

Voices from the COVID-19 frontline

Findings and recommendations about how we can minimise COVID-19's impact on Victorians experiencing disadvantage



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Overview

The Brotherhood of St Laurence (BSL) sought to understand and unpack how a pandemic can further exacerbate financial and social exclusion of people who face disadvantage.

This insight series and its recommendations have been developed with the aim of informing future policy-making, community service sector delivery as well as the public debate whilst illuminating:

- How COVID-19 (C19) is disproportionately impacting disadvantaged communities;
- Ways that communities are utilising their strengths and/or how government could further harness their assets; and
- Insights we didn't expect as well as verification of themes already canvassed in the media.

This report reflects analysis of consultations with 300 BSL frontline staff that were conducted during June-August 2020 as part of our 'COVID-19 Listening Tour'.

Acknowledgement of Country

The Brotherhood of St. Laurence acknowledges the Traditional Custodians of the land and waterways on which our organisation operates. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and emerging.



**Brotherhood
of St Laurence**

Working for an Australia free of poverty

In this report

We provide an overview of the five common themes uncovered across all our services and make recommendations, where relevant, based on the;

- different experiences of lockdown and the restrictions,
- need to distinguish between hopelessness and mental health,
- uneven impact of the digital divide,
- importance of communicating C19 and stimulus enrolment information; and
- how time operates differently during the pandemic for various people.



"The point is not that everybody is equally vulnerable. This crisis is not the great leveller some claim – poor people will become poorer, those with insecure work will become less secure, those already sick will suffer most. Like every crisis, the virus simply makes visible what was already true."

– Sean Kelly, *The Age*, 8 April 2020

Reports in this series

This report is one of eight which explore different focal areas and cross-cutting themes. Please refer to the chapter list at the front of this document for links to each report for further reading, including our Background chapter.

Top 5 findings across all ages

1 Lockdown and the isolation restrictions are harder without resources, social networks, good mental health and positive relationships.

Lockdown through different eyes

"For people without smartphones and access to the internet, who are used to socialising purely by seeing family in person are struggling."

"One family said there were three generations in the one house. About 18 people living together as others had lost jobs and were being supported."

Triggering trauma, mental health & family violence

"Most clients with mental health conditions, trauma or experiencing family violence, had their anxiety levels raised and the work was towards easing their anxiety, so they could be available for their children."

"For people of refugee backgrounds, the supermarket rations and lockdown are triggering past experiences in refugee camps or authoritarian regimes back home."

– Joseph Youhana, Epping



"C19 has strained mental health issues due to confinement and increased family violence scenarios."

"People are telling us about increased depression and anxiety, specifically OCD and social anxiety."

A clear delineation surprised us midway through the consultations. Whilst for most Victorians, the lockdown and restrictions were an inconvenience, for the disadvantaged communities we work with, it felt traumatic. Largely because it involved being in your own head and isolated in your own small home. For those living with trauma, poor mental health and family violence, life got harder. Without iPads to occupy kids, no Netflix subscription to keep amused and no video-enabled devices to

stay connected with family and friends, they felt lonelier, more stressed and anxious. With many in jobs that can't be worked from home, not being able to afford to isolate for testing also quickly surfaced. Suddenly the divide became clear. Whilst staying at home was hard, at least most had the luxury of resources, social networks, good mental health and positive relationships. This was best summed up by one respondent who said, "we're all in the same storm, but we're all in different boats".

Echoing Sean Kelly's point that like every crisis, the virus simply makes visible what was already true. It has laid bare our society's inequalities and how being able to stay safe is a luxury in a pandemic.

2 **There was a widespread sense of hopelessness related to external conditions beyond people's control**

For the unemployed

"It's not only the increased social isolation and that they can't go to work but our jobseekers can see that there aren't any jobs. Their previous lack of hope is exacerbated by C19."

—Skye Pendleton, Frankston



For the unemployed without a safety net

"There's a sense that life is not going to get better. There was a suicide attempt amongst the international students in our program."

"There's uncertainty for some of our people, that's really day to day because they don't know whether they're going to be living in that place tomorrow or whether they'll have something to eat. It increases their anxiety. They don't perform well when an employer calls. Their memory is not there. I've called my clients and said the employer has called them and done the screening but they can't recall it happening. They have more important things to worry about it. The anxiety and stress levels have increased. They can't think straight."

For young people

"There are not enough mental health supports available to young people. We can have a young person experiencing significant mental health issues but when you ring the Youth Services, it is an 8-12 week wait for an intake appointment. That's not to be serviced, that's just the screening appointment to understand the needs of the young person. They don't want to ring the 1300 numbers—they want and need personalised support."

Mental health issues can be experienced by individuals at any point in life and be exacerbated by a person's surroundings. However, feelings of hopelessness can be experienced by individuals who do not typically suffer from clinically diagnosed mental health issues. Thus, the sense of hopelessness should not be pathologised or located within an individual to resolve. The sense of hopelessness being felt now is a society-wide issue; mostly dependent upon external conditions beyond people's control. People are expressing hopelessness, demotivation, and concern for their future aspirations due to the context we're in which includes historic unemployment rates and a virus whose symptoms can range from mild to life-ending. The following situations are currently being faced by some of the people we work with and would understandably result in the feelings of hopelessness:

- 1 People who found it difficult to find employment before C19 might feel less hope about finding a job now, when they are now competing against more experienced, newly unemployed people.
- 2 People are experiencing a delay in bringing family from overseas to Australia, perhaps indefinitely due to border shutdowns and delayed visa processing. This delayed reunification represents an indefinite delay in having their support networks around them. For those newly arrived, this may also represent a delay in their own settlement in Australia, in addition to further delays to years' worth of visa applications and the investment of thousands of dollars.

- 3 People seeking asylum and those on temporary migrant visas have been excluded from the C19 stimulus efforts of Jobkeeper and Jobseeker given their temporary visa status. This particularly hurts people without reserves of savings and/or support networks. This has created desperation and we are already receiving reports that this is pushing some people into dangerous, illegal, or unsafe cash-in-hand work to survive.
- 4 Young people who were only beginning their journey into the job market are seeing most entry-level jobs become unavailable to them as the service economy stalls amidst lockdowns.

Distinguishing between mental health issues and the sense of hopelessness – why does it matter?

It demands a completely different response. Mental health issues can be met with increased supports such as free, or low-cost, online counselling sessions and expanding the number of mental health sessions covered by Medicare. The kind of hopelessness we heard about, on the other hand, will require a community response to enable people to feel supported both emotionally and physically. In ways that haven't been seen for Australian families in generations, people are now experiencing the responsibility of being the sole educator, caretaker, and socialising source for their families. They are coping with this while experiencing economic stressors and prolonged lockdown conditions which limit their movement. Added to this is the uncertainty around the length of time these mandates will last. Many parents do not have their typical extended families or community supports during isolation to share the responsibilities of this massive and important undertaking. The word "overwhelmed" was a common refrain. In taking this nuanced understanding of how people are coping, we can better learn how aspirations are impacted, how disadvantage can be amplified in times of crisis, and how we can improve practice or service delivery to better meet the needs of those we serve.

3 The digital divide is unevenly impacting low income families, people with disabilities and older people, limiting their ability to engage in services and socialising.

Low income families

"Two years ago we ran some stats on what our participants were saving for—over 70% were saving for a device. Most had only one device or zero. Lately 80% have been saving for a computer."

"Some families had one device between a family of four. If it breaks, that's it, they've got no device."

For people with disabilities

"People are not able to receive virtual video services as they lack smartphones. They're on basic phones with limited data. We can't see virtual services as a cheap way forward. The risk in government expecting all services to be digitised is that it exacerbates exclusion."

– Nite Fuamatu, Footscray



For people in our aged care programs

"For those using technology it is much easier to do online shopping and telehealth with GP, they're managing much better. Those not using technology and no family help are more isolated."

"Internet access is definitely a necessity and more work to support minority groups to have this access is required."

"Not many are using technology for telehealth. Two to three percent maybe. The bulk of participants have personal circumstances that keep them from using technologies—lot of cognitive decline, visual and hearing deficits. Wherever possible you're trying to get technology in there but it's not a solution for everyone."

The key arising issues involved people lacking:

- 1 Digital tools** – many had basic phones without video capability or the data allowances for video chats
- 2 Digital access** – many lacked Wi-Fi
- 3 Digital skills and confidence** – many lacked the ability to navigate their digital tools beyond phone use and/or lacked ICT support if they didn't live with others.

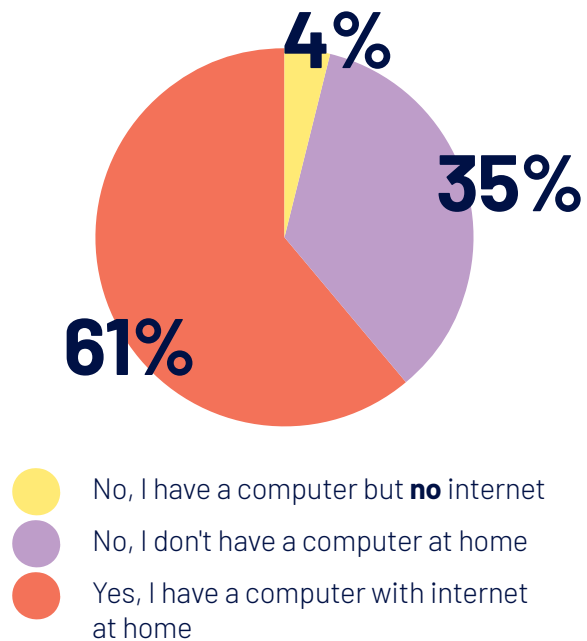
Relying solely on digital platforms for service delivery will increase exclusion and perpetuate disadvantage. Most participants had difficulty accessing the technologies needed for remote service delivery, at least initially. This includes laptops, iPhones, iPads, a scanner/printer, and/or Wi-Fi access. Those who did have the technology to stay in touch with BSL staff often had limited skills to work in a completely remote situation and some found the learning curve steep. The majority of staff reported having to:

- spend extra time helping people access grants for technology or talking them through setting up their video conferencing applications.
- help people complete application forms or documents through time-intensive processes that included sending photos of forms back and forth with the service user, in lieu of being able to meet in person.
- buy phones and data plans for the young people they work with to stay connected. Staff in youth services also reported high engagement rates of 85–90%, which could partly be explained by this very action.

As evidenced by ABS (2018) data that showed 1.1 million (28.5%) people with disability did not use the internet and over 250,000 people with disability lacked confidence or knowledge to use the internet, digital tools and confidence. This was reinforced locally in one digital access survey conducted by our [Jobs Victoria Employment Network \(JVEN\)](#), of the 302 jobseekers, 35% (105) indicated they had no access to a computer at home, and of those with access, 4% (12) had no internet. Naturally, in a virtual world, this will impact their jobseeking skills.

Figure 1 Do you have a computer with internet at home?

Total respondents = 302



All staff reported that the people using their services benefitted from more regular phone calls or text messaging as the primary way of keeping in touch. This allowed BSL service users to stay connected but removed the pressures some associated with video chats—being concerned about how they themselves, or their rooms, looked on camera.

4 C19 information – translations weren't reaching CALD communities, whilst students and aged care residents and staff were confused

For those who can't work from home, can't afford to miss casual work or don't have strong english, the need for proactive community engagement is necessary

"People are unaware of the need to get tested or they are but worried they'll miss shifts. I encouraged a couple yesterday to get tested. They were going back to shifts today. I told them to get a mask and gloves and reminded them they're going back to family. They hadn't thought about how it could impact their extended family."

"Some people were scared that if they go get tested, they would lose their job if they were positive."

"One man assumed that since his boss told him to go home and get tested, that he lost his job. But he hadn't."

"Some families don't understand the concession card and aren't qualified for JobKeeper and JobSeeker. Communicating with all those different agencies is hard for them. Some got JobSeeker but it took weeks to figure out if they are eligible. They didn't understand the differences between the two programs."

"The media is everywhere but they don't understand it or don't access it. One of my clients still can't access the information, they don't speak English. They were coughing all through our meeting but they were in a hotspot. After I sent her the link in Dari, she said "thank you, I had no idea."

Recognise, tap into and harness reliance on community what's app groups

"I found about a Somalian Mother's Group in North Melbourne who have organised tutoring. Someone is helping my high school child and my daughter for one hour a week with two 30 minute sessions. I want my son to be able to get into year 12". The What's App has also helped her stay aware of the latest C19 news as there's regular government updates and discussions about coping strategies for teenagers and young kids. "It is useful for our community as they talk about issues for families, they help each other. A lot of families are from NZ and some of them who can't work and don't have funding and helping find out about how they can access money, housing or food or mental health help."

– "Fay", Somali community member, Fitzroy



For aged care workers and those in aged care themselves

"I've had some clients who feel like they're going to be treated as second rate if they get into hospital because they're so old. That they won't be prioritised, that younger people will be. So they're taking extra precautions like washing their stuff. They feel like they're going to be left to die I think. A lot of that is paranoia and anxiety but..."

"[We need] greater clarity and direction on residents who test positive and the capacity of the hospital given comorbidities."

"It's been a changing climate around PPE. The requirements keep changing. Initially the advice was not to use it. It was hard because clients wanted us to use it but there weren't stocks and the Department didn't give us grounds to use. But with the escalating situation in the last week PPE has become mandatory. So that's what's been challenging, people wanted us to wear masks at the start and we couldn't because we didn't have the supply. And there also wasn't the grounds."

The rapid pace of C19 research has complicated communication strategies for health bodies and governments around the world. The pace at which we have learned about this novel virus made it difficult to keep everyone informed with the same depth of understanding and, as a result, scepticism developed. For those familiar with science and the scientific method, the evolution of C19 knowledge was to be expected and the changing of recommendations made logical sense. However, for those who are less familiar with science and the trajectory of discovery, the fact that recommendations keep changing, undermined their belief that scientists can be trusted. When this was filtered through the current, often polarised, social media and news information ecosystem, misinformation and disinformation began to spread faster than the virus and replace well-communicated C19 evidence.

Staff also reported that multicultural communities have had trouble understanding the ever-changing health and lockdown information if English was not their primary language. While Australia's first case of C19 was recorded January 2020, it was mid-August 2020 when the Victorian Government went beyond translations and announced \$14 million in funding to reach culturally and linguistically diverse communities with health messaging. Despite government efforts, health communications seem to require longer periods of time for messages to ripple through communities through both official and unofficial translators. The messages about C19 health and safety must also contend with the toxic elements of the information ecosystem such as conspiracy theories and disinformation (Bruns, Harrington, Halcombe, 2020).

5 Time is operating differently during the pandemic - increasing the urgency, going slow or just feeling oppressive.

During the pandemic we have noticed that the concept of time is operating differently for various demographics. For the people BSL works with, time has either:

- increased a sense of urgency;
- felt like it is standing still or dragging on painfully slowly; or
- felt oppressive in the face of challenges.

When creating policies to address the needs of various demographics, we recommend the following impacts are considered.

- 1 For older people, especially those in aged care, there is an increased sense of urgency from feeling they must make the most of their remaining time of earth to see their loved ones. This results from their inability to see their families or friends when physical distancing and isolation measures have been put in place. Grandparents feel they are missing pivotal times of their grandchildren's lives. Those who are sick worry they might not see family in person again before they die. Unlike those younger generations, older people feel they cannot "make this time up later." This is negatively impacting their mental health.
- 2 For younger people, the time spent in lockdown has seemingly put their lives on hold. It has taken away their opportunities to start their lives. This has negatively impacted their ability to form or grow new personal relationships, to get a foothold in the labour market, or to live independently.
- 3 For families, especially single parents, time is dragging on slowly while the isolation mandates increased feelings of deep overwhelm. Parents who were home-schooling children while working from home or looking for employment reported being able to manage in the first lockdown period. As time passed and the pandemic worsened, families have reported an inability to deal with the stressors. Many have become more relaxed with home-schooling and typical rules for their children in response to the overloads they are experiencing which seem to feel multiplied over time.

- 4 For the most vulnerable populations, like those people seeking asylum, time might best be described as a prison. For those who have little safety net and are unable to work, each passing week drives them deeper into poverty and desperation. Visa applications might be on hold as the agencies experience delays. People who are not permitted to work because of their visa status, but who are unable to leave Australia, are facing homelessness, food shortages, and intense hopelessness.

Recommendations

Addressing mental health and hopelessness

Leveraging existing resources:

- Increase awareness and destigmatise the existing *Better Mental Health Care* plans as *C19 Recovery Plans* for people to access bulk-billed counselling sessions
- Encourage Local Government Community Capacity Building staff and/or redirected staff to use their platforms to facilitate local peer-to-peer support groups that enable people to:
 - Come together and share common interests to foster community connectedness
 - Share skills they've learned to manage their own anxiety and depression (those who had existing mental health issues and/or experienced isolation, were reportedly in some ways, better prepared for this pandemic which mandates isolation and the loss of in-person socialising)
- Encourage all programs should to embed health, well-being and social connection. In particular youth-tailored employment services should utilise a "capabilities approach" to embed these as key components. See our previous work on this here (p.19)
- Leverage any opportunity to increase the ability for people to feel "we're all in this together" even if we are facing various challenges. Share messaging about "Getting real during C19" and set expectations that everyone will be less productive and need more mental rest time during this very trying time.

New funding:

- Provide free or low-cost, online counselling sessions to those ineligible for Medicare.
- Removing the limit on mental health sessions per calendar year under Medicare for all Australians, replacing current measure for Victorians in Stage 4, for whom the number of mental health sessions available has been doubled from 10 to 20.

Addressing the digital divide

Leveraging existing resources:

- Ensure government and/or service recipients are given the option to provide verbal consent so people do not need to access a printer/scanner or require smartphone capabilities
- Change requirements in some government-supported programs to allow families to have phone calls or video chats after C19 passes, rather than insisting on in office presence.

New funding:

- Invest in broadband and telehealth technology access so that every Australian has access to the internet which they can utilise for remote service delivery in times of crisis, such as a pandemic and/or bushfires
- Reexamine the infrastructure for medical prescription delivery services for those who have limited access to the Internet.

Addressing communication issues

Leveraging existing resources:

Ensure community translations about C19 and/or financial supports are complemented and conveyed via community engagement strategies.

This should involve creating a rapid response team of community leaders (all ages, cultural backgrounds, genders, and within LGAs and housing estates with high CALD populations) who:

- Map how information flows into different communities
- Are trained in online communications and become the point person for their community
- Tap into and harness reliance on community WhatsApp groups, as per earlier quote from "Fay";
- Establish those families not engaged without digital tools or access who could benefit from approaches similar to "phone tree" methods popular in the 1970s era community organising
- Provide training in utilising digital communications for future service delivery inclusion

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Further reading

Visit bsl.org.au/covid-19/voices-from-the-frontline/ to continue reading.

The Brotherhood of St. Laurence is a social justice organisation working alongside people experiencing disadvantage.

Our mission is to pursue lasting change; to create a more compassionate and just society where everyone can thrive.

To learn more please visit bsl.org.au



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