

# Independent Inquiry into Australia's Covid-19 Response

## Submission from Australian Council of Social Service, 3 August 2022

*This submission provides responses to the questions posed by the Independent Inquiry via its online portal*

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

Our submission focuses on people on low incomes and those experiencing poverty, disadvantage and hardship who have borne the brunt of the pandemic.

People living in our most disadvantaged areas have been dying at over three times the rate of people living in our most advantaged areas.<sup>1</sup> People born overseas who died of COVID-19 had an age-standardised death rate over two times that of people who were born in Australia (14.1 deaths per 100,000 people versus 6.3 deaths). Those born in the Middle East had the highest age-standardised death rate seven times higher than people born in Australia (44.8 deaths per 100,000 people).

Evidence shows COVID-19 infection rates have tended to be higher in areas with lower incomes and more disadvantage. In January 2022, Western and South-Western Sydney accounted for one-third of NSW's 650,000 cases since the beginning of December 2021. Other notable groups at ongoing health risk include people with disability, frail and elderly people in-residence, and people identifying as Aboriginal and Torres Strait Islander persons

### **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?**

We set out our answer below in relation to the impact on people on low incomes and experiencing poverty, disadvantage and hardship.

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<sup>1</sup> <https://www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-until-31-may-2022#deaths-due-to-covid-19-socio-economic-status-seifa>

### *What worked well in government's policy response*

At the outset of the pandemic in early 2020, we addressed two of the key social determinants of health for people experiencing low income, disadvantage and hardship – income support and social housing. Among people in households relying on the first, more generous iteration of JobSeeker and the Coronavirus Supplement, poverty fell by four-fifths, from 76% in 2019 to 15% in June 2020. Among sole parent families (both adults and children) poverty was reduced by almost half, from 34% to 19%. ANU rapid research at the time showed how JobSeeker and JobKeeper reduced poverty and housing stress.<sup>2</sup>

Governments provided accommodation for 5,000 rough sleepers in March to April 2020. Through mass hotel bookings, street homelessness in major cities was reduced to near zero. By early 2021, at least 12,073 rough sleepers had benefited from COVID-19 Emergency Accommodation (EA) programs staged by NSW, Queensland, South Australia and Victoria.

These policy responses came quickly and with coordination across levels of government. It safeguarded the health and wellbeing of people in our community with the least means to protect themselves.

### *What didn't work well*

The Federal Government undid the incredible progress made to tackle poverty and inadequate housing by reducing the levels of JobSeeker prematurely. This placed additional stress back on to those people with the least resources to protect themselves and their family at a time when lockdowns were still widespread and vaccinations were not readily available. This was a critical policy failure.

The Federal Government did not provide a suitable level of national coordination and leadership to across different states and territories. The initial policy consultation mechanisms developed by the Federal Government did not equitably draw on representatives from civil society, in particular the community sector. It meant that the voices and experiences of people suffering the most during the pandemic, as well as those of frontline community health service providers, were not sufficiently heard in Canberra.

Regarding the vaccination rollout, there was insufficient investment in community-led health initiatives to enable local community leaders to increase access to the vaccine for everyone. [ACOSS](#) and others urged governments to take a community-led approach to our health response, including the vaccination strategy. Together the [AFAO \(Australian Federation of Aids Organisations\)](#) and [ACOSS](#) recommended governments learn from Australia's successful HIV pandemic response, which showed the power of shifting resources to trusted

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<sup>2</sup> <https://csrcm.cass.anu.edu.au/research/publications/covid-19-jobkeeper-and-jobseeker-impacts-poverty-and-housing-stress-under>

community leaders and networks who are best placed to support their communities to be safe. The lack of investment in community health initiatives was complemented by a lack of investment in home vaccination visits for those unable to travel to clinics and hubs to get jabbed. More should have been done to bring doses to those with significant physical and intellectual disabilities, compromised immune systems or severe mobility issues in an easy, safe and reliable manner.

In January 2022, there were extreme difficulties for service providers and the general public in accessing rapid antigen tests, adequate masks and other personal protective equipment during the Omicron outbreak. This had real-time impacts on people's quality of life, ability to work and ability to connect with their social networks and communities.

The inequities in the impact of COVID 19 and the policy response were compounded by the lack of regular and granular data on the infection, hospitalisation, and vaccination rates of at-risk groups and communities. This data should have been published and provided to health service providers on the frontline. The Federal Government has excellent data matching and analysing capabilities through the AIR-MADIP system. Despite some progress being made on releasing information on Aboriginal and Torres Strait Islander people, NDIS participants and aged care residents, there are still major information gaps we continue to grapple with at present.

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

#### *Tackling social determinants of health*

One of the most effective ways that governments can protect people on low incomes ahead of a future health crisis is to tackle the social determinants of health. This includes improving income support and providing adequate housing. If people have proper means to support themselves and a decent roof over their head, their health and wellbeing will be significantly improved in the long-term.

Regarding income support, we should establish a minimum income floor in the income support system by lifting all base rates of payment to at least \$70 a day and indexing them to wages as well as prices.

Regarding housing, Australia needs a 25,000 dwelling per year social and affordable housing package to reduce homelessness. Rent Assistance for private tenants with low incomes should be substantially increased to ease housing stress. A new affordable rental investment incentive scheme should be developed. A national First Nations housing strategy to boost the stock of community housing along with a new remote housing agreement should also be a priority to address housing stress, homelessness and overcrowding in remote communities.

### *Preventative health spending*

Part of the longer-term, structural response to the pandemic must be to shift the national focus towards prevention. We need to lift expenditure on preventive health to 5% of the Commonwealth health budget. This must happen by 2025 instead of the current commitment of 2030, so that we improve people's health and wellbeing and reduce the burden on the health system.

### *Investing in community-led health initiatives*

Australia's COVID-19 public health response in 2021 was significantly improved by the work of community-led health initiatives assisting target populations. Local organisations built trust with people by engaging with them to explain the benefits of the vaccine, and to address any hesitancy issues. They also provided rapid feedback to government and health decision-makers about how to improve the rollout as well as identified ongoing health, economic and social risks in specific communities. Aboriginal and Torres Strait peoples turned to their ACCHOs for health promotion and education messages and guidance during this pandemic, and similar experiences were seen with other community-controlled organisations in CALD communities, LGBTIQ communities and communities of people with disability.

The Federal Government should boost its investment in community-based health and social services. Such organisations must have financial security to continue to deliver peer-led health promotion and education to their own communities.

### *Investing in digital healthcare services*

Digital healthcare and telehealth services were vital during the pandemic, especially for people in regional, rural, and remote areas where face-to-face consultations with medical practitioners are unavailable. Ahead of a future crisis, we must strengthen and sustain our investment in digital healthcare and ensure we have durable infrastructure in place. This includes ensuring videoconferencing packages for telehealth for people living in these communities, so their health and wellbeing is not disadvantaged by their geography.

### *Lessons learnt during Covid19*

The Federal Government should maintain investment in the Covid-19 Taskforce for time being. The previous Federal Government considered the decommissioning process for this taskforce, which ACOSS believes is premature, given the current infection, hospitalisation and mortality rates during this third outbreak. The Taskforce has been an effective and vital public body, and its work is far from finished. Its institutional memory of the COVID10 response must be adequately captured, analysed and embedded for future pandemic responses.

Finally, we need to improve the way governments communicate health messaging to suit the needs, interests and experiences of a diverse and multicultural community. More targeted, sustained and consisted information campaigns are

required in future pandemics to inform the public of relevant health risks and how to protect themselves.

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

While we appreciate the efforts of this inquiry, it cannot supplant the need for an independent and public inquiry commissioned by the Federal Government. Such an inquiry should methodically examine all aspects of Australia's response to the pandemic and produce a detailed set of recommendations for future health responses.