

Independent review of Australia's COVID-19 response

NCOSS Submission



About NCOSS

The NSW Council of Social Service (NCOSS) works with and for people experiencing poverty and disadvantage to see positive change in our communities.

When rates of poverty and inequality are low, everyone in NSW benefits. With 80 years of knowledge and experience informing our vision, NCOSS is uniquely placed to bring together civil society to work with government and business to ensure communities in NSW are strong for everyone.

As the peak body for health and community services in NSW we support the sector to deliver innovative services that grow and evolve as needs and circumstances evolve.

Published July 2022.

© NSW Council of Social Service (NCOSS)

This publication is copyright. Non-profit groups have permission to reproduce part of this document as long as the original meaning is retained and proper credit is given to the NSW Council of Social Service. All other persons and organisations wanting to reproduce material from this document should obtain permission from the publishers.

NCOSS can be found at:

Yirranma Place, Level 1, 262 Liverpool St, Darlinghurst NSW 2010

phone: (02) 9211 2599

email: info@ncoss.org.au

website: www.ncoss.org.au

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

As the peak body for the social services sector in NSW, our community comprises population groups experiencing disadvantage and the organisations that support them.

The social sector in NSW consists of over 7,800 organisations employing more than 230,000 staff to care for approximately one million people each year. It contributes \$15.4 billion p.a to the NSW economy, requiring an additional 62,000 jobs by 2030 to meet population demand.¹

In NSW, 13.3% live below the poverty line; while low-income households comprise approximately 35% of the population.²

COVID-19 exacerbated existing disadvantage in NSW, and plunged others into disadvantage for the first time. While approximately 340,000 avoided or were lifted out of poverty due to temporary measures such as the Coronavirus Supplement, the social impacts were nevertheless widespread, including increases in:

- domestic violence;
- overcrowding, housing stress and homelessness;
- mental health issues;
- health and associated risks for people with disability, homeless people, the frail elderly, those in congregate care, Aboriginal and Torres Strait Islanders;
- children and young people experiencing safety and wellbeing concerns.

Women and young people were also more greatly impacted by job loss.³

Geographically, there were differences. Higher socio-economic areas were better able to work from home, while workers in areas like Western and South Western Sydney suffered greater job loss and/or greater exposure to COVID. This had deadly consequences with Australians in lower socio-economic areas 2.5 times more likely to die.⁴ Locations with a high reliance on tourism, retail and hospitality industries were also harder hit.

What worked well

Frontline NGOs showed flexibility in shifting online, responding to immediate needs, allaying community anxiety, developing new service models and prioritising staff safety. Specialist homeless services, out-of-home care providers, drug and alcohol services and disability organisations implemented comprehensive measures to keep clients and staff safe in complex, high-risk environments. Trusted local organisations such as neighbourhood centres and multicultural services translated confusing messaging; promoted compliance with health responses; provided food, emergency relief, IT equipment and online support; undertook welfare checks; assisted households to access emergency payments; and supported communities through a difficult time.

¹ Equity Economics (2021) The Social Sector in NSW: Capitalising on the Potential for Growth

² NATSEM (2019) Mapping Economic Disadvantage in NSW

³ Equity Economics – op cit

⁴ ABC News online 9 September 2021 – Poorer Australians four times more likely to die from a COVID-19 infection

Aboriginal Community Controlled Organisations went above and beyond to keep their people safe and well. They took the lead in protecting their communities, collaborating with authorities and others to tailor messages and devise culturally appropriate strategies to ensure people were vaccinated, able to heed public health requirements, and supported.

Peak bodies stepped up for their members, providing resources, training and opportunities for peer support, information sharing and problem solving. NCOSS acted as a conduit between government and the sector and coordinated: economic modelling on COVID impacts; fortnightly meetings for up to 26 peaks; a multicultural CEOs forum during the Delta lockdowns to trouble-shoot/problem-solve; and access to expert health advice, updates and resources via existing member forums and communication channels.

NCOSS successfully advocated for additional funds for the sector. SSTF and partnership grants enabled eligible organisations to upgrade IT, improve operations, cater to rising demand and broker support for households in need.

There was improved collaboration between government and the sector including: joint efforts to keep rough sleepers safe; planning to prevent harsh lockdowns in social housing high-rise; and fortnightly videos by NCOSS CEO and DCJ Deputy Secretary with key messages and updates.

Together Home was quickly implemented, providing long term housing and wrap around supports for highly vulnerable people and demonstrating that, with political will, practical steps to end homelessness can be taken.

Increases to JobSeeker and the availability of JobKeeper, particularly in the first wave of COVID, meant households previously below the poverty line could afford everyday essentials and 'deferred' necessities. People who lost their jobs were buffered from extreme disadvantage.

What didn't work well

The pandemic exposed the fragility of our social services system. Already stretched organisations, on short-term contracts and starved of growth funding, relied on goodwill and voluntary effort. Limited back-office resources – to support WFH arrangements, develop risk management plans, upgrade IT and administer additional funding - were sorely tested.

The chronic under-supply of social housing was exacerbated as job loss and regional migration took hold, with over-crowding increasing and low-income renters squeezed out. The pandemic shone a harsh light on appalling housing conditions for First Nations people in rural and remote communities, impacting their ability to isolate and ensure health and wellbeing.

Lack of a contingent workforce meant organisations impacted by outbreaks and vaccine hesitancy were severely under-staffed. Additional funding provided by government, being short-term, didn't support extra staffing. Workforce hemorrhaging continues as people leave for better pay, security and work/life balance elsewhere.

If there was a whole-of-government plan, it was not apparent to, and didn't involve the social services sector. Government's response appeared issue-by-issue based and reactive.

The social services sector was not involved in planning, design or rollout. Instead, it was on the receiving end of confusing, chaotic, fast-changing and disconnected approaches that didn't reflect

on-the-ground realities or community need. Experienced ACCOs, multicultural services and others with expertise working with population groups with complex needs were not called on for advice until late in the piece, if at all.

Harsher restrictions imposed on the LGAs of concern during Delta caused anxiety and resentment. Heavy-handed measures, including military presence, dog units and police on horseback, fuelled perceptions of discriminatory, unfair practices. This underscored the failure to engage early with community leaders and local organisations to address concerns and promote desired behaviour through community-led messaging and channels. It created additional work for local NGOs to allay fears and support people to stay the course.

The government system of intake/referral through Service NSW was inefficient and demonstrated little understanding of the social services system. Emergency response agencies also lacked understanding of the sector's specialised work. DCJ districts' focus on transactional contract management meant they were not at the forefront of collaboration, coordination and effective, localised responses.

The opportunity for ground-up, place-based planning and coordination, involving all levels of government, the social services sector and community leaders - to clarify roles and responsibilities, maximise resources, avoid duplication, tailor messaging and target the most vulnerable - was missing. In some LGAs, councils took on a coordination role for some elements, but this was not consistent across the board.

COVID's impact on widening inequality and entrenching disadvantage will be with us long-term. Additional, one-off funding for the sector has ended, while increased need in the community continues, with evidence of ongoing heightened levels of domestic violence, children and young people at risk, housing stress, overcrowding and homelessness, and mental health issues.

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

- 1) Ensure the most vulnerable have the basics to keep them and their families safe:
 - Push the Australian Government to permanently raise JobSeeker above the poverty line and increase the rate of Commonwealth Rent Assistance by 50%.
 - Fast-track construction of social housing to address NSW's chronic under-supply and return it to its previous safety net role.
 - In partnership with ACCOs, provide housing for First Nations communities that meets public expectations and standards for health, dignity, well-being and safety.

- 2) Undertake planning and coordination from the ground-up:
 - Invest in place-based architecture and resources to support cross-sector planning and coordination that gives the social services sector a seat at the table.
 - Draw on the expertise of local NGOs to develop place-based responses incorporating culturally appropriate messaging, collaborative models of service delivery, support and outreach, and referral pathways that leverage existing strengths.
 - Identify strategies to address skills shortages at the local level.
 - Recognise and resource the role of peak bodies as conduits between government and on-the-ground NGOs, and partners in planning, coordination and execution of responses.

- 3) Address the state-wide skills shortage across the social services sector:
 - Establish a taskforce comprising representatives from the social services, ACCOs, universities, VET, government and other experts that draws on regional advice, available data and initiatives from elsewhere to recommend short, medium and long-term actions for a sustainable workforce for NSW's fastest growing industry.
 - Ensure the taskforce's deliberations inform the Australian Government's upcoming Skills and Jobs Summit, and provide the basis for national commitment, resourcing and action.

- 4) Improve the immediate viability of the social services sector:
 - Provide longer term contracts of at least five years, incorporating: consistent, assured annual indexation covering mandated wage increases and rising service costs; and recognition of the sector's role in emergency response (including planning and coordination; and compensation for expenses);
 - In collaboration with the sector, develop an evidence-based funding model that reflects population growth, community demand and external factors that increase pressure on the supply of social services; and
 - In the meantime, increase baseline funding to NSW social services by 20%.