Submission to:

Independent Review of Australia's COVID-19 Response

July 2022

cohealth welcomes the opportunity to provide input into the Independent Review of Australia's COVID Response. The pandemic has had, and continues to have, a significant impact on the physical, mental, economic and social health and wellbeing of the communities that cohealth works with.

cohealth is one of Australia's largest community health organisations, delivering care from over 30 locations across the inner, north and west of Melbourne as well as statewide services across Victoria. cohealth provides integrated general practice, medical specialist, dental, allied health, mental health, alcohol and other drug, counselling, family violence, and social support services to more than 50,000 people each year.

People using cohealth services typically experience social disadvantage and are consequently marginalised from mainstream health services or require a higher level of care and support – such as people who are experiencing homelessness, mental illness, people who use alcohol and other drugs, Aboriginal and Torres Strait Islanders, refugees and asylum seekers, recently released prisoners, LGBTIQ communities and people with chronic and complex health conditions.

cohealth played – and continues to play - a major role on the front line of the COVID-19 response given our footprint in areas most impacted in Melbourne, providing testing, vaccination, health and social support and community engagement. During 2020 and 2021 cohealth provided assessment, health care and support to more than 10 percent of all COVID cases in Australia.

Throughout COVID we continued to provide our existing services, with some moving to telehealth provision, along with COVID safe outreach to clients' homes to ensure they had food, medications, social contact and other essentials during this time.

This work gave us a unique and vital insight into how the pandemic impacted on individuals, families and communities.

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1. What impact did the pandemic have on you and your community?

Health burden - the communities of northern, western and inner Melbourne have experienced a significant health impact. Through 2020 and 2021 these areas, of relatively lower socio-economic status and where people had less ability to work from home and access sick leave, experienced higher COVID case numbers. Throughout the pandemic these communities also experienced higher rates of hospitalisations, ICU admissions and deaths of people from COVID.[1]

COVID has impacted on the mental health of the community through isolation, loss of work and financial pressures. The hard lock downs of North Melbourne and Flemington public housing towers in July 2020, including highly visible policing, had a particularly significant impact on the mental health of residents.[2]

The overall health status of communities is likely to have declined as a result of COVID infections; reduced access to health services; delayed check-ups and reduced monitoring of chronic diseases; the cancellation of elective surgery; and the significant increases in already long public dental wait times.[3]

These impacts are likely to be felt long-term as all parts of the health system continue to be impacted by successive waves of COVID.

Economic burden - the loss of jobs and hours of work caused significant financial hardship particularly for people in casual jobs who experienced high unemployment. Additional costs such as for masks, sanitiser, digital devices for education and the like only exacerbated hardship.

Government financial support was shielded many from the worst impacts and enabled them to isolate safely. However, some population groups were excluded from these payments – migrants, refugees and international students – and were left in dire circumstances, particularly in the first year of the pandemic. Charities, community organisations and social networks were left to provide vital support.

Social impact - increased isolation was experienced by many clients and community members, reducing their wellbeing. The long-term impacts of this are unclear. Increased reported incidents of racism, stigma and targeting reduced community cohesion.[4]

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[1] Acting Chief Health Officer Advice to Premier 1 July 2022 https://www.parliament.vic.gov.au/file_uploads/Report_to_Parliament_on_the_extention_of_the_pandemic_declaration__July_2022__D6HR8QrH.pdf

[2] https://www.sbs.com.au/news/the-feed/article/the-aftermath-of-melbournes-housing-tower-lockdown-i-dont-know-if-im-ever-going-to-be-the-same-again/307d3br4r?utm_campaign=buffer&utm_content=buffer2bfa3&utm_medium=social&utm_source=facebook.com

[3] Average public dental wait time in Victoria was 24.8 months at December 2021 https://voha.org.au/data/

[4] https://www.humanrights.vic.gov.au/legal-and-policy/covid-19-and-human-rights/reducing-racism-during-covid-19/

Impact on services and workforce - enormous goodwill and innovation has been shown by services and workers to respond to community needs. At the same time the demands of long hours and extended crises has left many in the cohealth workforce feeling exhausted and burnt out at a time of high need amongst clients.

2. What worked well, and what didn't work well, in governments' policy responses to reduce the impact of the pandemic on you and your community?

a. What worked well

The initial **economic and social supports** provided by Federal and State governments to many affected by the public health restrictions and economic impacts of the pandemic – JobKeeper payment, Coronavirus supplement, accommodation for people experiencing homelessness, pandemic leave payments - were critical and protected many from the worst impacts of the pandemic. In addition to providing essential support, these provisions also demonstrated that major issues such as poverty and homelessness, and the impacts of casualised work, can be addressed when there is the political will to do so.

Services developed **innovative responses** to ensure the existing and emerging health and wellbeing needs of clients and communities were met. For some clients these new approaches, such as greater use of telehealth, improved access.

Governments of all levels adapted their standard, often lengthy, processes to enable new services to be **rapidly established**.

Although it was late in happening, government and health leaders listening to and **engaging with diverse communities** to ensure that culturally appropriate messaging and information reached all communities. This was most effective when communities were supported to drive their own responses, particularly through funding to employ community members, and when organisations were resourced to take services into communities. Some programs cohealth delivered demonstrating this approach include:

- Employing more than 100 residents from Melbourne's high rise public housing towers as health concierges to provide culturally appropriate public health messages in language at the towers, in rooming houses and caravan parks. This resulted in high vaccination levels these high-risk settings even earlier than in the wider community.
- Taking testing, vaccination and health information into diverse communities:
    - Home and tailored site-based vaccination programs so people with disability, cognitive disorders or age-related issues could be vaccinated in a familiar and safe environment.
    - Pop-up and longer-term vaccination clinics at locations including train stations, temples, mosques, school halls, local libraries, shopping centres and the Melbourne Town Hall (prioritising people sleeping rough, refugees and international students)

    - Partnering with community organisations to take COVID responses to specific communities such as Aboriginal and Torres Strait Islander community and the LGBTQIA+ community.
- Family Recovery Program – supporting members of culturally and linguistically diverse (CALD) communities whose mental health, employment or education has been seriously affected by COVID-19 and isolation requirements.
- Providing on-site physical health, mental health and alcohol and drug support to people experiencing homelessness who had been accommodated in hotels during 2020-21 COVID periods.

b. What didn't work well

Inconsistent approaches and messaging from Federal and State governments, about the seriousness of the pandemic, public health measures and restrictions and vaccinations caused confusion and contributed to hesitancy to following measures.

The **exclusion of some groups of people from eligibility for essential supports** such as JobKeeper, Coronavirus supplement and concessional RATs, resulting in severe hardship for people from refugee and asylum seeker backgrounds, international students and migrants. Decisions were based on a person's visa category rather than level of need.

Over-reliance, particularly early in the pandemic, on **policing and enforcement** approaches to compliance with public health orders. This approach failed to recognise the barriers many people faced to being able to isolate, particularly those ineligible for income support payments and working in casual jobs. Resulting fines had a disproportionate impact on communities already experiencing disadvantage.

The **hard lock down** of the public housing towers in Melbourne in 2020 was an extreme example of this, traumatising whole communities and eroding trust.[5]

Late recognition that **different approaches to public health messaging** is required for diverse community groups, and that these are most successful when community led. This resulted in poor translation of materials, a lack of translated materials for smaller language groups and not using the most effective communication channels for particular groups. Once investment in community led health initiatives occurred, information and services were provided in community languages and in culturally appropriate ways, improving access and uptake.

Insufficient support for the community led initiatives that are most effective reaching diverse communities, including project funding that did not include salary component, preventing community members from being paid for their work. While there was a welcome increase in the employment of bi-cultural workers (BCWs), BCWs

[5] See the report of the Victorian Ombudsman *Investigation into the detention and treatment of public housing residents arising from a COVID-19 'hard lockdown' in July 2020* https://www.ombudsman.vic.gov.au/our-impact/investigation-reports/investigation-into-the-detention-and-treatment-of-public-housing-residents-arising-from-a-covid-19-hard-lockdown-in-july-2020/

and CALD community leaders have expressed frustration regarding organisations' limited understanding of the complexity of BCWs roles, inadequate support systems, heavy casualisation, volunteerism and tokenism.[6] Extremely short-term funding lengths (three months) provided no employment certainty and compounded the casualisation of the work.

Lack of the granular data to identify the most affected groups in the community and plan targeted responses. Vaccination data continues to be high level and does not identify cohorts by socio-economic status or cultural background.

Funding for COVID programs ending in June 2022 despite the high numbers of cases and the ongoing need for support – practical, medical/health care, housing, free/subsided RATs. This impacts particularly on already disadvantaged communities, reducing their ability to test and isolate.

3. What should be done now to better prepare for the next health crisis?

Governance:
National leadership is required to establish and embed cohesive national collaboration and consistency across governments, business and civil society.

Health system:

- Depoliticise public health messaging, including by ensuring health professionals play a central role in delivering health advice to the community.
- Reduce the fragmentation of the health system between primary care, hospital care and social supports. Integrated care in the community is the most effective response, and the nation should draw on the lessons learned through programs such as the COVID Positive Pathway Program and hospital in the home approaches. In the COVID Positive Pathway Program cohealth brought general practice and hospital sectors together, ensuring patients were assessed and referred to the most appropriate place for care, depending on clinical risk.
- Invest in digital health services, particularly to ensure Australians with limited access receive support to acquire, maintain and use digital services, and that services have the resources needed to implement effective digital health systems that are culturally and language adaptable. It is also important to recognise that not everyone is comfortable with these approaches and flexibility to respond to different needs is essential.
- Improve care arrangements for people unable to attend testing and vaccination clinics, such as in home and outreach programs. These were slow to be established and then difficult to access.
- Undertake workforce planning to reduce the impacts of staff furlough, burnout, etc. Examine ways to better recognise, support and reward the health (and

[6] Cohealth's Bicultural Program 2021 2022 Evaluation Report https://www.cohealth.org.au/get-involved/bi-cultural-work-program/

other) workforce that continues to support the community in face-to-face roles during these crises.
- Improve processes for access to essential supplies and supply chain guarantees.
- Resource service delivery organisations to provide not only service responses but also the infrastructure (staffing and physical) needed to establish and support these (ICT, HR, etc).

Community led:

- If the pandemic has taught us anything it is that communities have the strength and resilience to identify their own solutions. We need to invest in community led initiatives to create or formalise the networks and supports that can be quickly engaged in future crises. Better targeted public information and awareness campaigns will result.
- Employ bicultural workers and people with lived experience in adequately resourced, ongoing roles, including community engagement, ensuring sound employment practices are utilised to support cultural safety and professional development and support.
- Support grass roots community organisations with funding that recognises the pivotal role they play and supports ongoing employment of community members.

Social structures and supports:

- Maintain a clear focus on supporting individuals and communities who experience disadvantage and have fewer financial resources to manage the impacts.
- Ensure that everyone can protect their health and wellbeing. Groups of people cannot be excluded from access to the essentials for life, such as income support and healthcare.
- Address the issues that come with casualised, precarious work, such as the lack of sick leave entitlements, very low income and need to work multiple jobs, to reduce their impact.

4. What other issues would you like to raise with the Panel?

COVID highlighted the importance of the social determinants of health to our health outcomes, and the inequities that underpin them, such as having an adequate income, secure and appropriate housing, good employment conditions, health literacy and access to culturally appropriate health care. To reduce the risks from future health crises it is critical that governments address these issues, including by: raising the rate of JobSeeker payment; significantly increasing investment in social housing to start tackling the housing crisis; and reforming health care funding models to ensure equitable access to health care.

cohealth would welcome the opportunity to discuss this submission and our experiences in responding to COVID-19 in more detail. We would also welcome the opportunity to host a visit to our communities to meet those who were severely impacted by the pandemic as well as the health concierges and other staff who were at the front line of the response.

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