What about the Night Patrol? Do they help with that as well?

Ms Hohnen: Yes, absolutely. The referrals come in from Night Patrol to the Street to Home team and go out to the various services from that. It is about somebody being alongside you when you are at your absolute worst. When you are struggling, for various reasons, having somebody who helps you navigate that in your time of crisis is really important. It is really complex.

MS LAWDER: We have heard a couple of examples. You were talking about the lady who took 12 months to talk about her cold showers. Is there any research or data about how long it might take to build those sorts of relationships with clients? I guess it is quite variable.

Ms Kirkaldy: I think we might have a little bit. Can I take that on notice and come back to you? We certainly know that it does take a long time to build the relationship. Obviously it is different for each individual. I am pretty sure we have done some work on how long it takes for you to have a relationship with someone before they will disclose family violence or gambling harm, for example. Can I take that on notice and come back to you?

MS LAWDER: Thank you; yes.

THE CHAIR: I appreciate all of the hard work you do, being on the frontlines in our community. I am curious what your perception is of government. A large part of your work is dealing with loneliness and social isolation in the community. When you look at government, who do you see as responsible for this issue, if anyone?

Ms Hohnen: That is a good question, because it actually permeates across all of the system. I think it is a public health issue. This is a public health issue. So that is where I see the accountability, I guess, and initiatives, particularly when you look more broadly at the social prescribing aspect that I talked about. The implications of this are just so significant. It is referred to as the next smoking. We can see the growth. It is a growth industry—to use that terrible language. We are really seeing this permeate every generation and every demographic. Yes, we are here specifically to talk about those experiencing homelessness or disadvantage, but actually it is everywhere. There is this disconnect. I think COVID exacerbated that and we have not found our way back to some of those ways of connecting in society in a way that we did. That is my view.

Ms Kirkaldy: I would definitely say that all levels of government have a role to play. I would agree that it is a public health issue. It is a community issue. But I do not want to say that it is everyone's responsibility, for fear that it becomes no-one's

responsibility. Especially when we are talking about that intersection with disadvantage, what is most important is that there is a really clever holistic design for how we handle it, and responsibility for each element of that strategy or that design sits with the person who can actually manage it.

Community organisations absolutely have a role to play—and we are very, very keen to play it; absolutely—but we cannot get away from the fact that the commonwealth government needs to address certain elements of this and the ACT government needs to address certain elements of this. And then, yes, the community sector needs to do some things—and we are ready to do it. But it is very critical that the ACT government does have a role in this and sees itself as having a role in this from a health perspective, from an addressing disadvantage perspective and from a community cohesion perspective.

THE CHAIR: Thank you.

MISS NUTTALL: With respect to the ACT government's wellbeing indicators, what sorts of reporting requirements do you have, if any, for reporting against the wellbeing framework? Do you think it is useful to capture data?

Ms Kirkaldy: We are very supportive of the wellbeing framework, and we are also supportive of the wellbeing budgeting that the commonwealth is doing. We would definitely like to see an intersection between the two and an interrelationship between the two. But, yes, we are very supportive of the idea of having a wellbeing strategy and reporting against wellbeing, and that being one of the major measures of success of a government.

MS LAWDER: I have a quick question that is sort of related to my previous question about establishing a relationship where people feel comfortable to disclose. I understand the benefits of outcomes-based reporting, but, for example, if you are supposed to do something within five visits but it actually takes you 10 visits to establish a relationship, is an outcomes-based reporting regime counterproductive in some instances? Do you understand what I mean?

Ms Kirkaldy: I do.

Ms Hohnen: It is the parameters around that outcome, isn't it? If it is truly outcomes based, from our perspective we would keep going. We are not going to have six visits and then abandon that individual. It may take seven or it may take 27, but we would stick with that person to work to that outcome. I think it is challenging. I understand why you are asking that, but I think the reality is that everyone moves at different paces. You cannot be that prescriptive.

MS LAWDER: Exactly.

Ms Kirkaldy: We do not think the problem is outcomes measurement. There needs to be enough flexibility in grants and in how funding is delivered to allow us to do outcomes really well. Outcomes measurement in itself can be quite an expensive process. The Salvation Army nationally has invested very heavily in outcomes measurement. I would love to provide more information on that, because it is something

that we use for our self-funded programs as well. There is a cost to make sure that you are doing outcomes measurement really well. But I would come back to whatever it is that you are measuring is what gets done. The design of that outcomes measurement is absolutely critical. I think that might be partially where you were getting to with that. Just because something is easy to measure does not necessarily mean that that should be the outcome that goes into a funding agreement.

MS LAWDER: Thank you.

THE CHAIR: On that note, we are out of time. On behalf of the committee, I thank you all for your attendance today. If you have taken any questions on notice, please provide your answers to the committee secretary within five business days of receiving the uncorrected proof *Hansard*. Thank you.

Short suspension.

ROSENBERG, ASSOCIATE PROFESSOR SEBASTIAN, Outcomes Development Specialist, Mental Health Community Coalition ACT
CHOICE, MRS VICKY, Director of Engagements and Partnerships, Mental Health Community Coalition ACT
MARTIN, MR MATTHEW, Consumer Representative, ACT Mental Health Consumer Network
DREXLER, MS DALANE, Chief Executive Officer, ACT Mental Health Consumer Network
THOMPSON, MR PAUL, Chair, ACT Mental Health Consumer Network
NIXON, MS JEN, Program Manager, ACT Mental Health Consumer Network

THE CHAIR: We now welcome witnesses from the ACT Mental Health Consumer Network and the Mental Health Community Coalition ACT. I remind each of you of the protections and obligations afforded by parliamentary privilege and draw your attention to the pink privilege statement. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly. Could each of you confirm that you understand the implications of the statement and that you agree to comply with it.

Prof Rosenberg: Understood.

Mrs Choice: Understood. **Mr Martin**: Understood. **Ms Drexler**: Understood. **Mr**

Thompson: Understood. **Ms Nixon**: Understood.

THE CHAIR: Wonderful. I understand that you would like to make some brief opening statements. We will start with Mrs Choice.

Mrs Choice: Thank you very much for having us today. I will do an introduction as to who the Mental Health Community Coalition ACT is. We are the territory's peak body for community-based mental health. Our members make up two-thirds of Canberra's mental health system overall and comprise organisations that sit within spaces like childcare centres, domestic violence shelters, health services for marginalised groups and Canberra soup kitchens. We envisage an inclusive ACT that prioritises community building and wellbeing in all policies. Loneliness is a subject very, very close to our hearts. You would have looked at our submission, in which we have provided a number of recommendations that we have drawn from extensive research and our member base. We are looking forward to talking about that with you today. Thank you for having us.

THE CHAIR: Thank you.

Prof Rosenberg: As part of our opening statement, I would say—and this is broader than just thinking about mental health and so on—that a lot of our members are engaged

with people who are socially isolated and disconnected. It is the situation that, while we are responsible for about two-thirds of services, we only get about 10 per cent of the mental health budget. In continuing to provide those services and those connections, we are being stretched. We know that the burden of disease associated with mental illness is around 15 per cent, but we only get, as the community sector, about seven per cent of mental health's 10 per cent of the budget. So it is actually quite a small part of the overall response.

We think we can be doing a lot more. The submission that we provided outlines how that can occur and provides an indication of some of the areas of vulnerability. For example, in the Mental Health Carers Report, about 15 per cent of them report being lonely. Again, this is an investment that we can make, as Canberrans, in the fabric of our community, to make it stronger and to help those carers be in a better position to care but also to live their own lives. That was all I wanted to add.

THE CHAIR: Thank you.

Ms Drexler: Before I begin, I would like to acknowledge and honour the traditional owners of this country, their culture and continuing connection with and contribution to the land and community. We pay our respects to all Aboriginal and Torres Strait Islander peoples and to their elders past, present and emerging.

The ACT Mental Health Consumer Network would like to thank the Standing Committee on Education and Community Inclusion for the opportunity to appear as witnesses before your inquiry into loneliness and social isolation in the ACT. The network is a member-based organisation committed to social justice and the inclusion of people with lived experience of mental illness. Run by consumers, for consumers, our aim is to advocate for better services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

As such, the network's submission was based on input from consumers who generously contributed their feedback for the inquiry. I extend our gratitude to Matthew and Paul, two of our most active members, for agreeing to give evidence here with us today. Among other feedback methods, our submission drew on the experiences of residents of the Gawanggal Mental Health Unit, which were gathered by meeting with these highly vulnerable and isolated individuals at the unit on two occasions in 2022 and 2023.

One thing that we would like to emphasise is that there needs to be consideration for not only loneliness and social isolation as a paired issue but also loneliness and social isolation as separate issues. That is, a person may be socially isolated but not be lonely and, likewise, a person may be surrounded by people and services but feel incredibly lonely and alone. It is deeply concerning that SANE reported that one-third of all respondents in their recent survey indicated that they felt lonely all the time, noting that half of all respondents were dissatisfied with their life as a whole. This indicates that, despite efforts to combat loneliness and social isolation, a great deal more needs to be done to combat the underlying causes of these issues.

COVID-19 saw the introduction and/or expansion of digital services and supports,

which has been a significant improvement in the case of people who are physically isolated for various reasons, such as a rural location, lack of transportation, caring responsibilities, family violence and ill health. However, this expansion has led to an unfortunate decrease in access to face-to-face services and supports, which has led to some people being even more isolated than they had been previously. An improvement in one area should never result in deterioration in others, particularly in the case of services and supports that are already insufficient to meet the needs of the most vulnerable individuals in our society.

Consumers quite consistently cite the introduction of the National Disability Insurance Scheme as having negatively affected their socialisation opportunities. This effect was twofold: the closing of several safe community groups, such as the Mental Health Foundation's Rainbow, and the disparity in access to social activities between people who have NDIS supports and those who do not. This impact was especially felt by consumers who were unable to access NDIS funding. These consumers not only lost access to community spaces that were unable to continue operations but also were unable to engage with incoming NDIS services. Making matters worse, the federal government's recent discussions around the removal of psychosocial services from the NDIS is of considerable concern to consumers. Many services have already been lost due to the introduction of the NDIS. We have grave concerns for how the space will look for people who are lonely and isolated if it is even further stripped back.

Further, the ACT government has made a number of budgetary decisions in recent years, apparently with little consideration for how these decisions would affect vulnerable Canberrans. A notable example of this is the discontinuation of the ACT Recovery College, following its trial that was viewed as overwhelmingly positive amongst the mental health community, particularly for consumers and carers. The Recovery College was a place not only of learning for students but also for significant personal and professional growth, as consumers developed new and existing skills and education. It helped them to prepare to enter or re-enter the mainstream workforce. For many, this was following extended periods of time on unemployment benefits, unable to gain work or upskill due to a lack of suitable services and deep-rooted stigma associated with mental ill health that continues to permeate our society.

It is widely acknowledged that people with mental illness are more likely to manage their illness and maintain a contributing life when they have access to secure employment, with a supportive employer. As the peak body for mental health consumers in the ACT, it is especially concerning that there has been no advice as to the reasons for the significant decision to not fund the Recovery College beyond its initial trial. A lot more needs to be done to address loneliness and social isolation. We appreciate you giving us this opportunity to make an opening statement and look forward to addressing your questions today.

THE CHAIR: Thank you. I will lead with questions and we will make our way down the line. I am hoping both of you could explain this. There is reference, in submissions, to the intersection between loneliness, social isolation and mental ill health. If someone is experiencing mental health issues, does that exacerbate loneliness and social isolation? If so, how?

Prof Rosenberg: People's experience varies considerably. I find the term "mental

health" to be reasonably unhelpful. It is a blancmange, really, because you are talking about experiences of things from high-prevalence disorders like depression and anxiety through to lower prevalence disorders like schizophrenia. Of course, the experience varies greatly, depending on the nature of your illness and the symptoms you are experiencing.

I should also say that I am not a clinician, so I do not wish to talk outside of my station. However—and this is something which I am sure consumers may wish to address more directly—certainly for many people, the capacity to access a range of psychosocial supports is what enables them to maximise the benefits associated with medical, clinical and pharmaceutical care. If they just receive that type of care alone, they may not enjoy the recovery that we hope they will, because psychosocial supports provide the links to life in the community; other people; employment, as was mentioned; social engagement; and so on.

Psychosocial services in particular, in terms of our suite of responses to mental illness, both in Canberra and in Australia more generally, have been pathetic. It is an irony, in some respects, that the NDIS has arrived with a tsunami of funds, yet the organisations which I thought would flourish in those circumstances, particularly the psychosocial organisations, generally have not. In fact, many of them have withdrawn their services. So, in some respects, it is harder for people with mental illness to find the psychosocial supports they need and which are likely to boost the connections and reduce the isolation that you are asking about. That is a real conundrum and certainly something that we are very concerned to see rebalanced. It is a concern for not just access to medical services or clinical services but also access to the psychosocial supports that many people with mental illness need to stay connected.

Mrs Choice: Could we ask you to re-ask the question, please?

THE CHAIR: Of course. I was hoping you could expand on the intersection of loneliness, social isolation and mental ill health. How can mental ill health impact on someone's engagement with the wider community?

Mrs Choice: I will defer to Matthew and/or Paul for some lived experience on this one.

Mr Thompson: I can certainly kick off on that. I have a few notes here. In fact, over the last 18 months I have been a personal victim of loneliness and isolation, as I am navigating the workers compensation system, seeking review following an initial determination—a reconsideration—on the road to the AAT for a hearing. I am a self-represented individual. During this time, I have been isolated from my workplace. I have not returned to work since February 2023. I have had a graduated return to work plan provided by my GP and psychologist which has been accepted by the employer. I was sent to various fitness for duty assessments, one after the other. When the time elapses, I am sent off again and again.

I am lucky to be a part of the network and have been since 2012. I hold a variety of qualifications in law, commerce, accounting, education and community services, and hold a graduate diploma in political science, yet I am extremely isolated and lonely in the community due to the fact that I am unable to access any supports for my current workplace matters. I am also unable to gain employment. Again, I am lucky to work

with the network on various committees, such as the independent oversight board, corporate governance and clinical governance.

I engage with the community and speak predominantly to men, as they navigate their life situations and circumstances. At the moment, I have found that the only places for people to go after 5 o'clock are pubs and gyms. We find some individuals down at the pub. They get there for the happy hour, have a couple of beers and have a chat to each other, but I have noticed—and they have reported this to me, as a reflection of their loneliness and isolation—more alcohol consumption and attendance at poker machines, which has a direct effect on their living standards and the cost-of-living pressures that we have today. I have other points to add later, but the position is that there is nowhere to go. There is nothing for people to do.

On the other side of the coin, for those who are gainfully employed in the public service or a variety of other corporations and businesses, the working from home epidemic is such that people do not know how to communicate, interact and engage with each other. I have seen, because I go to libraries—in Civic, Belconnen or Gungahlin to either work on my case or engage in study or prepare for my work with the network—that they are getting smaller and smaller. I see staff, librarians, providing a peer support role for individuals who try to work on a computer to gain vocational support or seek supports in the community. I have noticed that there is a lack of opportunity—and, again, I am predominantly talking to males—to engage in projects together and trade stories, but not under the pressure of a Men's Shed or other area where it is all about the stigma associated with their mental health conditions.

With regard to the loneliness and isolation that I am experiencing presently and what I see out there at the moment, there do not appear to be the community organisations, prior to the NDIS, that enabled places for people to go and engage in conversations. I heard the group that was on before talking about how it may take a few occasions of service and interaction before people open up. I have the ability, as I cruise around with my 12 years of experience as an advocate in various other positions—again in community services, education, law and other areas—to engage with people. We are very robust as we do so. These services are not provided anymore for what we see. That is included in the submission from the network. That is a bit from me at the moment, but I will add to that later.

THE CHAIR: Thank you.

Mr Thompson: I have a good news story.

THE CHAIR: We like them.

Mr Thompson: I have been a mental health consumer for 30 years. Through my connection with the network, I obtained a scholarship to study a certificate IV in mental health and a certificate IV in peer mental health work. I have now obtained casual work as a mental health support person under the NDIS. It has been mutually beneficial. My clients love the work that I do, and it makes me feel much more valued in the community that I can still contribute at my age. The network has been unbelievable in overcoming stigma, discrimination, loneliness and isolation.

Ms Nixon: From a non-clinical perspective, a social perspective, we have had feedback from our members that getting up in the morning and having somewhere to go improves their mental health significantly. We do not have the clinical results to prove that, but those are the stories we are getting from our members. It is one of the reasons a lot of people join the network—to have somewhere to go and have a routine; to have a reason to get out. Once you are up and moving, it is often easier to keep going.

MISS NUTTALL: My question is to the ACT Mental Health Consumer Network in particular but open to the entire group. You mentioned a couple of those excellent psychosocial programs dedicated to supporting mental health consumers, like the Rainbow group and ACT Recovery Services, and I understand that both have since closed. Could you tell us a little bit more about what really worked in those groups for people experiencing loneliness and social isolation?

Ms Drexler: I can take that one and others can add, if they would like to. There were many more, of course, but I will focus on just those two, for the sake of brevity. The Rainbow Room was somewhere that anybody who had lived experience could go. They could take time to socialise with others and learn skills at the same time: cooking, playing guitar, drumming, art—all sorts of things. They had all sorts of classes. The one downfall of the Rainbow Room was that it was a maintenance program rather than a recovery-focused program—such was the era in which it was designed—so it was not perfect. Nothing is. We are not. In terms of the Recovery College, as I mentioned in my opening statement, courses were available for consumers and carers to learn from and also interact with other fellow travellers, if you like. As well, all of the courses had been co-designed with clinicians, consumers, carers and community members alike. It made an enormous difference to the community overall.

As I mentioned, there were people who were significantly long-term unemployed. They were inherently employable, but they just could not get a look-in from employers because, of course, they had long periods of unemployment that they were unable to explain without disclosing the fact that they have lived experience of mental illness, which then places them in a category that employers do not want to employ. The bonus of the Recovery College in particular was that it helped people to overcome those barriers, because, even though they may have been somewhat outed as a consumer, it was not necessarily the case, because, if somebody worked for the Recovery College, they could have been a consumer, a carer, an academic or a community worker—or in any other field. So it was not an automatic outing as a mental health consumer, but it meant that they were able to have some recent experience under their belt and, often, some qualifications under their belt, as well as some community education, some experience of working with others, and a reference to take to another job. Would anybody else like to add to that?

Ms Nixon: The only additional information is that people find it very difficult to join mainstream groups. We have had experience of people being isolated when they have actually tried to meet people. They may have been asked to leave groups because they may have a behavioural characteristic that nobody likes. That makes it really difficult to actually do socialisation activities, whereas if you could go to the Rainbow Room or the Recovery College, your tics, your behaviours and things that others may not like were accepted and you could learn: "Actually, I am okay. This is good. I can keep coming back." You could be reflected in other people as well.

Prof Rosenberg: Miss Nuttall, can I add to that, please?

MISS NUTTALL: Yes.

Prof Rosenberg: In some respects, I note that it is really good that these guys are giving you the experience on the ground of particular local services. I am thinking about it in a broader sense: where these services fit and what your role might be, helpfully. In this regard, I cannot help but say that there are federally funded Medicare-type services on the one hand and ACT funded health services on the other hand, and the space we are pointing to is a community service—a mental health service in particular—that is largely not owned or managed by anybody. That is the environment in which these services come and go and rise and fall. It is disappointing and it leaves people vulnerable.

I want to add just a couple of other services that you guys would remember that were federally funded services, like Personal Helpers and Mentors, which was in about 2012, and Partners in Recovery. The chair asked me about the link between mental health and isolation. We are running a bit of tension between providing services in the way governments provide services, to everybody, but also respecting and responding to each person's unique and individual needs. The issue, as Jen said, is that those local services, like Rainbow, are able to respond to people's local needs. Similarly, Personal Helpers and Mentors was a way that people were able to receive tailored support to their individual needs. Some people do not need that level of support, but many do, and, frankly, it is not available at the moment. We could choose: would you like it to not be funded by the federal government or not be funded by the local government?

In the most recent budget at the federal level, I was very interested to see the reintroduction, if you like, of the federal government's engagement with the establishment of community mental health centres. The extent to which they offer not just clinical care but psychosocial support and the kind of tailored engagement that we are talking about would be really interesting. Again, any help that you could provide to help the ACT government encourage the federal government to shape the nature of that investment in the territory would be very welcome.

Mr Thompson: I would like to contribute, if I could, on the back of what everyone said. The submission stated that general clubs and societies do not really receive mental health consumers such as me and others very openly. There is a bit of a perception that there is something wrong with us. There is nothing wrong with us. Supports are quite handy.

The anecdotal information from those that I talk to is that people have experienced trauma in their lives: they have come from broken homes, they have not had appropriate role models, they have received a lack of education and vocational training, and they are under significant risk of unemployment, if not unemployed already, especially those in the 45 to 55-year-old bracket. These people have reasonable concerns around their social isolation and loneliness which are not shared by many other individuals in the ACT. I believe we have a very low unemployment rate. A lot of people are employed in the public service or through educational institutions such as the ANU, construction, and those who support those businesses.

There is not a place for people to go. Partners in Recovery and other supports were available to assist people to engage in further vocational training with like-minded individuals. Even with all my study and being engaged at university, the supports for those with additional needs are not often found and they are not really provided by peer support individuals. Again, there is a need to provide people with the intrinsic motivation to get up and go each day, having a future of being gainfully employed so that they can live the life that they would like to live, considering the economic restrictions and standard of living that we have today.

Mrs Choice: I would like to add to Matthew's point, if that is okay. It is important to be able to link initiatives across all portfolios. While we are coming from a community-managed mental health perspective, all sorts of factors lead to social isolation and the experience of loneliness. People who probably seem to have a broad network can still feel lonely. It is not simply a health matter or a community services matter; this is impacting the fabric of our community. We all love Canberra—it is a great place to live—but, for those who do not have opportunities or a sense of purpose, it can be a very difficult place to live. In our submission we comment on the fact that there is a $270 million health expenditure every year by the ACT government as a result of these issues. It is something that is worth investing in, essentially.

MS LAWDER: In the Mental Health Community Coalition's submission, table 2, you talk about marginalisation and some of the solutions. One includes:

> Strengths-based interventions that harness the resourcefulness, collective identities, cultural practices, and solidarity that marginalised people may share with one another.

And there are some other solutions. Could you explain that a bit more to me, in layman's language?

Prof Rosenberg: Some of the consumer guys may wish to talk about this as well, because this was the kind of "meat and drink" of the Recovery College, in some ways. They were offering a range of opportunities for people to come together, learn and share in a way that meant that they were not alone. That is just one example of one program, but there are other examples of those kinds of things. There is a lot of talk at the moment about navigation in mental health. One of the issues is actually often about helping people find their way to the right assistance. That is another factor which I think needs to be talked about. Do you want to add something to that?

Ms Nixon: What I would like to add is that there used to be groups. There used to be a hearing voices group, there used to be a schizophrenic group, there used to be a group for people with depression. There used to be groups where people would meet, discuss, normalise, rant and have a good time for an hour and a half, but they all seem to have dissolved. They were also at the Recovery College. One of our members is desperately actively seeking others similar to them to sit down and have a conversation with, without feeling that things are wrong. We also feel that, as people with a mental illness, we are okay. It is not the default in us. For people hearing voices, that is just what happens. They find that, by collaborating and getting together, it is easier than trying to collaborate with other people.

MS LAWDER: We have talked a bit today about social prescribing. That is another solution that you identify.

Ms Nixon: Yes. Some of our members find social prescribing difficult. One of our members was socially prescribed to meet people in a pub or something. She turned up and they were all 20, and she is in her mid-30s. She said that they find it very difficult. There are the under-30s and there are the over-50s, but between 30 and 50 it is really difficult to find anything, even if there is social prescribing that fits within that, because people have usually had children or got married, or left Canberra and not come back. I am not sure whether social prescribing is the answer to everything, because there is that difficulty.

Prof Rosenberg: I take your point about the quality of social prescribing, but the bottom line, for me anyway, is that it does not occur enough. If you look at New Zealand, they have an organisation called Te Pou. It is a multidisciplinary mental health professional training device. What we have at the moment is a separation, an unhelpful dichotomy between the clinical things and the non-clinical things and, unfortunately, humans are generally sewn together, so that does not really assist. The nature and the quality of social prescribing is diminished by that separation.

GPs and other people working in the system can really benefit from a better understanding of what social prescribing is and how it can dovetail with medical responses to mental illness. Then I think we still have to go to Jen's point, which is that there need to be appropriate, calibrated, quality services to be prescribed to. But the fact is that there is not the same level of understanding and concern—and, I will even say, respect—for the function of social prescribing in our response to mental illness in Canberra.

Ms Drexler: To give another lived experience perspective, I have been self-managing my complex post-traumatic stress disorder for about 30 years. In terms of social prescribing, I can tell you that, as a consumer, I do not necessarily want to be prescribed to spend a lot of time with other people with the same illness as me. It has its pros and cons when you are trying to self-manage. It is nice to know that others have been through similar things and also different things, but it is also nice to hang out with other people who just want to be your friend, regardless of any illness that you might have or when it has been prescribed for you to interact with them.

Mr Thompson: One of the missing things is peer workers. In Melbourne they have 50 peer workers in one hospital, whereas in the ACT we have about 20 peer workers in the whole jurisdiction. As a peer worker, I am able to share my own journey with my client and can reassure them that there is hope that they can acquire work or have a fulfilling life. The skill shortage in Canberra in the mental health area is really critical, and those peer workers will help develop a relationship with a client, so it has mutual benefit.

Prof Rosenberg: Ms Lawder, you were asking about some other examples of those kinds of approaches. There is a really good one. I am still stunned as to why it has not scaled. Nothing really of value scales in Australia in mental health, unfortunately. There is a program which is run out of Western Australia called Act Belong Commit. It came

from Curtin University. Its delightful approach is that it has really nothing to do with mental illness; it is an opportunity for people to engage with each other about the things that interest them—to take that action and stay with it. Again, it is a bit like getting up and committing to doing something. This is an evidence-based program. It has been evaluated and found to be quite effective. I think it would be a really good fit for a community that is really interested in making some strong approaches against social isolation.

THE CHAIR: Loneliness and social isolation are very clearly issues that both of your organisations grapple with frequently. Do you have to raise it with government or does government ever raise it with you in your interactions?

Ms Nixon: I do not think it has been raised specifically with us in interactions. We do raise it with government at times. For instance, a good example is Gawanggal. There are only five residents at Gawanggal at the moment. It is a massive unit. They are very isolated from everyone else and things are happening around them that they do not know about. They have heard a rumour that their building is going to be demolished, but no-one has told them what is happening. We raised that as an isolation issue: "You need to keep these people informed et cetera." In terms of it being raised per se, maybe it is a little bit in the commissioning of mental health. It has definitely come up in discussions, but I would not say it is at the top of every agenda of the meetings I go to.

Mr Thompson: This is the first committee I have ever heard of that is running an inquiry into the subject.

Ms Nixon: Yes.

Mrs Choice: Likewise. It is not raised by government with us. We talk about this. It is a key topic and is one of our advocacy pillars as well, so we put a lot of effort into researching and understanding the topic. It is something that we are proactive in talking about and referencing, rather than the other way around.

Prof Rosenberg: For what it is worth, that came up this morning at the Mental Health Carers Voice Strategic Plan launch that Minister Davidson was at. Raising these sorts of matters will be part of their advocacy from now on—talking about improving the quantity and quality of carers' personal time and engaging with carers around issues of engagement and doing what they want, as well as fulfilling their role as carers and so on. It seems to be more from here than from government.

On the other hand, you are talking about the wellbeing budget. There is new interest, there are new measures and there is a new concern. Going back to the carers thing, which is really fascinating, just to give you an idea, the government say that one of their goals would be—and this is surprisingly specific—a seven per cent increase in carers reporting high-quality use of personal time, bridging the gap between carers and non-carers. Seven per cent. I thought that was really interesting. What I found fascinating is that they have the capacity to benchmark this and measure it. If a wellbeing budget is able to do that, and we are able to do that, then that is laudable. Otherwise, it is just another policy document; it is just rhetoric. If we can track and see the change through different programs and so on, there is real benefit in that. Overall, we do not provide the resources to evaluate the impact and monitor change, even in

something as important, and indeed as costly to the Canberra community, as social isolation and loneliness. It would be really good to do that.

THE CHAIR: I want to follow up on something that you said, Mrs Choice. When the MHCC does raise this with the many levels of government as an issue, what does the response look like? Is it: "That's not our responsibility," or "That's not a big issue"?

Mrs Choice: Good question. It has come up in a few conversations. There has been acknowledgement, but then there is little inclination, it seems, to take action and do the things that are needed. I have raised this with some of the ministers. It depends on the portfolio, I think, Mr Pettersson, as to what their agenda and focus is. I was surprised that, in the ACT, 40 per cent of all people who live here note themselves as experiencing loneliness or social isolation when we are in such a community-driven city. I found that quite surprising. Flagging it has been at the top of our agenda. It would be nice to get more traction on what could be done, rather than admiring the problem.

THE CHAIR: I assume this forms the basis for your recommendation for a minister for loneliness.

Mrs Choice: Correct.

Mr Martin: Isolation and loneliness affect mental health; mental health does not affect isolation and loneliness. I mean, if you are isolated and lonely and you have a mental health condition, you need extra drive and support. We talk about stress and drive at the network—challenges that are at a gradient level for people to achieve and to get those wins and feel successes. If you are isolated and lonely, that is the first thing that you need to deal with. It can affect your mental health.

I remember a consumer speaking to a representative somewhere seeking to be elected to something. They were stating things about all the homeless people about the place and that they have a lot of mental health issues. I would too if I were on the street and was isolated and lonely. Isolation and loneliness affect mental health. We are part of the group to provide as much support as we can. The guys have talked about prevalence and more people coming to the drop-in space, which is a systemic change organisation that advocates on government committees. No longer can people go to Partners in Recovery and the other places to not be lonely and isolated, which affects their mental health.

THE CHAIR: On that note, we are out of time. I thank everybody for their attendance today. If you have taken any questions on notice, please provide your answers to the committee secretary within five business days of receiving the uncorrected proof *Hansard*. On behalf of the committee, I thank all witnesses who appeared before us today and assisted the committee through their experience and knowledge. We also thank broadcasting and Hansard, as well as the committee secretariat, for their support. If any member here wishes to ask questions on notice, please upload them to the parliament portal as soon as practicable and no later than five business days after the hearing.

The committee adjourned at 2.59 pm.