

Taking a Proactive Role in Mobilising Faith Communities During COVID-19

Final Report

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Table of Contents

Table of Contents	ii
Executive Summary	1
Introduction	2
The Role of Faith Communities in the Pandemic	3
Findings and Recommendations	4
How Faith Communities are Coping.....	4
Challenges Faced by Faith Communities	5
The Most Vulnerable	6
Health Messaging & Information	8
Conclusions	11
Appendix A – Summary of Recommendations.....	12
Appendix B – Questionnaire & Respondents	13
Appendix C – Community Forum Participants	15
Appendix D: Contributing Partners	16

Executive Summary

Faith communities in Queensland are immensely valuable to society and under mounting pressure from the unfolding COVID-19 pandemic. This report outlines key issues facing faith communities in Queensland during the pandemic as reported by the communities themselves. Faith communities are uniquely situated to strongly influence the success of COVID-19 responses through places of worship and community connection, working with vulnerable groups in society, and provision of community services.

Despite their valuable contributions, Queensland's faith groups are not coordinated or necessarily aware of other groups' activities. There also exist significant barriers to communication between faith communities and government, including identification of relevant contact points and smaller groups having their voices heard. In the current crisis, the time is favourable to connect community leaders with each other and government to share experiences and insights, and to build clear communication channels for the future.

The project has identified several organisations endeavouring to connect with various faith groups, albeit in an uncoordinated and duplicative manner. This report recommends establishing a standing means of communication between faith communities and government.

Faith communities are encountering a diverse array of challenges, ranging from logistical and financial to theological and mental health concerns. Logistical challenges stemming from falling incomes and shifts to at-a-distance service delivery in a time of high demand for community services is placing strain on organisations' resources. For some organisations, mounting financial pressures are significantly limiting their ability to delivery community services and charity to vulnerable groups.

While faith communities are generally coping well, key vulnerable groups are experiencing growing hardships. These include the elderly, international students, temporary workers and recent migrants, non-English speakers, and Aboriginal and Torres Strait Islander communities. Many of these individuals continue to slip through the cracks of government responses to the pandemic and the resulting economic turmoil. They are significantly more dependent than the general public on the support of faith communities to meet their basic needs, including food and housing support, and social engagement. Assistance for community organisations to support vulnerable members, including the elderly, migrants, international students, and temporary workers, would have a significant impact.

The findings of this report highlight the significant role of faith communities in disseminating and ensuring the accuracy of health messaging. In groups with a high proportion of elderly and non-English speaking members, faith leaders are often gatekeepers of knowledge, interpreting information from sources and languages for their communities that would otherwise be inaccessible. This makes them key points of connection for government and important partners in disseminating accurate and culturally appropriate messaging and countering misinformation. Messaging could also be improved through translation into minority languages and culturally appropriate contexts.

Introduction¹

On March 11, the World Health Organisation officially designated COVID-19 a pandemic. Like climate change, this coronavirus is no respecter of persons; it is a multifaith, multicultural challenge in our society. It is important now, more than ever, that we stay connected with stakeholders in the multicultural sector and the vulnerable in our culturally and linguistically diverse communities. Understandably, many Queenslanders feel anxious in these tumultuous times, so it is important that Queensland government lead in bringing communities together to support each other during this pandemic and remaining agile and responsive to needs and concerns.

This report outlines key issues facing faith communities in Queensland during the COVID-19 pandemic as reported from the communities themselves. The methods and findings of the project support improving connections between faith communities and state leadership for sharing lessons learned, improving support for vulnerable groups, and ensuring key health messaging is communicated to strengthen public safety. The Queensland government is committed to being a culturally responsive government and to support inclusive, harmonious and united communities. The COVID-19 outbreak threatens the health and well-being of our communities and risks exacerbating community divisions and polarisation, necessitating action to improve communication across divides.

Partnering in a time of crisis should be built on two principles: communication and support. Communication necessitates channels of information exchange, connections with key interlocutors and listening to their views and perspectives. Support requires a willingness to respond to what is learned through communication in a culturally respectful manner, including a willingness to adapt plans and approaches accordingly.

Faith communities are encountering a diverse array of challenges, ranging from logistical and financial to theological and mental health concerns. It is therefore time to connect community leaders with each other and government to share experiences and insights, and to build clear communication channels for the future.

The methodology and outcomes of this project will strengthen the Queensland government's ability to communicate with and support faith communities in this crisis. They are:

1. The Centre for Interfaith and Cultural Dialogue at Griffith University acted as a link to faith communities, helping to facilitate connections between faith groups to identify issues and opportunities via:
 - a. a questionnaire distributed from 14-27 April 2020, and
 - b. an online Community Forum on 28 April 2020.
2. These findings are then to be provided to the Department of Local Government, Racing and Multicultural Affairs (DLGRMA) in this report advising the on necessary linkages and recommendations for future action.

These actions and findings will lay a foundation on which to build trusting partnerships and linkages to respond to the COVID-19 outbreak throughout the months ahead, and potential future crises.

¹ Minimal changes to grammar and spelling have been made to quotations to ensure clarity of meaning.

The Role of Faith Communities in the Pandemic

Faith communities are uniquely situated to positively and negatively influence the success of Queensland's COVID-19 responses in three areas: faith communities and places of worship, vulnerable groups in society, and community services.

Places of Worship

Faith communities have practices that are of significant religious and cultural value, including praying shoulder-to-shoulder, communion practices, and communal meals, which run counter to current health advice and governmental announcements. Places of worship are also places of social gathering, refuge and provision for informal, yet essential, services. Reduced access to these services can produce ripple effects in community wellbeing, particularly among the most vulnerable demographics.

Access to Vulnerable Groups

Australian Bureau of Statistics data shows that over 73% of those 65 years of age or older identify with a religion, contrasted with only 51% in the 18-34 age bracket.² This means the most vulnerable to developing life-threatening symptoms from COVID-19 are also most religious in Australian society. Consequently, faith communities are among the most likely to be connected with this vulnerable group. They are well situated to know who the elderly are, to know how they are faring and to be trusted to provide care, support and messaging. Through charity work and community engagement, faith communities possess valuable insight and access to other vulnerable groups including recent migrants, seasonal workers, students, and the homeless.

Community Services

Faith communities provide essential community services, delivering services relating to:

“[...] emergency relief, housing and homelessness, health, mental health, education, community development, advocacy, research, income support and other ‘social services,’ covering a wide and diverse range of community welfare needs.”³

Partnering with Queensland faith communities is key to successfully combatting the COVID-19 outbreak and supporting vulnerable members of the community.

² Australian Bureau of Statistics (2017). *Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016*, cat. no. 2071.0, viewed 28 April 2020, <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Religion%20Data%20Summary~70>

³ Redfern, T. (2017) “Faith-based NGOs in the Australian Welfare Economy” <https://medium.com/@tim.redfern/faith-based-ngos-in-the-australian-welfare-economy-a53aa5d5e38d> Accessed March 27, 2020.

Findings and Recommendations

How Faith Communities are Coping

Key Findings:

- Overall, faith communities are adapting and innovating
- Concerns with loneliness, stress and community disengagement
- Regional and remote communities hardest hit, especially Aboriginal and Torres Strait Islanders

Most faith communities report that they are adjusting well to the realities of social distancing and restrictions on gathering. Many are focussing on maintaining contact with their community members at a distance via online tools, particularly the elderly, to support their mental, physical, and physical wellbeing. Some faith leaders are hopeful that this level of active engagement will continue post-pandemic, and many expressed that their communities are coping with the crisis calmly and innovatively.

In the face of this optimism there are some concerns reported such as increased loneliness, stress, and boredom among community members. Community disengagement and theological difficulties followed the closure of community buildings.

The community is closely networked across the state and we have no particular issues beyond that which we all are managing. ⁴

Our group has adjusted well to the situation. However, we had to adjust our congregational prayers which feels awkward. ⁵

[I]t is a struggle for many of the devotees as the Temple is their spiritual home and under the current restrictions the Temple is closed. ⁶

Regional and remote communities are experiencing more difficulties than their urban counterparts. Aboriginal and Torres Strait Islander communities in Far North Queensland and Cape York are under pressure due to isolation and struggling with social distancing due to crowding in the home and informal community structures. Those in urban areas are now cut off from country, and historically have had poorer access to welfare services than the wider community.

Recommendations:

1. Support for Aboriginal and Torres Strait Islander communities, including through faith communities and organisations in remote, regional, and urban areas including outreach and logistical support.
2. Focus on increasing support for community mental health and spiritual wellbeing services in the near- to mid-term.

⁴ Jewish leader, state-wide

⁵ Islamic leader, Brisbane

⁶ Buddhist leader, Gold Coast

Challenges Faced by Faith Communities

Key Findings:

- Financial: drop in donations and income with continued fixed expenditures
- Logistical: upskilling and resourcing to be able to move online
- Disparity: smaller, volunteer communities receive less support than larger, staffed organisations
- Disparity: smaller communities without a voice to government

Financial pressures are reported for most faith communities. Many religious organisations have experienced substantial falls in revenue from a variety of sources. Those reliant on donations have seen inflow fall after closing their places of worship due to lower engagement. The success of appeals for online donations have been limited as community members are themselves facing financial hardship due to job losses and fiscal insecurity. Other income streams, such as stores and op-shops, have been severely curtailed due to government restrictions. Fixed expenditures, like rent and utilities, remain and have forced some communities to redirect some charity funds to maintain their organisations. The severity of the financial impact on organisations is unclear at this stage due to uncertainty over the length of the crisis and will increase as the crisis lengthens.

The biggest challenge we are facing is financial. We are now relying solely on online donations, as we are unable to keep our shop open. We have mortgage repayments to meet, utilities, insurance, online and building maintenance costs.⁷

Faith communities moving online are encountering logistical challenges stemming from technological and knowledge limitations. At the outset of the COVID-19 crisis, many organisations did not possess the hardware, software, or technological knowledge to manage online delivery of typical religious services. Upskilling volunteers and staff to deliver comprehensive online services has been a challenge for several organisations. Financial pressures have made acquiring necessary infrastructure, including webcams, computers, and sufficiently fast internet connections difficult. Digital literacy among community members is an ongoing challenge requiring significant engagement and effort to provide education and training.

[Our biggest challenges are] skilling up and gearing up to provide a more comprehensive online service. There are costs associated with this, although it's not been an impossible challenge. [...] Maintaining communications links with technologically challenged people. Generally, as an organisation of volunteers, we are somewhat time-poor.⁸

Our biggest challenge has been encouraging Friends to use the new technologies to join us for worship and for committee meetings. Training has been provided and this has allowed the inclusion of many who would not have thought they could manage this.⁹

Difficulty in obtaining government support, financial or otherwise, has been expressed by several community spokespeople. Smaller organisations more reliant on volunteers receive little or no support, while religious organisations with staff on payroll are able to benefit from current employment and income support programs.

⁷ Buddhist leader, Brisbane

⁸ Brahma Kumaris leader, Gold Coast

⁹ Quaker leader, state-wide

We feel disconnected in terms of support. It feels like church sector are left on their own and not feeling supported. We are working to reassure them that the government is trying to assure the wider church community rather than the individual ones.¹⁰

[Desired assistance includes] advice and ideas about forums for engaging with leaders and representatives from other faiths and peak bodies in a productive capacity to ensure that the Australian faith community has a voice.¹¹

Recognition of worship spaces is a significant issue, with some venues closed fully while others are allowed daily prayers by a lone priest. Small or marginalised faith communities also find it difficult to have their voices heard at the governmental level despite actively engaging with those most impacted by the personal impacts of the COVID-19 crisis. It is apparent that communication between faith and secular community groups and government needs improving.

Recommendations:

3. Establishment of ongoing dialogue between organisations in the faith, community, and government sectors to better coordinate resources and activities and share the load on specific organisations and programs.
4. Financial support for faith communities in the form of rent and/or utility reductions, capital purchase support for essential equipment, or grants to cover short-term needs.
5. Access or support for staff and volunteer training in digital literacy for online communication and service delivery.
6. Improved promotion of pre-existing government and community support initiatives to community leaders seeking support vulnerable groups and individuals, such as the No Interest Loan Scheme (NILS).

The Most Vulnerable

Key Findings:

- Elderly, international students, temporary workers, non-English speakers.
- Low digital literacy.
- Remote communities with limited Internet access.
- COVID-19 exacerbates other vulnerabilities: domestic violence, mental health, homelessness, addiction.
- Multiplicative effect (elderly, fixed income, digitally illiterate, socially isolated) / (new migrant, single parent, non-English background, low schooling, multiple children in the home)

The elderly, international students, temporary working/protection visa holders and non-English speakers have been identified as highly vulnerable members of the community across most faith groups. Groups with low digital literacy are considered particularly susceptible to community disconnect, isolation, and poor messaging. Similarly, regional and remote faith communities may also be at a disadvantage resulting from lower availability of resources and information. In the Torres Strait, for example, internet access may be confined to a few now-closed community hub buildings. In this sense, poor digital literacy and isolation can be considered an exacerbating factor for groups already vulnerable to the COVID-19 virus and resulting economic and social hardships.

¹⁰ Christian and Samoan community leader, Brisbane

¹¹ Baha'i leader, Logan

The COVID-19 crisis has increased the risks faced by already vulnerable groups. This includes homeless individuals, substance and/or gambling addicts, single parents with young children, and households with family abuse. These groups have lost access to community support programs as charitable programs come under increasing pressure. Disruption to counselling and support services has been flagged as an ongoing issue. Several organisations are struggling to manage increasing demand for charitable services with diminished resources. An increase in domestic violence cases has also been observed.

Experience shows that once interrupted, it is very uncertain whether young people will return to their professional counselling sessions. This could have, in some instances, serious long-term psychological and emotional health consequences for a young person.¹²

We are also concerned by the rise in addictive behaviours as a means to cope. These behaviours are no longer mediated by other community activity and support.¹³

The elderly are highly vulnerable both to the COVID-19 virus and its ongoing social and spiritual impacts. Broadly defined as individuals of 65+ years of age, faith leaders have reported that elderly members are coping relatively poorly with transitions to online and teleconference delivery of community events and services. They tend to possess low digital literacy skills and technology, with a significant proportion lacking an internet connection to participate in online gatherings. Support in these areas is often provided by family or community members with higher digital literacy, which can strain available resources.

Elderly community members are more likely to have difficulty adjusting to the absence of in-person rituals and activities, such as prayer, sermons, and singing, and social interactions. Those in residential care are further isolated as institutions have implemented lockdowns, exacerbating their fear and anxiety. These pressures are more acute for non-English speakers or those living in extended family situations, where faith communities may be their primary or only outlet for socialising and obtaining information outside the home. Consequently, the elderly of minority groups who live in extended family situations with poor English skills can be considered an exceptionally vulnerable group both socially and to COVID-19.

[The most vulnerable are the] elderly and the immigrants who are confused with the situation.¹⁴

Another vulnerable group is the new migrants. Many have lost jobs and this is compounded with issues of settling into a country that is foreign. There is uncertainty and stress - financially and emotionally. Many have dependents, either in Australia or in their country of origin.¹⁵

Seasonal workers and Temporary Protection Visa holders are considered particularly vulnerable. With limited governmental support, few personal resources, and in some cases poor English proficiency, they tend to “fall through the cracks.” Unable to return home, those without employment are at elevated risk of homelessness, lack of food, and other challenges. Recent cutting of jobs for many temporary workers has impacted communities in their home country due to falling remittances. This is likely to severely impact communities already suffering

¹² Christian leader, Caboolture

¹³ Christian leader, state-wide

¹⁴ Islamic leader, Brisbane

¹⁵ Hindu leader, Brisbane

economic downturns,¹⁶ further draining the resources of individuals in Australia attempting to support dependents in their home countries. These vulnerable groups often have few alternatives other than faith communities for support and are especially susceptible to isolation.

We also have some overseas students and South Pacific Islands agricultural workers also in our Diocese; they are vulnerable due to isolation at home and the lack of support (such as JobKeeper payments) available to Australian residents.¹⁷

International students are experiencing many of the same challenges faced by temporary visa holders. They are unable to or are limited in their ability to work under the terms of their visa, have received little government support, and have high fixed expenses in the form of institutional fees. Their employment was largely concentrated in sectors hardest hit by the pandemic; a challenge shared by their domestic student counterparts. There is concern that demand for support from international students is outstripping what can be provided by their communities, particularly for students from minority groups and low-income countries who may belong to a very small minority in Australia.

[Our vulnerable members are] mainly overseas students. They are unable to work but have to pay their term fees, do not have enough money to buy food. We are helping a few of them - but they too numerous to be able to be helped by us.¹⁸

Recommendations:

7. Increased financial support for charities and faith communities working with family abuse cases and vulnerable groups due to extremely high demand for services.
8. Support for international students, including waiving of educational fees, rent assistance, food and medical assistance, and/or sponsorship.
9. Financial and social support for seasonal workers and Temporary Protection Visa holders such as unemployment benefits, housing and food assistance, dissemination of information on pre-existing support programs to community organisations.
10. Information and/or training for community members in digital literacy education to help support the elderly.

Health Messaging & Information

Key Findings:

- Overall, health messaging is getting through to subgroups
- Pockets not reached: Elderly, non-English speaking
- Danger: absence of information leads many to turn to unreliable sources such as family or online information
- Faith leaders become gatekeepers and interpreters of information

¹⁶ International Labour Organisation (April 24, 2020). *Thematic Brief: COVID-19 and employment in the tourism sector: Impact and response in Asia and the Pacific*. Retrieved from:

http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/briefingnote/wcms_742664.pdf

¹⁷ Christian leader, Far North Queensland

¹⁸ Hindu leader, Ipswich

Respondents to the questionnaire and Community Forum participants have indicated that, in general, health messaging is being communicated well to sub-groups. Most organisations are directing their members and communities to government sources, including television and online resources.

In some cases, the closing of the place of worship impeded communication of information, as members no longer received it through their faith community. For the most vulnerable, disconnect from their faith community has significantly impacted their ability to access accurate health information relating to COVID-19. This is especially true of the elderly and non-English speakers, who are more likely to depend upon their faith leader as a trusted, or only, source of reliable knowledge.

In groups with a high proportion of these demographics, faith leaders may be gatekeepers of knowledge, interpreting information from sources and languages for their communities that would otherwise be inaccessible. This makes them key points of connection for government and important partners in disseminating accurate and culturally appropriate messaging.

Several respondents have indicated that improved language support would significantly improve communication with their communities. This is a particularly acute issue for smaller language groups, which are likely to include international students and recent migrants, and Indigenous languages. Difficulty obtaining information from credible sources will, as highlighted by respondents, push people to seek it from less credible sources: friends, family, etc. The information they receive is consequently filtered and/or restricted through their social network, likely increasing the spread of incomplete or misinformed advice.

The minority [of community members] (non-English speaking and elderly) rely on information provided by their family members and friends and this information is filtered and/or restricted.

¹⁹

[The biggest challenges are] language barriers, lack of English language, lack of native language resources to make proper judgement. Spread of unreliable information from friends. Confusion on where and how to seek support. ²⁰

The Anglican Diocese of North Queensland highlighted a lack of pidgin and Aboriginal and Torres Strait language translations of government information. This has made communication of health information in Far North Queensland more difficult among already socially vulnerable communities. Cross-border travel with Papua New Guinea in the Torres Strait may also present a health risk that ready access to accurate health information could ameliorate.

Recommendations:

11. Develop strategies to identify and include typically marginalised and small faith organisations into planning and communications. These are more likely to contain higher proportions of vulnerable groups (e.g. recent migrants, non-English speakers, disaffected) than larger organisations.
12. Communicating in ways that vulnerable groups already communicate, not expect or demand that they change their communication habits to assist with health messaging and counter misinformation among susceptible groups. This may include:

¹⁹ Hindu leader, southern Brisbane

²⁰ Thai Buddhist leader, Gold Coast

- Communication of health information via faith community channels, including TV, radio, and social media.
- Design and distribution of linguistically and culturally appropriate materials.

Conclusions

Faith communities play an essential role providing personal and community services during times of hardship. The significance of their contribution to the mental, spiritual, and physical wellbeing of their wider community is substantial. Their close relationships and networks within some of the most vulnerable elements of society will be of great importance throughout the COVID-19 crisis and subsequent recovery.

There are significant financial, logistical, and emotional challenges in maintaining faith communities in the current crisis. The exact nature of these challenges varies greatly across communities along with the impacts of the pandemic. Those most hard-hit, including the elderly, non-English speakers, Aboriginal and Torres Strait Islander communities, are strongly reliant on their faith communities and organisation for support. Unfortunately, the small or marginalised religious groups supporting these communities are often difficult for government or other organisations to reach and support. This highlights the importance of social infrastructure to connect disparate communities and authorities to respond collectively to emerging and ongoing problems.

This project has uncovered a number of organisations that have realised an effective response to the COVID-19 crisis includes connecting with various faith groups. These include ACCESS Community Services, Limited; Queensland African Communities Council; Metro South Health; the University of Sunshine Coast; and the Queensland Human Rights Commission. This work is uncoordinated and duplicative, leading to multiple requests for similar information from already stressed leaders and organisations. DLGRMA could take an important leadership role in coordinating communication and connection between them.

One important finding arising from this project is that COVID-19 is highlighting the importance to not equate faith communities with cultural communities. While there is frequent overlap, broadly, people are turning to faith communities, not cultural organisations for support and direction. These faith communities appear to be better points of communication and feedback for policymakers.

Finally, despite enormous challenges to their own faith communities, many leaders expressed a desire to or reported work being done to help the broader community, such as trauma counselling, taking food to needy, and reaching out to the vulnerable. There are innumerable acts of kindness and generosity throughout Queensland and for all Queenslanders, whatever their faith affiliation.

Appendix A – Summary of Recommendations

1. Support for Aboriginal and Torres Strait Islander communities, including through faith communities and organisations in remote, regional, and urban areas including outreach and logistical support.
2. Focus on increasing support for community mental health and spiritual wellbeing services in the near- to mid-term.
3. Establishment of ongoing dialogue between organisations in the faith, community, and government sectors to better coordinate resources and activities and share the load on specific organisations and programs.
4. Financial support for faith communities in the form of rent and/or utility reductions, capital purchase support for essential equipment, or grants to cover short-term needs.
5. Access or support for staff and volunteer training in digital literacy for online communication and service delivery.
6. Improved promotion of pre-existing government and community support initiatives to community leaders seeking support vulnerable groups and individuals, such as the No Interest Loan Scheme (NILS).
7. Increased financial support for charities and faith communities working with family abuse cases and vulnerable groups due to extremely high demand for services.
8. Support for international students, including waiving of educational fees, rent assistance, food and medical assistance, and/or sponsorship.
9. Financial and social support for seasonal workers and Temporary Protection Visa holders such as unemployment benefits, housing and food assistance, dissemination of information on pre-existing support programs to community organisations.
10. Information and/or training for community members in digital literacy education to help support the elderly.
13. Develop strategies to identify and include typically marginalised and small faith organisations into planning and communications. These are more likely to contain higher proportions of vulnerable groups (e.g. recent migrants, non-English speakers, disaffected) than larger organisations.
14. Communicating in ways that vulnerable groups already communicate, not expect or demand that they change their communication habits to assist with health messaging and counter misinformation among susceptible groups. This may include:
 - Communication of health information via faith community channels, including TV, radio, and social media.
 - Design and distribution of linguistically and culturally appropriate materials.

Appendix B – Questionnaire & Respondents

The following questionnaire was distributed to faith communities throughout Queensland.

1. How is your faith group coping?
2. Who are the most vulnerable, e.g. elderly, overseas students, new migrants, others?
3. How well is health messaging getting to sub-groups?
4. Are you getting info you need? If not, what support would you need to make this happen?
5. Are there ideas on how to improve communication of public health messaging?
6. What are biggest challenges your faith group is facing (logistics, financial, theological barriers/challenges, external opinion/discrimination, other)?
7. What assistance is desired?

Recipients were invited to attend the online Community Forum on 28 April 2020, or to nominate a representative to speak on their community's behalf.

Organisations Represented	Religious Affiliation
Spiritual Assembly of the Baha'is of Brisbane, Inc.	Baha'i
Brisbane Brahma Kumaris Meditation Centre	Brahma Kumaris
Buddhist Spiritual Care Services Inc	Buddhism
Chung Tian Temple	Buddhism
Gold Coast Thai Community / Thai Temple	Buddhism
Heart Insight Meditation Centre	Buddhism
Langri Tangpa Buddhist Centre	Buddhism
Abbey Faith Community (The Abbey Church at St Michael's)	Christianity
Anglican Diocese of North Queensland	Christianity
Christian Science	Christianity
Church of Jesus Christ of Latter-day Saints	Christianity
Citicoast Church Bundaberg	Christianity
Citipointe Church Brisbane	Christianity
Congregational Christian Churches of Samoa	Christianity
Karenni Go Forward Church	Christianity
Lutheran Church of Australia, Queensland District	Christianity
Office of the Archbishop of Brisbane	Christianity
Peniel Revival Church	Christianity
Queensland Regional Meeting of the Religious Society of Friends (Quakers) in Australia	Christianity
Uniting Church in Australia, Queensland Synod	Christianity
Vedanta Centre of Sydney, Brisbane Chapter	Hinduism
Pundit Sanat Pandey	Hinduism
Dialogue Institute of Australia	Islam
Islamic Council of Queensland	Islam
Queensland Transcultural Mental Health Centre (QTMHC)	Islam
Queensland Jewish Board of Deputies	Judaism
Sikh Nishkam Society of Australia	Sikh

Appendix C – Community Forum Participants

Forum held online via Zoom on 28 April 2020.

Organisations Represented	Religious Affiliation
The Brahma Kumaris Gold Coast Centre	Brahma Kumaris
Anglican Diocese of North Queensland	Christianity
Christian Science	Christianity
International Network of Churches	Christianity
Lutheran Church of Australia, Queensland District	Christianity
Queensland Churches Together	Christianity
Queensland Quakers	Christianity
St Michael's Community The Abbey Church	Christianity
Uniting Church in Australia, Queensland Synod	Christianity
Village Connect Pacific Community	Christianity
Pundit Sanat Pandey	Hinduism
Vedanta Centre of Sydney, Brisbane Chapter	Hinduism
Ahmadiyya Muslim Association, Brisbane	Islam
Queensland Jewish Board of Deputies	Judaism
Access Community Services, Limited	
Centre for Interfaith and Cultural Dialogue, Griffith University	
Department of Home Affairs	
Metro South Health	
Department of Local Government, Racing and Multicultural Affairs	
Queensland Health	
Queensland Human Rights Commission	
Queensland Transcultural Mental Health Centre (QTMHC)	
Australian Red Cross, Queensland Branch	

Appendix D: Contributing Partners

The research team thanks the following contributing partners for their support in the connecting with faith communities across Queensland.

- Access Community Services, Limited
- Metro South Health, Health Equity and Access Unit
- Queensland African Communities Council
- Queensland Churches Together
- Queensland Faith Communities Council
- The Abbey Church Multifaith and Multicultural Centre