



WELLBEING OF THE GRANITE BELT

A snapshot.



ACKNOWLEDGEMENTS

About GBNC

Community Development Services Inc (trading as Granite Belt Neighbourhood Centre - GBNC) is a not-for-profit, community organisation that provides an ever-growing range of services that respond to the unmet needs of individuals, families and the six Granite Belt communities since 1986.

GBNC is a vibrant, accessible, inclusive and resilient organisation growing, building and nurturing our communities.

We bring our communities' residents, other sector agencies, government, business and the community together. Excellent relationships and partnerships are at the core of everything we do.



Author: Jennifer Leigh

Research: Jaqui Unold, Nichyla Bean, GBNC Team

Desktop publisher: Fiona Magnussen

Thanks to: Phillippa Smith, Frances Hodgson, Helen McWaters and the Granite Belt residents who participated in the survey

2025 Community Development Services Inc
(trading as Granite Belt Neighbourhood Centre - GBNC)

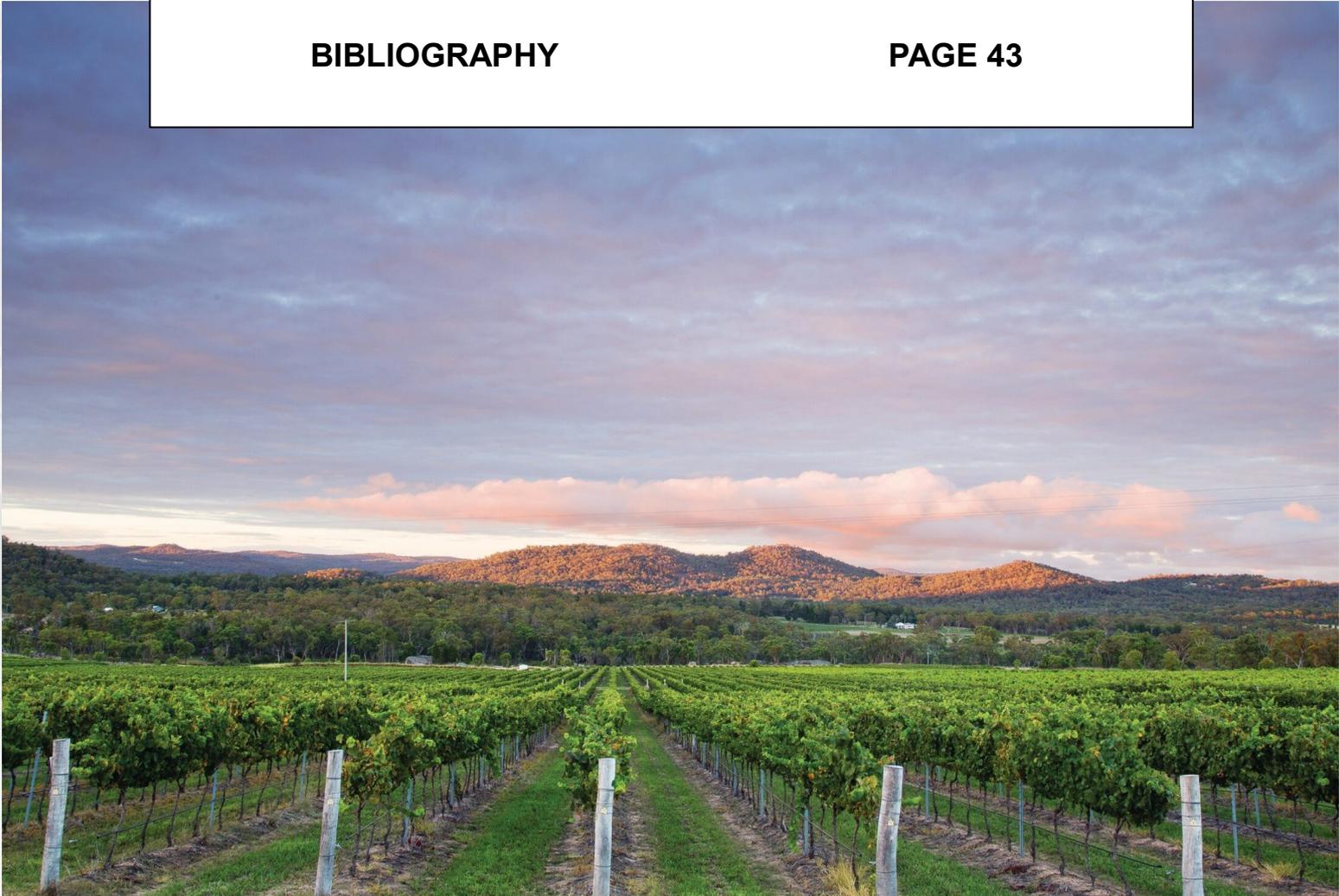
This publication is free of copyright, with any use of any content appropriately cited.



GBNC acknowledges Aboriginal and Torres Strait Islander people, past and present, as the original inhabitants of Australia and recognises these unique cultures as part of the cultural heritage of all Australians. We pay respect to the Elders of the Granite Belt area the Kambulwaal people.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	PAGE 2
EXECUTIVE SUMMARY	PAGE 4
GRANITE BELT PROFILE	PAGE 11
PROFILING DATA	PAGE 12
TRANSPORT	PAGE 16
SURVEY FINDINGS AND ANALYSIS	PAGE 17
SURVEY RESPONSES	PAGE 17
APPENDIXS	PAGE 36
BIBLIOGRAPHY	PAGE 43



EXECUTIVE SUMMARY

Over a 3-month period in mid-2024, GBNC conducted a survey of residents in the Granite Belt area of the Southern Downs Regional Council.

The survey findings and analysis provide a snapshot of the social needs of the communities comprising the Granite Belt area, considered overall, a measure of its 'wellness'.

This report will inform the future work of GBNC, and we have intentionally waived the copyright in the hope that it may also inform the plethora of community organisations and three tiers of Government agencies who service the Granite Belt region.

Taken on their own, the survey's findings, appear to show only a small percentage of residents are negatively impacted by a few social issues alone.

Unfortunately, the survey's construct didn't permit analysis of the data to establish whether it's only one or more social issues at same time for the same person/people: or some other combination.

However, when the survey's data is compared to accepted societal benchmarks for Queensland and/or Australia, a truer picture about social issues becomes evident.

The Granite Belt is beset by more than one social issue and their inter-relationship impacts on the communities' wellbeing.

Some social issues can be 'hidden' from public view eg family abuse, exploitation, discrimination. Other social issues are more visible (eg. homelessness).

Research shows the presence of just one social issue can see individuals and families' lives spiral downwards to poverty, which may or not may be a short term experience for that person/family.

However, depending on what the issue is, that one social issue can create a domino effect. In this situation, other issue/s come into play there

-by further impacting the person/family. For example, having no car or public transport + living in an outlying rural area, the person's choice of employment narrows due to the increased need for the person to align employment with their ability to either cycle, walk or rideshare to work. Low income from work may then impact on their ability to afford rent increases, unexpected large bill and even food.

Whilst many social issues seem only to be impacting a small percentage of people, the real concern is that it's often the same people negatively impacted by more than one issue (given the domino effect).

The snapshot

The Granite Belt's demographic profile now and projected forward, creates a foundation that in effect predetermines the presence of several social issues evident from the survey findings and analysis.

The Granite Belt community is rated the MOST socio-economic disadvantaged (on the SEIFA index at 12.6%, substantially lower than that of the Warwick area) due in no small measure to the **interplay** of the following identified social issues (in no priority order):

- **Living on a fixed or low income**

The percentage of employed persons in the Granite Belt, compared to Queensland and Australia data, is almost 10% less, with those not employed being higher by approximately 7%.

This is surprising given the population is relatively well educated and qualified. This in turn begs the question, why are so many unemployed?

Could the answer vest in the reality of other impacting issues eg. lack of affordable public transport, ageing demographic etc?

Census data also doesn't ask if a person is UNDER employed and how many people would want more work. Equally unknown, is whether the presence of significant numbers of seasonal workers help explain why the Granite Belt has a high unemployment rate.

Interestingly, the survey established that a total of 11.73% of people indicated a desire for some form of assistance to get and keep a job. What form of assistance was not captured in the survey, and so this may be worthy of further research by the region's employment agencies.

Not knowing how to go about getting, and sustaining, employment may also be an explanation for the level of unemployment in the Granite Belt.

The median household income is \$1,127 per week which is \$500 lower than for Queensland and \$600 lower for Australia by comparison.

Apart from low income earning paid work (which is referred to as 'the working poor'), this low level of income may be accounted for by the significant numbers of people on a fixed income of some type from Services Australia (Centrelink).

Research is increasingly indicating income is not keeping up with cost of living rises, (even for working people). This results in those living on low income having less 'wiggle room' for the costs of unexpected life events. Worse, being solely reliant on a fixed income means there is very, very little wiggle room, if any.

The survey found low/fixed income levels plus cost of living rises are negatively impacting people/families in the Granite Belt.

These effects are evident in the sizeable number of people without a constant supply of the necessary quantity of quality food or the necessary funds to pay for basic utilities and domestic bills.

Notably, not having enough food or able to pay bills is happening with varying frequency, meaning its potentially not a daily or weekly circumstance.

For people living on a fixed income of any type or low wage income, there is an ever-present and real potential that an unexpected life event/circumstance can be the tipping point into experiencing poverty.

From this point, generational poverty is potentially inevitable if material aid/support is not available when needed, of the type needed and at the level needed..... for as long as needed.... andfocused on helping avoid/stopping that tipping point being reached; let alone providing a hand up from poverty for those already caught in a poverty spiral.

Recommendation

The Granite Belt continues to be funded for the provision of Emergency Relief at a level reflective of the reality that it has an extremely low level of socio-economic disadvantage.

Recommendation

Funding tied to encouraging more volunteering is needed if there is to be improvement in the number of volunteer hours provided to a diverse range of agencies helping to feed our community members in need eg. Happy Chat, Foodsupport, Meals on Wheels, church programs etc.

• Unaffordable and unavailable rental housing

A domino effect from low income wages or fixed incomes could be the social issues related to housing eg. homelessness, overcrowding, insecure tenancy and affordability of housing.

Given the rise in the cost of housing, means it's little wonder that for a small proportion of residents, overcrowding was identified as an issue in the survey. Having more people in the house is one strategy to make the cost of rental (or mortgage payment) more affordable for everyone, it's usually not a life preference.

The rural nature of the community and housing costs have led to a proliferation of other forms of accommodation eg. sheds converted to units or dorms for farm workers, caravans or tiny homes. Unlike some other Southern Downs communities, there is a substantially reduced amount of affordable and available housing stock (let alone social housing stock) in the Granite Belt due to the conflation of several factors:

- ⇒ the high numbers of PALM workers for almost six to nine months of a year taking up available houses and motel units; and
- ⇒ re-purposing of rental houses to ownership and/or a B&B basis.

In the Granite Belt the social housing stock owned/managed by a diverse range of organisations (eg Dept Housing, St Vincent De Paul, SDRC, RSL) is good compared to other SDRC communities.

However, the reality of social housing is that those people resident in it tend to live there for substantial numbers of years.

There is also in play a human factor in relation of housing, especially with the aged cohort. Many individuals and couples do not want to a) move from their existing larger family home to liberate funds to buy smaller housing or b) enter share housing as a means to reduce rent amounts.

The Granite Belt's demographic age and family composition profiles show high numbers of individuals and couples (without children) living on their own (which is also projected to grow): see later in population projections.

Consequently, there will always be a need for more social housing stock.

Also evident through GBNC's work over many years is the fact that homelessness becomes 'visible' in winter when sleeping rough, tenting or in a car isn't possible given the cold.

An emerging issue GBNC is grappling with is youth homelessness between the ages of 14 to 16. This cohort is very problematic to find accommodation for, given they are not able to access any form of benefit from Centrelink until 16years and legally they are not adults able to give permission or enter contracts and for any

support agency there is serious risk issues. Legally, if the family are no longer present then the only option is for the young person to 'self-place' with Child Safety. Should they do this, where they end up in terms of accommodation is unknown.

All the above housing-related issues collectively begs the question that maybe a different model of social housing is needed. There is also the need for more unit development rather than houses given future population projections of more over 65yr old persons, mostly on their own and predominately female.

Having somewhere to live that is safe, secure in terms of tenancy and affordable is vital to improved psycho-social and physical health. It's also because having an address is a requirement to access a raft of government benefits or services. For example, Centrelink benefits, Medicare card, drivers licence, tax file number etc.

Recommendation

There is an urgent need for both available rental units/houses that are also affordable. There is evidence of future planning and current building work that will increase the social housing stock in the Southern Downs by the Dept of Housing. However, their priority communities in the short term aren't the Granite Belt; there are other communities with no stock more of a priority.

Recommendation

There is a need for a different type of housing to address the projected growth in the ageing demographic and skewed household profile dynamics.

New shared housing models are increasingly evident in Brisbane. For example, one model has residents renting their own room/bathroom/small lounge but share, on a communal basis, the kitchen and laundry areas (with rent cost including water, electricity and internet). This style of social housing may be very appropriate to the ageing cohort, people of any age living on low wages or fixed income and couples without children etc.

- **No affordable and publicly available transport**

The Granite Belt is not one discrete township, rather it's one central township ringed by a number of smaller villages each with varying types of infrastructure (eg small general store, community hall, primary school).

There is no form of public transport, the only transport option is a taxi. Therefore, there is a significant need for affordable and available transport.

The inability of residents to access affordable and available transport has a major limiting effect on a person's life options and choices. One's physical and mental health, employment, recreation pursuits, friendships and intimate relationships are all impacted too.

Equally, the lack of available and affordable transport options, plus the rural nature of the area, gives rise to other related societal issues eg. unlicensed driving, underage driving, driving unregistered and/or unroadworthy vehicles etc.

The ability of the person to leave their home to do anything, or for it (whatever 'it' is) to come to your home, either is fully reliant on the ability to access some form of transportation.

The 2024 establishment of two community transport providers providing access to two pools of government subsidised transport is a major step towards helping with this issue for people aged between 18years and not living in residential aged care, but not for anyone under 18yrs of age.

Both these agencies are currently grappling with the challenges of establishing their transport services without the sufficient funding to create a transport hub. The hub would provide greater localisation of such functions as trip bookings, driver scheduling, driver recruitment, etc.

Both agencies also see their 'hub' being based in Warwick, however it being based at Stanthorpe might provide greater efficiency and servicing given Stanthorpe is a point of origin. That is,

many of their trips outside of the Granite Belt requires travel through, or to Warwick.

Without the continued input from GBNC in bringing together both agencies to advocate about local context and unmet need, there is a real risk of greater unplanned, ad hoc and slow service response being delivered in/for the Granite Belt, with a ripple effect to the broader Southern Downs region.

Recommendation

The State Government's Community Transport Funding needs to be at a level that provides funding to create a hub. Funding providers on a per trip basis, assumes that some sort of infrastructure pre-exists to leverage. This is not the case in the Granite Belt. This is the same issue for the Federal Government's Aged Care program.

Recommendation

Both agencies would benefit from creating and participating in the one Southern Downs transport reference group, vested with the role of guiding the implementation of community transport services in the region. Services that are more co-ordinated and that work collaboratively: reporting to senior management/board levels within the organisations.

Linked to transport in the sense of access, is the assumption that internet access – that is, digital literacy - reduces the need for a person to leave home to access services/supports. Further, its assumed internet access can reduce a person's social isolation and keep them connected to family and friends.

This is simply not the case, and certainly not for all Granite Belt residents.

The survey established that 40% of question respondents indicated feeling isolated or disconnected from others around them: a level consistent with Queensland social isolation data. Clearly, access to the internet isn't the panacea to reducing social isolation and associated mental health issues eg. depression.

Whilst the survey identified a high level of digital literacy skills and use, the area is beset with black spots for internet and mobile phone connectivity and/or consistency in the strength of the signal or supply. Equally, affordability is likely an issue given the significant percentage of the population living on fixed income or low income levels.

Recommendation

The poor telecommunication and internet connectivity across the Granite Belt area is a real issue with no visibility to any level of government. Implementing the NBN in the region is meant to have solved all issues. Actual internet connectivity to eliminate black spots and consistency of supply needs to be given far greater voice to the Federal Government's Department of Communications and Telstra. Who will champion this? How?

THE growth community in the Southern Downs

The projected population growth rate of the Granite Belt over the next 10yrs at 1.2% is almost three times higher than that projected for the entire Southern Downs region (at 0.5%).

However, this growth is not spread evenly across the age span. The growth is skewed in two key aspects:

Compared to Queensland and Australia, Granite Belt couples without children are 10% higher than for Queensland or Australia, and, couples with children 10% lower than for Queensland or Australia.

Consequently, the family unit in the Granite Belt, for a sizeable number of people, have no or decreasing numbers of children which may mean they will have a greater reliance on service agencies for support as they age.

This may also help explain other survey findings that were also higher than Queensland and Australia benchmarks eg. greater sense of isolation and disconnectedness to others, not having a positive peer in the person's life and high levels of loneliness.

Recommendation

All levels of government need to acknowledge the Granite Belt is at a tipping

point in terms of the need for increased soft and hard infrastructure given the projected significant population growth numbers of the Granite Belt in the coming 5 years.

The dilemma is whether there is enough 'capacity' in existing core services and infrastructure to cope with this increased demand. Or is it time to duplicate or expand core infrastructure eg. build another hospital wing, build more social housing, an additional state high school, more community aged care providers etc? What forward planning is happening at all levels of government and local businesses, aged care providers especially?...

The area's projected significant growth in the 65+ age cohort is also skewed in another aspect, towards more women than men. From 2026 onwards there is projected a bulge in the 65 to 79 years age group in terms of increase in numbers.

Overlaying this numerical increase, is the reality that many of the aged cohort are living on their own without access to appropriate support services or stable and appropriate housing. It's also the aged cohort who is often most resistant to move from their current living situation irrespective of factors such as failing physicality, affordability issues, and from this survey data, actual abusive situations (including actual assault).

Community aged care service provision in the Granite Belt is already at capacity and not taking on new clients too often. Further, wait times locally to enter into the community aged care system is incredibly long. For example, assessment wait time alone has climbed to 9+months, followed by additional wait time for funding to be allocated (3 to 6 months), then the search for a service provider can also add more time.

The Granite Belt's aged persons' needs, for all levels of community aged care, is great NOW.

The paucity of aged care support service provider agencies will only be exacerbated by imminent Federal Government reforms timetabled to take effect 1st July 2025.

How these changes impact the few existing number of support agencies is unknown at this time (let alone greater demand for a diverse range of support services).

However, this doesn't take away the current critical need for community aged care services to the Granite Belt's aged residents.

If increased community aged care supports don't increase in the short term, then a greater use of hospital services/beds by the elderly and early admission to residential care should be expected.

Recommendation

There is an immediate need for improvements in both the availability/capacity and range of community aged care support services and providers. This is the greater need than adding more residential aged care beds into the area.

A major ripple consequence of the very limited supply of community aged care support services is the increased additional pressure that is placed on family to address their loved one's needs (where they're actively involved).

This pressure, both for the aged person themselves and any family, all too often results in elder abuse/ exploitation, social isolation and loneliness. These circumstances collectively create ripple effects of increasingly poor physical and mental health. Unfortunately, the survey didn't ask whether actual (and/or threats of abuse) were reported to police or support agencies. However, research suggests that very few instances of abuse are reported to authorities.

The survey findings related to abuse of any type, actual or threatened, at 10% of respondents are consistent with Queensland benchmarks of 1 in 5 people are abused.

There is no specialised agency in Stanthorpe, or the Southern Downs funded and skilled to support people who are subjected to family abuse or violence.

What services exist are phone/computer based with eligibility often tied to the person leaving the abusive situation: for many fleeing is not a realistic option.

Given these circumstances it's little wonder that abuse of any type goes unreported, meaning it remains an invisible blight on our community that has significant generational impacts.

Recommendation

There is an immediate need for funding of a support service skilled in supporting people fleeing from and/or still living in a domestic family violence situation.

• Low community 'participation'

Survey findings from several questions collectively provides a picture of 'community participation' (in its broadest meaning) by Granite Belt residents who are (in no priority order):

- ⇒ not undertaking regular exercise sufficient to their age and therefore potentially increasing the burden of disease in the community over time;
- ⇒ lonely, at a level almost triple the Queensland normative benchmark;
- ⇒ feeling disconnected from family, others and their cultural beliefs and/or religion;
- ⇒ wanting assistance to meet and socialise with others;
- ⇒ experiencing a range of mental health conditions;
- ⇒ using tobacco and alcohol consistent with the Queensland benchmark. However, use of illicit drugs is lower than the Queensland benchmark (which contradicts local anecdotal evidence), whilst misuse of prescription drugs is higher than the Queensland benchmark;
- ⇒ experiencing affordability as a major barrier to accessing primary health support given there is limited Granite Belt GPs who are bulk billing;
- ⇒ volunteering in informal ways (eg helping neighbours). However more than half the population are not volunteering in any formal way eg. volunteering for Foodsupport or Meals on Wheels, membership of service clubs. Paradoxically, 1 in 5 respondents report they are interested in volunteering.

The above picture is unsurprising. The key issues discussed to date DO impact and shape one's participation in life and community of the Granite Belt.

The anecdotal evidence within the community that "people participate" may be skewed. The Granite Belt is a major tourism attraction which may result in an overinflated perception that residents are participating in its events: maybe tourist numbers skews this perception.

Recommendation

As a low socio-economic, rural community the likelihood of improving any aspect of community participation will not occur without deliberate and funded interventions

eg. creation of walking groups, exercise programs for specific age groups, the need to provide transport assistance to increase the likelihood of participation.

Recommendation

GPs perform a 'gatekeeper' role to accessing a vast range of government programs in addition to primary health support. There is an urgent need for more bulk billing given the Granite Belt is such a low socio-economic community. It's to be hoped the Federal Government's intended increases in the rate paid to GPs for bulk billed patients, that this issue will be quickly improved.



GRANITE BELT PROFILE

Geography

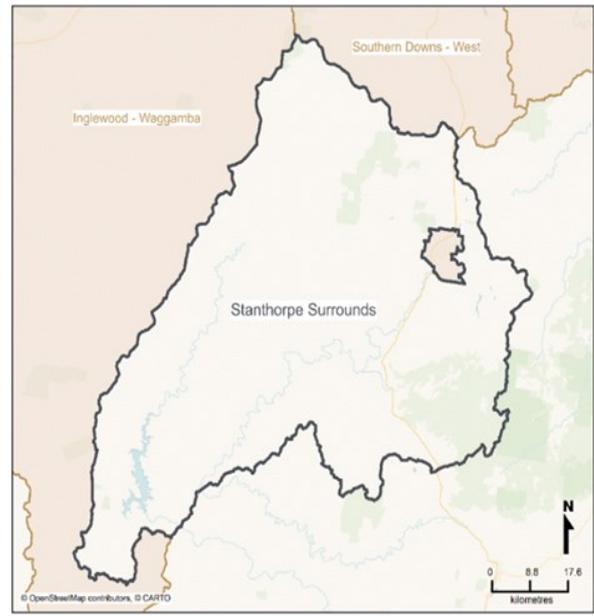
The Granite Belt is a rural and remote area in the southernmost part of the Southern Downs local government area in Queensland abutting the New South Wales border in the south and east of the area.

This area comprises nine villages with the main township being Stanthorpe; the villages predominately dotted to the north and south of Stanthorpe mostly along the main highway.

It's approximately 3 hours' drive (200) one-way southwest of Brisbane.

On the Accessibility/Remoteness Index of Australia classification (ARIA+) which is a measure used by governments to indicate level of remoteness, the Granite Belt is rated Outer Regional Australia.

The ARIA+ measure is useful especially when applying for funding from State and Federal Governments where remoteness and/or ruralness are key eligibility criteria.



Population

The Southern Downs Council area has a total population of 37,444, with the Granite Belt population at 6,418 comprising a little over 17 % of the Southern Downs total population (Qld Statistician Office 2022).

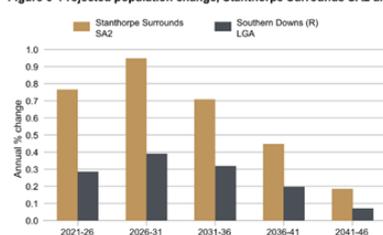
It's the second largest population centre in the Southern Downs Regional Council (SDRC) behind the Warwick township at 12,289 persons; but significantly more than the two other key SDRC area townships of Allora (1,205 people) then Killarney (918 people) (2021 census).

The projected population growth in the Granite Belt by June 2046 indicates an additional 7,317 persons will be resident. Notably, the Granite Belt's population growth at a projected average annual growth rate of 1.2% over ten years is almost three times the projected growth rate for the Southern Downs region at 0.5% over ten years.

The Granite Belt area is clearly a major growth centre within the Southern Downs with growth projected to continue for more than 24 years.

The challenge of small but persistent incremental population growth for all levels of government and community social support services. What commonly occurs is that government funders fail to recognise the ever tightening of agencies' ability to service that growth without some/substantial increase in funding "suddenly" being required.

Figure 6 Projected population change, Stanthorpe Surrounds SA2 and Southern Downs (R) LGA



Source: Queensland Government Population Projections, 2023 edition (medium series)

This trend indicates the need for all levels of government to begin infrastructure and support service planning to accommodate this continued increase in the number of people settling in the Granite Belt. The entire Southern Downs Regional Council area is already experiencing significant housing availability and affordability issues

which is only going to escalate if preventative actions doesn't commence in 2025 to provide this basic life need of individuals, couples and families.

In the Granite Belt this housing availability and affordability issue is even more acute due to it being a major tourist destination (which sees movement of rental properties to becoming B&Bs) plus a major centre for overseas seasonal workers (which is absorbing motel accommodation on an ongoing basis).

Profiling population data by age range and comparing it to the Southern Downs region, as at 30th June 2023 it indicates very little difference in the age composition of both societies:

SA2 / LGA	Age group									
	0-14		15-24		25-44		45-64		65+	
	number	%	number	%	number	%	number	%	number	%
Stanthorpe Surrounds	1,041	16.2	581	9.1	1,190	18.5	1,903	29.7	1,703	26.5
Southern Downs (R)	6,291	16.8	4,012	10.7	7,080	18.9	9,981	26.7	10,080	26.9

Source: ABS, *Regional population by age and sex*, 2023

The relevance of this data for the Granite Belt community is that the need for different types and mix of services and infrastructure to support people across the lifespan (eg hospitals, schools, employment programs, all levels of aged care services, range of social support services etc) is the same as the other major population centre in the Southern Downs region.

However, given the projected population growth of the Granite Belt in the coming 5 years requires all levels of government to acknowledge this area is at tipping point in terms of the need for increased soft and hard infrastructure. The dilemma is whether there is enough 'capacity' in existing core services and infrastructure to cope with this increased demand, or is it time to duplicate or expand core infrastructure eg build another hospital wing, build more social housing, an additional state high school, more community aged care providers etc.

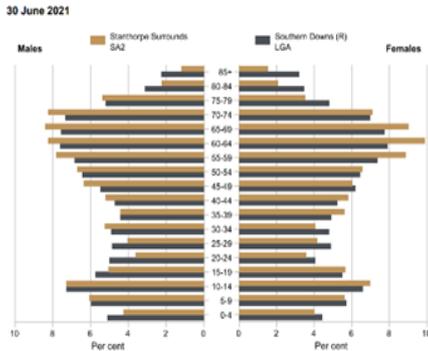
Analysis of census data indicates the median age of Granite Belt residents is 50 years of age, which over the past ten years has grown by 4.9 years from a median age of 45.1 years as of 30 June 2013. Compared to the broader Southern Downs, there is very little difference percentage wise which has a median age of 48.5 years as of 30th June 2013, which is 11% higher for both Queensland and Australia percentages.

Population projections indicate the trend in both the Granite Belt and the broader region is very similar, that is, the age composition of the entire southern downs region is ageing.

Should this ageing trend accelerate, then this has the potential to skew the demographic composition of both communities. This could in turn have a ripple impact on the type and amount of core infrastructure and support services required that is a greater focus on the ageing cohort compared to other lifespan ages eg more community aged care providers, more nursing home beds, available and affordable community transport.

Profiling population data by age and gender and mapping it by Stanthorpe and the Southern Downs region shows that at 30 June, 2021:

Figure 7 Projected population by age and sex, Stanthorpe Surrounds SA2 and Southern Downs (R) LGA, 30 June 2021 and 30 June 2046



This data shows the gender composition profiled by age in both areas is reasonably similar. However, in the Granite Belt the age cohort (aged 65+) projects a significant increase of women, compared to men.

People aged 65 to 79 years of age are also substantially higher than the Queensland and Australia percentages, but people over 80 years of age become reflective of the Queensland and Australia percentages.

This age cohort (aged 65+ years) will only increase given the sizable number of men and women, who in 2021 are aged in 60-64 grouping. These people will begin to flow into the 65+ age grouping commencing 2026.

This data reinforces the previous statement that in both the Granite Belt and the broader Southern Downs societies, the population is ageing. Aged care service provision, especially community aged care support services are already at capacity and not taking on new clients.

The Granite Belt's aged persons' needs, for all levels of community aged care, is great NOW. Wait times for assessment alone has climbed to 9+ months and then a further wait time for funding of an additional 3 to 6 months. This lack of community aged care support services (and capacity of current providers) inevitably places more stress on the person and their family to cope with their needs as best they can, plus increase the likelihood of earlier than needed residential placement.

Improve both capacity and range of supports provided through community aged care providers is a priority rather than adding more residential aged care beds into the area.

This issue will only worsen if not addressed and is likely to be exacerbated due to the impacts on current service providers of the fundamental changes in the Federal Government's community aged care program, timetabled to take effect July 2025. How these changes impact the current (let alone greater demand for services) is unknown at this time, but it doesn't take away the criticality of the need for community aged care services to the Granite Belt's aged persons.





Profiling population data by culture indicates that 199 persons (or 3.2% of the Granite Belt population) identified as Aboriginal and/or Torres Strait Islander compared with 1,965 persons (5.4%) of the Southern Downs population (Census 2021). The traditional owners of the Granite Belt are the Kambulwaal Aboriginal people whereas in Warwick the traditional owners are the Githabul Aboriginal people.

The 2021 Census report indicates 199 people reported as being Aboriginal and/or Torres Strait Islander, of whom 53.3% were male and 46.7% were female with a median age of 24 years. In terms of distribution across the lifespan, all age ranges from 0 to 65+ years were represented with just over half of the total respondents being in the 5-to-14-year age range. This means that in 2024 this large grouping of persons will have moved into being 8 to 17 years of age.

Further, there were 802 persons (or 12.8%) who were born overseas compared with 3,728 persons (or 10.3%) born overseas but resident in the broader Southern Downs region.

Of those Granite Belt residents born overseas, 325 persons (or 5.2%) spoke a language other than English at home, with the top 3 languages in priority order, being Italian, South-East Asian Austronesian languages and German.



The census data, because it is a snapshot at one point in time in the past, can't take into account any emerging impact on the cultural profile of the Granite Belt which became evident in 2023.

Since 2023, the cultural profile of Granite Belt residents has been greatly altered by the impact arising from a Federally endorsed Pacific Islanders employment PALM scheme. This scheme has resulted in significant numbers of persons from many different Pacific Island countries being resident in the Granite Belt for the planting and harvesting seasons (6 months and longer). In 2024, the Federal Government further modified this program's guidelines to enable these seasonal workers to be accompanied by their family should they wish.

Not only has this scheme singlehandedly skewed the cultural profile of the area for many months each year, but the inclusion of family members has had subtle ripple effects. An example of these nuances is there is now a need for more house type accommodation for worker families compared previously to the dominance of shared housing basis (eg backpacker hostels) which only exacerbates the current housing crisis in the Granite Belt.

In the real world this change of housing type has seen one entire motel provider of cabins and rooms (minimum number of 28) being completely contracted for the PALM workers. This has removed from the community one accommodation provider who was 'open' and critical in providing affordable housing to people with social housing needs.

This fundamental change in the cultural background of seasonal workers due in response to post-COVID downturn in backpackers has seen it move from predominately European to Pacific Islander cultures. These different cultures have not been without some social issues within the Granite Belt, which have overall settled by the end of 2024. The need for information, or to access an interpreter service for the minimum 7 main Pacific Island languages continues to present a challenge for social support agencies eg. Neighbourhood Centres, entertainment centres, police etc.

Profiling population by family composition indicates:

- Almost 50% of the population are married, with 10% in a defacto relationship and almost 40% not married
- 50% are couples without children
- 33.5% are couples with children, 15.8% are a one parent family and 1.2% considered other family composition.
- Lone parent families are dominated by females at 80% and for men 20%.

Compared to Queensland and Australia, Granite Belt couples without children are 10% higher than for Queensland or Australia and couples with families 10% lower than for Queensland or Australia.

Consideration of this data and the likely impacts/needs of these cohorts may help to explain some of the survey findings related to such questions as sense of isolation and connectedness to others (discussed later in this report).

Employment / economic basis of community

The 2021 census data indicate the top five employment industries are:

1. Agriculture (20.5%)
2. Health Care and social assistance (11.5%)
3. Construction Services (8.3%)
4. Accommodation and Food Services (7.6%)
5. Education and training (7.4%)

The occupation profile of the Granite Belt indicates a significant skilled worker base and a sizeable labourer base which is unsurprising given the rural basis to the Granite Belt economy (and verified by the area's ARIA rating as Rural or Outer Regional):

Occupation	Stanthorpe Surrounds SA2	
	number	%
Managers	540	20.9
Professionals	333	12.9
Technicians and trades workers	284	11.0
Community and personal service workers	319	12.4
Clerical and administrative workers	218	8.4
Sales workers	156	6.0
Machinery operators and drivers	190	7.4
Labourers	493	19.1
Total^(a)	2,582	100.0

Profiling the Granite Belt's employment by employer size indicates the Granite Belt employment base is predominately comprised of small to medium sized businesses:

SA2 / LGA	Non-employed		1-4 employees		5-19 employees		20-199 employees		200+ employees		Total number
	number	%	number	%	number	%	number	%	number	%	
Stanthorpe Surrounds	581	68.2	178	20.9	65	7.6	33	3.9	0	0.0	852

Of the resident population, 54% are working full-time and 35% work part time. The unemployment rate in Stanthorpe surrounds at September quarter 2024 was 1.7% compared to 1.8% for the broader Southern Downs region.

Compared to Queensland and Australia data, the percentage employed in the Granite Belt is almost 10% less and those not in employment is higher by approximately 7%. Clearly, the data indicates that a significant proportion of the resident population of the Granite Belt rely on Service Australia fixed income.

The median household income at \$1,127 per week, which is \$500 lower than for Queensland and \$600 lower for Australia.

Employment and income data considered together helps explain the SEIFA rating for the Granite Belt.

The Granite Belt area is rated as 12.6% in the most disadvantaged quintile unlike the broader Southern Downs region which is rated at 40.1% on the Socio-Economic Indexes for Areas (SEIFA). (Note, low index values represent areas of most disadvantage and high values represent areas of least disadvantage) (Bureau of Communications, Arts and Regional Research, 2016).

Therefore, the Granite Belt is a community with a significant level of socio-economic disadvantage.



Transport

The geographic footprint of the Granite Belt from north to south spans approximately 60 klms. East to West the area spans approximately 15 klms. The New England Highway is the major arterial road through the region with a main distributor road west to Texas.

The Granite Belt has no form of public transport.

There is one taxi operator who also holds a limousine license. Taxis are an expensive transport option, especially for a low socio-economic community. For example, a one-way trip to our furthest village of Wallangarra is \$145 one way, with on average the cost of a taxi fare within Stanthorpe itself is \$20 one way for approx. for 1klm (fares quoted by taxi operator on 12/3/2025).

Several bus charter operators service the numerous school bus contracts, with some making themselves available for general charter hire etc.

One of these charter bus hire operators (Crisps) also runs a regular service from Stanthorpe to Warwick (and on to Brisbane) Monday to Friday. On Mondays, Wednesdays and Fridays does it also travel through Warwick to Toowoomba (and on to Brisbane).

The Dept of Education contracts local charter bus providers to ensure high school students are able to get to school regardless of where they live. None of these school bus routes have been used by non-student, local residents as a means to able to get into and out of Stanthorpe Monday to Friday (this is possible under the Dept's contract with chartered providers, but its at approval of the charter bus operator whether it can happen).

Given the Granite Belt is not one discrete township, rather its one central township ringed by a number of smaller villages, each with varying types of infrastructure (eg small general store, community hall, primary school), the need for affordable transport is great. The inability of residents to affordable and available transport options has a major limiting effect on each person's life options and choices.



SURVEY FINDINGS AND ANALYSIS

The Granite Belt Neighbourhood Centre (GBNC) over a 2-month period from May to end June 2024 conducted a 3month survey of the Granite Belt community's health and wellbeing.

The 27 survey questions were grouped under the six domains of the Common Approach (also known as the ARACY framework) which underpins GBNC's work with its clients and the Granite Belt communities, namely:

- Being loved and safe
- Health and Wellbeing
- Participation and communication
- Identity and culture
- Material basics
- Learning (volunteering, social, recreational)

A copy of the survey questions can be found as Appendix A.

Survey responses

In mid-2024, GBNC conducted an unmet needs survey of the Granite Belt communities which was open for a 3-month period. The survey was promoted in a variety of ways including:

- weekly Facebook posts on the 6 Granite Belt local Facebook pages, monthly radio spot
- distribution of paper versions at GBNC and assistance offered to complete the survey either on paper or online
- distributed paper versions via the other community groups GBNC's Board are also involved with
- the Southern Downs Interagency Network.

This broad-based distribution strategy over 3 months ensures the survey findings are less at risk from bias that results from tight targeting of respondents to surveys.

A total of 210 responses were received either online via Survey Monkey, or on paper. This number of responses means the survey was completed by 3.5% of the resident Granite Belt population. (Note, the word *respondents* mean the number of, or percentage of, people who answered the question: use of *response/s* relates to the total number of people who completed the survey overall.

Survey response findings have not only been analysed to provide a picture of the local Granite Belt situation. For the majority of questions, the Granite Belt findings have been compared with Queensland and/or Australia benchmark data related to that specific issue which can provide a fuller appreciation of what key issues in our community are.





Question respondents

Questions 1 through to 3 of the survey provides basic personal information – gender, age range and cultural background.

Respondents were overwhelming women (83.33%) with males comprising 16.19% and others at 0.48%.

The respondents' age ranges reflected the lifespan from birth to 100 years. The greatest age range, percentage wise, was the 36 to 52-year-olds, followed closely by those aged 53 to 65 years. There was little difference in percentages for the 19- to 35-year-olds and the 66 - 100-year-olds.



Age range	0-18	19-35	36-52	53-65	66-100
Percentage	1.90	17.62	30.00	28.10	22.38

Respondents from an Aboriginal and Torres Strait Islander background comprised 4.83%. Respondents from a cultural background comprised 4.35%. Therefore, more respondents (90.82%) were non-Indigenous and not from another cultural background.

Being loved and safe category

Question 4 – I have positive peers in my life

Overwhelmingly question respondents indicated they have positive peers in their lives (89.48%) with 10.52% **not** having positive peers in their lives.

Research indicates that positive role models help:
motivate us and help us uncover our true potentials.
develop our personality in the most natural of ways.
avoid the use of drugs and alcohol.
manage our anger and overcome difficulties.
succeed at school, work and more broadly life. (Einstein Success Code, 2025)

Having positive (as opposed to negative) peers involved in one's life provides a greater sense of inclusion, connection with others and potentially greater participation in the community; thereby reducing the risk of social isolation and loneliness.

Likewise, negative role models can also shape lives, albeit differently. Negative role models exemplify behaviours and attitudes detrimental to personal growth and success. They may engage in unethical practices, exhibit toxic behaviours.

The survey findings do indicate a small percentage of Granite Belt residents are living without positive role models in their lives. How this void can be filled would need to be a focus of more detailed work within the local community and with potential funding sources.

Question 5 – What is your current housing situation

Of question respondents 1.55% have no home, 7.22% are worried they will not have a home in the near future. Overwhelmingly, 91.23% of respondents were in secure housing.

Having affordable and/or access to housing is an issue for a relatively small number of Granite Belt residents. However, for those people (8.77%) with some sort of housing issues or worry, the impact of the issue has significant life-limiting implications eg. need to have an address to receive Centrelink financial support, to get a driver's licence or Medicare card, influences which public primary school their child/ren can attend, physical health conditions experienced etc.



The survey did not seek an answer from those in secure housing (91.23% of respondents) as to the affordability of their housing, ie. being able to afford their home loan or rent.

The Qld Council of Social Services' (QCROSS) 2024 Living Affordability report indicates that "housing costs were the highest expenditure for each household, households are spending more than 37 per cent of their income on housing (using the Rent affordability indicator – RAID). These households are in housing stress" (QCROSS, 2024, page 4).

While QCROSS's report focused on people in the rental market, housing stress can, and is, arising from the percentage of household income spent servicing a home loan.

Unaffordable rent, combining with critically low rental vacancy rates, mean that people on low incomes have limited access to affordable and secure housing and are under significant financial stress to maintain tenancies; this is referred to as housing stress.

Those experiencing rental stress are often forced to stay in unsafe and unsuitable housing because they cannot afford alternative accommodation and/or take in others to share the costs which can result in overcrowding. Indeed, the following question's findings attests to some of the issues that can arise from having to stay in unsafe and/or unsuitable housing.

According to the annual National Shelter-SGS Economics and Planning Rental Affordability Index, regional Queensland is now the most unaffordable place in Australia to rent a home, with low-income households bearing the brunt of the housing crisis.

GBNC over many years of supporting large numbers of people with housing issues notes that housing stress, housing instability and / or homelessness is a 'hidden' issue in the Granite Belt. It becomes very evident during the winter months when sleeping in cars or outdoors is very problematic; and it's an issue impacting people of all ages – teens through to the elderly.

The importance of how life-limiting NOT having stable, secure and affordable housing, appropriate to the household composition is gaining traction, but clearly isn't an issue that will be addressed in a short timeframe. It's also an issue that is a major contributor to the perpetuation of generational poverty / social disadvantage.

Question 6 – Do you have problems with any of the following where you live

Of the 55 people who answered this question, which allowed multiple choices to be selected, they were experiencing the following problems where they live:

- Physical condition (mould, lead paint, electrics not working and so on) – 25 respondents
- Overcrowding – 15 respondents
- Neighbour disputes – 14 respondents
- Don't feel secure in my neighbourhood due to crime or threat of crime – 10 respondents
- Don't feel secure in my home – 9 respondents
- Problems with homeowner or rental agent – 4 respondents

Conversely, 154 people didn't answer this question which may indicate they were not renters. Unfortunately, the survey didn't ask if the respondent was in rental or owned housing. Knowing this may have provided clearer insight as to whether home ownership (versus renting) meant only a couple of the above factors were even a likelihood eg. overcrowding or feeling safe at home or in neighbourhood.

This question's findings, considered along with the previous question's analysis helps flesh out some of the issues that can arise when people are forced to stay in unsafe and unsuitable housing because they cannot afford alternative accommodation

Question 7 – How often does anyone, including family, physically hurt you

Overwhelming 90.10% of respondents indicated they were never physically hurt by others, including family. However, a total of 19 (9.89%) question respondents indicated they were being physically hurt by others including family.

Abuse within the family/domestic setting is another 'hidden' issue within every family and every community. The propensity of research to focus on abuse of one particular type of person (eg. children, elderly, women etc) consequently fails to establish a more fulsome or truer picture of harm and violence within families.

For example:

- *nearly two-thirds (62.2 per cent) of young Australians have been abused, neglected or exposed to domestic violence before the age of 18" (pg 67) (domestic violence in the sense of it occurred with the context of the family, as opposed to strangers or at school etc) – (Australian Maltreatment Study).*
- *20% of the Australian population have reported experiencing physical and/or sexual family and domestic violence since the age of 15.*
- *1 in 6 (15% or 598,000) people in Australia experienced elder abuse. 1 in 2 people who perpetrate elder abuse are a family member. 1 in 3 people who experienced elder abuse sought help from a third party.*
- *Abuse/harm within families is not restricted or selective; it happens to all ages, irrespective of cultural or religious background or educational and income levels.*

This survey did not ask for additional information from respondents who said they were being physically harmed by others e.g. had they reported their harm/abuse, age of person, type of harm/abuse etc. However, the next question's findings that relate to experiencing different forms of harm/abuse, sees a significant change in the percentage of respondents being affected when it is at a threat level only.

Sadly, research indicates abuse by, and within the family context, is significantly unreported to authorities, for a diverse range of reasons. Many people do not discuss their concerns with others because of feelings of shame, fear of retaliation, the involvement of family members or fear they will be institutionalised. Further, some people may not realise what they are experiencing is abuse (see next question) or feel that somehow it is their fault.

Question 8 – How often does anyone, including family, threaten you with harm and/or frequently talk down to you, have strong control over your life etc

There was a significant difference in the percentage of question respondents indicating they were subject to threats, demeaning interactions and/or control, but that stopped short of physical hurt by others (including family): it remains at threat level (which it could be posited is psychological abuse).

In question 7, 173 people said they were never subject to threats of physical harm or abuse: question 8, saw 137 people indicate they were never ever threatened: interestingly both questions had the same number of question respondents.

Those reporting no threats were 71.73% of question respondents with an additional total of 28.27% of question respondents indicating they were subject to threats ranging from being rare through to frequent events.

As with question 7, this survey did not seek more information from question respondents (eg. frequency) which could have provided an indication of whether threats or actual abuse was persistent, intermittent or episodic abuse.

Equally, knowing the relationship of the person to their abuser/s would assist in better categorising the type of abuse (e.g. elder abuse, child abuse, domestic and family violence etc) to which different forms of abuse intervention funding is tied.

It would also be interesting to cross tabulate responses to both questions 7 and 8 with living condition problems, age and so on to see if there are particular groups at risk, unfortunately this survey did not ask questions that would allow this to occur.

Regardless of whether abuse is at a threat (q8) or actual harm/hurt (q7) level, there is clearly inadequate support for people suffering harm, particularly in families resident in the Granite Belt.

Apart from DV Connect (a national funded agency meant to assist people to flee DV situations) which only provides phone-based support at best, there is no funded DV support service in the Granite Belt or the broader Southern Downs region.

Equally, funding for respectful relationship education of children and teenagers is likewise needed as a proactive measure to reduction of abusive and/or threatening interpersonal relationships.



Health and Wellbeing category

Question 9 – How often do you feel lonely or isolated from those around you

Of respondents, 29.03% indicated they never felt lonely, 25.8% of respondents indicated some level of loneliness. A further total of 17.21% of respondents indicated feeling lonely often (9.68%) or frequently (7.53%).

According to the Queensland Social Survey 2023 Social Isolation and Loneliness Survey report 5.4% of Queensland adults often felt lonely. Based on this benchmark, the level of loneliness of Granite Belt question respondents (40.01%) is significantly more than the Queensland normative benchmark.

Conversely, survey findings related to digital use (discussed later in this report; question 17) show that an overwhelming majority of residents use well various types of software programs which is often suggested as an aid in connecting with others (eg. Email, various face time programs etc) and therefore reducing social isolation and loneliness.

Furthermore, the overwhelming survey responses to positive peers being present in respondent's lives (question 4) should also theoretically reduce a person's sense of social isolation and loneliness.

In light of the above, reducing social isolation and loneliness has a complexity of issues, and therefore won't be responsive to one universal solution (as the assumption with digital access and use does).

This question may have revealed some greater nuances if it had been profiled by question respondents age eg. whether young people are feeling just as isolated, disconnected and/or depressed as older citizens.



Question 10 – In the past 2 weeks how often you have felt down, depressed or hopeless

Question respondents indicated that 48.65% did not experience any bouts of feeling down, depressed or hopelessness. However, more than half (51.36%) or 95 of the 185 question respondents have experienced these emotions with some frequency.

The ABS's National Study of Mental Health and Wellbeing: Queensland Results, 2020–2022, indicates that:

- *42.9% of people aged 16–85 years had experienced a mental disorder at some time in their life.*
- *mental health is a key component of overall health and wellbeing.*
- *mental health effects, and is affected by, multiple socioeconomic factors, including a person's access to services, living conditions and employment status, and impacts not only the individual but also their families and carers. (page 1)*

Comparatively, the Granite Belt percentage is slightly higher than the national benchmark, which may be impacted by the Granite Belt's socio-economic profile which has significant levels of financial disadvantage. Research indicates a person's socio-economic level is an impactful factor on a person's mental health.

Question 11 – In the last 30 days, other than the activities you did for work, on average how many minutes per day did you engage in moderate exercise

Of the 186 survey responses, one quarter (25.81%) did not engage in any exercise other than that involved in daily living. There was a significant percentage of respondents (51.08%) undertaking some exercise of up to 30 minutes per day. Respondents engaging in moderate exercise daily (ie. over 30 minutes per day up to 1hour) collectively totaled 23.12%.

Minutes p/day	0	1-10	11-20	21-30	31-40	41-50	51-60	61
Percentage	25.81	21.51	14.52	15.05	7.53	3.76	3.23	8.60

Physical inactivity is the ninth leading preventable cause of ill health and premature death.

The Dept of Health and Aged Care’s Physical activity and exercise guidelines for all Australians indicates how much physical activity is recommended depending on the person’s age, namely:

Under 12mths. Interactive floor-based play, and at least 30 minutes of tummy time for babies per day.

- *1 – 2 years. At least 3 hours of energetic play per day*
- *3 – 5 years. At least 3 hours per day, with 1 hour being energetic play.*
- *5 – 17 years. At least 1 hour of moderate to vigorous activity involving mainly aerobic activities per day.*
- *18 – 64 years. Be active on most (preferably all) days, to weekly total of 2.5 to 5 hours of moderate activity or 1.25 to 2.5 hours of vigorous activity or an equivalent combination of both.*
- *65 years +. At least 30 minutes of moderate activity on most (preferably all) days.*

Considering this data, overlaid by survey respondents age range of (where only 4 people were aged under 18 years) indicates a total of 38.17% of survey participants are undertaking the minimum of 21 minutes per day, assuming also these respondents exercised for the same amount of time each day.

Conversely, this also means that of the 186 respondents to Q8, 50.4% are not undertaking a moderate level of activity as recommended for people 18 years and over.

AIHW research indicates that the level of inactivity is not consistent across one’s lifespan. Research estimates 57% of adults aged 65 and over were insufficiently physically active; with it being higher in women than men.

Research also indicates that a person’s physical inactivity is greater in outer regional and remote areas (compared to urban areas) and for people in the lowest socioeconomic income bracket.

The benefits of regular exercise is well researched. There are reported health benefits including improved mental and musculoskeletal health and reduced other risk factors such as being overweight and obesity, high blood pressure and high blood cholesterol etc. Regular exercise also generates psycho-social benefits eg. engaging with others helps reduce loneliness and social isolation.

This data and information considered in toto, indicates that a significant percentage of Granite Belt residents are not undertaking regular exercise sufficient to their age and therefore potentially increasing the burden of disease present in the community over time.

As a community that is rural and remote, plus has a very significant level of lower socio-economic residents the likelihood of addressing this issue will not occur without deliberate and funded interventions eg. creation of walking groups, exercise programs for specific age groups and given the lack of transportation, the need to provide transport assistance to increase the likelihood of participation.

Question 12 – Tick which of the following (illegal drugs, tobacco and alcohol) you have used in the past 6 months on average 3 times per week.

Sixty-eight (68%) percent of respondents did not answer this question. Of the 67 who did, respondents indicated that alcohol and tobacco were the two main products used.

Item	5+ Drinks	Smoked	Prescription drugs	Illegal drugs	None
Percentage	50.52	34.37	8.06	3.50	2.03

The high number of people opting not to answer this question is not surprising given the sensitivity around such aspects as misuse of prescription drugs and/or using illegal drugs (even though which type was not asked of respondents).

Tobacco, alcohol and other drug use are major health issues in Australia and are associated with a number of harms, both physical and social. Research indicates Australians living in remote areas often have worse health outcomes than people living in metropolitan areas (AIHW, pg 1, 2019).

Further, the harm caused by tobacco, alcohol and other drug use does not affect all communities equally. Some areas often experience worse outcomes due to factors such



as higher levels of unemployment, lower educational attainment, and poorer access to, and use of, health services. For example, in 2015 the burden of disease and injury attributable to alcohol use was highest in Remote and Very remote areas compared with major cities (2.1 and 2.7 times higher respectively) (AIHW, pg2, 2019).

In 2019 AIHW research showed people in remote and very remote areas:

- were 2 times as likely as those in major cities to smoke daily
- were 1.6 times as likely as those in major cities to consume alcohol at levels that exceeded both the lifetime risk guideline (25% compared with 15.5%) and the single occasion risk guideline (38% compared with 24%).
- had slightly higher level of illicit drug use compared with people in major cities (18.6% compared with 16.7%)

Qld Health data on Illicit drugs in 2019, indicates:

- 600,000 (14.8%) Queenslanders 14 years or older had used illicit drugs in the previous 12 months, and the majority (500,000) had used cannabis.
- 200,000 (4.0%) Queenslanders 14 years or older used pharmaceuticals not as prescribed or intended in the previous 12 months. (Qld Health Officer, March 2023)

The Granite Belt survey data related to smoking and alcohol supports the above national data. The Qld Health data applied to the Granite Belt response indicates use of illicit drugs is lower than the State benchmark, whilst misuse of prescription drugs is just over double the State benchmark.

Question 13 – In the last 12 months, have you needed to see a doctor, but couldn't because of the cost?

A significant percentage of respondents had no issues seeing a doctor due to a cost factor.

However, a little over one quarter of respondents (27.62%) did fail to see a doctor due to the cost.

According to the Australian Institute of Health and Welfare (AIHW) less than one in 20 (3.5%) adults delayed or did not see their doctor due to cost (AIHW, pg 1, 2023).

Comparatively, Granite Belt residents are experiencing lack of access to GP services due to cost or affordability (at very significant level), more than this national average.

Research indicates that “poorer health outcomes in rural and remote areas may be due to a range of factors, including a level of disadvantage related to education and employment opportunities, income and access to health services’ . (Liotta, pg 1, 2019)

In recognition of such research, the Department of Health and Aged Care funded an initiative linking concession card holders and children to greater rebates if the GP saw them. This was operationalised in 2023, with data showing an increase in the percentage of doctors who are bulk billing in Qld; rising from 73.6% to 75.6%. (Wisbey, 2024)

This initiative clearly helps improve accessibility by those less financially able to afford the cost of GP medical services but still requires individual GPs and medical practices to decide to either bulk bill at all or link bulk billing to particular cohorts eg. concession card holders.

This survey did not establish whether any, or all, GPs in the Granite Belt bulk bill, however survey results do indicate that just over one-quarter of residents are experiencing affordability as a barrier to accessing primary health support.

AIHW research confirms the ‘value’ of access to GPs noting that “lifestyle, health outcomes and burden of disease can vary greatly according to geographical location, with people living in outer-regional and remote areas experiencing higher rates of adverse health outcomes”. (AIHW, pg 1, 2023)

It's worth noting that the inability to see a GP, whether for cost, distance, lack of transport, wait times or some other barrier, is more than the medical issue only. GPs are the gatekeepers to being able to access a diverse range of other Governments' programs eg. Driver licensing, free/limited number of mental health appts, Centrelink benefit (eg carer pension & allowance, disability support pension) etc.



Participation and communication section of survey form

Question 14 – Do you want help finding, or keeping, work or a job

88.83% question respondents indicated they did not need assistance finding or keeping a job. Those needing assistance were 8.38% and those needing assistance to keep a job were 3.35% of question respondents; a total of 11.73%.



Unfortunately, the survey did not enable respondents to provide any indication of what type of assistance they would need to either find or keep a job. Equally, as many of the respondents were of retirement age the statistics may be more meaningful if this question was limited to people of working age.

There are several employment related agencies operating in, or servicing the Granite Belt, with the role of assisting eligible persons into employment. However, the survey did not establish whether respondents seeking assistance were either aware of employment services and/or had accessed them but to no avail or were ineligible.

At a total of 11.73% of people indicating a desire for some form of assistance makes this an issue for further investigation; perhaps as a subset strategy aimed at connecting people for whatever reason/purpose.

Question 15 – I communicate, or meet up with family members

A significant percentage of respondents were in daily contact with family members (42.02%), with 26.15% being in weekly contact and 22.07% having intermittent contact with family members. Those having long gaps between contact with family comprise 0.2% with 3.56% of respondents never having contact.



According to Queensland Social Survey 2023 Social Isolation and Loneliness Survey Report 5.0% of adults often felt isolated from others. Comparatively the level of isolation from others of Granite Belt residents having NO contact with family is very close to the Queensland normative benchmark.

However, including those having long gaps between contact with those having never any contact with family sees the percentage of Granite Belt residents' isolation at a higher level than the Queensland normative benchmark.

This is unsurprising when these findings are considered in light of question 9 where over 40% of question respondents indicated some frequency of feeling isolated or disconnected from others around them.

Question 16 – Outside of helping family members, I help...

Helping friends was significant at 76.80% followed by neighbour/s at 41.14%. Volunteering on a regular basis in a community agency was an activity undertaken by 24.68% of question respondents. In addition, 36.08% of respondents indicated they were members of a community club or group. Interestingly, of the 158 people who responded to this question, 52 people did not answer this question which may mean they do not help in any way outside of family members.

This data indicates Granite Belt residents are both active in their community and active in a manner that supports and builds the sense of community through both formal ways (eg. volunteering, membership of clubs) or informal ways (eg helping neighbours).

Compared to the findings in the State of Volunteering in Qld 2021 report, Granite Belt residents are volunteering in formal ways almost twice the Qld percentage and three times greater volunteering in informal ways.

AMONG QUEENSLAND VOLUNTEERS, IT WAS FOUND THAT:



It needs to be remembered that the data of both the Granite Belt survey and Volunteering Qld does not represent discrete individuals, ie. one person could be included in all categories, thus making aggregation of the data invalid.

It is also a common phenomenon in rural and remote communities to find residents who volunteer for more than one agency, activity or event, at both formal and informal ways.

Whilst formal volunteering is higher than the state average it also indicates that a potential 75% of the population do not formally volunteer.

The benefits from volunteering according to QCOSS's Social Isolation Report include:

- to meet new people or expand their social network (36.7%)
- for fun or personal enjoyment (32.3%)
- for their health and fitness (19.3%) (Queensland Social Services – QCOSS, pg 2, 2023)

Considering Qld data alongside this survey data related to social isolation and loneliness (question 9,) plus, question 26 related to assistance to find/make social, recreational or volunteering activities/connection, community members may not fully appreciate the gains for them personally from volunteering.

The social capital/money benefits to the Granite Belt community of volunteering has not been calculated but Volunteering Qld provides a useful measure; "The cost benefit ratio for volunteering in Queensland in 2020 was 4.1:1, ie. for every dollar invested approximately \$4.10 is returned" (Volunteering Qld, page 5, 2021).



Question 17 – I can use well the following technology or software

Responses to this question were provided by 178 participants, indicating:

Technology type	Ipad	Tablet	Laptop	Emails – sending & receiving	Search engines eg Google, Safari	Meeting tools eg teams, face time, skype
Percentage	64.04	69.10	84.83	96.63	96.07	74.16

Survey responses indicate Granite Belt respondents have a high level of digital literacy of the more common software programs (eg email, search engine). However, the survey does not enable digital literacy to be profiled by age of respondent, which may highlight whether ability to use technology well (digital literacy) is linked to age. Equally, inclusion of a question seeking information on the use of the technology for non-work purposes, would have further fleshed out the data.

The survey responses were surprising given the widely held belief in relation to the digital ability (with ‘ability’ being just one of the three sub-indices of digital literacy) of Queenslanders.

According to the Australian Digital Inclusion Index (ADII), Queensland’s ADII score is below the national average (56.5), placing the state sixth out of Australia’s eight states and territories for digital inclusion. It also reports that digital inclusion is unevenly distributed across Queensland with the digital divide in Queensland widening. This report indicates that particular groups of Queenslanders are disproportionately disadvantaged, significantly families on low incomes, which the report indicates “are increasingly being left behind” (page 5).

Considering this high level of digital use alongside the findings to question 9 in relation to respondents’ level of loneliness (which were significant) might indicate that connecting with others/family digitally may not have the same value as more traditional methods or use of technology might be heavily skewed by use for work, rather than social connections, hobbies etc.

Question 18 – How connected do you feel to your cultural beliefs and/or religious identity

27.06% of question respondents indicated they always feel connected to their cultural beliefs and/or religious identity. 18.8% of respondents indicated they often felt connected, with 20.09% indicating sometimes feeling connected. 10% indicate rarely feeling connected and 24.05% of respondents indicating never feeling connected to their cultural beliefs and/or religious identity.

This data, considered in light of the earlier responses to question 15 that related to connectedness to family, highlights a significant percentage of Granite Belt residents don’t feel connected to their cultural (bearing in mind that only 4.36% of respondents indicated coming from another cultural background – question 3) and/or religious belief.

However, of those that were feeling connected to their culture and/or religious beliefs, a significant majority of respondents felt the Granite Belt community respected their beliefs and culture (question 20).

Question 19 – Do you speak a language other than English at home

An overwhelming 93.33% of question respondents only spoke English at home, with 6.67% speaking another language.

Given, the small percentage of people from another culture (4.35%), these findings are of little surprise.



However, as discussed in earlier in this report, the Granite Belt's cultural profile has been skewed greatly by the PALM scheme which sees seasonal workers now coming from numerous Pacific Island countries. Clearly, there would also be a consequential increase in the percentage of Granite Belt residents who speak another language, which may be captured in the next census.

Question 20 – I feel the Granite Belt community respects and accepts my cultural and/or religious self

Interestingly, 30.57% of question respondents didn't see this question applied to them: 31.52% of question respondents thought the Granite Belt community did respect their cultural beliefs, with 3.98% indicating the community didn't respect their cultural beliefs.

Of those of question respondents, 28.25% indicated the Granite Belt community did respect their religious beliefs, with 5.68% indicating the community didn't respect their religious beliefs.



This analysis at face level seems to suggest that at least one-third of the Granite Belt community is respectful of others' religious and/or cultural beliefs.



Material basics section of survey form

Question 21 – In the past 12 months, did the food you buy run out before you had money to buy more

55.24% of question respondents never ran out of food before they had money to buy more food, with 17.08% indicating this was rare. 14.69% indicated sometimes, with 9.04% indicating this happened often and 3.95% indicating it always happened.

While half of the respondents had no issue with having enough of, and constancy of food, collectively the remaining 44.76% did have an issue, but with differing frequency.

This finding reinforces the need in the Granite Belt community for a food support program/s to assist at such times. However, with increased cost of living pressures and presence of housing stress (Q5) it is to be expected that more people may experience, more frequently, the situation where they have run out of food.

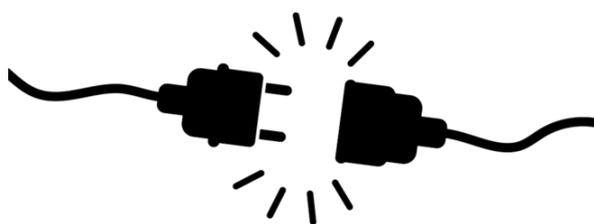


Question 22 – In the past 12 months, has the electricity, gas etc been threatened with disconnection

159 of the 177 survey responses indicated they did not experience the threat or reality of having essential services such as electricity or gas disconnected. However, 4.52% of question respondents did experience the threat of disconnection with 1.69% actually having had a service/s disconnected, specifically electricity.

The survey findings indicate these cost of living components has dramatically impacted some people (ie electricity having been turned off). However, the threat of termination is also a major, and often persistent, stressor for families/people under financial stress.

Also, with constancy of food and overall increased cost of living pressures, it is to be expected that more people may experience, more frequently, the situation where they are threatened with, or have their power/gas turned off.



Whilst a small number of people indicate they are experiencing cost of living crisis to such an extent, the margin between being able to meet one's financial obligations and not being able to pay basic bills, is thinning. The survey did not allow participants to choose other responses such as "constantly living in fear of".



Question 23 – How hard is it for you to pay for the very basics like food, housing, medical care, heating/cooling

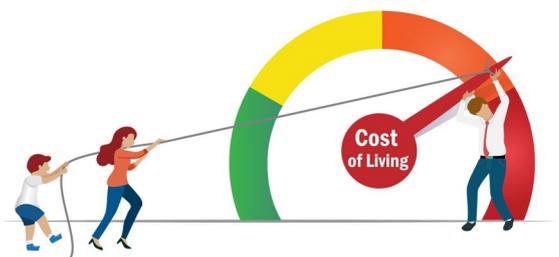
28.81% of question respondents *never* experienced hardship in paying for the basics of their life. However, 25.42% indicated they had *rare* occasions where they experienced hardship, with 30.51% *sometimes* experiencing hardship. 9.35% of respondents indicated they *often* experienced hardship and 6.21% indicating they *always* experienced hardship affording the basics of life.

Whilst a number of question respondents aren't experiencing affordability issues on a constant basis, almost three quarters (total of 71.49%) of question respondents are experiencing hardship to some level/frequency.

The Qld Council of Social Services' 2024 on Living Affordability in Qld found that Queenslanders on low incomes are particularly vulnerable in a cost-of-living crisis. Their household modelling shows three of the five modelled households are unable to meet a basic standard of living, and all five households are unable to make meaningful savings and are highly vulnerable to increasing levels of debt without the need to compromise on consumption of essential goods and services required for healthy living or borrow money to meet everyday expenses. (QCOSS, 2024, page 44).

Comparing QCOSS's ratios in light of the Granite Belt survey data, indicates that a total of 73.44% had some hardship with their cost-of-living affordability from occasional to always frequency compared to QCOSS's 60%.

The Granite Belt data indicates that living affordability is a significant issue with the findings from questions 21 and 22 bringing to life the real implications of the struggles large numbers of Granite Belt residents are experiencing in the current cost of living crisis.



Question 24 – In the past 12 months, has lack of transportation kept you from participating in activities/events and/or attending appointments, meetings, work or from getting things needed for daily living

80.23% of question respondents indicated having **no** impact on their participation outside of home due to the lack of transportation. However, 19.77% of respondents indicated the lack of transportation did impact their ability to pursue their activities of daily living.

In any future work on this issue it would be useful to gain an understanding of where question respondents lived so it would be possible to better geographically map



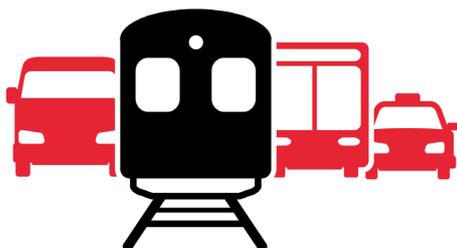
this issue in terms of lack of transportation access. Such data would also be useful in verifying the veracity of local beliefs such as “anyone resident outside of Stanthorpe township itself have problems with affordable transport”.

Whilst the overwhelming majority of respondents indicated no impact arising from the lack of transportation on their lifestyle or participation in community, for 1 in 5 Granite Belt residents their lack of transportation does impact on their life. This circumstance is referred to as transport disadvantage.

The relationship between transport and disadvantage is well established in the research literature in Australia.

In non-urban areas “transport disadvantage is the result of a range of intersecting factors including poor public transport infrastructure, a higher proportion of low-income households and the need to travel further distances in order to get to places of employment, services and activities” (Kate Rosier & Myfanwy McDonald, 2011, page 1). Further, Australians in the bottom income quintile are much more likely to experience transport difficulties than those in the top income quintile (9.9% and 1.3% respectively) (Australian Bureau of Statistics [ABS], 2006).

Both these identified factors are present in the Granite Belt.



Whilst lack of affordable transportation may impact only a small percentage of the resident population, the inability to get out and about to conduct all aspects of one’s life can dramatically restrict one’s life options and choices; and for low income families highly likely to perpetuate the cycle of poverty.



Question 25 – How do you get around?

This question allowed multiple options to be chosen as an answer/s, so therefore the percentages add to more than 100%. Granite Belt residents use a variety of ways to move around their community to complete their desired activities of daily living, including:

Transport mode	Drive	Walk	Push bike	Mobility scooter	Neighbour	Family	Taxi	Passenger in a car
Percentage	87.64	32.02	5.62	0.00	3.93	14.61	3.37	1.12

These findings are of little surprise given there is no public transport and the only local transport option, a taxi, is cost prohibitive, even for travel within the Stanthorpe township. When considering the cost of a taxi from any of the outlying villages, the cost becomes even more prohibitive, for example a trip from Wallangarra to Stanthorpe is \$145 one-way.

This data, considered stand alone, indicates there is not a significant lack in the ability to get out and about (transportation). It indicates that for those without their own car, are helped mostly by family rather than friends or neighbours, so in effect “no problem”.

However, this data, considered in light of the question responses to question 24, does highlight that for a sizeable number of Granite Belt residents (19.77% of question respondents) the lack of transportation did impact their ability to pursue their activities of daily living and their participation in community events etc.

In any subsequent work on this issue, it would be useful to gain greater insight into how those without transport actually manage to get about and about, and what



Learning section of survey form

Question 26 – Do you want help finding or making social, recreational or volunteering activities/connections

Some question respondents chose multiple options for their answer, which makes using actual numbers more useful than percentages.

Overwhelmingly 105 of the 153 question respondents do not need help to make social, recreational or volunteering connections. However, a total of 97 question respondents indicated they would like assistance to make social connections (43 people), with 39 people wanting to make recreational connections and 25 people wanting to connect with volunteerism.

These findings indicate that approaching one quarter (1/4) of Granite Belt's residents would like assistance to make social, volunteering and/or recreational connections. The findings from this question are of little surprise when considered with the findings on loneliness (Q 9) and volunteering (Q 10).



GBNC's online diary (and directory) could be a major asset to this cohort given the diary is a one-stop-shop about what's on in the Granite Belt: provided community groups and agencies lodge their events etc on the site.

Both ongoing publicity of the diary, with marketing content reinforcing this is a self-help way to reduce loneliness and isolation etc, plus continued work to get community groups onto the site needs to continue by GBNC and every other agency/community group in the Granite Belt.

These findings also highlight that there is a sizeable number of people (almost 16% of question respondents) who interested in volunteering. Leveraging this interest in some way (eg. Granite Belt volunteering expo, Facebook campaign) would be mutually beneficial for the person plus whichever community group/s they choose to volunteer with.



As with other survey question findings, access to affordable transportation from the outlying Granite Belt communities could be a major impediment to a person being able to leave home for any purpose let alone to attend a community event or to volunteer their time and expertise.

Summary section of survey form

Question 27 – What do you think are the priority issues in our community, including anything not asked about in this survey

Of those who responded to this question, the following comments were made (NB: lodged comments have NOT been edited in any way) and is in no order of priority; with each bullet point representing one person's response:

- Housing help. Everyone has been real helpful and have mostly found help needed readily.
- There is no transport between Stanthorpe and Tenterfield.
- A lot of smaller events are not widely advertised.
- Teenagers do not have much to engage in. This becomes a problem in an isolated town as young adults often move away for work, especially the ones with good habits and morals, who make good role models. The ones left behind often include those who would take advantage of their younger peers and them into problematic behaviours/ activities.
- Since COVID the backpacker community has changed from predominately Asian to Pacific Islander and the difference in culture gap has many locals feeling anxiety as they know little about the Islander culture. Community can be quick to judge the majority on the actions of a few. The area could benefit from embracing our new locals through a shared festival or activity, learning about their culture and teaching them ours.
- More advertising for social event coming up.
- Easier access to some areas of our community for disabled residents.
- Cost of living relief for those in need.
- Housing.
- I believe that any community needs the most effective, positive they can receive. As people we deserve respect and dignity. It is not easy going to people cap in hands asking for help.



In light of this survey's findings and analysis, the above Granite Belt residents' views on what are priority issues are essentially congruent with those issues highlighted as important to the communities of the Granite Belt.

Tackling any of the issues highlighted in this analysis will require funding and people / agencies willing to take up the fight to secure funding to address any or all of the priority issues.



Granite Belt Neighbourhood Centre
8 Corundum Street, Stanthorpe Qld 4380
P 07 4681 3777
E admin@communityds.org.au
F @granitebeltneighbourhoodcentre

Needs in the Granite Belt

Welcome to our survey to find out the needs of people here in the Granite Belt
Thank you for participating in our survey. Your feedback is important.

Needs in the Granite Belt

Introduction

1. What is your Gender?

- Female
- Male
- Other

2. What is your age range

- 0-18
- 19-35
- 36-52
- 53-65
- 66-100

3. Cultural identity

- Aboriginal
- Torres Strait Islander
- Cultural and Linguistically Diverse
- None
- Other (please specify)

Needs in the Granite Belt

Being loved and safe

4. I have positive peers or others in my life

- Yes
- No

5. What is your current housing situation?

- I do not have housing i.e., I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park.
- I have housing today, but I am worried about losing housing in the future i.e., within the next 6 months.
- I have housing.

6. Think about the place you live. Do you have problems with any of the following? (Check all that apply).

- Poor physical housing conditions e.g. mould, lead paint, electrics not working etc.
- Neighbour disputes
- Problems with the house owner or and/or rental agency
- Don't feel secure in my house
- Don't feel secure in my neighbourhood due to crime or threat of crime
- Overcrowding - not enough room for all the family

7. How often does anyone, including family, physically hurt you?

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently

8. How often does anyone, including family, threaten you with harm and/or frequently talk down to you, have strong control over your life etc.?

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently

Needs in the Granite Belt

Health and wellbeing

9. How often do you feel lonely or isolated from those around you?

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently

10. In the past two weeks how often have you felt down, depressed or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

11. In the last 30 days, other than the activities you did for work, on average how many minutes per day did you engage in moderate exercise e.g. walking fast, running, jogging, swimming, biking etc.?

- 0
- 1-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61+

12. Tick which of the following you have used in the past six months on average three times per week.

- Drunk more than five drinks of beer, wine, spirits, home brew etc.
- Smoked a tobacco product e.g., cigarettes, cigars, snuff, chew or vaped.
- Used prescription drugs for non-medical reasons
- Used illegal drugs
- If you selected used illegal drugs, specify the type used:

13. In the last 12 months, have you needed to see a doctor, but couldn't because of the cost?

- Yes
- No

Needs in the Granite Belt

Participation and communication

14. Do you want help finding, or keeping, work or a job?

- Yes, I want help finding work
- Yes, help keeping work
- No, I do not need or want help

15. I communicate, or meetup with family members...

- Daily
- Weekly
- Intermittent i.e., on/off or on an as needs basis
- Very long gap in between contact
- Never

16. Outside of helping family members, I help...

- Neighbours
- Friends
- Volunteer in a community agency or activity on a regular basis
- As a member of a community club or group

17. I can use WELL the following technology or software

- iPad
- Tablet
- Laptop
- Emails - both sending and reading
- Search engines (e.g. Google) to look for things
- Meeting tools (e.g. Zoom, Teams, Skype etc.) for virtual face-to-face contact

Identity and Culture

18. How connected do you feel to your cultural beliefs and/or religious identity?

- Always
- Often
- Sometimes
- Rarely
- Never

19. Do you speak a language other than English at home?

- No
- Yes

If yes, please specify

20. I feel the Granite Belt community respects and accepts my cultural and/or religious self.

- Yes, to my cultural self
- No, to my cultural self
- Yes, to my religious self
- No, to my religious self
- None of the above apply to me

Needs in the Granite Belt

Material basics

21. In the past 12 months, did the food you buy run out before you had money to buy more food?

- Always
- Often
- Sometimes
- Rarely
- Never

22. In the past 12 months, has the electricity, gas etc., been threatened with disconnection?

- No
- Yes
- Yes and been disconnected
- If yes, which service did this apply to?

23. How hard is it for you to pay for the very basics like food, housing, medical care, heating/cooling?

- Always
- Often
- Sometimes
- Rarely
- Never

24. In the past 12 months, has lack of transportation kept you from participating in activities/events and/or attending appointments, meetings, work or from getting things needed for daily living?

- Yes
- No

25. How do you get around? Select all that apply.

- Drive myself (own car)
- Walk
- Ride a bike
- Mobility scooter
- Rely on others outside of my family e.g. neighbour, friend
- Rely on family
- Taxi
- Passenger on a motor bike
- Other (please specify)

Needs in the Granite Belt

Learning (social, recreational, volunteering)

26. Do you want help finding or making social, recreational or volunteering activities/connections?

- Yes, help finding social activities
- Yes, help finding recreational activities
- Yes, help finding volunteer opportunities
- No, I don't need or want help

Needs in the Granite Belt

Summary

27. What do you think are the priority issues in our community, including anything not asked about in this survey?

BIBLIOGRAPHY

- Australian Bureau of Statistics, **Aboriginal and/or Torres Strait Islander people Quickstats**, Commonwealth of Australia, 2021
- Australian Bureau of Statistics, **Granite Belt Quickstats**, Commonwealth of Australia, 2024
- Australian Bureau of Statistics, **National Study of Mental Health and Wellbeing**, Commonwealth of Australia, 2024
- Australian Institute of Health and Welfare, **Physical activity**, Commonwealth of Australia, 2024
- Australian Institute of Health and Welfare, **Patient experiences in Australia by small geographic areas in 2019–20**, Commonwealth of Australia, 2023
- Australian Institute of Health and Welfare, **Drug use by geographic areas**, Commonwealth of Australia, 2019
- Bureau of Communications, Arts and Regional Research, **Understanding Regional Data: Socio-Economic Indexes for Areas (SEIFA)**, Aust Government, 2021
- Chief Health Officer Queensland, **The health of Queenslanders – Illicit drugs**, Qld Health, 2023.
- Dept Health and Aged Care, **Physical activity and exercise guidelines for all Australians**, Commonwealth of Australia, 2024
- Dezuanni, M, Burgess, J, Thomas, J, Barraket, J, Marshall, A, Wilson, C, Ewing, S, MacDonald, T, 2017, **Measuring Queensland's Digital Divide – The Australian Digital Inclusion Index 2017: Queensland**, RMIT University, Melbourne, for Telstra.
- Kate Rosier & Myfanwy McDonald, **The relationship between transport and disadvantage in Australia**, Communities and Families Clearinghouse Australia, 2011
- Liotta, Morgan, **Rural and city: Striving for improved health equity**, NewsGP, RACGP, October 2019.
- National Shelter / SGS Economics and Planning, **More pain for low income renters as Regional Qld becomes most unaffordable place in Australia**, The National Tribune, 2023
- Queensland Council of Social Services, **Living Affordability in Queensland in 2024**, QCOS, 2024.
- Queensland Family and Child Commission, **Violence against children - Queensland Child Rights Report**, 2023
- Queensland Government Statistician's Office, **Queensland Social Survey 2023, Social Isolation and Loneliness Survey Report**, Qld Treasury, 2023
- Queensland Government Statistician's Office, **Queensland Regional profile – Stanthorpe Surrounds**, Qld Treasury, 2024
- The Impact of Role Models: How They Shape Our Lives and Inspire Success**, [Einstein Success Code](#), 2025.
- Volunteering Qld, **State of Volunteering in Qld 2021**.
- Wisbey, Michelle, **Tripled incentive leads to GP bulk billing spike**, NewsGP, RACGP, November 2024.