



Catholic
Health
Australia



UNLUCKY IN A LUCKY COUNTRY:

How COVID has exposed social inequity

JANUARY 2022

02 “The measure of the greatness of a society is found in the way it treats those most in need, those who have nothing apart from their poverty.”

Pope Francis - “The Spirit of St Francis: Inspiring Words on Faith, Love and Creation”, p.128, SPCK (2015)



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Acknowledgement of Country

Catholic Health Australia acknowledges and pays respect to the past, present and emerging Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples.

About CHA

Catholic Health Australia is the largest non-government provider grouping of health, community and aged care services in Australia, nationally representing Catholic health care sponsors, systems, facilities and related organisations and services. 80 hospitals and more than 25,000 aged care beds are operated by different bodies of the Catholic Church within Australia. Approximately 50,000 home care and support consumers are also supported. These health and aged care services are operated in fulfilment of the mission of the Church to provide care and healing to all those who seek it. Catholic Health Australia is the peak member organisation of these health and aged care services.

FOREWORD

03

While the COVID crisis has seen practical demonstration of the resilience, resourcefulness and creativity of so many, on the flipside, it has brought into sharper focus the vast inequities that exist in society.

This new report from Catholic Health Australia, *'Unlucky in a Lucky Country: How COVID has exposed social inequity'* represents one of the most comprehensive examinations to date into the inequity of COVID's effects in Australia.

It shines a light on those most vulnerable during the pandemic, in the third wave in Sydney and Melbourne, including low-wage workers, young people, those with disabilities and women.

The combined effects of the COVID-19 crisis have been concentrated in Australia's major cities, especially in Melbourne, whose residents were severely impacted by extended lockdowns for most of 2020 and, more recently, in Sydney during the third wave which began in June 2021. For that reason, this report focuses on these two cities.

While our governments, both State and Federal, have worked hard to protect many in society from hardship, this is our moment to dig deeper, reflect and review the policy settings for the future.

This report is about having the courage to change, adapt, and close the gaps that exist so that in a world of disparity, we can look after everyone, and none are left behind.

Think of all those frontline health workers, nurses, doctors and aged care workers during the COVID crisis, who have given so much to others. They led the way in resourcefulness and generosity, offering compassion and support to millions in Australia and globally.



UNLUCKY IN A LUCKY COUNTRY: HOW COVID HAS EXPOSED SOCIAL INEQUITY

I am heartened by the work that is being done by our sector, as illustrated in the case studies. Nationally our members constitute Australia's largest non-government grouping of health, aged and community care services and the work that they do goes to the heart of the Catholic mission – to serve with compassion so that we can bring justice and healing to those who need it most.

By acting together, following the report's key recommendations for policy change, we can emerge stronger and build a fairer society for all.



Pat Garcia

Pat Garcia
Chief Executive Officer
Catholic Health Australia

In the early days of the pandemic, it was common to note that COVID-19 was a brutal, but egalitarian force.

The virus, so the theory went, did not care if you were rich or poor, whether you were of one culture or another, or whether you lived in an expensive or cheap suburb. In a world of disparity, it was a 'great equaliser.'

In an abstracted sense that may be true. But after nearly two years of COVID-19, it is safe to say the data and lived experience paints a vastly different picture.

This new report from Catholic Health Australia, *Unlucky in a Lucky Country: How COVID has exposed social inequity* represents one of the most comprehensive analysis to date into the inequity of COVID's effects in Australia.

Health and social services experts, alongside researchers from the Australian Catholic University, have examined the available data to provide a cache of evidence about the unequal impacts of coronavirus case numbers, public health orders (including stay-at-home orders and mobility restrictions), and vaccination outcomes over the recent period of the pandemic in Australia.

The combined effects of the COVID-19 crisis have been concentrated in Australia's major cities, especially in Melbourne, whose residents were severely impacted by extended lockdowns for most of 2020 and, more recently, in Sydney during the Third Wave which began in June 2021. For that reason, this report focuses on these two cities.

It shows that far from coronavirus being some sort of great leveller it has, instead, exacerbated existing inequities in society. Key findings from the report include:

- COVID-19 case numbers concentrated in areas with higher levels of socio-economic disadvantage
- Of all potentially predicative factors analysed two stood out as key predictors of which local government areas (LGAs) recorded the most COVID infections:
 - The level of blue collar workers
 - The number of culturally and linguistically diverse (CALD) residents
- Every one percent increase in blue-collar workers per LGA was associated with a 0.55 percent increase in COVID cases

- Every one percent increase in the percentage of CALD residents per LGA led to 0.39 percent increase in COVID cases
- Localities with the highest case numbers were more likely to record lower rates of full vaccination
- COVID has further relegated the official unemployment rate as a non-useful measure of economic activity or prosperity, because - despite relatively low headline unemployment rates in Sydney and Melbourne - the Third Wave saw major declines in total employment, labour force size, and labour force participation. Declines were experienced most sharply in localities with high numbers of blue-collar workers and high numbers of CALD residents.
- Women experienced a sharper drop in labour force participation in both cities. In Sydney, for example, the female labour force declined by 9.2 percent during the Third Wave - higher than the 8.3 percent figure overall.

It is crucial that we do not forget the lopsided economic impact of the pandemic as we head into a period of recovery. Doubtless many will point to the official unemployment rate which seems to be unexpectedly - even miraculously - low.

However, the headline unemployment rate obscures enormous declines in total employment, the size of the labour force, and labour force participation due to extended lockdowns. The unemployment rate is a measure of the proportion of people actively looking for work relative to the total labour force. So even in the context of a major economic crisis it can remain at a low level if sufficiently large number of workers withdraw from the formal labour force by giving up the search for work.

Total employment - the total number of jobs - in Sydney was 7.1 percent lower in the three months to August 2021 than in the pre-lockdown three months to May 2021. In Melbourne, jobs declined 6.7 percent from February to August 2020 during the Second Wave.

This true joblessness crisis, spurred by COVID, is not evenly distributed. People with disabilities and Aboriginal and Torres Islander Peoples, already at an employment disadvantage, have seen their chances of securing work further depleted by the pandemic.

These vulnerable groups were meant to be prioritised during the first phase of Australia's vaccine rollout from February to April 2021, but problems in obtaining clear information and basic resources quickly became



clear. The difficulty in reaching these groups effectively as part of Australia's vaccination efforts underscores structural disadvantage more broadly and highlights the need for reform.

This report also finds the social and economic impacts of extended lockdown policies fell disproportionately on women. As well as being concentrated in industries with high rates of job loss and insecure employment, women carried the burden of additional care and household-based work under stay-at-home orders, including the presence of dependent children forced to home-school. Such gender inequality is further reflected in much sharper declines in labour force participation among women compared to men. The mental health impacts of these additional burdens on women have also been significant.

It is therefore necessary to cast forward with a reformist, rather than purely restorative, focus. Policy recommendations from the report include:

- Consider a new initiative leveraging contact between Australia Post workers and the community as an early intervention opportunity, including: providing Australia Post workers in high-needs communities with basic needs assessment training, and referral cards with key social services contacts. This is based on the successful initiative trialled in Japan.
- Fund no-gap psychological support for identified vulnerable adult groups, including people with disabilities and women with a history of in-patient care
- Build on the success of the 'Head to Health' and 'Head to Help' pop-ups, which provided easier and more convenient access to trained mental health professionals, by extending funding to 2024 and identifying ten additional locations
- Women NSW and Women Victoria collaborate on

a review of flexibility arrangements at work, and mechanisms for improving gender equity, in future instances of stay at home orders

- Improve follow-up for people leaving acute mental health care, including introducing a public aftercare model specific to people leaving in-patient treatment
- Adopt a 'no wrong door' approach by co-locating every Centrelink office with at least one social services provider
- Align the public health response for people with disabilities with the rest of the population, including committing to aligning public health orders affecting people with disabilities with those affecting the broader population
- Scale up the 'virtual care' model so that every Victorian with a disability can access care, irrespective of their location

In short, the most vulnerable, least affluent populations must be prioritised in future public health responses. This report demonstrates that, sadly, such prioritisation did not occur during the first three waves of the pandemic in Australia's largest cities.

Understanding how inequity helped COVID-19 to heavily impact certain local government areas while leaving others unscathed is vital if we are to 'build back better.' This report intends to provide a valuable resource to help us understand ongoing socio-economic impacts and to understand the likely consequences of policy measures in the event of future pandemics, resurgent coronavirus case numbers, or resumptions in restrictive public health orders.

JACK DE GROOT, ST VINCENT DE PAUL SOCIETY, NSW



St Vincent de Paul Society in NSW is a member-based organisation that provides social welfare services to many vulnerable groups in the community.

Vinnies delivers this work with the support of 26,000 members and volunteers, as well as 1500 paid staff located across 10 Central Councils in NSW.

We interviewed Chief Executive Officer Jack de Groot about its role and his insights concerning the inequities of the pandemic.

Vinnies has provided essential support to vulnerable groups throughout the pandemic

Vinnies saw a sharp increase in demand for support after the pandemic struck in early 2020, with lockdowns creating an immediate spike in unemployment and financial insecurity before government support began.

"We had that incredible spike of unemployment and insecurity, and the fear about income predictability in April 2020," Mr de Groot said.

"That has continued with our member response locally, with people who have lost employment, or the international student cohort who had lost all income support as well as the ability to get out of the country."

People in Southwest and Western Sydney needed special assistance during the July-September 2021 lockdown, with Vinnies setting up targeted support hubs offering material emergency support in form of cash for unpaid bills, support for accommodation bills, rental bills that were unpaid, and food.

The pandemic affected Vinnies' volunteer base, model of care and service

Vinnies is primarily a member and volunteer-based organisation, and the pandemic has had a significant impact on the way it resources and delivers services.

"At the Matthew Talbot Hostel in Woolloomooloo – a flagship services for us – we had 600 volunteers depart within a fortnight, naturally because they feared for their own health and wellbeing."

With an average member age of 72, Vinnies also had to take steps to protect their wellbeing.

"They withdrew or, because their model of care and service provision is face-to-face visitation in people's homes, it was impossible for [members] to continue. So, they had to adapt to either online service provision, telephone-based provision, the provision of vouchers or contactless delivery of food," Mr de Groot said.

Vinnies also saw a significant negative impact on their usual streams of revenue, with stay-at-home orders leading to the closure of its retail network with a number of employees stood down.

New community networks have also formed during the pandemic

Vinnies operates a full array of housing and homelessness services, from emergency accommodation to affordable housing. During the pandemic, capacity and social distancing requirements forced it to reduce the number of beds for homeless men at the Matthew Talbot Centre from 93 to 27.

"We worked closely with the NSW Government and our own philanthropic support ... and one of our own supporters, who owns a lot of hotels, made some of them available to the NSW Government pretty quickly," Mr de Groot said.

"This network of community, commercial [operators] and government came together on a solution and what that meant was none of the men that we dealt with in emergency shelter contracted COVID in 2020."

The NSW Government's Together Home initiative also meant hundreds of rough sleepers had the opportunity to go into sustained housing.

Delta outbreak saw an increase in family violence and child protection reports

Vinnies saw a significant rise in women and children requiring domestic violence support services, with a more than 20% increase in calls for assistance in the first quarter of the financial year.

"There is a huge vulnerability where people are locked down in their houses. I'd be quite concerned about the longer-term impacts of what COVID may mean for family-based violence."



Looking beyond the pandemic: an opportunity to leverage social capital for reform

Mr de Groot sees the pandemic as an opportunity to reform the mental health system and develop new ways government and the not-for-profit sector can collaborate on social service delivery.

“There’s a massive opportunity to reconfigure the whole mental health system in Australia across the full spectrum, particularly around poverty and around dual diagnosis and greater vulnerability cohorts,” said Mr de Groot.

“So let’s exploit that so Australia has a far better, and more adaptive model of response to mental health: where homelessness, housing, and mental health are seamlessly put together with the wrap around support plus the capital investment required.”

Mr de Groot highlighted the role regular essential services could play in connecting communities with support, pointing to the role a post officer provided in Japan as a model Australia could learn from.

“A postie has the ability to knock on the door and say, ‘Are you okay?’, and it’s fantastic, there is a lot of social capital that we could get out of that infrastructure,” Mr de Groot said.

“You can then say, ‘Are you in need? Here’s the Vinnies number if you don’t have food, or you can’t pay the bill, or you need to talk with someone!’”

“I always love that story on Japan post, that they have become far more of a greater social benefit piece of the infrastructure beyond parcel delivery or mail delivery. So I think, well, we could do that in Australia.”

Co-location of government and social services also presents an opportunity for a “no wrong door” approach to connecting the vulnerable with support.

“Vinnies is really mobile in the sense it’s got a conference in every town, community, suburb. Put the conference in the Centrelink office and you could make an immediate referral,” Mr de Groot said.

“There’s a lot more opportunity, and a lot more appetite for a collaboration involving both government policy and local community delivery.”

SHARON SHERWOOD, CABRINI HEALTH, VIC



Cabrini Health is a large, Catholic, private, charitable organisation providing high-quality acute, subacute, palliative care, primary care, residential aged-care, diagnostic and community-based health services across south-east Melbourne, including at hospitals in Malvern and Brighton.

We interviewed Chief of Mental Health and Outreach Services Sharon Sherwood concerning her perceptions of the mental health impacts of the pandemic in Victoria. Among her other responsibilities, Ms Sherwood runs Australia's first women's-only mental health facility at the Lisa Thurin Women's Health Centre at Cabrini Elsternwick and leads Cabrini's outreach activities with vulnerable communities across Victoria.

Cabrini and other private operators are relieving demands on the public system

As with many other private hospitals across Victoria, Cabrini's facilities in Brighton and Malvern are supporting the public health response to the COVID-19 pandemic. This has included supporting public patients to alleviate the demands on the public hospital system, which has required additional resources to manage COVID positive patients effectively.

"We are creating wards to accommodate that demand," Ms Sherwood said. "Our emergency department has definitely more than doubled, with more clients coming through at the moment."

"Acuity from a mental health perspective is increasing, therefore, we are seeing people who wouldn't ordinarily attend ED presenting with social isolation, increasing anxiety and depression exacerbated by COVID."

Women struggling with the demands of work and parental responsibilities are seeking mental health support

The stay-at-home orders in Sydney and Melbourne meant that thousands of working parents combined their professional responsibilities with caring for their

children. Ms Sherwood said that Cabrini's specialist mental health service has seen an influx of female inpatients who struggled with these demands.

"There's a particular need at the moment for women who are home-schooling, who are working or who are socially isolated," Ms Sherwood said.

"That's been exacerbated by the fact that people can't get in to see a psychologist or psychiatrist at the moment while they're in the community. Their need increased because they were not able to get that help and support early on."

Concerningly, women presenting to Cabrini have also reported increased stresses in their relationships within the home.

"I think everyone being in the same household is creating a very complex family dynamic," Ms Sherwood said.

"We're seeing a different cohort that are stressed and becoming aggressive with one another, and not coping because they're all cooped up together."

At the time we interviewed Ms Sherwood and stay-at-home orders were in place, people seeking help from Cabrini were also missing out on important casual contact with their neighbours.

"People are not communicating in the same way."

"You can't read people's body language and it is difficult to connect with people on the same level as what you used to."

Outreach for Asylum Seekers

Cabrini provides health services to people seeking asylum and newly arrived refugees via its Asylum Seeker and Refugee Outreach service in Brunswick. Cabrini Outreach is also supporting the mental health needs of people seeking asylum in the Greater Shepparton and Muldura regions, together with the Victorian Department of Health and Human Services.

Ms Sherwood said asylum seekers and refugees have experienced unique impacts from the pandemic.

"A lot of information [about COVID] is not given to them in their language and people are confused by what they should and shouldn't be doing," Ms Sherwood said.



Cabrini staff are supporting asylum seekers and refugees by publishing up to date information about COVID-19 and the available mental health support, as well as assisting with material support to access vaccination.

"We are facilitating mobile vaccination hubs in collaboration with our partners, and we'll continue to do that," Ms Sherwood said.

Building wellbeing and connection for a community of care

Health care workers have experienced significant additional stressors during the pandemic, and Cabrini has invested in support for staff.

Cabrini ran guided meditation, walking groups and other wellbeing and resilience building programs to support staff during the pandemic, as well as taking steps to acknowledge their efforts.

"We've been sending gift cards to individual staff members and doing other simple things to remind people that looking after yourself is really important. What we've been doing for our staff and our clients, is to reinforce the fact that everyone is important and it is necessary to take time out."

Cabrini has also sensitively supported visitors who have not been able to accompany their loved ones to important health appointments and special occasions such as first scans.

"If a visitor is not able to accompany their loved one, but presents with them to one of our facilities, we suggest they use this time for themselves to go and have a 15 minute walk, coffee etc. It's a small thing but something we've been doing at Cabrini with amazing results."

Looking to the future

Ms Sherwood commented that attracting more people into mental health services and building workforce resilience would be critical to the capacity of the sector to meet future demand. She also highlighted the need for proactive workforce strategies to improve early access to mental health support and relieve the pressure on clinical services.

"If we can tap into what our community has to offer, I think that would be an amazing strategy."

CASE STUDY

LISA EVANS, ST JOHN OF GOD ACCORD, VIC



St John of God Accord has worked with people with disabilities for more than 65 years, placing their clients, their goals, and aspirations at the centre of their work.

St John of God Accords operates across the Melbourne metropolitan area, running 38 homes and 44 sites supporting people with disabilities. The organisation is part of St John of God Health Care, one of the largest not for profit health providers in the nation.

We interviewed Chief Executive Officer Lisa Evans about her insights into the impact of the COVID-19 pandemic on people with disabilities.

St John of God Accord had to adjust the way it delivers services for people with disabilities due to the pandemic

St John of God Accord works with people with disabilities and, in view of the vulnerability of their clientele, had to adjust services from the time the COVID-19 pandemic emerged in Australia in March 2020.

"We had to respond to the emerging safety risk that we were presented with in March last year," Ms Evans said. "That involved suspending group programs where we assessed the risk to be too high to continue."

In March 2020, personal protective equipment (PPE) was scarce and social distancing protocols had not been established: meaning St John of God Accord's immediate priority had to be to prevent clients from coming together.

"We suspended those services [group services] in March, and we didn't re-open them until December," Ms Evans said. "Our model of care and support was adapted so that caregivers instead visited their clients in their homes and provided one-on-one support."

The situation was difficult for clients living in St John of God Accord's accommodation services, who were under lockdown together with the rest of the community.

"But we did have additional support in our accommodation homes, as we deployed staff into our accommodation services to provide extra support during the day, or into people's private homes," Ms Evans said.

St John of God Health Care also had to shift its allied health, support coordination and employment services to a telehealth model.

People with disabilities have been restricted and isolated during the pandemic

People living in accommodation services experienced significant restrictions during the COVID-19 pandemic, and in many cases government directions meant those in residential care are still in lockdown for some time after the rest of the community.

"When we have had a reduction in our lockdown and could go out, they [our clients] are not allowed to do those things, or have people come to their homes," Ms Evans said.

"For most of last year, when Melbourne came out of lockdown, people with disabilities still had a lot more restrictions."

"That's unfair as they should have the same rights to freedom that everybody else has in the community."

Outbreaks in disability services must be a high priority for public health response

St John of God Accord experienced several outbreaks in 2020-21 and Ms Evans offered reflections on some of the lessons learned.

"Throughout our outbreak last year, we had daily meetings with the Department but it was rare to have the same person at those meetings each day," Ms Evans said. "So there was a lot of confusion and cross-messaging."

Speaking with multiple people during an outbreak was frustrating for support staff.

"Our caregivers received calls from us, from somebody from a public health unit, from the Department of Human Services," Ms Evans said. "This was challenging for our caregivers, especially as many of them speak English as a second language."

Ms Evans recommended the relevant Department assign a primary case worker as soon as a notification from a disability support service is received.



People with disabilities have shown enormous resilience

People with disabilities experienced significant restrictions on their daily lives, difficulties with timely and convenient access to vaccination, and yet they showed immense resilience.

"There are really good stories of hope and triumph, and our clients are at the top of it," Ms Evans said. "They endure so much, they reset their sails and with the right support, they do well with it."

Looking to the future, Ms Evans reflected on the need for greater equity in public health policy toward people with disabilities, particularly where decisions impose greater restrictions on their lives and ability to

experience community.

"People with a disability have been some of the most locked up and restricted, and they've also shown enormous resilience," Ms Evans said. "But a lot of it is not fair either because they really do not, still in 2021, have the same rights as every other Australian. And they should."

"The people that work with them have also shown the capacity to innovate and be resilient," Ms Evans said. "Our caregivers have really lived our mission and our values in extraordinary times, over a prolonged period of time here in Victoria."

CASE STUDY

KEVIN MERCER, ST VINCENT DE PAUL, QUEENSLAND



St Vincent de Paul Society, Queensland, has been helping Queenslanders in need since 1894.

More than 8,649 members and volunteers provide services and support to Queenslanders in need. In 2019-20 alone, St Vincent de Paul provided \$252 million in services and support to those in need, including direct emergency assistance to vulnerable people. St Vincent de Paul is also a major provider of aged care and disability support services through its Ozcare subsidiary.

St Vincent de Paul has been a key support service for the Queensland Government's pandemic response, working with community recovery teams to support people in home and hotel quarantine.

We interviewed St Vincent de Paul Society Queensland's Chief Executive Officer, Kevin Mercer, about Vinnies' role and his insights on the pandemic response.

The response in Sydney and Melbourne is having a downstream effect on working people in Queensland

While this report is primarily concerned with the impact of the pandemic in New South Wales and Victoria, the response in those states has also had an impact on other jurisdictions.

Mr Mercer reported that one of the consequences of stay-at-home orders in Sydney and Melbourne has been an increase in interstate migration to Queensland. This has had a downstream effect on the Queensland housing market, with increased competition for rental accommodation pushing up prices and pushing low-income families out of their homes.

"There's a lot of concern for people who can't maintain tenancies or who are really struggling to maintain their tenancies. And these are working people on low incomes, not just the unemployed," he said.

St Vincent de Paul has observed these shifts across Queensland, with rental vacancy rates of under 1% resulting in weekly rents going up by as much as \$200 per week: a significant increase for a family on the national minimum wage.

As a result, St Vincent de Paul has seen a significant increase in clients seeking housing support. These clients include people who are already living with homelessness, as well as families who, until recently, had never experienced housing insecurity.

"Working families struggling to maintain rent are a group that's risen over the past few months," said Mr Mercer. "Housing is the area that has really changed due to COVID." In some parts of the Sunshine Coast, rents have gone up by 15% and these families are just pushed out of their property."

The impact on St Vincent de Paul's workforce

While St Vincent de Paul Queensland is primarily a volunteer and member-based organisation, it is also a significant provider of aged care and disability care services in Queensland.

Mr Mercer reported a shift in the availability of skilled aged and disability support staff, in part due to the shutdown of Australia's borders to international workers and migrants.

"Aged care and personal care workers have gone through some pretty tough times in the pandemic... they're roles where people probably feel personally at risk and exposed to COVID."





Looking to the future

Mr Mercer praised the Queensland Government's public response to the pandemic as exemplary but flagged two critical priorities for the Government to consider in its future planning: solving the housing affordability crisis and addressing skills shortages in the aged care and disability support sectors.

"The shortage of housing will be a concern for Queensland," Mr Mercer said. "There are long term plans from Government to build more housing at the social and affordable end. But in the next 12 to 18 months, we're going to have massive housing shortages."

Mr Mercer discussed short-term rental subsidies and extending the National Rental Affordability Scheme as critical mechanisms for supporting the housing crisis for working families in Queensland.

Addressing skills shortages in the aged and disability support sectors is also a key challenge for Governments, with the sector needing the certainty of a pipeline of skilled workers to meet current and future demand for their services.

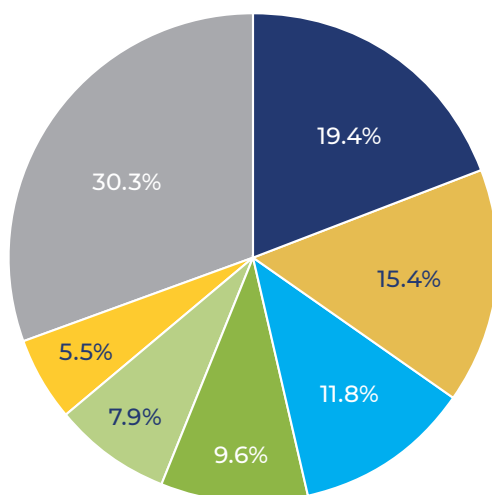
"How do we motivate our local people back into the workforce, whether it's re-skilling, retraining or getting the right incentives there? How do we shift these policy settings?" Mr Mercer said.

"Without having that migrant workforce, we need to create the incentives – perhaps for employers to create more full-time, secure roles that will make those roles more attractive."

A SNAPSHOT OF INEQUITY

Nearly 1 in every 5 cases in **Sydney** (19.4 percent) during the Third Wave occurred in the Canterbury-Bankstown LGA, followed by the Western Sydney LGA of Cumberland (15.4 percent), Blacktown (11.8 percent) and Liverpool (9.6 percent).

Distribution of Cumulative Coronavirus Cases in Greater Sydney by LGA during Third Wave (16 Jun - 24 Oct 2021)



LGA

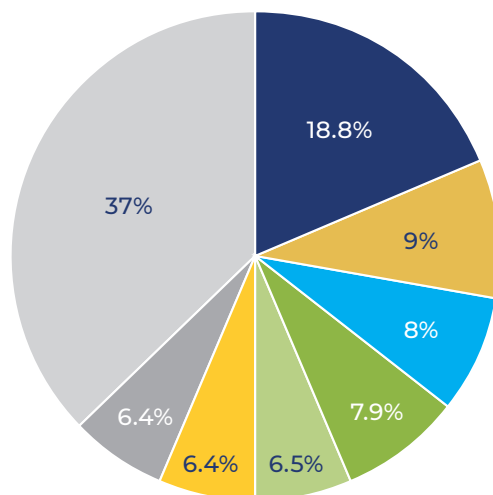
- Canterbury-Bankstown
- Blacktown
- Fairfield
- LGAs <5% share (n=24)
- Cumberland
- Liverpool
- Penrith

For **Sydney**, a 1-point increase in the percentage of CALD residents per LGA led, on average, to an additional 609 cases.

For **Sydney**, based on the average LGA population, this modelling meant that a 1-point increase in the percentage of blue-collar workers per LGA led, on average, to an additional 848 cases.

Nearly 1 in every 5 cases in **Melbourne** (18.8 percent) during the Third Wave occurred in the LGA of Hume in the city's northern suburbs, as well as high case numbers in outer-suburban LGAs such as Whittlesea (9.0 percent), Wyndham (8.0 percent) and Casey (7.9 percent).

Distribution of Cumulative Coronavirus Cases in Greater Melbourne by LGA during Third Wave (16 Jun - 24 Oct 2021)



LGA

- Hume
- Casey
- Melton
- Whittlesea
- Brimbank
- LGAs <5% share (n=24)
- Wyndham
- Moreland

For **Melbourne**, a 1-point increase in the percentage of CALD residents per LGA led, on average, to an additional 642 cases.

For **Melbourne**, based on the average LGA population, the modelling meant that a 1-point increase in the percentage of blue-collar workers per LGA led, on average, to an additional 895 cases.

Sydney top 10 LGAs with highest vaccination rates by 11 Oct 2021

DOSE 1 (%)						DOSE 2 (%)					
Rank	LGA	11 Oct	28 Aug	Growth (%) wk	Rank at 28 Aug	Rank	LGA	11 Oct	28 Aug	Growth (%) wk	Rank at 28 Aug
1.	Blacktown	≥95	73.8	4.4	5	1.	The Hills Shire	91.6	46.6	11.9	6
2.	Camden	≥95	69.5	5.7	14	2.	Kur-ing-gai	89.3	53.3	9	1
3.	Campbelltown	≥95	71.5	5	10	3.	Camden	89.1	36.5	16.1	18
4.	Hornsby	≥95	76.9	3.7	3	4.	Hornsby	87.2	48.1	10.5	5
5.	Kur-ing-gai	≥95	79.4	3.1	1	5.	Sutherland Shire	83.9	42.6	12	10
6.	Sutherland Shire	≥95	73	4.6	7	6.	Black-town	83	35.4	15.3	20
7.	The Hills Shire	≥95	78.5	3.3	2	7.	Mosman	82.5	49.9	8.8	3
8.	Blue Mountains	94.3	70.2	5.1	13	8.	Nthrn Beaches	82	40.6	12.5	13
9.	Nthrn Beaches	93.9	66.1	4.8	12	9.	Lane Cove	81.9	45.8	10.2	7
10.	Hawkesbury	93.5	65.6	6.2	21	10.	Woollahra	81.1	51.4	7.9	2

Melbourne top 10 LGAs with highest vaccination rates by 11 Oct 2021

DOSE 1 (%)						DOSE 2 (%)					
Rank	LGA	11 Oct	28 Aug	Growth (%) wk	Rank at 28 Aug	Rank	LGA	11 Oct	28 Aug	Growth (%) wk	Rank at 28 Aug
1.	Nillumbik	95	64.3	6.8	3	1.	Bayside	74.3	45.6	8.5	1
2.	Wyndham	94.2	49.7	11.3	22	2.	Nillumbik	70.7	40.8	9.6	4
3.	Bayside	92.9	69.2	5.1	1	3.	Boroondara	68.9	43	8.2	2
4.	Mornington Peninsula	92.2	65	6	2	4.	Mornington Peninsula	68.5	42.1	8.5	3
5.	Cardinia	89.9	50.1	10.3	21	5.	Banyule	66.1	40.6	8.5	5
6.	Manningham	89.6	57.9	7.6	7	6.	Glen Eira	64.1	37.9	9.2	6
7.	Banyule	89.2	61.2	6.5	5	7.	Manningham	63.6	36.7	9.7	8
8.	Casey	88.9	47.7	11	25	8.	Kingston	62	35	10	12
9.	Knox	88.8	55.4	8.2	13	9.	Whitehorse	61.9	36	9.5	9
10.	Maroondah	88.2	56.6	7.7	10	10.	Maroondah	61.6	35.1	9.9	11

Source: Author's calculations from Australian Government (2021a)

Sydney LGAs with the highest and lowest percentage of blue collar workers

Highest percentage – Top 5			Lowest percentage – Bottom 5		
Rank	LGA	Percentage	Rank	LGA	Percentage
1.	Fairfield	42.0	1.	Woollahra	7.0
2.	Campbelltown	37.1	2.	Mosman	7.3
3.	Hawkesbury	36.5	3.	North Sydney	7.9
4.	Cumberland	36.0	4.	Ku-ring-gai	9.1
5.	Liverpool	35.4	5.	Hunters Hill	9.3

Melbourne LGAs with the highest and lowest percentage of blue collar workers

Highest percentage – Top 5			Lowest percentage – Bottom 5		
Rank	LGA	Percentage	Rank	LGA	Percentage
1.	Brimbank	40.5	1.	Stonnington	10.2
2.	Cardinia	37.2	2.	Boroondara	10.4
3.	Casey	37.1	3.	Bayside	11.4
4.	Hume	37.1	4.	Yarra	11.7
5.	Melton	35.5	5.	Port Phillip	12.5

Sydney LGAs with highest vs lowest percentage of people who mainly speak a language other than English at home

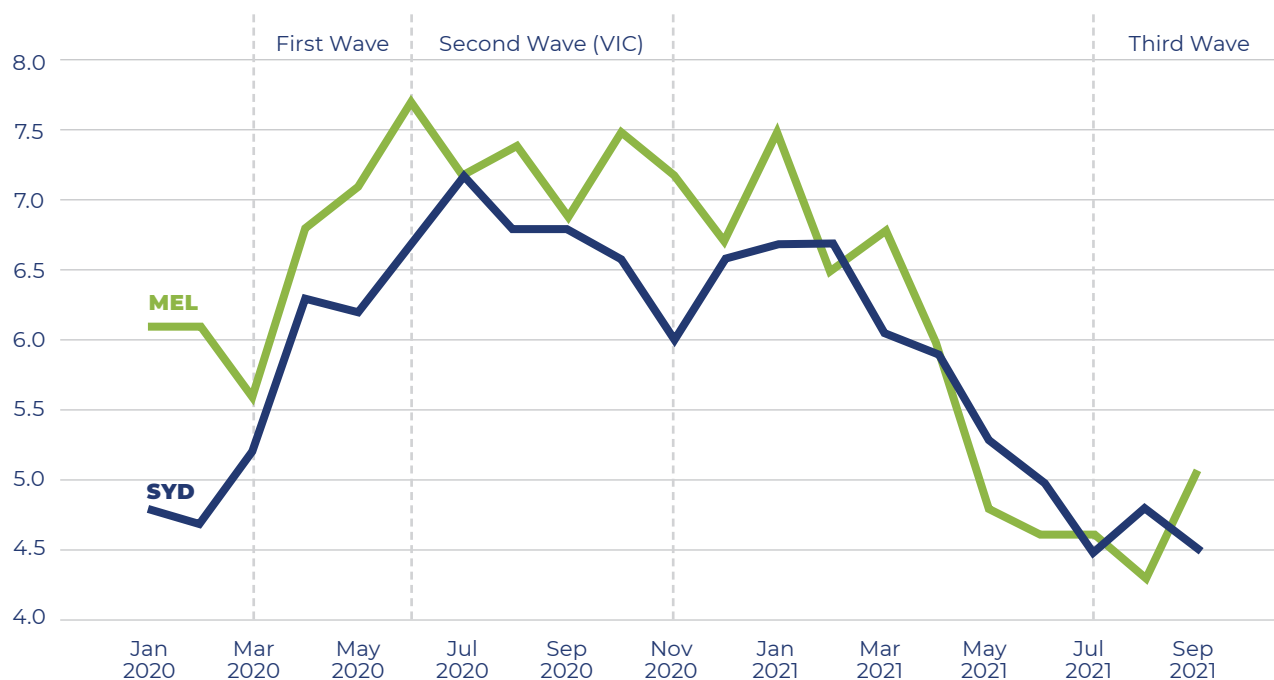
Highest percentage – Top 5			Lowest percentage – Bottom 5		
Rank	LGA	Percentage	Rank	LGA	Percentage
1.	Fairfield	70.7	1.	Hawkesbury	5.9
2.	Cumberland	65.6	2.	Blue Mountains	6.0
3.	Strathfield	64.2	3.	Sutherland Shire	13.0
4.	Burwood	63.6	4.	Camden	14.4
5.	Cant.-Bankstown	60.1	5.	Mosman	15.1

Melbourne LGAs with highest vs lowest percentage of people who mainly speak a language other than English at home

Highest percentage – Top 5			Lowest percentage – Bottom 5		
Rank	LGA	Percentage	Rank	LGA	Percentage
1.	Brimbank	58.3	1.	Mornington Peninsula	5.4
2.	Monash	50.1	2.	Yarra Ranges	7.1
3.	Hume	44.8	3.	Nillumbik	9.1
4.	Whittlesea	44.0	4.	Cardinia	11.2
5.	Manningham	42.4	5.	Frankston	11.3

Source: Author's calculations from Economy.ID

Unemployment rate (%) in Sydney and Melbourne (Jan 2020 - Sep 2021)



CASE STUDY

ANGELA NOLAN, ST VINCENT'S HOSPITAL MELBOURNE



St. Vincent's Hospital Melbourne is a tertiary public healthcare service: one of only five in Victoria.

St Vincent's provides acute medical and surgical services, emergency and critical care, aged care, diagnostics, rehabilitation, allied health, mental health, palliative care and residential care. There are more than 7,000 staff and 880 beds across the services of St Vincent's Hospital Melbourne.

St Vincent's Hospital has been at the forefront of the pandemic response, treating COVID-19 affected patients, operating major COVID-19 vaccination and test processing centres, and managing 'business as usual' demands which have increased across many categories during this period. St Vincent's also provides significant social support and inclusion services to people undergoing treatment for drug and alcohol issues, people experiencing homelessness, people with disabilities, as well as specialist health services for First Nations peoples.

We interviewed Chief Executive Officer Angela Nolan about St Vincent's role and her insights into the pandemic response.

The pandemic has shifted the way St Vincent's operates some of its social inclusion services

Many of St Vincent's Hospital's social inclusion services have seen significant increases in demand, partly because of changes in the way people have needed to access support due to COVID-19 public health measures and restrictions.

St Vincent's mobile testing clinics in the community have been used to refer at-risk Melburnians to COVID-19 Isolation and Recovery Facilities (CIRF), providing health care and supported accommodation to those in need and acting as a bridge between the hospital's social and health services.

"Many of our units have stepped up to provide further social support during this time, and in turn others have either pivoted or taken a step back depending on what has been required," Ms Nolan said.

St Vincent's values of taking care directly to those in need have also taken shape in the introduction of an inpatient vaccination initiative, including opportunistic

vaccination in the hospital's Emergency Department, as well as various outreach efforts such as the hospital's mobile vaccination service.

"Our vaccination van has been hugely successful in reaching people experiencing homelessness, and will now move to make at-home visits to people with disabilities or who are frail aged," Ms Nolan said.

Access to mental health services crucial to addressing inequity

Mental health services have seen a substantial increase in patients, with Ms Nolan advising that the pandemic has been particularly hard for groups who are already on the margins — those who don't have access to private health cover, who might speak English as a second language or face other barriers. This has not only placed immense pressure on the health system but also heightened inequalities that already existed around access to care and support for vulnerable communities.

"When you add a pandemic and restrictions to what people are already experiencing, that has a real impact on patients."

"A lot of our mental health patients are facing significant challenges: they may be experiencing homelessness, or they might have been incarcerated. The pandemic has amplified these issues for them."

Lack of access to technology also presents a barrier to compliance with COVID-19 health measures for many people experiencing homelessness, or other complex mental health and social needs.

"They don't have the technology at their fingertips to be able to make a booking at an appointment-based hub or check in using a QR code, for example," Ms Nolan said.

COVID-19 shone a light on existing inequities

Ms Nolan reported the pandemic had shone a light on the inequities and issues already affecting vulnerable groups, including people with chronic illnesses, at risk of family violence, and people leaving the prison system.

"In COVID times, hospitals are even more important because vulnerable members of our community are



not easily able to access the usual supports in the same way; for example, schools might normally be able to see and identify issues and provide support for children and families. It's more likely to be a health service that people present to now," Ms Nolan said.

Economically disadvantaged people living with chronic conditions are also at risk of their health worsening, with requirements to deploy capacity in the health system towards COVID meaning delays to elective procedures.

"It's important that we are actively working to ensure that the more vulnerable members of the community do not continue to be vulnerable, and that the gap does not continue to get bigger," Ms Nolan said.

Looking to the future

When reflecting on events that have played out over the past year, Ms Nolan suggested that while inequality remained a major problem, the experience of the pandemic had heightened awareness around mental health, inequality and other issues, paving the way for bolder long-term solutions to these problems that had failed to gain traction previously.

"Early intervention is crucial and we need to embed an integration of health, wellbeing and public health into the school curriculum."

"If we can work with and educate the next generation around a holistic approach to their physical, mental and general health, we can give them powerful tools that will potentially reduce health problems that often drive people into difficult circumstances which exacerbate inequality," Ms Nolan said.

MARK PHILLIPS, CATHOLICCARE, SYDNEY



As the social services agency of the Archdiocese of Sydney, CatholicCare Sydney works with the community to realise its vision of a society in which people feel valued and supported, irrespective of age, beliefs and abilities.

CatholicCare Sydney's services help people across the city live to their potential by providing holistic support with relationships, parenting, ageing, disabilities, mental health concerns and more.

How did CatholicCare respond to the pandemic?

CatholicCare had to adapt and pivot, as most of its services had been face-to-face with many in COVID hotspots.

In relation to student counseling in schools, a new model of service delivery was required. In other areas, such as in-home care of seniors, existing services had to be maintained.

"We did a lot of work around creating telehealth options," Mr Phillips says. "Our response was to ensure that, as much as possible, we maintain all of our services and adapt accordingly."

"Our work in the community, including in-home care for seniors, had to be maintained as a face-to-face service. We just had to adapt our risk management practices ensuring they were COVID-safe."

"The staff were very committed and courageous, because obviously it was of some concern going into people's homes every day."

Demand for some services fell slightly during COVID. "That didn't mean there was less need, just that people were just too busy dealing with their lives."

Government did well but needs to be more nimble

Organisations such as CatholicCare Sydney received government financial help, but Mr Phillips worries there was a lack of focus. Governments wanted to "pump up the economy", but social services gaps remain, and existing problems will only be exacerbated.

"Mental health is a big need and providing more money to telephone help-lines is a useful thing to do," he said. "But in terms of the generic level of social services, where are the gaps?"

"There are some specific areas where the most marginalised will increase in number, because that's what happens in these environments."

"For example, we're anticipating there'll be many more people becoming homeless as a result of the pandemic."

"If you were in good shape psychologically and financially pre-COVID, you'll probably come out of this period well."

"But if you already had problems, it's probably been made worse. I just think we've got to anticipate more people will need help as we go through the next one to two years."

What about seniors?

Some of the most marginalised people in our community are the elderly, and COVID highlighted pre-existing issues such as a generic failure by people to plan for their older age.

"People just fall into older age, and then suddenly they've got to get out of their home into an aged-care facility."

"People don't look ahead and plan for events that can occur as we age. This can include the death of a partner; a significant illness; the need for support to stay at home."

"What COVID has done is further isolate a lot of people."

We should be doing more to help people around planning for older age. Which means rethinking the issues of community and community building.

"The biggest demand in wellbeing for people as they age is to remain connected."



Community counts in other areas

“When it comes to social issues in families, almost all breakdowns in a family unit have mental health issues, domestic and family violence, or addictions as contributing factors. Sometimes, all three are present,” he says.

“It will be an unfortunate outcome of COVID that all three of these issues will have been exacerbated, particularly in the Australian cities that had the longest lock-downs.”

“To prevent a wicked social problem, such as domestic and family violence, you need to increase the capability within the community to address the contributing factors. It is not enough to react to individual circumstances when they occur. You need to go back to prevent the issue at its source.

“We need whole communities recognising the factors that cause these issues, talking about solutions and taking action.”

Culturally and linguistically diverse communities

CALD communities are an area where we must do better as a society.

“During COVID, it took a while for authorities to understand that they needed to be communicating in different ways and in different languages in

different communities. As a result of the slowness in communicating effectively to some parts of society, some people were more vulnerable to the adverse health and economic effects of the virus.

“To address the requirements of CALD communities, you need to have the key players in those communities sitting around the table with government and the social and health sectors.”

Lessons for the future

Following COVID, governments should anticipate that there will be an increase in social issues over the next couple of years.

It will be important that, as a community, we stay the course to provide the assistance to affected people that will be needed.

“We’ve gone through this period of disruption. We’ll go through another period of disruption, which may have nothing to do with COVID” Mr Phillips says.

“People in bushfire communities will tell you, people are supportive and very attentive through the crisis, but can then disappear when the next crisis emerges.”

“We need to say, ‘We can’t disappear for the next couple of years and leave the people affected by COVID without the support they need.’”



KEY RECOMMENDATIONS

- Align the public health response for people with disabilities with the rest of the population, including committing to aligning public health orders affecting people with disabilities with those affecting the broader population. Scale up the 'virtual care' model so that every Victorian with a disability can access care, irrespective of their location
- Build on the success of the 'Head to Health' and 'Head to Help' pop ups in Victorian and NSW communities, extending funding to 2024 and identifying ten additional locations for the service. Fund no-gap psychological support for identified vulnerable adult groups, including people with disabilities and women with a history of in-patient care. Improve follow-up for people leaving acute mental health care, including introducing a public aftercare model specific to people leaving in-patient treatment
- Adopt a 'no wrong door' approach by co-locating every Centrelink office with at least one social services provider. Consider a new initiative leveraging contact between Australia Post workers and the community as an early intervention opportunity, including:
 - providing Australia Post workers in high-needs communities with basic needs assessment training, and
 - referral cards with key social services contacts based on the successful initiative trialled in Japan
- Raise the rate of JobSeeker to at least \$65 per day
- Women NSW and Women Victoria to collaborate on a review of flexibility arrangements at work and mechanisms for improving gender equity in future instances of stay at home orders.



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