

Submission to Inquiry into the Queensland Government's health response to COVID-19

Health, Communities, Disability Services and
Domestic and Family Violence Prevention
Committee

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AASW

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Australian Association
of Social Workers

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The Australian Association of Social Workers

The Australian Association of Social Workers (AASW) is the professional body representing more than 12,000 social workers throughout Australia. We set the benchmark for professional education and practice in social work, and advocate on matters of human rights, discrimination, and matters that influence people's quality of life.

The social work profession

Social work is a tertiary qualified profession recognised internationally that pursues social justice and human rights. Social workers aim to enhance the quality of life of every member of society and empower them to develop their full potential. Principles of social justice, human rights, collective responsibility and respect for diversity are central to the profession, and are underpinned by theories of social work, social sciences, humanities and Indigenous knowledges. Professional social workers consider the relationship between biological, psychological, social and cultural factors and how they influence a person's health, wellbeing and development. Social workers work with individuals, families, groups and communities. They maintain a dual focus on improving human wellbeing; and identifying and addressing any external issues (known as systemic or structural issues) that detract from wellbeing, such as inequality, injustice and discrimination.

Social work and COVID-19

Social workers are on the front lines supporting individual, groups and communities to deal with the impacts of coronavirus disease 2019 (COVID-19). Everyday, social workers are working directly with clients across a wide range of health and social supports and services to address the devastating impacts that this pandemic is having on the lives of so many Australians. From previous pandemics to global conflicts, social workers have and will continue to play a vital role in crisis, recovery and long term reconstruction efforts. Social workers have been a key part of this government's response

to COVID-19 and as a profession we have been in working in partnership and collaboration with key stakeholders.

COVID-19 has had far reaching impacts across all aspects of peoples' lives. We recognise the impacts that the pandemic has had on the general community, including our members. Social workers, like many health professionals, are deeply concerned about the impact of COVID-19 on their well-being, the people to whom they provide services, their families, and others in the community. For social workers this affects us at a professional and personal level.

As social workers, we are guided by the core values of service to community, social justice and the human rights, dignity, and worth of every person. Social workers recognise that while COVID-19 affects all members of society, as we have seen internationally, the impacts are far worse for people from marginalised and disadvantaged groups. Indeed, the responses to COVID-19 has demonstrated the extent of the inequality underlying many societies. Social work is unique in our consistent focus on working with the most vulnerable and disadvantaged, which has continued throughout this pandemic.

The AASW commends all levels of government for their steps and action in reducing the impacts of the pandemic. The AASW has been working with government from the commencement of the pandemic in supporting and advocating for our members and the people we work with on multiple fronts to ensure access to services. The AASW will continue to work with all levels of government and the community to address the impacts of COVID-19.

Our submission

The Australian Association of Social Workers (AASW) congratulates the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee in undertaking this Inquiry into the Queensland Government's health response to COVID-19. Underpinned by our commitment to the Universal Declaration of Human Rights, the AASW reaffirms our position that the access to adequate and quality health services is a human right and no one should be left behind.

A social worker's role in the health field is to enhance the person's social and emotional functioning through targeted interventions and the mobilisation of services and supports. Social workers intervene in the context of a person's social environments and relationships, recognising the impact of the socioeconomic, cultural, psychological and political determinants on health and overall wellbeing. In their commitment to human rights and social justice, social workers advocate for the rights of clients, against discrimination, reduced opportunities and abuse. Therefore, our submission focuses on the following key areas:

- Experiences of people with regards to mental health needs
- Housing and the impact on health outcomes
- The experience of Aboriginal and/or Torres Strait Islander communities
- The impact of COVID-19 on Family Violence Services

Recommendations

- That the Queensland government advocate for JobKeeper payment to be extended to cover casual staff who have been employed for less than a year, and temporary visa holders.
- That the Queensland government advocate for the immediate increase of Medicare Better Access mental health support sessions to 20 per calendar year.
- That the Queensland government advocate for permanently increasing Jobseeker and other allowances.
- That the Queensland government engage in greater consultation for all mental health service delivery policy decisions.
- That the Queensland government advocate for the immediate introduction of a Medicare item number for family violence psychological support, so that survivors can access support without needing a mental health plan.
- That the Queensland government increase funding for Aboriginal community-controlled health services to employ staff to deliver mental health and social and emotional wellbeing services.
- That the important role of social workers in residential aged care facilities be recognized by including the employment of qualified social workers as part of the core staffing allocation.
- That the Queensland government lead a substantial investment in social and affordable housing and a strategy to ensure that everyone in Australia has access to safe, affordable housing, and increase funding to specialist homelessness services to assist those experiencing homelessness to access and sustain housing.
- That the Queensland government commit to ACOSS's proposal for economic recovery, and work with all stakeholders on implementation to achieve fair and equitable outcomes.
- That the Queensland government develop an emergency housing response plan in consultation with local stakeholders for future major events requiring a joint housing and health response to ensure a safer, more sustainable and cost-effective response that accounts for the complex needs of those experiencing homelessness.
- That the Queensland government provide mental health screening support for COVID-19 patients, including follow-up support for those at risk of developing post-traumatic stress disorder and depression
- That the Queensland government strengthen mental health support systems for health care workers, including an ongoing program of mental health monitoring and support for impacted healthcare workers.

- That the Queensland government implement the recommendations proposed by the National Aboriginal Community Controlled Health Organisation (NACCHO) and other peak bodies¹.
- That the Queensland government implement the recommendations provided by the Refugee Advice and Casework Services and introduces procedures and services for people seeking asylum and refugees which meet our international obligations on human rights, protect and promote the human rights of people seeking asylum and refugees; and which ensure humane, effective care while they await a decision.

Experiences of people with regards to mental health needs

COVID-19 has had a dramatic impact on the mental health wellbeing of people throughout Australia. This includes deterioration for those already experiencing mental health issues, along with an increase in mental health issues for others more generally. During the COVID-19 pandemic, social workers have worked with the numerous groups who are at risk, as suggested by the Black Dog Institute²:

- People with pre-existing anxiety disorders and mental health problems.
- Health care workers (including nurses, doctors, and auxiliary staff) who were faced with potential scenarios of rationing critical care support and watching patients die who could have, under usual circumstances, been saved.
- Individuals placed in quarantine may experience psychological effects including depression, PTSD symptoms, confusion, anger, boredom and loneliness. A recent review³ found that as many as a quarter of patients in quarantine had trauma-related mental health problems, with evidence that these symptoms could last for a number of years. Longer duration of quarantine, fears of infection (getting sick themselves, or infecting others), having inadequate supplies, inadequate information, experiencing financial loss, and stigma are associated with poorer outcomes following quarantine.
- Unemployed people and people in the casualised workforce are at increased risk of poorer mental health and suicide during times of economic instability and during pandemics⁴. High job insecurity is associated with stress, financial strain, poorer health and increased rates of depression and anxiety.

¹ <https://www.naccho.org.au/health-bodies-declare-aboriginal-youth-suicide-an-urgent-national-priority>

² The Black Dog Institute. (April 2020). Mental Health Ramifications of COVID-19: The Australian context. https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/20200319_covid19-evidence-and-recommendations.pdf

³ Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. doi: 10.1016/S0140-6736(20)30460-8

⁴ Kawohl, W., & Nordt, C. (2020). COVID-19, unemployment, and suicide. *The Lancet Psychiatry*, 7(5), 389-390. doi: 10.1016/S2215-0366(20)30141-3

⁵ Burgard, S.A., L. Kalousova, and K.S. Seefeldt, Perceived job insecurity and health: the Michigan Recession and Recovery Study. *J Occup Environ Med*, 2012. 54(9): 1101-6.

A national study⁶ of 13,829 Australians' mental health in the first month of COVID-19 restrictions (3rd April to 3rd May) found that mental health problems were at least **twice as prevalent** as in non-pandemic circumstances. Members of the AASW find that people affected are most likely to have low optimism, had lost jobs, lived alone or in poorly-resourced areas, were caring for dependent family members, members of marginalised minorities, women or young.

Our members' experience is supported by the recent research⁷ with people who were engaged with services, suggesting a "*significant deterioration of mental health profiles*" (p. 4) for community members who were engaging with mental health services during COVID-19 compared to before the pandemic. The findings also identified psychological distress, and indicated both short term mental health issues along with heightened risk of mental illness in the future. International research indicates "*elevated levels of anxiety, depression and stress*" (p. 5).

Recommendation

- That the Queensland government advocates for permanently increasing Jobseeker and other allowances.
- That the Queensland government advocates for the immediate increase of Medicare Better Access mental health support sessions to 20 per calendar year.
- That the Queensland government engages in greater consultation for all mental health service delivery policy decisions.
- That the Queensland government provides mental health screening support for COVID-19 patients, including follow-up support for those at risk of developing post-traumatic stress disorder and depression
- That the Queensland government strengthens mental health support systems for health care workers, including an ongoing program of mental health monitoring and support for impacted healthcare workers.

Social workers understand that mental health is affected by social, economic, emotional and physical factors; isolation, concerns about employment, financial stability, connection with family and

⁶ Fisher, J. R., Tran, T. D., Hammargerg, K., Sastry, J., Nguyen, H., Rowe, H., & Kirkman, M. (2020). Mental health of people in Australia in the first month of COVID-19 restrictions: a national survey. *The Medical Journal of Australia*, 1.

⁷ van Agteren J, Bartholomaeus J, Fassnacht DB, Iasiello M, Ali K, Lo L, Kyrios M. (2020). Using Internet-Based Psychological Measurement to Capture the Deteriorating Community Mental Health Profile During COVID-19: Observational Study. *JMIR Mental Health*,7(6), e20696. DOI: 10.2196/20696

friends are risk factors that can increase the mental health of individuals.⁸ The AASW draws particular attention to the following groups at increased vulnerability in Queensland:

- Aboriginal and/or Torres Strait Islander people
- People seeking asylum and refuge
- International students
- Older people

Aboriginal and/or Torres Strait Islander people

Aboriginal and/or Torres Strait Islander people, particularly those living in remote communities where lock downs have meant not being able to leave the community have experienced increased stress. In some communities, our members report that there has been increased substance misuse by younger people, and in one Queensland community that there have been multiple suicides of young people during this time. Meanwhile, AASW members suggest that older people are exposed to the risk of re-traumatisation due to the introduction of permits to leave the community, having their freedom of movement and sense of agency removed. As with the general population, when coupled with increased rates of domestic and family violence and substance misuse, this has led to a high risk situation for Aboriginal and/or Torres Strait Islander people in Queensland. The pandemic has resulted in limitations to the usual formal support networks that are available for such communities, thus removing much needed support at a time of crisis. The longer-term impacts in terms of mental health will require particular attention, providing culturally appropriate supports.

Recommendation

- That the Queensland government increases funding for Aboriginal community-controlled health services to employ staff to deliver mental health and social and emotional wellbeing services.

People seeking asylum and refugees

The AASW submits that the Queensland government has failed to meet the essential needs of people seeking asylum and refuge during the pandemic. There have been some dedicated services who have provided outreach and ongoing support to these individuals, which has provided a much needed lifeline, including material support, along with emotional support. However, the provision of these services has been limited both in terms of financial/material aid and the opportunities for emotional support with no face to face services offered. While telephone support is available, it becomes very difficult where there are language barriers.

⁸ Fisher, J. How are you? Living with COVID-19 restrictions in Australia. Monash University. <https://www.monash.edu/medicine/sphpm/units/global-and-womens-health/living-with-covid-19-restrictions-in-australia>

Furthermore, for many of these individuals, their future has been put on hold with long delays in having applications and appeals being heard. In effect this has created further limbo for them, and a loss of hope. Social workers have heard many stories of hopelessness, despair and increasing anxiety and depression. We are aware of one voluntary service that has continued to provide face to face support, which has been a much needed lifeline in providing connection, so essential to the mental health wellbeing of this group of individuals.

In addition, people seeking asylum already have limited access to government financial support. For refugees and asylum seekers, a further stressor impacting on mental health has been loss of employment. Asylum seekers are quite often dependent on the goodwill of charitable organisations to survive. Our members have reported an increase in people attending emergency relief hubs weekly to feed their families due to unemployment. The need to regularly ask for basic necessities such as food, sanitary and personal items, and not be able to receive what they need but rather what is available, adds further strain and stress as this can tear at the core of someone's self-esteem and self-worth. Decisions about who is more 'deserving' of food are being made from necessity due to limited donations, and this then impacts on the actual individual's emotional wellbeing. Our members are seeing impacts on the mental wellbeing of these individuals, whose emotional and psychological needs are unmet due to language, visa restrictions, lack of awareness and fear of being seen to be asking for too much, .

A further case in point is the men seeking asylum who have been accommodated at Kangaroo Point Mantra Hotel. The Commonwealth government's policy of indefinite detention has resulted in increased mental health deterioration for a group of men who already have health issues. The inability of any level of government to provide appropriate and humanitarian support has led to increased mental health issues. This has been commented on nationally and internationally and while we recognise that Queensland Health staff have been able to provide a level of support, it is insufficient.⁹

In response to this, the AASW refers the Queensland government to the recommendations from the submission to this inquiry by the Refugee Advice and Casework Service. We want to highlight the following¹⁰:

- Provision of adequate financial, medical, and housing support for temporary protection visa holders and asylum seekers.
- Ensure clear access to health care to temporary migrants including asylum seekers on bridging visas and other visas.

⁹ https://edition.cnn.com/2020/06/19/australia/australia-manus-nauru-hotel-brisbane-hnk-intl/index.html?fbclid=IwAR2qXEogUeDV5_uEXynuVaDiV-9a7u5bU1xsxZyQ8bGZS2HUdCH0R0ESX4c

¹⁰ https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/COVID-19/COVID19

- Provide funded telephone interpreting to people seeking advice about how their immigration status is affected by COVID-19 and for those who have been affected by this pandemic.
- Establish a just, clear policy during the pandemic to guide visa processing and to ensure that COVID-19 does not negatively impact the legal rights of people seeking asylum including priority processing of Bridging visa applications and granting Protection Visas without waiting for interview where possible
- The Australian Government follow the recommendations of leading experts and reduce the current population of immigration detention facilities.
- The Australian Government must follow its own Department of Health Guidelines, in reducing the risk of an outbreak in immigration detention facilities.
- Provide a clear pathway for resumption of family reunion and humanitarian resettlement and allow temporary protection visa holders currently overseas to return to Australia

Recommendation

- That the Queensland government implement the recommendations provided by the Refugee Advice and Casework Services and introduces procedures and services for people seeking asylum and refugees which meet our international obligations on human rights, protect and promote the human rights of people seeking asylum and refugees; and which ensure humane, effective care while they await a decision.

International students

For many international social work student members of the AASW (and by the nature of the issues and our experiences we can extrapolate these to other international students), there has been increased psychological distress due to loss of income resulting in inability to pay rent, food, and medicine. They have had to ask for financial and regular emergency relief on an ongoing basis. We are also aware that for some there is a real fear of asking for help from organisations such as the university, whether this is financial or emotional, because they believe it would impact on their visa status as they would be deemed unable to support themselves and so have their visas revoked or not renewed. In response, some social workers have set up food banks from their own homes for this group of people due to the fear that the basic needs of many international students cannot be met. The level of anxiety some of these people have experienced as a direct result of hearing the government telling them to go back home, or Chinese students being targeted and blamed for the pandemic have all resulted in increased mental health issues. It is now critical that the Queensland government continues to develop strategies to rebuild trust and provide ongoing support to the individuals who have experienced increased emotional and psychological distress.

Recommendation

- That the Queensland government advocate for JobKeeper payment be extended to cover casual staff who have been employed for less than a year, and temporary visa holders.

Older people

Older people living in residential aged care facilities are another particular group that we have identified as experiencing particular emotional distress as a result of COVID-19 and the ensuing lockdown of facilities. Social workers are not routinely employed in residential aged care facilities, a point raised by the Queensland Branch of the AASW in our Submission on the Inquiry into Aged Care, End-of-life and Palliative Care, and Voluntary Assisted Dying in 2019.¹¹ Social workers provide essential services to meet people's psychosocial needs and enable older people and their families to access the aged care system, particularly at the interface between health and aged care. Despite being a key allied health service, social work is often missing in services for older people outside of hospitals and particularly in residential aged care.¹² During the lockdown this has meant that attention to the emotional needs of individuals has been limited and while we recognise that many aged care services have worked hard to support residents with psychosocial distress and anxiety, the lack of qualified and experienced personnel to do this means gaps to service delivery.

The following are only a few examples of the impact on the emotional wellbeing of the older person. All names and identifying information has been changed to maintain confidentiality.

Bill has been living in an aged care facility for many years. He experiences some cognitive issues which is one of the reasons he is in the facility, which have become exacerbated since the lockdown resulting in believing he is now an inmate in prison. Bill has become more aggressive and anxious and sees the facility and staff as prison guards with other residents as inmates as well. The inability to engage in his normal routines that involved visits from family and outings have added to his beliefs. The staff mix of nurses, AINs and diversional or lifestyle staff have worked hard during this pandemic, however they lack the qualifications and expertise, along with the time, to focus on the psychosocial needs of people like Bill. This highlights the importance of aged care facilities having social workers employed as core allied health staff.

Patrick has been living in the aged care facility for almost one year and has been struggling with the grief and loss associated with his disease. The pandemic meant that the support he and his wife were receiving from a part time visiting social worker was abruptly put on hold as the social worker is not employed as core staff. Over the three months of lockdown Patrick has experienced

¹¹ <https://www.aasw.asn.au/document/item/11838>

¹² See Hardy, Hair & Johnston. (in press) Social work: Possibilities for practice in residential aged care facilities. *Australian Social Work*.

increased depression, sadness and feelings of loss of control. This additional emotional distress could have been avoided had social work been a core allied health worker within the facility.

Social work is an essential service to supporting older people in residential aged care to maintain and improve quality of life and wellbeing. Having social work embedded in residential aged care as core staff can provide ongoing psychosocial support that could prevent deterioration in mental health during crises as has occurred during the COVID-19 pandemic.

Recommendation

- That the important role of social workers in residential aged care facilities be recognized by including the employment of qualified social workers as part of the core staffing allocation.

Housing and the impact on health outcomes

A key aspect of the COVID-19 health response has been to manage rough-sleeping and overcrowded housing to reduce community transmission of the virus. The provision of a \$24.7 million Immediate Response Fund implemented through an eight-point plan was designed to meet the needs of the housing sector employees, as well as individuals effected by homelessness to ensure a holistic health response.¹³

The AASW welcomed the provision of funding for emergency self-contained accommodation for people experiencing homelessness to support social distancing and prevent community transmission of COVID-19. The provision of emergency housing has enabled individuals and families experiencing homelessness to vacate overcrowded and unstable housing where they may be particularly vulnerable to COVID-19. As many as 2000 individuals and families have reportedly received emergency housing assistance through the rapid housing response¹⁴. This has been a necessary step for individuals sleeping rough or couch-surfing who would be disproportionately affected by COVID-19 due to increased risk of exposure and heightened chance of severe health impacts owing to pre-existing low health outcomes in the homeless population¹⁵.

¹³ Department of Housing and public Works. (2020). COVID-19: Immediate housing response fund to support Queensland's most vulnerable. <https://www.hpw.qld.gov.au/news-publications/news/new-immediate-response-fund-to-support-queenslands-most-vulnerable>

¹⁴ Cassidy, T. (2020, June 17). COVID-19 homelessness response results in hundreds being housed in Queensland. ABC News. <https://www.abc.net.au/news/2020-06-17/addicts-journey-from-homelessness-to-hope-after-covid19/12346272>

¹⁵ Flatau, P., Seivwright, A., Hartley, C., Bock, C., & Callis, Z. (2020). Homelessness and COVID-19: CSI response. https://www.csi.edu.au/media/uploads/csi-covid_factsheet_homelessness_statement2.pdf

As a result of the rapid housing response, social workers have seen an increase in the pace of which social housing applications have been approved, offers of social and community housing made, and rental grants and bond loan applications approved. These measures have been essential in supporting people affected by homelessness into long-term stable accommodation and consequently providing a safe environment for social distancing to prevent community transmission of COVID-19.

However, AASW members see a significant uptake in specialist homelessness services following the onset of COVID-19. This presented a major challenge for service delivery, particularly with staff required to self-isolate, reduced numbers of volunteers and reduced capacity to access donations. Given the need for assertive outreach when working with individuals experiencing homelessness, state funding aimed at increasing service providers' capacity to access and pay casual replacement staff is critical to meeting the growing demand. Funding to specialist homelessness services can mitigate the the risk associated with outreach to people by enabling staff to self-isolate if needed and providing a back-up workforce to ensure the continuation of service delivery if staff became unwell. Also, it is also important to ensure that frontline casual replacement workers are properly trained to work with people who experience homelessness and its associated complexities. A lack of training for frontline workers will pose challenges for effective service delivery.

Moreover, there have been several unintended consequences of placing a large population experiencing homelessness and other complex needs in emergency accommodation. Our members have reported challenges where hotel staff have been required to manage complex situations beyond their training and role description. This has been evident when women affected by family violence have been placed in hotel accommodation, and hotel staff have been required to reduce risk to these women with minimal understanding of the complexities associated with family violence. Other issues raised included individuals working to manage problematic substance use were co-located with individuals engaging in substance use, and women who have experienced family violence were accommodated in the same hotels as perpetrators of violence. As such, we believe these isolation arrangements were not appropriately assessed for risk prior to placing individuals and families in this accommodation.

The AASW recognises that the state government's response was highly reactive due to the rapid onset of COVID-19 and called for an immediate response with minimal opportunity for planning. We commended the Queensland Government for the quick response to housing needs and recognition paid to the role of housing in minimising community transmission. However, it should be noted that the response was reactive without considering capacity-building as essential to achieving long-term housing outcomes¹⁶. For example, the provision of emergency housing at no cost to those residing

¹⁶ Adkins, B., Barnett, K., Jerome, K., Heffernan, M., & Minnery, J. (2013). *Women, housing and transitions out of homelessness*. Australian Housing and Urban Research Institute, Australia.

within the accommodation does little to support capacity-building or assist people affected by homelessness to develop their skills for maintaining tenancies.

While the AASW welcomes the additional funding to the homelessness sector and provision of emergency accommodation to protect this part of the population, there is a need for a more long-term and evidence-based responses to future events. As such, the AASW recommends relevant state government departments such as the Department of Housing and Public Works and Queensland Health engage with local stakeholders to develop an emergency housing response to prepare for future events requiring a joint health and housing response. This may involve developing a plan for managing future emergency housing in case of significant events such as global pandemic or natural disaster, with due attention given to planning exit options for those placed in emergency accommodation. This would likely result in a more sustainable and effective use of funding, while also aligning with longer-term housing goals local stakeholders are working towards.

In addition, our members are also concerned of the economic impact of COVID-19 raises concerns over those in private rentals maintaining rental payments with many people experiencing loss of employment and the impending cessation of JobKeeper payments. While the Federal Government initially encouraged landlords and tenants to negotiate between themselves, Federal and State introductions of moratoriums on rent increases and evictions were delayed creating significant stress for tenants and landlords alike. AASW members who work in specialist homelessness services have reported an increase in those requiring financial assistance and housing support during the pandemic. In a long run, the pandemic may pose challenges for homelessness as economic downturn and loss of employment renders many Australians at greater risk of homelessness. therefore, the consequences of the pandemic may continue to be felt long after the emergency housing responses have come to an end with a post-pandemic spike in homelessness. Given the strong correlation between homelessness and mental illness¹⁷, the pandemic may pose a longer-term challenge for health and housing services that are already strained. Therefore, a more sustainable approach to supporting those experiencing mental health challenges in conjunction with housing supports would be beneficial. The AASW advocates for the continuation of increased funding to the homelessness and mental health sectors, recognising the intersection of these fields of practice and the need for longer-term change once the emergency housing response has come to an end.

Recommendation

- That the Queensland government leads a substantial investment in social and affordable housing and a strategy to ensure that everyone in Australia has access to safe, affordable housing, and

¹⁷ AIHW (Australian Institute of Health and Welfare) (2019). *Specialist homelessness services annual report 2017–18*. Canberra: AIHW. <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/contents>

increase funding to specialist homelessness services to assist those experiencing homelessness to access and sustain housing.

- That the Queensland develops an emergency housing response plan in consultation with local stakeholders for future major events requiring a joint housing and health response to ensure a safer, more sustainable and cost-effective response that accounts for the complex needs of those experiencing homelessness.

The experience of Aboriginal and Torres Strait Islander communities

Our members share the frustration expressed by a community in Far North Queensland that they could no longer maintain family and economic ties to Cairns a. Residents in Aboriginal and Torres Strait Islander communities are not able to pursue job opportunities that were in other towns and cities due to the Biosecurity laws. These frustrations were well-documented in the ABC report.¹⁸

Our members who work in the communities also recognise price increases in Aboriginal and Torres Strait Islander communities and with this a lack of access to fresh food, vegetables and basic household items. Therefore, the AASW believes that these detrimental impacts of COVID-19 has deepened the disadvantaged faced by Aboriginal and Torres Strait Islander communities in Queensland, in particular in rural and remote areas.

In response to this, the AASW refers the Queensland Government to the United Nations Department of Economic and Social Affairs' publication on the impact on COVID-19 on indigenous people. The document speaks to the importance of services and facilities being appropriate to the specific situation of Indigenous peoples across the globe¹⁹. Locally, the Queensland Aboriginal and Island Health Council has developed a range of culturally appropriate resources for their Aboriginal and Torres Strait Islander Community Controlled Health Services member organisations to equip them in managing the Coronavirus pandemic. The resources are in plain English and can be adapted to suit the local community²⁰.

The AASW strongly supports the recommendations from the National Aboriginal Community Controlled Health Organisation (NACCHO) and other peak groups²¹ calling on governments to:

- Provide secure and long-term funding to Aboriginal community-controlled health services to expand their mental health, social and emotional wellbeing, suicide prevention, and alcohol and other drugs services, using best-practice trauma-informed approaches.

¹⁸ Rigby, M & Shorey, K (2020 May) Queensland's biggest Indigenous community seeks exemption from lockdown. <https://www.abc.net.au/news/2020-05-28/yarrabah-indigenous-community-seeks-lockdown-exemption/12290722>

¹⁹ United Nations (2020) COVID-19 and Indigenous peoples <https://www.un.org/development/desa/indigenouspeoples/covid-19.html>

²⁰ Queensland Aboriginal and Islander Health Council (2020) COVID-19 (Coronavirus) resources <https://www.qaihc.com.au/resources/covid-19-coronavirus-resources>

²¹ <https://www.naccho.org.au/health-bodies-declare-aboriginal-youth-suicide-an-urgent-national-priority>

- Increase funding for Aboriginal community-controlled health services to employ staff to deliver mental health and social and emotional wellbeing services.
- Increase the delivery of training to Aboriginal health practitioners to establish and/or consolidate skills development in mental health care and support, including suicide prevention.
- Commit to developing a comprehensive strategy to build resilience and facilitate healing from intergenerational trauma, designed and delivered in collaboration with Aboriginal and Torres Strait Islander communities.

Recommendation

- That the Queensland government implement the recommendations made by the National Aboriginal Community Controlled Health Organisation (NACCHO) and other peak bodies ²².

The impact on Domestic and Family Violence

As has been highlighted in earlier sections, it was anticipated that family violence would increase during the COVID-19 pandemic due to victims being in close proximity to perpetrators and being unable to leave their homes.

We commend that in April, the Queensland Government committed \$5.5 million to help manage the increase in demand for services due to the serious concerns for victims of domestic and family violence during the coronavirus crisis due to increased financial pressure and social isolation²³.

In May, the Queensland Government hosted a virtual summit to respond to family violence across Queensland. The role of the summit was to keep Queenslanders safe from family violence during the pandemic and have access to critical help and support²⁴.

Our members commend the Queensland government in collaborating with family violence services, sharing resources and supporting each other during this increased demand. The AASW hopes to see the continued investment into family violence services to support families and children in need from all levels of government.

²² <https://www.naccho.org.au/health-bodies-declare-aboriginal-youth-suicide-an-urgent-national-priority>

²³ Media Statement (2020 April) \$5.5m to boost domestic violence services during COVID-19 pandemic <http://statements.qld.gov.au/Statement/2020/4/8/55m-to-boost-domestic-violence-services-during-covid19-pandemic>

²⁴ Media Statement (2020 May) Virtual Summit responds to domestic and family violence during COVID-19 <http://statements.qld.gov.au/Statement/2020/5/5/virtual-summit-responds-to-domestic-and-family-violence-during-covid19>

Recommendation

- That the Queensland government advocates for the immediate introduction of a Medicare item number for family violence psychological support, so that survivors can access support without needing a mental health plan.

Conclusion

The AASW welcomes the opportunity to enter this submission to voice the experiences of social workers' and the people they work with during the COVID-19 health response. We look forward to continuing to support the work of the Queensland Government in this crucial area and working towards improving the health and wellbeing of Queenslanders.



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