

CAIRNS LOCAL COVID-19 RAPID SOCIAL NEEDS ASSESSMENT

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Acronyms

Abbreviation	Description	Abbreviation	Description
ABS	Australian Bureau of Statistics	FNQ	Far North Queensland
ADII	Australian Digital Inclusion Index	FNQROC	Far North Queensland Regional Organisation of Councils
AHURI	Australian Housing and Urban Research Institute	LDMG	Local Disaster Management Group
AIHW	Australian Institute of Health and Welfare	NEIR	National Economic and Industry Research
ATODS	Alcohol, Tobacco and Other Drugs Service	NGO	Non-Governmental Organisations
CALD	Culturally and Linguistically Diverse	OECD	Organisation for Economic Co-operation and Development
CASS	Cairns Alliance of Social Services	PHN	Primary Health Network
CHHS	Cairns and Hinterland Hospital and Health Service	PPE	Personal Protective Equipment
COVID-19	Coronavirus Disease 2019	QCOSS	Queensland Council of Social Services
CRC	Cairns Regional Council	QHC	Queensland Human Rights Commission
CSIA	Community Services Industry Alliance	RAI	Regional Australia Institute
DCDSS	Department of Communities, Disability Services and Seniors	RNA	Rapid Needs Assessment
DFV	Domestic and Family Violence	SES	State Emergency Service
DHPW	Department of Housing and Public Works	SHSC	Specialist Homelessness Services Collection
DVO	Domestic Violence Order	SEIFA	Socio Economic Index for Area
ECDC	European Centre for Disease Prevention and Control	SFDRR	Sendai Framework for Disaster Risk Reduction
FARE	Foundation for Alcohol Research and Education	WHO	World Health Organization

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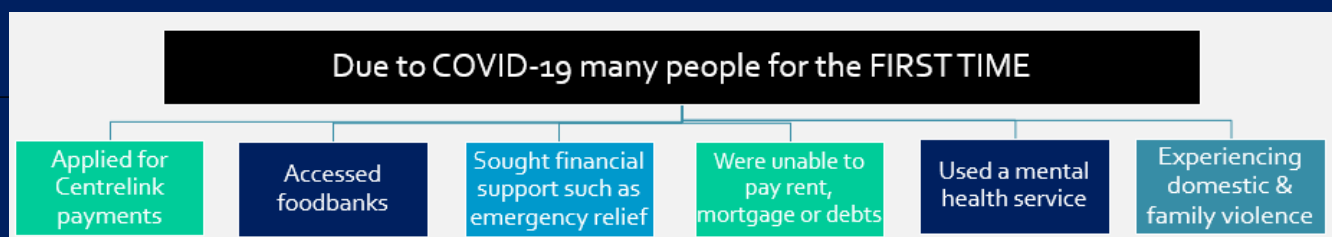
1. Executive Summary

On March 11 2020 the Coronavirus Disease 2019 (COVID-19) was declared a pandemic by the World Health Organisation. The pandemic is not just a health crisis, it also an unprecedented socio-economic crisis that has had large-scale global impacts across all segments of society, affecting large and diverse population cohorts. The full impact has not yet been felt and there is an expected lag effect of the virus with the social, economic and environmental spheres predicted to last much longer than the pandemic. Additionally, the impact of the pandemic has not been uniform, and many existing social inequalities have been exacerbated by the effects of the pandemic. Impacts operate across scales of regions, institutions and communities and have reverberation in a multitude of ways.

The Cairns region is identified as a high impact area for the consequences of COVID-19. Being a rural-regional location and economically being largely reliant on the tourism industry, its unique socio-economic characteristics has rendered it as 'highly vulnerable,' with significant impacts on the social, economic and emotional health of the local population. Despite the regions vulnerability we have an opportunity to meet our challenges in new and innovative ways that build on the regions many strengths. Cairns Regional Council (CRC) has been proactive in developing and acknowledging local responses to COVID-19 and in building an evidence base to guide response and recovery strategies. CRC has partnered with James Cook University to undertake a Rapid Social Needs Assessment (RNA). The project has three primary aims;

1. To determine a rapid and preliminary understanding of the social impacts of COVID-19 experienced by the Cairns community;
2. Create and evidence-based response strategies to inform short term to medium -term recovery planning and investment priorities, accounting for lag effects and the potential for resurgence; and
3. The work will also inform long-term recovery information needs and planning.

This study has identified that COVID-19 has introduced new at-risk populations. Using primary and secondary sources of data, the Rapid Needs Assessment was conducted in June 2020. COVID-19 has affected the social fabric of the Cairns region with *96% of respondents in the project focus group identifying that people felt more insecure and uncertain now than before.* Additionally service agencies identified new clients who were using services for the first time. The key areas of 'first' for many people included:



The first time users of services were reported to have feelings of shame (at using services or seeking welfare support), sadness, grief, anxiety, fear, and a sense of loss and helplessness. Many were surprised at the speed at which changes occurred in their lives in facing unemployment, financial and housing stress, calling it a 'crisis within the crisis.' Many were concerned for their future, about how they can make ends meet, how they could pay their rent or mortgages and how they would survive the 'long haul' with the persistence of COVID-19.

Navigating new and complex service pathways especially digital adaptations to seek help added to the overall distress. The population sub-groups seen as particularly vulnerable included people who have lost their jobs, casual workers, Aboriginal and Torres Strait Islanders, people with disabilities, older adults, culturally and linguistically diverse groups (particularly people from a refugee background), non-permanent visa holders, and children, young people and people dependent on home care support. The impacts of COVID-19 will leave long lasting detrimental outcomes to the economy and community. It has already created new populations of need and the lagged effects will bring additional forms of stress and pressure to individuals and households in Cairns. It will leave governments and service organisations with new levels of demand and challenges for long-term services and solutions.

While preliminary social impacts have been identified, due to the rapidly changing environment and the short time frame since the virus came into our lives, there are critical gaps in data and our knowledge including:

- Lack of granular data across different issues at local and regional level;
- Lack of data on post-COVID-19 impacts including prevalence, risk types, lag effects, severity of impacts, service gaps, workforce and capacity challenges and understanding of response/recovery measures
- Lack of platforms for knowledge, research and data sharing;
- Improved uptake of the use of data/research to inform practice, knowledge translation;
- Lack of adequate resources at the regional level for research and data capture;
- Lack of adequate evaluation of practice, particularly good practice; and
- Lack of evidence to advocate for the needs of communities and service agencies.

It is critical that a comprehensive assessment of impact is undertaken through deeper research to provide clear insights. Addressing gaps in knowledge, capturing learnings and sharing knowledge is vital for appropriate and affective response and recovery strategies.

In going forward, the top ten priority areas were identified by service providers as being critical in the short to medium term response and recovery:

- Strengthen support to vulnerable and disadvantage groups;
- Improve coordination and governance arrangements, particularly in the context of place and the management of disadvantage, early childhood development and mental health;
- Identify and target attention to risk and fragility;
- Improve information flows and communication;
- Build the capacity of the not for profit sector to respond to needs from COVID-19;
- Improve supply chain logistics for goods and services (including food security);
- Enhance data capture and collection;
- Strengthen COVID-19 related health service delivery;
- Support the role of the media in information and knowledge transfer; and
- Improve economic development in economically marginalised places.

A framework for action, based on key principles of place-based, fair and equitable response and recovery was developed for investment. **In the next six months**, the six areas for action are:



The **medium to long term** (defined as up to five years) recovery efforts need to focus on adaptive capacity, addressing service and systems gaps, building resilience, developing sustainability under these ‘new normal’ conditions and developing capabilities to ‘bounce forward’ in response to shocks, social stressors and effectiveness under uncertainty. As noted by Hogan and Drew (2020:3), response and recovery “must be about doing high impact interventions and high return investments, as well addressing inequalities and weaknesses in capacities and capabilities that will constrain recovery”. This phase is likely to be characterised by the need for multi-pronged strategies, addressing both acute and developmental issues. The key aspects of the medium to long term strategic directions are:

- Coordination and planning
- Building adaptive capacity of citizens and institutions
- Strengthening capacity for intersectoral approaches
- Continued building of knowledge/learning, research and evidence base

These actions are recommended based on the *social impacts* of COVID-19, drawn from feedback from key stakeholders and best possible evidence to date. The rapid needs assessment has identified the following social impacts:



- *Employment impacts* work, workplaces, unemployment, and loss of livelihoods. Sudden loss of jobs, retrenchment, reduction of work hours, reduction in wages, underemployment, loss of livelihoods (particularly if self-employed or small businesses) and uncertainty about future of their work. Some groups of people were identified as more vulnerable in the labour market than others including non-permanent residents, casual employees, women and young people. Cairns has industries with high levels of casualisation (up to 40%) which are impacted severely in times of shock.

- *Financial distress* creating acute hardship for families and individuals in meeting their needs and on businesses via contraction through the multiplier effect and particularly creating hardships for small businesses which equate to around 9 in 10 businesses.

- *Severe mental health impacts* due to uncertainty, stress and disruptions to education and changes or loss of employment. Increased symptoms of insecurity, fear, anxiety, depression, anger, lack of trust, helplessness, sadness, despair, and suicidal thoughts. A range of risky behaviours were identified including substance use, excessive alcohol consumption and gambling. Research indicates that the prevalence of mental health problems in disaster affected populations is found to be 2-3 times higher than that of the general population (Math et al., 2015).
- *Digital connectivity impacts* benefits and challenges of using digital technologies for service delivery. Challenges of access to devices, affordability, connectivity of network, affordability, digital skills (of staff and clients) and lack of IT support.
- *Social cohesion impacts* both positive and negative. Positive impacts included compassion for the plight of those affected, helping family and friends in distress, support for vulnerable, neighbourly behaviour, volunteering, acting selflessly and charitable giving. Negative aspects included discriminatory attitudes toward Asian communities, negative comments to services staff (seen as risk of spreading the virus), large families feeling discriminated by limits on groceries, mistrust of government, and disagreements about easing of restrictions.
- *Impacts on housing and homelessness* with job losses and financial stress impacting on ability to meet rental and mortgage payments, increased risk of homelessness for vulnerable groups, lack of affordable housing options in Cairns, exacerbating chronic housing shortages, 'knee-jerk' reactions in responding to COVID-19 safety issues arising from shared or crowded accommodation without appropriate needs assessment and the need for more effective assessment of housing needs that is sustainable in the long term.
- *Information and communication* challenges including overwhelming information, contradictory and misinformation, lack of translated materials, lack of access by people with literacy and English language skills, and timeliness of information. Much information was provided online leaving many with limited digital access and skills exposed. Service agencies were compelled to allocate precious resources to sift information, translations where necessary and delivery via multiple channels.
- *Domestic and family violence (DFV) impacts*. Although the number of instances of domestic and family violence did not increase during this time, the nature of the violence intensified, some first time. Many survivors were locked into their homes with the perpetrator. The virus was weaponized as a form of threat and coercion by the abusers. In a recent study in Australia, 65.4% of women experienced physical and sexual violence, emotional abuse, harassment, and coercive control, said the violence starting or escalating during COVID-19. Google has reported a 75 % 'spike' in searches for help with domestic violence. Many service providers believed that due to COVID-19 stressors and restrictions, many instances went unreported. Concerns were expressed about the long-term impacts on women, children and young people who experience domestic and family violence in confined spaces for prolonged periods of time.
- Supply chain impacts, particularly with panic buying.

In responding to community need, *service system and systemic* issues were identified. The key issues included:

- What constitutes and 'essential service' was not clear. Service agencies made the assumption that they 'were essential' services as there was no guidance provided on what constituted essential services.
- Pandemic preparedness: 95% of agencies identified that they were 'somewhat' prepared and used adapted versions of their disaster management plans to ensure business continuity in the absence of any other guidance in responding to pandemics.
- Service continuity challenges were experience: Service organisations had strong commitment to clients and found ways to deliver services in online or face to face formats. Many with direct client care

responsibilities introduced daily welfare checks yet some people still felt abandoned when providers closed. Vulnerable populations were supplied with essential goods deliveries. Information dissemination was a key service offered by service agencies to clients. The key aspects of their services included information, psychosocial support, direct service delivery, advocacy, referral to other services, community and individual strengthening, responding to threats and protective measures (e.g. domestic violence, increased alcohol and substance use). Digital access, common platforms, affordability and skills were challenges experienced by clients and service agencies. Funding of non-local providers, who were not physically present in the Cairns region highlighted the importance of placed based decision making and local knowledge.

- Sector capacity challenges: Significant challenges faced the sector including challenges of safety for staff, changing work environments, difficulty of online support delivery, lack of coordination, and lack of resources. This included supply chain access to PPE, impacting provision of critical front line services and in-home care. COVID-19 interventions, in some instances, were delivered through centralised mechanism of national or state-wide providers who had no, or low, local presence, resulting in ineffective service delivery and at the same time depriving local agencies of the much-needed resources.
- Coordination and planning emerged as a major issue with 67% of service agencies identifying this as a priority. While service organisations worked well within their sub-sector, key issues highlighted include lack of cross-sector coordination, challenge of adapting disaster processes to the pandemic, leadership, engagement of relevant stakeholder agencies, first point responders, and information and communication.

On the whole, the Cairns social services demonstrated agility and innovation in responding to the needs of the community, including the most vulnerable. It is critical to address the cross-cutting and intersection issues at the margins to be able to build safeguards and strong systems that can withstand shock and be available to all the community during disturbances and crisis. The initial work of services, Council and agencies in collaborating and pivoting should be commended. Although COVID-19 pandemic has had, and will continue to have, detrimental impacts on economies and communities, it offers an opportunity for renewal, regeneration and transformation. The Cairns region is one of the more vulnerable regions with devastation in its key industries and pre-COVID-19 socio-economic disadvantage. It is not prudent to return to the 'old ways' when there is a chance to address our challenges in innovative ways, building on the region's strengths. There is now more than ever a need to build our understanding of the effects to underpin and drive integrated thinking that captures complexity. This means that cross-sectoral partnerships and engagement will be fundamental for future success in addressing the unprecedented and devastating consequences of COVID-19.

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2. Introduction

The Coronavirus Disease 2019 (COVID-19) was declared a pandemic on 11 March 2020 by the World Health Organization following concerns at rising numbers of people who had contracted the disease globally (WHO, 2020). On 29 January 2020, the Queensland (QLD) Minister for Health and Minister for Ambulance Services, declared a public health emergency in Queensland in response to the COVID-19 virus outbreak (QLD Health, 2020). On 22 March 2020, a disaster declaration related to COVID-19 was issued across Queensland.

Australian borders were closed to all non-residents on the 20th March 2020 and a range of measures including social distancing, self-isolation, travel restrictions, stay-at-home and quarantine guidelines were introduced across Australia from 21 March. Many 'non-essential' services started to close or offer programs virtually.

At the time of writing this report (mid September 2020), the COVID-19 cases were:

Location	No of cases	Recovered	Deaths	Source of data
Worldwide	31,763,411	23,367,815	974,545	World Meter https://www.worldometers.info/coronavirus/coronavirus-cases/
Australia	26,942	24,213	854	Department of Health https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers
Queensland	1,153	1,124	6	Queensland Health https://www.health.qld.gov.au/news-events/doh-media-releases/releases/queensland-novel-coronavirus-covid-19-update50
Cairns and Hinterland	38	38	0	Queensland Health https://www.health.qld.gov.au/news-events/doh-media-releases/releases/queensland-novel-coronavirus-covid-19-update50

Table 1: COVID-19 Case Numbers

COVID-19 has had large-scale global impacts across all segments of society, affecting large and diverse population cohorts in many ways. It has resulted in high social and economic cost, disrupting all aspects of the business world which has surpassed traditional insurance capabilities. The impact of the pandemic has not been uniform, affecting diverse population groups differently. Many existing social inequalities have been exacerbated by the effects of the pandemic. Impacts operate across scales of regions, institutions and communities and have reverberation in a multitude of ways. At the this point in time, the expected length of the pandemic is unknown but it is expected to last for a long duration, bringing it with it high levels of uncertainty. The full impact has not yet been felt and there is an expected lag effect of the virus in social, economic and environmental spheres. Unemployment and negative mental health impacts have been highlighted in the media and research. Particular caution also exists about how these impacts might change or escalate with the planned cessation of Commonwealth JobKeeper payments.

In the national and Queensland context, the Cairns region is identified as a high impact area for the consequences of COVID-19. Being a rural-regional location and economically being largely reliant on the tourism industry, its unique socio-economic characteristics has rendered it as 'highly vulnerable,' with significant impacts on the social, economic and emotional health of the local population. Specific groups within the population have

been identified as at risk or exposed such as older adults, people with disability, people experiencing poor mental health, homeless people, Aboriginal and Torres Strait Islanders, international students, refugees and non-permanent temporary immigrants.

Cairns Regional Council (CRC) has been proactive in developing local responses to COVID-19 and in building an evidence base to guide response and recovery strategies to COVID-19. CRC has partnered with James Cook University to undertake a Rapid Social Needs Assessment (RNA). The project aims to determine a rapid and preliminary understanding of the social impacts of COVID-19 experienced by the Cairns community and evidence-based response strategies to inform short to longer term responses.

There are significant gaps in our understanding of the effects of the pandemic on the Cairns region. Currently, there is little formal evidence about the social and human impacts of COVID-19, particularly as they affect different demographic and population cohorts such as seniors, Aboriginal and Torres Strait Islanders, people with disabilities, homeless, culturally and linguistically diverse communities. The region's economy has been impacted, particularly key industries such as tourism and education and the flow on social impacts on employment and financial hardship are largely unexplored. The impacts of social distancing, isolation, uncertainty and limited access to services is as yet unknown. These areas and their interrelated effects remain key areas for further exploration to guide future response and recovery efforts.

This report presents the findings of a Rapid Social Needs Assessment that was conducted in June 2020 using primary and secondary data sources. Due to limited secondary evidence, primary data was also collected. It is envisaged the findings will inform immediate support strategies and investment priorities based on the evidence of need. The preliminary findings will also inform consideration of the focus on more in-depth social impact studies that are needed to inform longer-term recovery priorities. The report commences with a brief overview of the project methodology. The pre-COVID-19 social context of the Cairns region is then outlined.

- i) The Rapid Needs Assessment is then presented based on two assessments:
- ii) The social and human impacts, based on primary and secondary sources.

The human and social services capacity to respond to the needs. The final section provides a guiding framework for strategy, intervention and investment.

3. Project Framework and Methodology

The project derives its overall conceptual framework from two major international instruments, namely, the World Health Organisation Health Emergency and Disaster Risk Management Framework and the United Nations Office for Disaster Risk Reduction Sendai Framework for Disaster Risk Reduction (SFDRR). These frameworks refer to the systematic analysis and management of health risks, posed by emergencies and disasters, through a combination of (1) hazard and vulnerability reduction to prevent and mitigate risks, (2) preparedness, (3) response and (4) recovery measures.

We also derive conceptual knowledge from multidisciplinary learnings including community development, social inclusion, governance, strategic development, place based approaches and participation.

A Rapid Needs Assessment Methodology (RNA) was undertaken as the key project methodology. The purpose of a RNA is not to conduct a detailed study, but to undertake a broad and rapid assessment of the event/ disaster and to conduct a basic needs analysis of the population in order to identify priorities and strategies for informing responses. There were three key focus points for the RNA:

- Determining the preliminary social effects of the COVID-19, including building a broad understanding of key issues, priority needs, risks/vulnerabilities in the Cairns region;
- General insights into the capacity to respond, by cross sector agencies, including limitations and strengths; and
- Priority areas for intervention, strategy and investment.

The RNA was conducted using several key research sub-methods:

- Literature review to identify key themes and issues relating to social and human impacts of COVID-19;
- Search of grey literature for project and program reports;
- Secondary data sources including government statistics and other statistical analysis;
- One to One interviews with stakeholders (11 interviews); and
- Focus group with 35 participants.

The data was analysed through a series of specific steps. The first was *data reduction* where data was coded, factual data summarised, and all material was categorised. The second stage was *data organisation*; where the data was thematically assembled. The third phase was *interpretation and evaluation* that involved identifying patterns, trends and explanations that lead to conclusions.

The limitations of this assessment are a result of the limited time available and there being important data gaps for the Cairns region. There is a lack of disaggregated and current data for the region. The project was conducted within a three-week timeframe and any systematic data or longitudinal collection was not possible, although extensive effort was made to obtain both quantitative and qualitative primary data.

4. Pre-COVID-19 Context of the Cairns Region


Understanding the impacts of COVID-19 requires an understanding of the pre-COVID-19 context. This section provides a brief overview of the context of relevant human services and social issues for the Cairns region. Disaggregated data for the Cairns region was not available in many instances and regional data for Far North Queensland and national data, where relevant, was utilised as a substitute.

166,862 Cairns 2016 Population

13.2% Speak a language other than English at home

10% Aboriginal & Torres Strait Islanders


32.4% Aged 0-24 years

4.4% Have a profound or severe disability 

3.9% of residents receive disability support pension

Women with a disability are more likely to have experience DFV from intimate partner


76 years Average LIFE EXPECTANCY (4 Years Less Than QLD Average)

 North QLD has higher rates of chronic disease than QLD average

Higher rates than QLD average for Smoking, Alcohol Consumption & Obesity

North QLD has higher rates of suicide than QLD average (16.4/100,000 vs 14.4/100,000 Qld) 

19.6% of young people (aged 4-17) had mental health disorders v's 16% nationally

 Higher rates of DV in Cairns with 3.6% prevalence compared to 2.7% nationally (2020)

7th highest rate of Domestic Violence Orders in QLD

Higher rates of child protection orders, ranging between 11-21% in different suburbs of Cairns v's 8.5% QLD

\$83,460 Median Family Income

67% Paying Rent or Mortgages

58% In Full Time employment 

33% In Part Time employment

4.8% Unemployed (Sept 2019)

Cairns is one of the hotspots for homelessness in Australia 

2,362 people experiencing homelessness (In 2016)

19% Of people experiencing homelessness are young people

Number of rough sleepers **238**

1.7% rental vacancy rate (in 2019)

73.3% of homeless population are Indigenous

19% Single parent families 

38.4% Coupled families with children

 **17.2%** of households did not have access to internet in their home (2016)

Digital inclusion index is low for Cairns **54.3** points v's **60.9** QLD (2019)

 Lower year 12 completion **54.7%** v's **58.9%** QLD

23% Higher rates of people have completed vocational education and training (21.3% QLD average)

38.4% of aged 15+ held no educational qualifications

Lower Bachelor degree completions **16.2%** to **18.3%** QLD

Demographic Profile:

The estimated resident population of the Cairns region was 166,862 as of the 30th June 2019 (Community ID, 2019). However, Cairns is a regional service centre to surrounding areas and it is estimated that Cairns' 'normal' serviceable population is approximately 200,000 (CRC, 2020). Some 49.7% of the population identified as being male and 50.3% identified as female. At the time of the 2016 Census, approximately 20.4% of the population was aged 0-14 years, 12% of the population was aged 15-24 years, 54.3% aged 25-54 years. A significant one third of the population of Cairns region is comprised of children and young people (1-25 years of age). Approximately 12.8% was aged 65+ (ABS, 2016). 21.4% of the population was born overseas and 13.2 % identified as speaking a language other than English at home (ABS, 2016). Over the last three years 567 refugees have settled in Cairns (Centacare FNQ, cited in CRC, 2020: 35). Of the families in Cairns (Statistical Area Level 4), 38.4% were coupled families with children, 41.1% were coupled families without children and 18.9% were single parent families (19.3% of single parents were male and 80.7% were female) (ABS, 2016).

Aboriginal and Torres Strait Islander people made up 10% of the population of the region (ABS, 2016). In addition to the socio-economic complexities of Indigenous communities within the Cairns region, the city is a satellite community servicing people from approximately 16 surrounding community councils. The available data indicates that approximately 150 persons from closed community councils were displaced in Cairns pending return to community based on biosecurity protocols (CRC, 2020).

Employment-Unemployment:

At the time of the 2016 Census, 92.3% of people 15+ were in the workforce. Of these 57.6% were full time and 33% worked part time, on par with the Queensland average (ABS 2016). There is no fixed and standard definition of 'casual worker' or 'casual employee' in Australia. The most common proxy for identifying and measuring casual work in various ABS labour force data series is 'employees without leave entitlements'. Based on this, 26.6% of all Cairns workers were casual in 2018/19, higher than the national average of 20.6 % (NIER, 2019; ABS, 2019). The unemployment rate in September 2019 quarter was 4.8% and the labour force participation rate was 66.1% (Queensland Treasury, 2019).

Income:

In 2016, the median family income in Cairns was \$83,460 per year compared to the Queensland median income of \$86,372. The proportion of low-income families in the Cairns region was 9.9%, slightly higher than the Queensland average of 9.4% (ABS, 2016).

Disadvantage:

The Socio-Economic Index for Areas (SEIFA) measures the level of socio-economic disadvantage based on a range of characteristics including income, education, digital access, and unemployment. The lower the score the higher the level of disadvantage. The National and Queensland average SEIFA score was 1001 in 2016. The Cairns SEIFA score is 980, lower than the National and Queensland average but higher than the FNQROC's score of 958.9. The SEIFA index for Cairns demonstrates the mixed level of advantage-disadvantage in the region. There is variability across specific location as is indicated by the table below:

Suburbs with SEIFA scores over 1000		Suburbs with SEIFA scores under 1000	
Suburb	SEIFA Score	Suburb	SEIFA Score
Redlynch	1074	Bentley Park	979
Brinsmead	1073	Holloways-Machans Beach	977
Bayview Heights	1050	Yorkeys Knob	970
Kewarra Beach	1050	Babinda	969
Smithfield	1040	Edmonton	955.9
Kamerunga-Caravonica	1038	Cairns North	954
Clifton Beach	1031	Mooroobool	950
Trinity Beach	1025	Earlville	934
Mount Sheridan	1025	White Rock	928
Whitfield	1021	Parramatta Park	919
Palm Cove	1020	Woree	866
Cairns City	1020	Bungalow-Portsmith	860
Edge Hill	1016	Westcourt	850
Gordonvale	981	Manunda	829
Bentley Park	979	Manoora	795

Table 2: SEIFA Scores for Cairns Region by Suburb, 2016

Source: ABS, 2016 a

Education Levels:

The benefits of educational success for personal, social and economic wellbeing both for students and for society as a whole are well-established (te Riele 2018). The School completion rates are for Cairns compared with the State were lower for Year 11 and 12 completion and higher for Year 8 or below.

Custom region / SA4 / State	Did not go to school, or Year 8 or below	Year 9 or 10 or equivalent	Year 11 or 12 or equivalent	Total ^(a)
	number %	number %	number %	Number
Cairns	5.9	27.4	54.7	185,062
Queensland	5.4	26.5	58.9	3,643,834

Table 3: School Completion in Rural Queensland

Source: Qld Treasury, 2019

The highest qualification achieved is presented in the table below:

Cairns - Persons aged 15+ (Usual residence)		
Qualification level	Cairns Region %	Queensland %
Bachelor or Higher degree	16.2	18.3
Advanced Diploma or Diploma	9.2	8.7
Vocational	23.0	21.3
No qualification	38.4	40.9
Not stated	13.1	10.8
Total persons aged 15+	100.0	100.0

Table 4: Highest Qualification Achieved in Cairns Region, 2016

Source: Economy Id

The major differences between qualifications held by the population of Cairns and Queensland were:

- Overall, 48.5% of the population aged 15 and over held educational qualifications, and 38.4% had no qualifications, compared with 48.3% and 40.9% respectively for Queensland.

- A larger percentage of persons with vocational qualifications (23.0% compared to 21.3%)
- A smaller percentage of persons with no qualifications (38.4% compared to 40.9%)
- A smaller percentage of persons with Bachelor or Higher degrees (16.2% compared to 18.3%).

Digital Connectivity:

Digital connectivity is considered an essential service (ADII, 2019:5). At the time of the 2016 Census, 75.6% of households in the Cairns region had at least one person with access to the internet from the dwelling using a desktop/laptop computer, mobile or smart phone, tablet, music or video player, gaming console, smart TV or any other device. Some 17.2% did not have any internet access from their dwelling (ABS, 2016).

The *Australian Digital Inclusion Index* (ADII) measures digital inclusion based on three key factors: access (internet, technology and data access), affordability (level and value of expenditure) and ability (digital skills, literacy and attitudes). The 2019 digital inclusion scores are outlined below for Cairns, with a comparison against rural Queensland, Brisbane, State and National scores. Digital connectivity was critical during the COVID-19 social distancing for work, education, information, community services, schooling and social connection.

2019	Australia	Qld	Brisbane	Rural Qld	Cairns
Access – internet access, technology and data allowance	75.7	75.7	77.6	71.8	68.4
Affordability - relative expenditure and value of expenditure	59.2	57.9	60.7	52.2	53.9
Digital Ability - attitudes, basic skills and activities	50.8	49.4	51.7	44.0	40.7
DIGITAL INCLUSION INDEX	61.9	60.9	63.5	56.0	54.3

Table 5: Digital Inclusion Index Scores, 2019

Source: ADII, 2019:35

The data illustrates a very low digital inclusion score of 54.3% for Cairns compared to National level score of 61.9% and Queensland score of 60.9 %).

Housing and Homelessness:

On Census night, of the occupied private dwellings in Cairns region 28.8% were owned outright, 31.0% were owned with a mortgage and 36.3% were rented. 67% of the population were paying rent or had mortgage commitments. 2,362 people identified as experiencing homelessness in the Cairns region. Of these, 238 were recorded as sleeping rough (living in improvised dwellings, tents or sleeping out), in severely crowded dwellings (883), staying temporarily with other households (432), living in supported accommodation (391), boarding houses (388) or other temporary lodgings (28) (ABS 2016b). There is an over representation of Aboriginal and Torres Strait Islander people who are homeless in Cairns. A study by QCOSS (2016:6) identified that 70.9% of Cairns homeless populations were Aboriginal and Torres Strait Islander, compared to 32.3% in Queensland, although they constitute only 10% of the population of the Cairns region.

The number of cases that presented to the Specialist Homelessness Services Collection in 2018-19, showed 3633 client counts in Cairns South and 189 client count in Cairns North seeking homelessness services (AIHW, 2019). The Cairns region has the highest number of homeless in the FNQ region, which per capita is 96.9 homeless persons per 10,000 people in 2016 compared to the national figure of 49.8 persons per 10,000 (ABS 2016b). In 2016, 19% of people experiencing homelessness in the region were young people (ABS, 2016). Perrens and Fildes (2019 :5) identifies that the Cairns homeless services see clients who are “facing a range of complex issues including mental and physical health issues, domestic and family violence (DFV), substance misuse, child

protection issues and debt/gambling issues. Compounding these challenges, many of the clients have come to Cairns from communities in Cape York or the Torres Strait Islands and face both practical barriers e.g. speaking English as a second language (or as one of many languages), as well as emotional barriers e.g. a sense of disconnection from family and culture”.

Domestic and Family Violence (DFV):

The data on DFV is patchy and often under-reported. Cairns has the 7th highest rate of Domestic Violence Order (DVO) applications in Queensland. 1,025 applications for a DVO were lodged with the Cairns Magistrates Court in 2019 (Qld Courts 2020). In the same year, there were 1,118 contraventions of the DVOs. Approximately 73.3% of the aggrieved parties were women (Qld Courts, 2020). According to 2020 ABS data, Queensland has the highest rate of women who have experienced partner violence at a prevalence rate of 3.6 % compared to a national prevalence rate of 2.7% (ABS, 2020). In 2019, the Cairns Regional Domestic Violence Service (CRDVS) had 667 adult clients from the Cairns region and up to 365 from the surrounding regions (CRDVS, 2019:4). The referrals from the Queensland Police Service has increased in 2018-2019 year by 68 cases per month, making it a 16% increase in police referrals compared to the previous year (CRDVS, 2019:5). CRDVS points out that the clients present high need complex cases, requiring an immediate response to increase safety. Crisis support includes crisis counselling, legal information and referral, access to refuge, risk assessment and safety planning and help with DVO applications. On-going intervention includes personal support, case management, women’s safety and home and safety upgrade programmes, risk assessment and safety planning, and therapeutic counselling to adults and children experiencing DFV (CRDVS, 2019). CRDVS has identified that, even in the pre-COVID019, it “has been extremely challenging to juggle the overall high demand for service, which often necessitates a ‘quick turnover’ with an increasingly vulnerable target group that requires longer interventions” (2019:4).

Child Protection:

The rate of children aged 0-17 years, subject to child protection orders, per 1,000 children, was significantly higher in Cairns than the rest of Queensland, as at 30 June 2018. The following diagram provides a breakdown of the child protection orders across part of the Cairns region:

	QLD	CAIRNS LGA	BENTLEY PARK	BAYVIEW HEIGHTS/ EARLVILLE	EDMONTON	GORDONVALE /TRINITY	MOUNT SHERIDAN	WHITE ROCK	WOREE
Child Protection Orders (per 1000), 30 June 2018	8.53	12.42	20.54	16.15	18.28	10.66	14.72	9.72	15.78

Table 6: Child Protection Orders (per 1000), 30 June 2018

Source: Davis & Hill (2019:44).

General Health:

Cairns region’s scorecard on health against the Queensland or national average demonstrates risk factors. Selected data is presented here:

- Life Expectancy – median age is 76 years compared to Queensland median age at death of 80 years. Aboriginal and Torres Strait Islanders have 22 year lower life expectancy.
- Higher rates of chronic diseases such as diabetes, chronic obstructive pulmonary disorder, coronary heart disease, and stroke than Queensland averages.

- Hypertension - Cairns-North (59/10,000), Cairns-South (52/10,000), compared to national average of 37/10,000.
- Hospitalisation 48/10,000 compared to 47/10,000 for Queensland.
- Cairns and Hinterland Hospital has a self-sufficiency rate of 95%, having the hospital facilities in the region to meet 95% of regional needs
- Higher risk factors such as tobacco smoking, risky alcohol consumption, illicit drug use, not having enough exercise, and poor eating practice. E.g. In 2016, for Cairns and Hinterland region: Smoking 15% compared to 12% Queensland; Alcohol consumption 27 % vs 21% (Queensland); Obesity 58.9% vs 30% (Queensland).
- Access to GP services is on par with the rest of Queensland (PNH, 2019; CHHS, 2018).

Mental Health:

Around 45% of Australians, aged 16–85, will experience a mental illness at some stage in their life (AIHW, 2018:16). Rural and regional remoteness plays a significant role in health outcomes (Babacan, 2015, 2014). There is a higher prevalence of mental health disorders among children and young people aged 4-17 years in North Queensland (19.6%) compared to the national average (16.3%) (PHN, 2017:23). Also, North Queensland has higher rates of suicide than the State (14.4 per 100,000) with 16.4 per 100,000 (PHN, 2019:33) Cairns South and North had greater numbers of overnight hospitalisations linked with mental health conditions:

- Overnight hospitalisation for all mental health conditions was 22/10,000 for North Queensland regional average. Cairns South had 27/10,000
- Hospitalisation for all bipolar and mood disorders was 10/10,000 for North Queensland regional average, while Cairns-North had (15/10,000) and Cairn-South (11/10,000)
- Overnight hospitalisation for anxiety and stress episodes was 12/10,000 for North Queensland regional average, while Cairns-North had 15/10,000 (PHN 2019:22).

Additionally, there are high levels of drug and alcohol use. In the Cairns region, the proportion of adults smoking and lifetime risky drinking is higher than the State and regional average. For example, in 2018, 30% of Cairns region had risky drinking patterns compared to Queensland average of 22% (PHN 2019a, 2018). Young people aged 10-29 years recorded the largest proportion (40.5%) of all alcohol and drug treatment episodes in 2016-17 across North Queensland (PHN, 2017). There is strong linkages between drug and alcohol use with domestic and family violence, poor health outcomes, low socio economic disadvantage, child neglect and family breakdown (PHN, 2018).

The Cairns region’s mental health needs are higher than the regional average and service systems were at capacity pre-COVID-19. In a survey of mental service providers in the North Queensland Primary Health Network (NQPHN) region in 2019, 64% of respondents indicated that the mental health needs of the population in the region are being ‘somewhat met’ (PHN, 2019: 22). Primary Health Network (PHN) (2019:22) identifies that there is “Inequitable access to treatment and support services for individuals with severe illness and complex needs”. Data from the Queensland Health Workforce identifies medium to high workforce and service gaps for the region in mental health (67%) and Alcohol, Tobacco and Other Drugs Service (ATODS) (70.2%) (Health Workforce Qld, 2018:35).

People with Disabilities:

Persons with a profound or severe disability are defined as needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication due to a long term health condition (six months or more), a disability (lasting six months or more), or old age (ABS , 2016). Based on the 2016 Census, 4.4% of people in the Cairns region were identified as in need of assistance with a profound or severe disability. In 2019, there were 5,046 recipients of the Disability Support Pension in the Cairns area (Queensland Treasury, 2020). In addition, there were 14,074 recipients of the Age pension as at December 2019, many who are likely to have disabilities. Approximately 3,491 people in Cairns received a Carer Allowance in 2019 (Queensland Treasury, 2020).

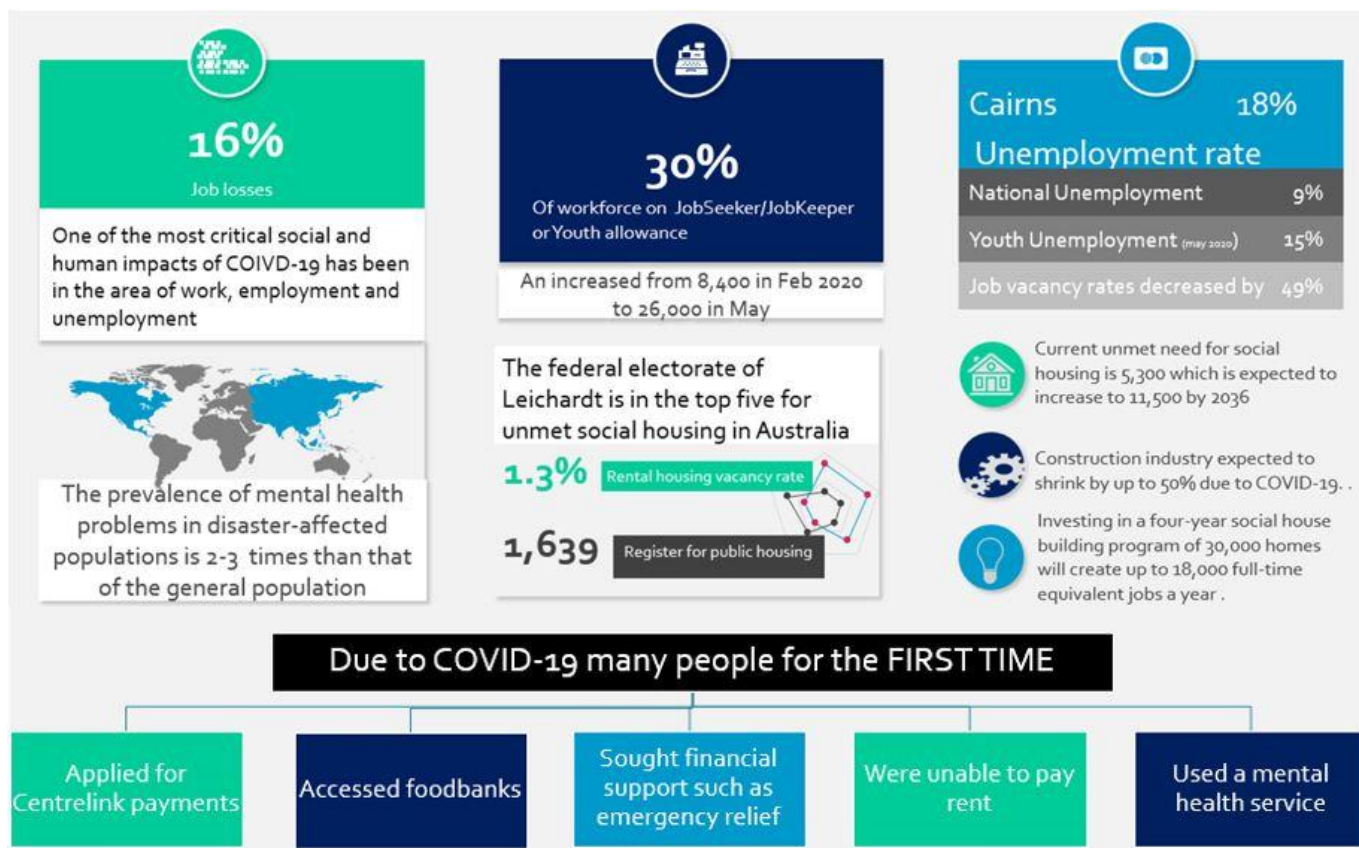
People with disabilities are a diverse group of people with a diverse range of needs. Women with disability or a long-term health condition were more likely to have experienced intimate partner violence in the preceding 12 months than women without disability or a long-term health condition (5.9% compared to 4.3%). Similarly, men with disability or a long-term health condition were more likely to experience domestic and other forms of violence in the last 12 months compared to men without disability or a long-term health condition (5.6% to 6.2%) (ABS, 2016c). People with disabilities require a range of direct services. For example, ARC Disability Services Inc. coordinated direct support services for 192 clients in 2019, resulting in 1,333 total support hours in the Cairns region (ARC Disability Services Inc., 2019:18).

Temporary Migrants:

International students make up an important part of the local education economy, with over 2,600 international student enrolments in Cairns in 2019 (Australian Government, 2020a). While disaggregated data is not available, TIQ modelling indicates over 400 temporary visa holders in Cairns in early 2020 (CRC, 2020:6). In our focus groups and interviews with key stakeholders, both the education and service sector said that this group experienced high degrees of hardship due to COVID-19.

5. Social and Human Impacts of COVID-19

The above pre-COVID background helps set the scene for understanding the impacts of the pandemic in the Cairns region. COVID -19 is not just a global health emergency but also a health-driven socio-economic disaster. As noted earlier, the Cairns region has significant socio-economic disadvantage in the pre-COVID-19 period. The prevalence of socio-economic stressors that existed prior to the pandemic are exacerbated by the impacts of COVID-19. Drawing on the range of sub-methods applied, this section provides a Rapid Needs Assessment (RNA) of the social and human impacts of COVID-19 as identified by the key stakeholders in the sector.



Source: ABC, 2020. ABS, 2020a. Cummings, 2020. Math et al, 2015. SGS, 2020

'First time' impacts:

The novel COVID-19 affected a cross section of communities and industries. The rapid assessment indicated significant impacts on the different dimensions of human life and has affected the social fabric of the Cairns region. Social services identified new clients who were using services for the first time. The key areas of 'first' for many people included:

- Application for Centrelink payments (JobSeeker or Youth Allowance)
- Seeking food in food banks
- Applying for financial support such as emergency relief
- Unable to pay rent, mortgage or other debt repayment obligations
- Used a mental health support or counselling service
- Experiencing domestic and family violence

Agencies identified that they saw non-traditional clients as the effects of COVID-19 were wide across different segments of the community. Detrimental impacts were experienced by individuals with existing hardship and socio-economic challenges. The first time users of services were reported to have feelings of shame (at using services or seeking welfare support), sadness, grief, anxiety, fear, and a sense of loss and helplessness. Many were surprised at the speed at which changes occurred in their lives in facing unemployment, financial and housing stress, calling it a 'crisis within the crisis'. Many were concerned for their future, about how they can make ends meet, how to manage the downstream effects such as meeting rental repayments and how they

would survive the 'long haul' with the persistence of COVID-19. Navigating new and complex service pathways to seek help added to the overall distress.

The impacts within the Cairns region is higher than in other parts of Australia and is likely to endure for long periods of time. There is an urgent need to address data and research gaps, particularly on the experiences of different range of individuals and families, emerging impacts for the first time, the nature and severity of these impacts, the mid-long term consequences and the aftermath implications for the community and economy.

The impacts of COVID-19 has seen many people seeking assistance for the first time. Many people were surprised at the speed of the changes in their lives and have higher levels of anxiety and concerns for the future.

Employment impacts: work, workplaces, unemployment, loss of livelihoods:

One of the most critical social and human impacts of COVID-19 has been in the area of work, employment and unemployment, with several dimensions:

- *Loss of work or livelihoods:* Reported impacts include sudden loss of jobs, retrenchment, reduction of work hours, reduction in wages, underemployment, loss of livelihoods (particularly if self-employed or small businesses) and uncertainty about future of their work. Many agencies and businesses were not eligible for JobKeeper programs, preventing them from keeping staff employed. Although the human and social services industry grew by a small percentage during this period, many agencies were not deemed to meet the threshold requirements for the JobKeeper payments. This had implications for their workforce. Agencies also identified that they were not able to re-purpose their funding to deliver alternative programs. These had implications for both loss of livelihoods for the employed staff but also for clients in terms of service delivery. People who lost employment were not eligible to receive counselling support such as Employee Assistance Programs and many social and human service agencies did not have specialist employment related counsellors, indicating a gap in service delivery that will need to be addressed urgently. Many employers faced not only financial stress but the stress of retrenching staff. This cohort was identified as often not reaching out for support.
- *Changing Work Environments:* A range of changes to work arrangements was identified. This included a range of practices from totally shifting to working from home arrangements, partially home and office, and working from office. Different challenges were encountered, depending on the work arrangements. Those working from home faced challenges such as office space, especially with children at home, access to digital devices, digital connectivity and skills and isolation. Those who were in office situations faced challenges of workspaces adhering to social isolation rules, public interface challenges, and safety at work with supply chain issues affecting access to personal protective equipment (PPE) such as gloves, masks and hand sanitiser.
- *Vulnerable Employees:* Some groups of people were identified as more vulnerable in the labour market than others. Non-permanent visa holders, who are in casual and less secure jobs were identified as at most risk. These include back packers, work-holiday visa holders and seasonal worker scheme participants. This is supported by the increase in request for support to services for food and financial help from overseas workers and backpackers. The Australian Government deemed them initially

ineligible for any of the income support programs, rendering them with no income and extremely vulnerable. Other vulnerable employees identified were women, who are more likely employed in less secure, part time and casual employment. Additionally, women had disproportionate caring responsibilities for children. The final category that was identified as most vulnerable were those in service industries such as tourism, accommodation and food services which is highly casualised. These sectors were major employers of young people aged 15-25, which makes up a portion of the Cairns population. As noted above, the rate of casual employees is higher in Cairns (26.6%) than the national average of (20.6%). The rates of casualization is higher in some sectors than others e.g. agriculture, forestry and fishing is 40%, construction 26%, retail trade 38%, accommodation and food services 63% (ABS, 2019). These are among the top industries in Cairns and carry significant vulnerability to job losses and insecure work conditions, demonstrating the gravity of the employment impacts of COVID-19.

These are preliminary findings on employment/unemployment is supported by other secondary sources of information. Rolfe (2020) has undertaken a forecast analysis of job losses across regions. He predicts a loss of 13% of the total workforce from across Queensland and greater losses in Cairns (16%) (Rolfe 2020). Since the commencement of the pandemic, there has been significant increases in the number of people in the Cairns region who have registered for unemployment benefits – JobSeeker and Youth Allowance. The numbers increased from 8,400 in the region (4,900 in Cairns) in February, to 23,000 in the region (15,000 in Cairns) in April and 26,000 in May, representing 20% of the workforce (Cummings, 2020:1). The unemployment rate increased from approximately 6% to about 18%, compared with about 9% at national level (Cummings Economics, 2020).

The indications are that in May 2020, over 30% of the workforce were either on unemployment benefits (JobSeeker) or their jobs were being supported by the Government’s ‘JobKeeper’ program (Cummings 2020 a). The vacancy rates for jobs decreased in May 2020, down by 49% of vacancy rates compared to one year ago. In

The impacts of COVID-19 on employment will leave long lasting detrimental outcomes to the economy and community. It has already created new populations of need and the lagged effects will bring additional forms of stress and pressure to individuals and households in Cairns.

the Far North Queensland region, over the year to May 2020, in three-month moving average terms, job advertisements decreased by over 38.9% (Australian Government, 2020). In 2019, the average youth unemployment in Cairns was approximately 11.5%, being double that of the general population at 5.1%. COVID-19 has impacted labour market areas where youth are

generally employed such as retail, hospitality, fitness and recreation. The official youth unemployment rate jumped from 10% in May 2019 to 15% in May 2020 (ABS, 2020a).

In the Cairns region employment decreased by 9.4% to June 2020 (with significantly higher impacts in local employment in accommodation and food services (loss of over 2,100 jobs), professional and technical services (936 jobs) and education and training (762 jobs) (Economy ID, 2020). The only exception to loss of employment was in the health and social assistance sector¹, which showed an increase in employment. Diagram 7, below, demonstrates the local jobs impact to June quarter:

¹ The sector is referred to differently different stakeholders and includes health and social assistance, health and human services, community and social services. These terms may be used interchangeably in this document.

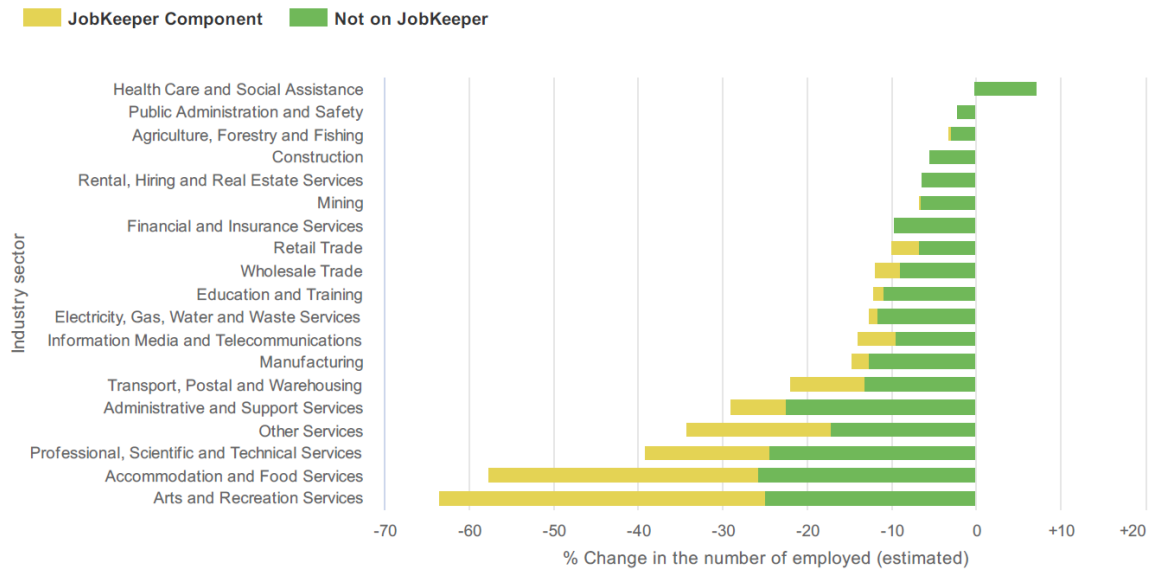


Diagram 1: Local Jobs Impact to June Quarter 2020 (compared to 2018/19 quarter average)

Source: Economy Id, 2020

In the June quarter, employment in the health and social assistance sector grew by approximately 900 jobs (7.3%). The health and social assistance sector is diverse and is one of the largest source of employment in the Cairns region, providing 14.9% of the total employment in 2019. The other major source of employment is tourism which provides 14.9% of employment across a number of industries including food and accommodation (Economy ID, 2020). The other industry sectors provide lower levels of employment e.g. agriculture 1.4 %; manufacturing 5.2%; construction 11.5%; retail trade 10.8%; professional, scientific and technical 4.7%; public administration 7.8%; and education and training 8.6% (Economy ID, 2019).

Employment provides a sense of self-fulfilment and return to normalcy, social interaction, financial compensation, as well as critical health (mental and physical) care benefits (Baddour et al., 2020). Employment and paid work are central to understanding questions of disadvantage, poverty and social exclusion (Baum & Mitchell, 2020). The Productivity Commission (2013) identifies employment as one of the key drivers in breaking the cycle of multiple social disadvantages and creating sustainable communities and economies (Productivity Commission 2013; Brotherhood of St Laurence, 2019). The impacts of COVID-19 on employment will leave long lasting detrimental outcomes to the economy and community. It has already created new populations of need and the lagged effects will bring additional forms of stress and pressure to individuals and households in Cairns. There is a lack of research and evidence about the how individuals and families are coping with job losses, managing in the face of negative impacts on their livelihoods, flow on indirect impacts on their consumption behaviour, mental health distress, long term psychological outlook and what support strategies can be introduced so that people suffering can maintain a balance or equilibrium during these unprecedented times.

Implications of the Impacts

- Immediate impacts of economic pain such as financial distress including inability to meet mortgage/rental payments and mental health issues
- Struggles of individuals to re-establish their careers and incomes
- Service gaps in mental health and counselling support to people who have lost their jobs
- Disproportionate impacts on casual workforce and people who do not have permanent residency status
- Further research needed to identify the full impacts now and into the future

Financial Impacts:

Financial distress was identified as another critical impact of COVID-19. Financial distress and its flow on impacts resulted in many service agencies supporting new, non-traditional clients who are seeking assistance for the first time in a range of areas including:

- Financial and emergency relief assistance for the first time
- Clients registering to receive Centrelink payments for the first time
- Clients seeking food hampers and other material needs for the first time
- First time seeking mental health support and use of mental health service use.

The financial distress resulted in hardship in meeting housing costs (mortgage, rent or loans), keeping up loan repayments and affordability of living expenses. Increase in the price of food and other groceries had significant disproportionate impacts on low-income households. Some identified that they are not able to meet debts including credit card debts. Temporary migrants were identified as particularly suffering hardship. Australia is one of the nations with highest level of household debt in the OECD with approximately 71% of households having debts (OECD, 2020, 2020a). A wide range of health and human service providers identified financial impacts on clients such as not being able to keep up debt repayments including for housing, credit card, car loans and other debts. Other areas of financial stress were experiencing affording data plans or payments for internet costs, housing distress, inability to pay electricity, and other utility bills, and lack of funds for the essentials of life. Mental wellbeing was detrimentally impacted due to financial worry, threats of not meeting repayments and economic insecurity as COVID-19 measures were prolonged. Feelings of high levels of anxiety, insecurity, fear, and stress were identified as being linked to financial impacts of COVID-19.

The additional stimulus measures of funds to impacted low income families were much welcomed such as the \$750 economic support payments to pensioners, students, carers and jobseekers. Some services identified that some people with complex case needs expended these funds on alcohol, other substances and gambling, often linked with other risky behaviours. The availability of financial counselling, budgeting and other supports were limited to support vulnerable individuals.

Financial distress emerged as a major area of concern in the focus group and interviews conducted. The diagram below outlines the key areas of concern:

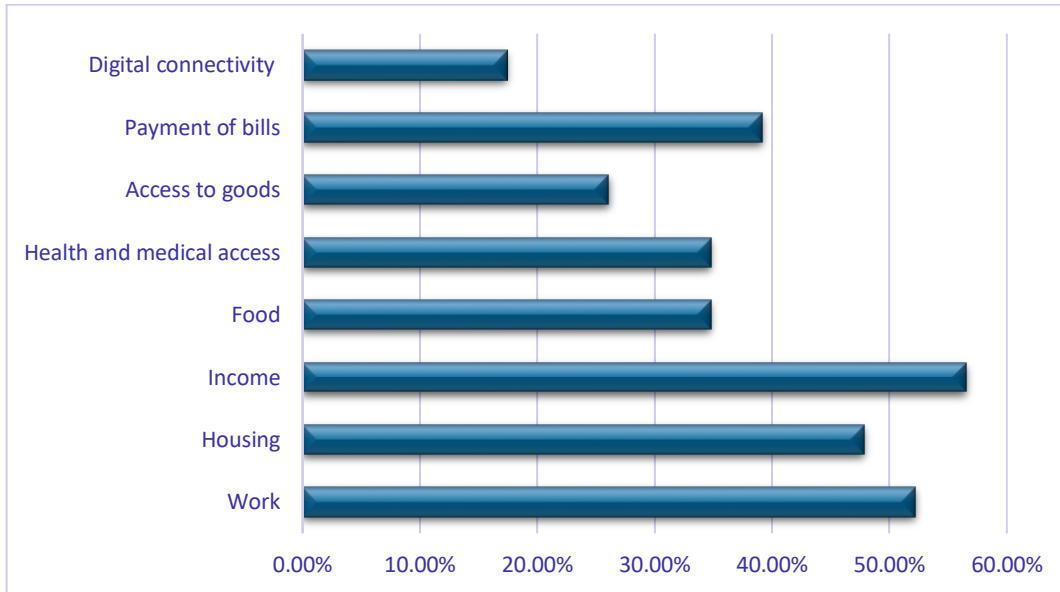


Diagram 2: Key areas of Uncertainty due to COVID-19
 Source: Focus Group Poll, 23 June 2020 (multiple responses)

The key areas of concern were linked to payment of bills, access to goods, health and medical access, food, income, utilities, petrol and housing. Income security was the top concern for the clients of social and human

service agencies. Secondary sources of data also confirm this finding. For example, 34% of the calls to the Community Recovery Hotline in the Cairns region (from end of March to 21 June 2020) were for financial assistance including housing, food, and income (DCDSS, 2020). This is consistent with research that shows that financial hardship is linked with deprivation and exclusion (Ali et al., 2017). Services reported responding to many calls for financial and food assistance from people either in isolation and/or in struggling with being furloughed. In food banks, some agencies reported 100% increase in daily attendance and particularly a change in the cohorts that were experiencing hardship. The CEO of a major social service agency identified

Playgroup QLD

Playgroup QLD hold a number of weekly, two hour session at White Rock, Woree, Edmonton and Sugar World. As part of their Supported Playgroups and Special Projects FNQ, they provide a wraparound service that supports over 60 families. During COVID Playgroup quickly pivoted to provide online services. They produced content and created private Facebook groups.

- **Over 12 hours of video content created;**
- **1816 video views; and**
- **61 online sessions delivered.**

Apart from digital connectivity they delivered activity packs to help maintain connection and provide families with needed resources. There was an increase in demand for the foodbank which normally operates on a small scale at Woree. To meet demand Playgroup started a delivery service for families in need. The families that reached out as they were struggling said that they appreciated that Playgroup had continued and shifted normal operations as they didn't feel 'alone' during COVID-19.

"We love that you remember us, I share with the other mums that don't have Facebook what you have been doing. You and your playgroup really are the best."

Another participant said

"The help you have given me over the past weeks have meant that I could get on top of everything, I now have food in the pantry and freezer."

Playgroup organisers felt it was important to think outside the box to continue to support families. They believe that this experiences has strengthen their organisations and created stronger connections with families.

that the clients “were having to provide food assistance and emotional supports for the very first time in their lives”. A number of services and organisation set up informal food banks and children’s pack such as through Playgroups and reported a high demand.

Gaps in data and research exists in the Cairns region for an evidence base to address financial stress. Further research is required into the nature and extent of financial stress in the Cairns region, the impacts into the future, and measures to reduce the levels of financial toxicity.

The long term impacts of financial distress are associated with poor mental health outcomes, chronic illness and social exclusion. ‘Financial toxicity’ is emerging as a term to describe the financial impacts of COVID-19. This term derives from health settings and describes the “the objective and subjective patient-level impact of the costs of access to health care... often resulting in increased symptom burden, emotional distress, and mortality”. (Turunen & Hiilamo 2014; Balmer et al., 2005).

Financial hardship is often associated with low socio-economic circumstances. However, in a study of hardship Bourava et al., (2018) identified a sizable cohort of their sample had indicators of belonging to middle class, i.e. had a university degree, lived in a home they owned and had above median incomes. These studies highlight that almost anyone can be affected by financial hardship at any point in their lives (Bourava et al., 2018).

Economic insecurity can go beyond income spectrum and is interrelated with factors such as regional location, gender and crisis/disasters. An important consideration is the link between financial/resource loss and behavioural health problems, particularly following disasters (Buckingham-Howes et al. 2019; Lowe et al., 2015). Studies indicate that financial or resource loss in disasters (also relevant to pandemics) and socioeconomic adversity is associated with changed behaviour patterns such as post-traumatic stress disorder symptoms, increased drug and alcohol use, disruption to daily activities, reduced spending on consumption due to insecurity, anxiety, suicidal thoughts, mood disorders and depression (Buckingham-Howe, 2019; Paul et al., 2014; Peterson et al., 2006, Freedy et al., 1992). Moreover, the impacts of financial distress persist in the medium to long term and can impede recovery efforts (Buckingham-Howes et al., 2019).

An additional consideration is the overall multiplier effect of financial distress in the local economy. Behaviours resulting from financial distress such as reduced consumption and non-payment of bills has flow-on impacts on local economy, with significant impacts for the small business sector.

Disproportionate impacts of financial loss

- First time financial help seeking behaviour for many
 - Loss of income impacted on key areas of life such as payment for housing, food, internet and phone connectivity
 - Disproportionate financial impacts on low income and poor people who have no savings, superannuation or other credit options
 - Inadequate service support needs for financial counselling and budgeting for affected people
 - Gaps in data and evidence about the nature and severity of financial stress and measures to address financial toxicity
-

Mental Health Impacts:

The relationship between disease, health and mental health is well established (Srivastava, 2011). Mental health impacts of COVID-19, across segments of the Cairns community, were identified. Health professionals identified that the major wave of mental health impacts are yet to hit due to lag effects. While used to natural disasters, the majority of people in this region have not experienced a pandemic before. High levels of anxiety relate to uncertainty and anticipatory concerns. While the number of cases in Cairns of people who have contracted COVID-19 are minimal and the number of deaths is zero, many are responding to the perceived threats, which can be equally damaging over extended periods.

Many of the most vulnerable groups in regards to COVID-19 are also the groups more likely to experience mental ill health, suicidal/self-harm and anti-social behaviours including Aboriginal and Torres Strait Islander people (ATSI), people from Culturally and Linguistically Diverse backgrounds (CALD), Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) and women experiencing domestic violence (PHN, 2018). *96% of respondents in the focus group identified that people felt more insecure and uncertain now than before.*

OECD (2020b) reported that Australia higher than the OECD average life satisfaction with 76% of the population identifying as being completely satisfied with life. The OECD study also identified that pre-COVID, Australians were optimistic with only 12% expressing negative feelings of worry, anger, sadness. The mental health impacts have increased negative feelings. The respondents reported a range of post-COVID- symptoms of mental health issues during the study in Cairns region. These included insecurity, fear, anxiety, depression, anger, lack of trust, helplessness, sadness, mood swings, cognitive functioning, lack of concentration, grief, restlessness, guilt (particularly if family members lost jobs), despair, paranoia, negative outlook, and restlessness. Some services identified increased reporting of suicidal thoughts by clients. Studies demonstrated the correlation between optimism, hope and positive feelings are critical in social and economic recovery (Hynes 2020, MacLean et al., 2014).

The rise in anxiety levels of clients and community was mainly due to uncertainty, insecurity, unpredictability, fear of escalation of disease and isolation, made worse for some groups who could not get information or misinformation via social media. Children, young people, older adults, people who lost income or financial resources and people with prior mental health conditions have been identified to be greatly impacted. Additionally, mental health impacts were exacerbated for those with existing mental health issues, as well as those with dependency issues. The key concerns included anticipation and worry about infection by COVID-19 for self, family or community, particularly vulnerable family members and access to hospital care if infected. Some felt guilty at keeping their jobs while family members or friends were struggling. Children were identified as being fearful for the future. While this Rapid Needs Assessment was able to glean how COVID-19 affected mental health of the Cairns population, we do not have adequate information about the nature of the impacts, the severity, differences in impact across different population groups and the future impacts that is likely to emerge. Further research needs to be conducted into the mental health impacts of COVID-19 in the Cairns and surrounding region.

An important consideration was the lack of control and a sense of helplessness to impact change in the situation. It is worth noting that Lifeline Australia received over 90,000 calls in March and 3200 calls on Good Friday, linked with COVID-19, although there was no disaggregated data publicly available. Lifeline Chairman, John Brogdon,

There were many first-time clients seeking mental health support and assistance

pointed out that the number of calls were extraordinary and the highest numbers that the agency has ever seen. He stated that the large surge in calls “demonstrates the stress on people’s mental health and wellbeing that we’re seeing with the Coronavirus” (Neal, 2020).

The way information was received and utilised was critical to good mental health outcomes. Mixed messaging from a variety of sources, contradictory advice, delays in measures to address key issues were factors in causing agitation and added to feelings of uncertainty. Panic buying across key commodities such as toilet paper, rice, pasta, flour also contributed to anxiety levels. Risky behaviours exacerbated mental health conditions due to increased alcohol and drug use or gambling, some made possible with stimulus financial help.

Social disconnection and isolation compounded the mental health impacts. This was particularly higher for those who had limited or no digital connectivity. Some Indigenous family members were in Cairns but their family members were elsewhere and there was isolation from family, community and culture. It was identified there were many first-time clients seeking mental health support and assistance. For example, business owners experiencing great financial stress as well as the stress of laying off staff were identified as having mental health impacts but it was pointed out that, very few of these individuals would not usually reach out for help. Some clients had sought medical help and had increased use of anti-depressant medication.

While mental health impacts continued to increase there was a lack of access to mental health services, with some services being closed, or had closed initially or shifted to virtual modes of service delivery. Although many service providers tried to provide continuity of care and service, the lack of PPE and health safety considerations meant that vital in-person care was reduced or delayed when there was very close direct contact with client. Many agencies undertook welfare check-in with clients via phone or internet platforms where possible and looked for alternative ways to connect with clients. Use of technologies such as telehealth was helpful where they could be utilized effectively. However, for many vulnerable clients with no access to the internet, phone connectivity was used to mental health checks. Some older adults were agitated in being asked to use digital platforms such as zoom or skype resulting in reverting to either face to face or phone counselling.

Many parents and carers also reported the added stress of trying to home school children. Sometimes this was due to confusion over what was required or lack of understanding of the curriculum. Others reported trying to balance working from home and home schooling and increased pressure from children not being able to engage in normal activities such as sport and social activity, causing negative behaviours. The long term effects on mental health and educational outcomes of COVID-19 for children and young people is unknown. Research identifies that educational disruption can impact children and young people, and the capacity to compensate varies according to socioeconomic status, with those from low-income and/or single-parent families likely to be most affected (Hynes, 2020).

It has been argued that there is an urgent need to tackle the ‘mental health curve’ linked with COVID-19 as mental health impacts impede all aspects of a person’s life including the ability to maintain employment, have healthy relationships and quality of life. The severity of mental health impacts has varied across the Cairns population, linked with prior health issues, impacts of COVID-19, individual and family resilience factors and supports available. Resilience is a multi-faceted phenomenon-which personal, interpersonal, and community

experiences Resilience is defined as “the ability of human communities to withstand and recover from stresses, such as environmental change or social, economic or political upheaval (Kulig et al., 2013:759). Resilience is not only about coping with adversity but to be able to thrive and maximise the full potential of communities and individuals. For this reason, there is a strong relationship between individual and community resilience (Buikstra et al., 2010). Social capital, social cohesion, sense of belonging and community spirit, trusted sources of information, ability to collaborate, diversity of economic and other resources available to the community, governance and institutions are key factors in resilience (Kulig et al., 2013, Dale et al. 2014). At the individual level it is about being adaptive, having hope, capability to imagine and innovate and the capacity to respond to opportunity (Nemeth & Olivier, 2017).

The medium to long term effects of COVID-19 on mental health impacts in the Cairns region, and more generally, are unknown at this stage. Research indicates that the prevalence of mental health problems in disaster-

Research indicates that the prevalence of mental health problems in disaster affected populations is found to be 2-3 times higher than that of the general population (Math et al., 2015)

affected populations is found to be higher by two to three times than that of the general population (Math et al., 2015). In addition, recent modelling conducted by the Brain and Mind Centre, concludes that suicide rates in Australia are forecast to rise by up to 50 % due to COVID-19

impacts, outstripping deaths from the pandemic by up to 10 times. It is predicted that the highest impacts will be felt in rural/regional areas and by young people (Benson, 2020). Resilience of individuals and communities will play a critical role in addressing mental health issues.

There is also a significant link between productivity and mental health and concluded that there could be productivity losses in the economy in the range of 10-20% due to workforce mental health issues (Benson, 2020). In Queensland, the use of anti-depressants has increased. Data from the Pharmaceutical Benefits Scheme has shown the use of the most commonly prescribed antidepressant drugs increased by 10 % between January and May this year in Queensland as people have needed extra support to cope with COVID-19 (Sheehan, 2020). The prolonged duration of the disease, the increasing cases across different states and tough measures while at the same time easing strategies in others, continues to maintain an environment of uncertainty and anxiety.

Studies demonstrate the link between natural disasters and mental health, particularly post-traumatic stress disorders. Impacts of natural disasters and other crisis can be enduring. For example, in a study of bushfires, Gibbs et al., (2016) found that a significant portion of the affected population were reporting symptoms which indicated mental health problems that were beyond levels likely to be manageable without professional support for three to five years after the disaster. In a study of the impacts of Queensland’s natural disasters on mental health, Clemens et al., (2013) conclude that levels of perceived threat indicate that many people would likely have experienced an acute stress disorder and many had symptoms that meet the criteria for post-traumatic stress disorder. The mental health consequences of disasters and crisis have impacts on life chances, increase vulnerabilities in the face of adversity and have negative influence on inter-generational life outcomes of children and young people.

It is fundamentally important to consider mental health as not only as a psychological disorder but to take a broad view. The World Health Organisation stresses that a comprehensive definition of mental health should extend beyond the absence or presence of diagnosable psychological disorders to include “subjective well-being,

perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one’s intellectual and emotional potential” (cited in Tavaragi & Sushma (2017:165). Research demonstrates that importance of mental health cannot be underestimated to bounce back from adversity, develop resilience and recover from stressors and shock (Srivastava, 2011; PHN, 2019). Deloitte Access Economics (2019) identifies that the cost of mental health and other social impacts can be incurred over many years. These studies are useful to gain insights, however each community and place is unique and has differing needs and responses. There is critical gap in our knowledge base and for in-depth studies into the mental health immediate impacts of COVID-19 and longer studies to monitor and assess the long-term and ongoing psychosocial mental health support needs in the Cairns region, across sub areas and different demographic groups.

Mental health issues will have long term impacts

- Significant mental health impacts
- Continued pressures of COVID-19 will mean prolonged exposure to mental stress
- Medium to long term impacts not known yet but clear link between mental health and wellbeing
- Need to consider long term on ongoing psychosocial needs
- Provision of quality and timely information is critical to mental health outcomes
- Urgent research is needed into the current and long term impacts of mental health across population groups

Social Connectivity and Isolation:

Social connectivity, family and community support and networks are strongly associated with emotional, mental and physical health wellbeing (Holt-Lundstad et al., 2015). Social connectivity involves different types of linkages including informal (e.g. friends, families, and neighbours), semi-formal (community groups and social events), and formal (professional or needs-based services) (Moran et al., 2004). During pandemics and disasters, the fabric of social connectivity changes and traditional mechanisms are disrupted. The need to belong, share and trust within a group is part of our evolutionary make up (Baumeister & Learly, 1995). Social isolation is detrimental to health and wellbeing and impacts can lead to a sense of not belonging and exclusion, undermining a person’s sense of self, feelings of loneliness, and negative or defensive behaviours. The impacts also increase the risk of physical conditions such as high blood pressure, diabetes and heart disease (Lim, 2018; Holt-Lundstad et al., 2015; Cacioppo & Cacioppo, 2014).

Isolation measures for COVID-19, has inadvertently, created other risks to health, social and mental wellbeing.

The social isolation impacts were diverse across different cohorts of people in the Cairns region. Specifically affected were people living alone, older adults, people with disabilities, carers and single parents. Impacts of social isolation included loneliness, feeling trapped, stress, anxiety and depression. Many people found different ways to connect including visiting where possible within social distancing measures, delivering meals for family members, checking in via phone and using digital technologies when available. Easing of restrictions enabled outings such as picnics and going to the beach. Examples were given of how special occasions such as birthdays were celebrated using digital means, dress up days and other ways to connect digitally. Families with children

found it difficult to engage children without their usual sporting groups/clubs and the social interaction that it brought. Older adults found it difficult not to attend specific group and diversionary activities. Some examples of social isolation identified in the Cairns region include:

- Older adults, living alone, with no family in the region, reliant on social support services
- People with severe disabilities
- Those of lack of digital skills or without access digital technologies at home
- Refugees without family or community support
- Aboriginal and Torres Strait Islanders who are away from their communities
- People experiencing domestic and family violence

We do not have a deep understanding of the nature of social isolation in Cairns. There is a lack of evidence including prevalence rates, predictors, consequences and maintenance factors associated with social isolation and loneliness due to COVID-19.

Dunbar and Spoors (1995) argue that our relationships are layered with an immediate 'intimate' layer having around five people, the next layer is of 'close and useful connections' (about 15 people), a 'tribe' of about 50 people we feel we belong to, and then a wider network of acquaintances to about 150 people. In the context of digital connectivity, it is identified that this pattern of layering is observed in platforms such Facebook, Twitter, online gaming and mobile phones (MacCarron et al., 2016). Social contact alone does not reduce isolation and loneliness, rather it is linked with the quality of relationships, which could not be replicated in virtual formats (Masi et al., 2011). Especially impacted were people who could not attend occasions such as religious ceremonies, visit sick or dying friends/relatives, joyful celebrations such as weddings and important grieving processes such as funerals.

There are some risk factors that increase social isolation and disconnection. Some of these include:

- Domestic and family violence, while not increasing in numbers, was identified to have intensified and brutality during COVID-19, resulting in increased family tension and significant impacts of children and young people. There were instances of women and children being removed during the COVID-19 restrictions. However, many endured their abusive situations, not being aware of their options which further increased their sense of isolation and mental distress. The existing data shows that relationship separation tends to result in an increase in loneliness across ages and genders, however, the effects are more pronounced for men than women. The data highlights that :
- Recently separated men are more than 13 times more likely to develop loneliness than married men (Franklin & Tranter 2008).
- Single parents experience higher levels of social isolation (38% for men, 18% for women) (Relationships Australia, 2018).
- Older adults are also at risk of loneliness (Lim, 2018).
- While women can experience loneliness, however, they tend to have stronger support networks (Flood, 2005).

There is a significant correlation between work and loneliness. Men and women face a greater risk of social and emotional isolation if their financial situation has deteriorated or they have lost their jobs (Eckhard, 2018). Work

is a source of engagement, sharing and making of friendships. The link between loss of jobs extends to the relationship between social isolation and poverty based on the idea that failing resources results in social withdrawal. Failing resources theory posits that poor people do not have the means to start and maintain personal ties (e.g. cost of entertainment, size of house) and exchange support (Gallie et al., 2003). Stewart et al., (2009) highlight that people with low incomes often distance themselves from social contacts when activities entail financial costs. People experiencing poverty and disadvantage are likely to limit themselves to relationships with people of the same social status and have homogenous social networks. It has been highlighted that people with higher incomes have more extensive networks (Campbell & Barrett, 1992).

Social connectivity, family and community support networks are strongly associated with emotional, mental and physical wellbeing. Social isolation is detrimental to health and wellbeing- with impacts including leading to a sense of not belonging and exclusion, undermining sense of self, feelings of loneliness, negative and defensive behaviours and increases the risk of physical conditions such as high blood pressure, diabetes and heart disease.

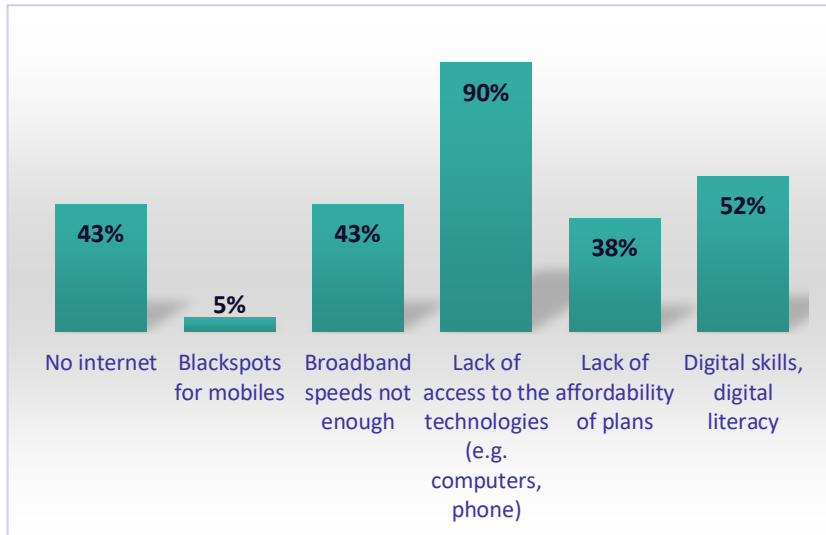
Older adults, people living alone, people with disabilities, refugees and Indigenous people away from their communities face social isolation in the Cairns region. There is a lack of evidence including prevalence rates, predictors, consequences and maintenance factors associated with social isolation and loneliness due to COVID-19.

Digital Connectivity:

Adjusting work and personal life circumstances to COVID-19 has significantly increased our need for digital connectivity. Digital connectivity has been an enabler of work from home, service delivery, obtaining information, connection with family and friends, education, training and schooling, business transactions (e.g. banking and Centrelink payment), for entertainment/recreation and in particular, during COVID is vital to access health services. People in the younger age groups were identified as being more technology savvy, particularly in use of their smart phones and social media.

While the use and benefits of technology were widely mentioned, the barriers to digital inclusion were equally highlighted. Digital exclusion is compounded by other forms of disadvantage, outlined above. The challenges relating to digital inclusion were linked to three key aspects: *affordability, access and ability*.

In relation to *access*, many vulnerable families and individuals did not have access to computers, laptops or iPads



and some did not have mobile phones. Access to devices was identified one of the main issues. Due to panic buying and supply chain bottlenecks, at times the digital devices were not available at retail outlets, particularly driven by home schooling, work from home and distance education. Particularly affected were homeless people, people on low incomes, some Aboriginal Torres Strait Islander families, newly arrived humanitarian entrants and older adults.

Diagram 3: Digital Challenges

Source: Focus Group Poll, 23 June 2020 (multiple responses)

Some areas of Cairns did not have good connectivity for phone and internet. Black spot identified areas include Whitfield, Redlynch and Woree. As schools shifted to distance learning, many disadvantaged families who had no access to the internet or devices were challenged. The school adopted a range of strategies to facilitate learning. Many schools provided loan computers but these proved challenging for parents with little tech skills.

The pandemic highlighted the importance of the digital divide. 90% respondents identified access to digital technologies as a major challenge. The Cairns digital inclusion score is 54.3 compared to the national score of 61.9 (ADII, 2019).

Cairns West reported that 85% of their CALD students were unable to engage in on-line learning due to a range of barriers. The school prepared learning packs for every student. Some social services provided phones and dongles to

support disadvantaged individuals and families. For many on low incomes, there were ongoing issues linked with *affordability* of data plans. Affordability in purchasing devices was also identified as many could not afford to purchase laptops or other devices. During COVID-19 staying connected to services and information was critical as many services and government agencies shifted to digital formats.

The issues of *ability* posed a number of challenges. Navigating the technology and the internet was tricky for a range of people, particularly non-English speakers, Indigenous communities, some people with severe disabilities and older adults. The ability issues were two-fold: digital literacy challenges and also English language challenges, which acted as a barrier to gaining digital skills. Many struggled initially to use collaborative platforms such as zoom, Microsoft teams, WhatsApp. Another major frustration was individual’s inability for trouble shooting when the technology did not work. Many could not afford technicians, especially if they were not in the workforce and did not have IT support or a tech savvy family member. Additionally, social distancing measures meant that IT services were not easily available, not affordable or presented a risk of contact. Cyber security was identified as a challenge, particularly as school children utilised digital means for education, and with limited parental knowledge about esafety.

Digital technologies were utilised in contradictory ways. For example, those experiencing domestic and family violence were trapped in their homes with the perpetrator. Not allowing use of phone or internet were identified as a means of control and abuse in DFV situations. Examples were given of how perpetrators monitored the phones and calls, which brought on further violence if the phone was used. However, technologies still supported the survivors through secondary ways. This included getting messages and information via Facebook or other accounts that the perpetrator was not aware of, but also getting general information about their rights and government information relating to COVID-19.

Digital technologies will continue to play a critical role in responding to COVID-19. The pandemic highlighted the risks of the digital divide in regards to responding and recovery from disasters such as pandemics. One in five people, as outlined above, do not have access to the internet in Cairns and there is a digital divide across different population cohorts. Infrastructure connectivity for internet speeds and continuity of phone coverage without black spots are identified as key challenges to address. Improvement of the digital skills and abilities of those who are vulnerable is one of the utmost urgent focus areas to enable people to navigate the complex support needs, seek and return to employment and maintain social connectivity. As noted earlier, the digital inclusion score is low at 54.3 for Cairns compared to national level score of 61.9 and Queensland score of 60.9. The Cairns region score is also below that of rural Queensland (ADII, 2019:35).

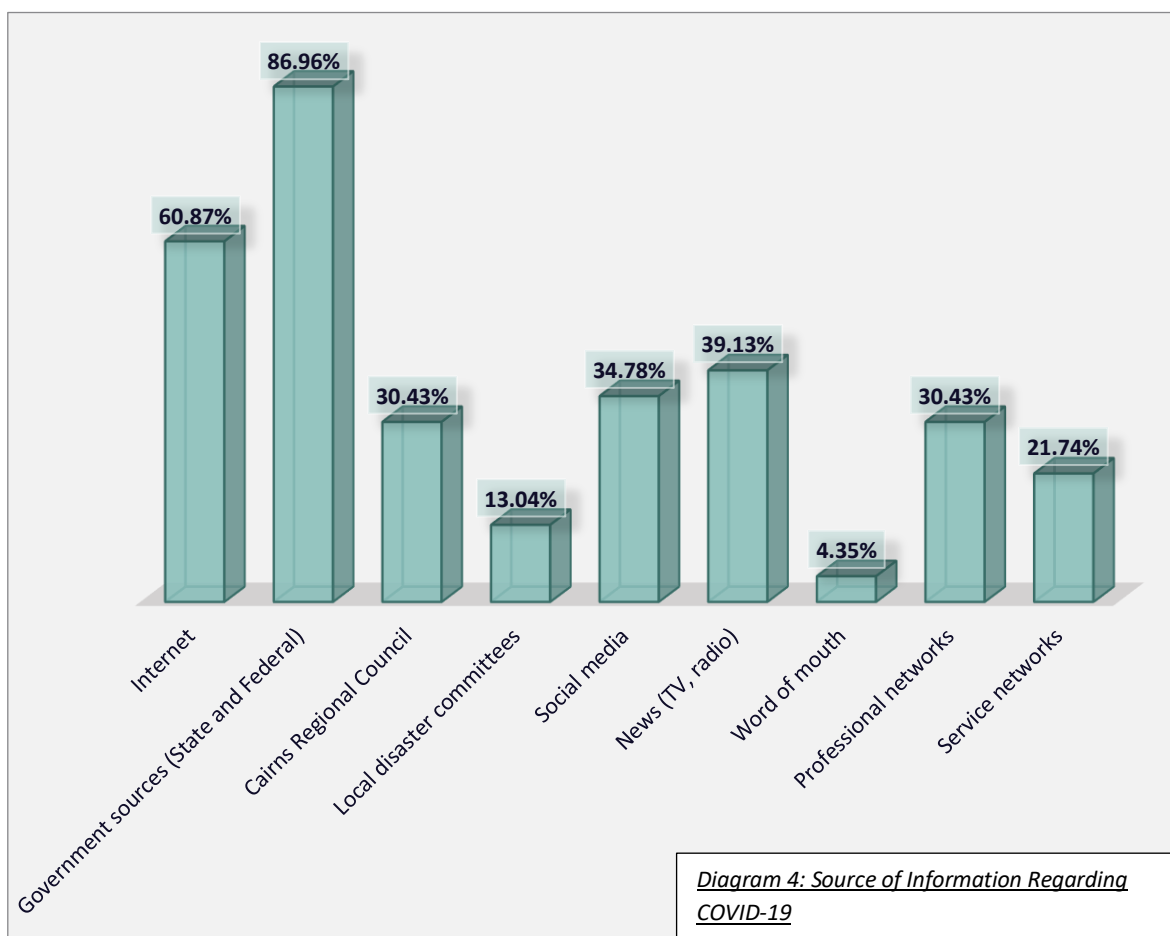
The ADII concludes “The benefits of the digital economy cannot be shared when some members of the community are still facing real barriers to online participation” (ADII, 2019:5). Research from disaster response and recovery highlights the critical roles that Information Communications Technologies (ICT) plays, particularly in information exchange, decision making, building social capital, civic participation and connection for long term recovery (Sakurai & Murayama, 2019; Cheng et al., 2015). Digital participation during a pandemic can be strongly empowering, overcoming the sense of helplessness and being rendered a passive observer; giving a sense of control and agency for individuals, communities and businesses; providing continuity of lives and business and supporting the move away from victimhood to resilience.

COVID-19 has highlighted the importance of the digital divide with significant barriers to access, affordability and digital ability. “The benefits of the digital economy cannot be shared when some members of the community are still facing real barriers to online participation” ADII, 2019:5. Further research is necessary into the digital needs and barriers the Cairns region faces.

Information and Communication:

Information and communication provided in the context of a crisis such as pandemic or natural disasters is referred to as “crisis communication”. The European Centre for Disease Prevention and Control (ECDC, 2013) defines a crisis situation as ‘what is known and not known about a current state or condition; for example, its magnitude, immediacy, duration, control, cause, blame, consequences’. Crisis communication is risk-relevant safety information (Tinker & Vaughan, 2012) during an emergency situation. It can cover multiple aspects of communication including pre-crisis prevention and preparation, post-crisis containment and evaluation strategies (Dardis & Haigh, 2009).

The aim of communication is to reduce uncertainty and doubt in the given situation, convey response and resolution measures, minimise negative consequences, build trust and positive public perception and reduce blame and conflict (Collins et al., 2016; Mos et al., 2011; Stephens, Malone & Bailey, 2005). As fittingly identified by Mos et al., (2011:7), appropriate crisis information and communication “can contribute to the empowerment of citizens in crisis situations by supporting preparedness, enhancing societal understanding of risks and increasing cooperation, and arranging participation in decision making about reconstruction activities”. However, to achieve this, information needs to be well coordinated, timely and fit for audience. Multiple channels needs to be utilised in a way to ensure that communication and information is receiver sensitive and culturally appropriate and can be accessible to those hard to reach.



Awareness and information is also critical in responding, building resilience, adaptation and recovery (Dale et al., 2014; Mos et al., 2011). Some 31% of the calls to the Community Recovery Hotline Cairns region (from end of March to 21 June 2020) were requests for information and advocacy (DCDSS, 2020).

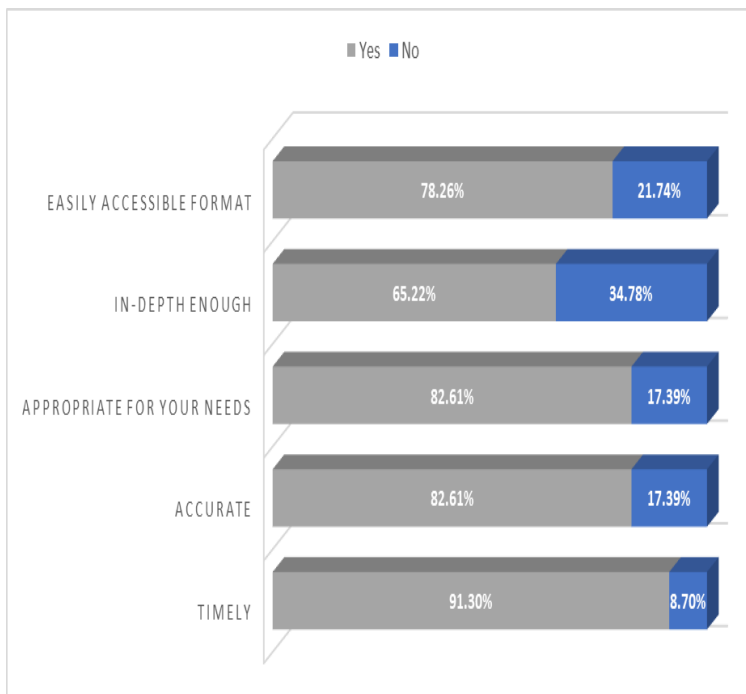
The way people accessed information about COVID-19 varied across groups, businesses and services. The range of ways respondents accessed information is highlighted in diagram 4 (where participants were asked to choose 3 of the most used sources):

As is illustrated by diagram 4, the overwhelming source of information was through government sources (State and Federal Governments), followed by the internet and thirdly by news (television and radio). Other sources

included Cairns Regional Council, service and professional networks and social media. For people who were disadvantaged and did not have digital access or capability, secondary means of information were more fundamental including phone calls, newsletter and word of mouth. There was a reliance of service agencies, family members and friends, and health professionals for information.

87 % of respondents received their information relating to COVID-19 from government sources

The paradoxical impacts of the information and communication about COVID-19 was expressed. At one level, it provided awareness and information about the disease, what was happening in Australia and globally. At another level, it drew attention to lack of uncertainty with many identifying increased levels of anxiety as a result of the information received.



In a poll of the focus group, the majority of the participants were happy with the timeliness of the information (91%). Respondents in interviews and focus groups identified that the information was overwhelming and navigating it was ‘tricky’. Some identified that there was information fatigue and they ‘tuned out’. While the majority of participants believed that the information was timely, many raised questions about the quality format, appropriateness and accuracy of information.

Diagram 5: Communication Characteristics
Source: Focus Group Poll, 23 June 2020 (multiple responses)

Others identified that the information they accessed through different sources was contradictory, particularly around responding to COVID-19. Additionally, misinformation spread via social media and email was identified. Cited examples of misinformation included where you can travel to, what to do to not get the virus e.g. take vitamin D or go out into the sun, warmer climates were not at risk, and drinking water regularly was a preventative measure. Many service providers found that helping clients navigate and access the quality of information became part of their roles.

Consistency of messaging, tailoring of message to audience, culturally appropriate communication methods and ways of delivery were identified as critical strategies. Some services also felt ‘bombarded’ with information, especially if they were funded from multiply sources. For some service workers, the overwhelming amount of information added to their work load.

CentaCare

Centacare program to reach and inform Cairns Multicultural groups had to quickly shift to digital interactions which had positive impacts in Cairns and outside of the region. Centacare Bi-cultural workers were able to translate government health messages into languages (Swahili, Kinyarwanda, Burmese and Nepali) providing vital health and regulatory information about COVID-19. Much of the information was not available elsewhere in these languages and made the videos popular with people outside of the region. Overall, the Our Place team were able to achieve an incredible level of community outreach and engagement, with over 13,000 people interacting with posts throughout March & April 2020. There was zero COVID-19 cases across the refugee communities in Cairns.

In addition they established the Centacare Community Associations Zoom Network Meeting and Consultation. This group met fortnightly and included representatives from the Philippines, Hindu, Congolese, Myanmar, African, Kenyan, Thai and Arakanese communities and associations. These fortnightly digital forums further ensured that the various communities were across the COVID information and could help address any particular information communities were facing due to self-isolation and other COVID restrictions.

Almost 15% of the Cairns region speak a language other than English at home. This cohort of the community can experience significant challenges in receiving and comprehending timely and quality information. While 85% identified that they spoke English well or very well, 15% indicated that they did not speak English well or at all. This equates to approximately 2% of the population (CHHS, 2018:16). The data on levels of written English was not available. Multicultural service providers identified the

difficulties of culturally and linguistically diverse communities in accessing information, particularly with reliance on written information on government websites, mostly in English. Some information was translated but was not available in a timely manner, being up to several days behind the mainstream information channels. Additionally, some newly emerging languages did not have any translations in their own language.


Aboriginal and Torres Strait Islander communities were also identified at risk of not receiving information in a timely manner. The socio-economic disadvantage faced by Indigenous communities strongly compounded their ability to have appropriate information. A range of factors acted as a barrier to appropriate information and communication including lack of affordability of digital technologies and plans, lack of digital skills and lack of English literacy skills. Between 40 to 65 % of Aboriginal adults are functionally illiterate in English (Literacy for Life Foundation, 2020). This compounds the barriers to information delivery in online formats. Aboriginal and Torres Strait Islander peoples also had confusion and anxiety about what was happening 'on country' with different regulations put in place across the Cape and Yarrabah.

Older adults relied on information about risks of COVID-19 for their health, social distancing and self-isolation advice, and information on how to access medicines, shopping and services. With much of the information about essentials of life shifting on-line, many older adults, particularly those living alone, were challenged in getting appropriate information and more critically the support they needed. 11% of the population aged 50 years and over do not have any form of internet access across Australia. Of those aged over 70 years, 57% have low to no digital literacy and 74% are digitally disengaged. There is a higher proportion of older females living in regional areas that are digitally disengaged and from low literacy groups (Office of the eSafety Commissioner, 2018:1,5). Accessing information online, navigating information on food and medicine delivery systems were identified as significant information challenges for the people aged 65 and older. A number of peak bodies such

as the Older Person’s Advocacy Network and Council on the Ageing and National Seniors jointly ran a dedicated COVID-19 hotline for supporting older adult’s information needs. The extent of utilisation of such services from regional areas is unknown.

Consistency of messaging, tailoring of message to audience, culturally appropriate communication methods were identified as critical communication strategies.

Domestic and Family Violence (DFV):



Domestic and family violence escalated or started during COVID-19 as survivors were locked in with perpetrators. In a study of 15,000 women by the Institute of Criminology in Australia, an overwhelming 65.4% of women experienced physical and sexual violence, emotional abuse, harassment, and coercive control.

While to date the overall reported cases of DFV have not increased since the commencement of COVID-19, the nature of the violence is reported to have intensified. Service providers believe that the numbers of DFV are actually higher but many survivors of DFV are not in a position to make complaints in a safe manner or escape their situations, exacerbated by the COVID-19 measures. Many people were ‘locked in with their perpetrator.’ In a study of 15,000 women by the Institute of Criminology in Australia, an overwhelming 65.4% of women experienced physical and sexual violence, emotional abuse, harassment, and coercive control. The respondents identified that the violence had started or escalated during COVID-19 (Boxall et al. 2020). Domestic violence services in the Cairns region

report that the lag effects of DFV cases are likely to be witnessed in the coming months.

Isolation tactics are common in DFV cases and COVID-19 social distancing measures were used as an excuse to further isolate survivors from family, friends and other support networks. It was reported that control of the use of technological devices prevented survivors of DFV from reporting or connecting with support networks. Perpetrators were using abusive control measures such as checking phone and browser history, turning off modems and password protecting the devices to stop access. Turning off or threats of disconnecting modems was also used to prevent children doing online schooling. Some service providers also noted that the internet traffic to their sites had increased. People were accessing information in different ways, although this did not translate to complaints. Google has reported a 75 % ‘spike’ in searches for help with domestic violence Kelly, 2020). There was an 11 % increase in calls to 1800Respect and a 26% increase in calls to Mensline relating to domestic violence (Neil, 2020).

The intensification of the DFV were attributed to a number of factors:

- Increase in household tension as families were confined to their homes and spaces, often with children not in school.
- Loss of jobs and financial hardship contributing to family stress.

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- Increased consumption of alcohol and substance use. Recent research shows that 20% of Australians purchased more alcohol, 70% are drinking more alcohol than normal, with 33% now using alcohol daily (FARE 2020). While alcohol is not a causal factor in DFV, it can intensify its frequency and severity.

The most at risk of DFV were identified to be women with disabilities, who were subjected to higher levels of abuse. Pre-COVID-19 data shows that the majority of perpetrators are male and the victims tend to be women and children. Intimate partner violence intensified for women who lost their jobs and became financially dependent on their partner. The breach of DVO orders continued during COVID-19. Disaggregated data for Cairns was not available.

The types of DFV included financial, psychological and physical violence. Perpetrators were reported to be using COVID-19 in the escalation of their coercive and controlling behaviours. New forms of DFV were noted with COVID-19 as the disease was “weaponised”. Examples given were that perpetrators demanded excessive washing of hands, threats that they will give the disease to the victim or their children if they did not comply, spreading threatening rumours that the survivors had COVID19 to isolate them from family, and controlling movements and keeping them in the house ‘to protect them from COVID-19’.

The full impacts of COVID-19 on survivors, being locked inside with the perpetrator of DFV over a long time, are expected to emerge over time. Existing data indicates that the long term consequences of DFV is devastating (Vora and Malathesh, 2020) and can be wide ranging, profound and enduring. Some of the detrimental impacts are at the social and individual level such as negative employment outcomes, physical and mental health, mortality and the long term economic burden (AIHW, 2020:68). Additionally, children and young people who are forced into lockdown in volatile home situations of DFV will experience significant mental health consequences. Research shows that children and young people exposed to DFV can experience long-term effects on their development and have increased risk of mental health issues, and behavioural and learning difficulties (AIHW, 2018a; Campo, 2015). The Australian Institute of Health and Welfare (2018a:68) posits that there is gap in evidence, with much remaining unknown about the impacts of DFV, particularly the long term effects on survivors and their children. As mentioned previously, the impacts of Adverse Childhood Experience (ACEs) is well known and the negative impacts cause emotional harm but also add to the burden of crime, education drop outs and other negative behaviours that have both a social and economic long term impact.

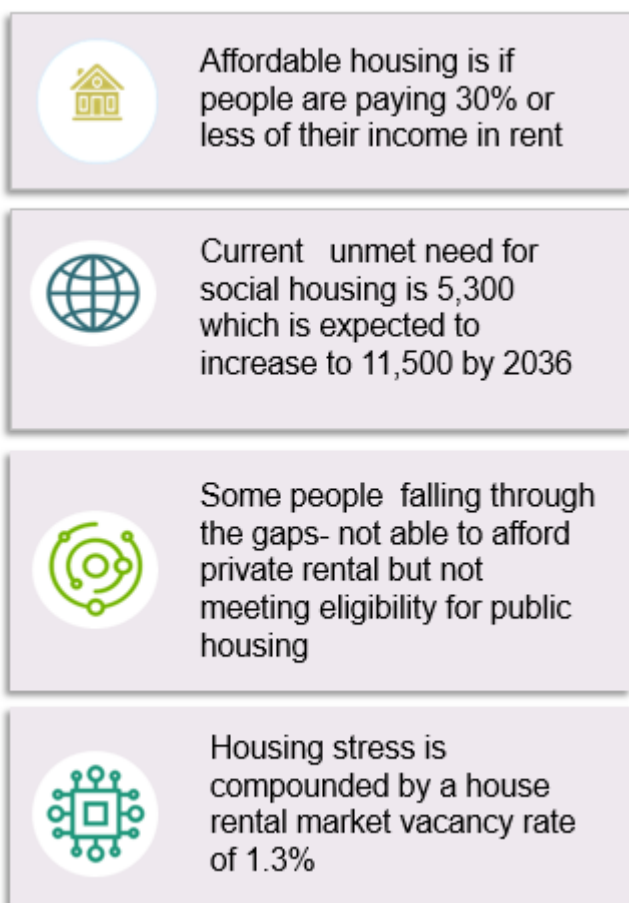
The causation of DFV during any crisis “is multifaceted, precipitated through multiple, interdependent causes like stress due to physical confinement, economic disruption, slowed down businesses, possible unemployment, scarcity of basic provisions, limited social support” (Vora & Malathesh, 2020:1). In the context of DFV, COVID-19 safety measures presents a paradox in the concept of ‘safety’. While restriction of movement and lockdown are to enable health safety, it may lock people in unsafe situations at home (Bradbury-Jones & Isham, 2020). Restrictions on movement and lockdown may limit avenues of escape, help-seeking and ways of coping for survivors while granting people who abuse greater freedom to act without scrutiny or consequence (Bradbury-Jones & Isham, 2020, Neil, 2020). Bradbury-Jones and Isham (2020) argue that there is a ‘sanctity’ of family life, but home may not be safest place during COVID-19. The authors argue that it is important to think critically about idealised representations of home and family and to make it possible for people to talk about DFV, and where possible to facilitate support to action to counter abusive and controlling behaviour.

The types of DFV were identified as having intensified during COVID-19. The number of cases had not increased due to under-reporting. Given the increasing traffic on DFV websites and trends across Australia, services expected lag-effects of increased reporting.





COVID-19 was being 'weaponised in the coercive behaviours by perpetrators

There is a lack of evidence about survivor experiences of DFV and the intricate impacts of COVID-19 on violence from intimate partners, household members and others.

Housing and Homeless:



The infographic consists of four light purple rectangular boxes stacked vertically. Each box contains a circular icon on the left and text on the right. The icons are: a house, a globe, a person with a gear, and a circuit board.

-  Affordable housing is if people are paying 30% or less of their income in rent
-  Current unmet need for social housing is 5,300 which is expected to increase to 11,500 by 2036
-  Some people falling through the gaps- not able to afford private rental but not meeting eligibility for public housing
-  Housing stress is compounded by a house rental market vacancy rate of 1.3%

Housing, housing affordability and homelessness are major issues in Cairns and more broadly in Far North Queensland and have been well researched, highlighting key issues relating to housing and homelessness in the FNQ. Among others, this includes Philips and Parsons (2011) extensive study into homelessness in Mareeba; Pointing, Babacan and Clough (2012) examined housing and homelessness in Douglas Shire; Dawes and Gopalkrishnan (2014) examined housing and homeliness for culturally and linguistically diverse communities; Brim & Murat (2016) conducted studies into the housing aspirations in Kuranda; Gopalkrishnan and Carrington (2020) conducted a study of the Mareeba and Atherton Tablelands region. The studies identified that housing and homelessness issues are complex, long term and affect a wide spectrum of the population. There is a link between housing needs and socioeconomic disadvantage, high unemployment, low and seasonally affected incomes, and a reliance on limited housing options including the rental sector. The studies overall demonstrated the lack of affordable

and accessible housing options in crisis, transitional, social and private market housing.

These and other studies collectively and other data identified:

- An acute shortage of social housing. In June 2020 there were 1639 people on the Register of Need for the Cairns Local Government Area. The greatest demand relates to one and two bedroom properties for Cairns LGA. (DHPW, 2020); the demand for social housing in Cairns continues to outstrip the housing stock, with current unmet need for social housing is 5,300 (Everybody's Home, 2020) which is expected to increase to 11,500 by 2036 (Lawson et al., 2019:140).

- Affordable housing and housing stress estimates have been based on an assessment of households currently in the private rental market, who are paying 30% or less of their income in rent (Troy et al., 2019:1). Housing stress is compounded by a vacancy rate of 1.7% in the rental markets (Herron Todd White, 2020)
- Large families are not able to find four bedroom+ housing stock availability is tight in the private rental market;
- There are systems gaps in the way funding is allocated is directed to Tier 3 level registered organisations under National Regulatory System for Community Housing. This limits the scale and scope of agencies to address complex tenancy needs;
- There is a gap between those who cannot afford private rentals but at the same time who are do not meet the threshold requirements for eligibility for public housing;
- Groups most significantly at risk of homelessness include Aboriginal and Torres Strait Islanders, culturally diverse groups, older adults, domestic and family violence survivors, young people and low-income individuals and families. That Aboriginal and Torres Strait Islander people are over-represented as being homeless in the FNQ region. Some 78% of all referrals to housing and homelessness services in the Mareeba & Tablelands region between 2014-2019, for example, were Aboriginal and Torres Strait Islander people (Gopalkrishnan & Carrington, 2020:8). Homelessness for Aboriginal and Torres Strait Islander people is linked with disconnection from country and/or disconnection from family and/or community and there are distinct public housing issues in discrete Indigenous communities such as Yarrabah, remote communities and communities living in urban areas. Among other factors such as health and safety, the housing crisis faced by many communities is the key driver of mobility to service centres such as Cairns. This places additional pressure on an already over-extended housing and homelessness sector as well intersecting crisis support services such as domestic violence and emergency relief; and
- People at risk of homelessness have complex needs including factors for co-morbidity. Homelessness impacts upon the homeless person's physical, social, emotional and spiritual well-being.

COVID-19 affected the way homelessness was addressed. The general definition of homelessness typically has three key elements: i) adequacy of the dwelling; ii) security of tenure in the dwelling; and control of, and iii) access to space for social relations (ABS, 2016b). Consequently, the key aspect of housing stress include:

- Persons living in improvised dwellings, tents or sleeping out ('rough sleeping');
- Persons in supported accommodation for the homeless;
- Persons staying temporarily with other households ('couch surfing');
- Persons living in boarding houses;
- Persons in other temporary lodging; and
- Persons living in 'severely' crowded dwellings.

Additionally, Memmott and Nash (2016) remind us of cultural context of defining homelessness and the categorisation of homelessness as problematic when mainstream definitions are applied to Indigenous homelessness. The authors provide a refined set of definitions for Indigenous homelessness. The definitions include i) public place dwellers, ii) housed people who are nevertheless at risk of homelessness, and iii) spiritually homeless people. This approach to homelessness takes into consideration nature of Indigenous mobility (voluntary or involuntary), high-density household structures and distinct set of characteristics of Indigenous

cultural practice that determine the nature of housing and or/homelessness (Memmott & Nash, 2016). These cultural lens of homelessness are relevant to Cairns, given that high proportion of homeless in Cairns have identified as Aboriginal and Torres Strait Islander background.

Key stakeholder's responses to interviews and focus groups identified the lack of affordable housing in Cairns as an issue of dramatic significance. Service providers identified that COVID-19 compounded the housing and homelessness issues in an already over-stretched housing market. Some of the impacts were identified as:

Service providers identified that COVID-19 compounded the housing and homelessness issues in an already over-stretched housing market. Housing stress was a major impact of COVID-19, especially for those who lost their employment and were not able to meet rental or mortgage payments.

- There was an increase in housing stress , especially challenging people who lost their employment were not able to meet rental or mortgage payments. The nature and extent of this impact is unknown although service providers could identify numerous clients. There are gaps in information, research and data and further work needs to be undertaken to provide a stronger evidence base;
- Rental market was tight with limited stock at the affordable housing;
- Larger families were not able to find suitable accommodation without overcrowding as there is limited housing stock with appropriate number of bedrooms.
- Increase in the number of people seeking support for housing support although many fell in the cracks between not being able to afford housing in the private market but could not meet eligibility requirements for public housing. In 2016, 4% of Cairns households consisted of social housing and 9.4% of renting households were paying \$450 or more per week in rent (ID Community, 2020). There is a major gap in evidence assessment of the need for affordable housing.
- Lack of appropriate systemic responses to needs assessment and prioritisation of housing need;
- Lack of adequate information on the housing impacts of COVID-19 in Cairns, from demand, supply and social effects perspective.
- A number of locations, home to vulnerable groups, with high density, multi-dwelling sites and community living such as were identified as 'being a health risk' and the residents were moved quickly, with potential for them to become homeless. Many were placed in hotels, which were vacant due to the downturn in tourism. Indigenous people displaced from community closures were placed in other forms of accommodation.
- Measures were also introduced to relocate those in transition or shared accommodation, usually into hotels which were more affordable due to the availability of hotel accommodation.
- Rough sleepers are more transient than the rest of the population and risk being fined for failing to comply with health orders. Although many benefited from being placed in accommodation it was not always easy to place younger people who are experiencing homelessness - who make up 19% of Cairns homeless population. The additional housing is temporary.
- Housing stress increased the potential for people being defined as homeless, particularly staying in overcrowded private dwellings, couch surfing and temporary lodging. The severity of the risk is unknown and further research is needed about the impacts of COVIDS-19 on risk of homelessness.
- Service providers identified that some of the placements of people in specific housing options in the Cairns region was undertaken in a rapid manner to respond to COVID-19 without an appropriate needs assessment or prioritisation. This had a detrimental effect especially for people on waiting list for long periods of time who were by-passed and not given similar options.

The already stressed housing system will be placed under further and prolonged pressure without any long term and affordable solutions, particularly as COVID-19 continues for an unknown duration. Housing and

homelessness service providers have expressed concern about the lack of long term planning and options for an already stretched landscape of housing needs. COVID-19 is expected to place greater strains on families and individuals and result in acute impacts on housing, placing many people at risk of substandard accommodation or being homeless. The social and economic implications of housing and homelessness for individuals, their families and for society as a whole are significant (Gopalkrishnan & Carrington, 2020; Steen 2018). The Australian Housing and Urban Research Institute (AHURI) argues that government needs to continue as the principal source of funding for housing and homelessness services but suggest that new and innovative forms of funding such as Social Impact Investing and Social Enterprises (Flatau et al., 2017). The Productivity Commission identified that almost one in three Australians in need of shelter to reach out to homelessness services were unable to secure accommodation (Productivity Commission, 2019).

The housing impacts on the Cairns region will be severe and will combine with other vulnerabilities facing disadvantaged residents across different dwelling types. The ability of renters to meet payment of rent and mortgage commitments was a major concern for those individuals and households who faced reduced incomes due to retrenchment. While disaggregated data is not available, the impacts are likely to be significant given that 30% of the workforce in May 2020 was on unemployment benefits, vacancy rates for jobs decreased by 49% of vacancy rates compared to the same time the previous year and 67% of the population were either paying rent or mortgage.

On 29th March, National Cabinet agreed to a moratorium on evictions over the next six months for residential tenancies in financial distress who are unable to meet their commitments due to the impact of COVID-19. On 22 April 2020, the Queensland Government passed the *COVID-19 Emergency Response Act 2020*. Section 24.2 states that regulation relating to tenancies may “impose a moratorium on evictions of tenants and residents during the COVID-19 emergency period” (Qld Government, 2020:22). How these regulations or policies are interpreted and put into practice is unknown at this stage, with housing services expressing concern that these protections only apply to those in the rental market and there are no measures for those who are at risk of becoming homeless due to inability to meet mortgage payments. Cairns region was identified as having chronic under-investment in social housing. Respondents identified that major investments in social housing will address both housing issues but also issues of economic recovery and jobs. It is estimated that the construction industry can shrink by up to 50% due to COVID-19 (SGS, 2020:iii). New analysis from Community Housing Industry Association (CHIA) and National Shelter shows that investing in a four-year social house building program of 30,000 homes will create up to 18,000 full-time equivalent jobs a year (SGS, 2020).

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- Job losses and financial stress impacting on ability to meet rental and mortgage payments placing housing stress on individuals and families
 - Increased risk of homelessness for vulnerable groups
 - The nature and severity of the housing stress due to impacts of COVID-19 are not known and further research is necessary
 - Lack of affordable housing options in Cairns, exacerbating chronic housing shortages
 - ‘Knee-jerk’ reactions in responding to COVID-19 safety issues arising from shared or crowded accommodation without appropriate needs assessment
 - There is a need for more effective assessment of housing needs that is sustainable in the long term
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Social Cohesion:



Social cohesion is an indicator of resilience. An increased rate of mental illness or of family violence may place additional pressure on community relationships and have flow-on effects on social cohesion.

OECD (2011:263) defines the term “social cohesion” to mean the extent to which a community “works towards the well-being of all its members, fights exclusion and marginalisation, creates a sense of belonging, promotes trust, and offers its members the opportunity of upward mobility”. The concept of ‘social cohesion’ is used broadly to encompass a large number of ideas, including social capital, civic and political participation, shared values, human rights, equal access, citizenship, trust, social solidarity,

cultural harmony, personal and national security, social order, valuing of identity, links to place and peace (Babacan, 2007; Colenso, 2005; Kearns & Forrest, 2000).

Many people are responding to COVID-19 in the Cairns region with pro-social behaviour such as showing understanding, patience, generosity, compassion, cooperation and care. However, there is little evidence and data about the social and psychological processes in response to the pandemic and whether it promotes or inhibits social cooperation and cohesion, especially in the long term.

Examples of positive social cohesion identified in the Cairns region include:

- Providing financial support to family and friends;
- Physical care of elderly and people with disabilities;
- Volunteering, and a positive response to the Care Army with over 700 volunteers in Cairns;
- Checking up on vulnerable people;
- Wide range of neighbourhood activities and events;
- Charitable giving;
- Trust in institutions and supporting initiatives in place to respond to COVID-19. (Cairns Regional Council was positively identified many times.); and
- Developing digital communities through webinars, websites, digital celebrations and information.

A number of social cohesion challenges were also identified. These include:

- Diminishing sense of belonging due to isolation;
- Feeling without support in the face of crisis;
- Negative views of services closing or going online, and a sense of feeling ‘abandoned’ by those who are in need of direct support or care;
- Lack of trust in information sources including digital media and government sources;
- Lack of trust in institutions (State and Federal Governments);
- Suspicious treatment of service staff (seen as spreading the virus and being a health risk to clients due to contact with many clients and customers);
- Gatherings at home causing tension due to lack of access to public venues such as clubs;
- Some service agency staff treated with hostility for bulk buying PPE products;
- Anger by some health workers not getting priority in supermarkets as they worked shifts;
- Large families felt discriminated against by the limits on goods and groceries that can be purchased, and some interview respondents perceived it to be unfair that single person households had the same limit as larger families;
- Racism and discrimination against some ethnic communities as source of blame for the virus; and

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- Difference of opinion about easing of restrictions.

A number of people identified that they have witnessed or had client reports of overt forms of racism since the pandemic has commenced. This is closely linked with social media debates with global leaders blaming China for the cause of the disease. There are accounts of racism against Asian communities in Cairns, particularly those from China, Japan, Indonesia and Nepal. Examples given include subtle and overt forms of racism such as negative stares in shopping centres, moving away even when they are within safe distances, refusing to engage, derogatory comments at work against Asian communities and name-calling. Students of Chinese descent were called 'corona' or 'virus' at school by other children. Some several-generation Chinese-Australians were asked if they have recently returned from China. International students faced discriminatory comments and refusal by other students to do group-work assignment. The Queensland Human Rights Commission (2020) has expressed concern about racism against Asian communities relating to COVID-19. In a submission into the Australian Government's Select Senate Committee on the Response to the COVID-19 Pandemic, the Commission states that it "is concerned about the reported increase in anti-Chinese and anti-Asian sentiment in some sections of the community during the pandemic. We have received enquiries and complaints from people of Chinese and Asian descent who have experienced racial vilification and discriminatory treatment when trying to obtain goods and services" (QHRC, 2020:6). Data on complaints was not available and the Commission has argued that there is significant under-reporting for a range of reasons.

Racism is underpinned by a set of beliefs and behaviours that presumes that 'races' are inherently different and so excludes certain groups from equal access to social goods. In the past those differences were often linked to assumed genetic or physical difference, such as skin colour. In many cases today, the differences are expressed in terms of supposedly incompatible lifestyles or cultural or religious values. Racism and discrimination is an extreme form of exclusion which breaks down trust, depletes social capital and social cohesion. There is ample evidence to show that it diminishes all of society (Babacan & Gopalkrishnan, 2011; Babacan et al., 2009). Social capital in communities exists in the social relations among community members and with institutions of society. There is a need to build positive relations, bust stereotypes and myths and share the good examples of the valuing of diversity that takes place in the Cairns region.

Differences of community opinion and disagreements were identified as emerging about easing of restrictions relating to COVID-19. The disagreements related to how fast should there be ease of restrictions, should public places be open, what safety measures are still needed, will easing result in second and third waves of the virus and should people return to work. As the Federal and State Governments roll out guidelines, news reporting about spikes in Victoria, the unease in the Cairns region was identified, based on people are forming strong opinions about how we should respond.

Closer attention needs to be paid to social cohesion indicators as studies, especially during disasters, have found that social cohesion is “seen as a correlate and predictor of resilience” (Townsend et al., 2015, Dale et al., 2014) and data suggest that cohesion may account for anywhere from 21 to 49% of the variation in resilience

Closer attention needs to be paid to social cohesion indicators as during crisis they can be a predictor of resilience. Research suggests that cohesion may account for anywhere between 21-49% variations in resilience (Townsend et al., 2015)

(Townsend et al., 2015:934). An increased rate of mental illness or of family violence may place additional pressure on community relationships and have flow-on effects on social cohesion (Deloitte Access Economics, 2019). Developing social

cohesion will assist in identifying social vulnerability and coping/adaptive capacity, which will be compatible with the Sendai Framework for Disaster Risk Reduction 2015–2030. There is a shared responsibility for building social cohesion but particularly it is maintained through four broad social arrangements: the *political* organization (legislature, judiciary, executive government, and systems to maintain transparency); *social organizations* within civil society (NGOs, church groups, voluntary organizations, participatory/advocacy agencies); *economic agencies* (corporations, systems of transactions, employees and corporate governance arrangements); and the *education systems* (universities, technical education and public education) (Babacan, 2007:144). The task ahead is to understand the social and psychological processes in response to the pandemic in the Cairns region and put in place measures that promote social cooperation, resilience and cohesion.

Social Impact Consequences were both positive and negative. The positive included supporting each other, compassion, care of vulnerable and charitable approaches. Negative impacts were racism and discrimination against some groups, suspicious treatment of staff of services as COVID-19 risk, lack of trust in institutions and disagreements about easing of restrictions

Further research is needed about the nature of social cohesion impacts of COVID-19 and in particular how social cohesion will influence resilience in the Cairns region

Supply Chains:

Supply chains are complex and involve a dynamic and interconnected network of organisations. Among the well-accepted challenges facing Far North Queensland and more broadly Northern Australia, is the supply chain shortcomings (Babacan and Tremblay, 2020). In the FNQ region, supply chains are usually characterised by high transport costs, inadequate infrastructure, poor condition of rural transport routes, long distance areas of production and vulnerability to shock markets, weather and pandemics (Babacan and Tremblay, 2020). Some of the region’s “supply chain infrastructure for priority products is underdeveloped or inefficient” (Dale et al., 2020:31).

Given these characteristics, supply chains were challenged when COVID-19 emerged with increased panic buying. The fragility of the supply chains generally across Northern Australia, distances from sources of products and the high pace of consumer purchasing lead to shortages of key products. Focus groups and interviews revealed that many people could not purchase key items such as toilet paper, hand sanitizer, mask and essential food items such as rice, pasta, flour and some medicines such as baby and adult Panadol. A number of cultural

groups, with rice based diet, identified the difficulty of buying rice. One supermarket retailer believed that “it was not a supply issue, but a panic issue.” Supermarket staff also reported struggling with confrontational customers when asked to comply with social distancing measures or buying limits.

The online-delivery services such as for groceries were identified as being very difficult for older adults and people with disabilities who could not navigate online ordering processes. People with caring responsibilities

The fragility of the supply chains in the FNQ region, distances from sources of products and the high pace of consumer purchasing led to shortages of key products and limited capacity to respond when panic buying occurred.

identified that they could not get to the special shopping times allocated by supermarkets and when they were able to go the items had run out, even in special times. Some people with disabilities were at risk due to lack of digital skills and

limited ability to travel and being in a high risk group had concerns of exposure to the virus. Large families identified problems with supplies due to the limitations on the number of items that could be purchased. Electronics suppliers were reported to have run out of laptops and other digital devices when school and work places purchased technologies to facilitate working from home or online learning.

The Cairns residents were creative in the way they could source the supplies they needed. For example, they tried alternative shops such as the seafood shop and Asian grocery stores selling rice. People used a range of communication tools to inform each other such as Facebook, where they could access particular items such as hand sanitizer, toilet paper and hand wash. Some tried to source local alternatives such as a local spirit producer supplying alcohol based hand sanitizer. The Cairns Regional Council was mentioned, with great appreciation, by many service providers for bulk supplies of PPE products. Some services identified that when they bought PPE products in bulk, for example at a pharmacy, it solicited negative comments by other customers.

A number of respondents identified that there was an increase in the price of goods, with many items becoming very expensive. It was identified that the price increases had disproportionate impacts on those on a low income, those on welfare payments and disadvantaged individuals and families. One service provider reported paying \$300 for 10 liters of sanitizer to provide to staff so they could continue providing services to vulnerable clients. People who lost their jobs due to COVID-19 were also impacted by the higher price of goods. The majority of participants identified that they devoted extra time to shopping and trying to source their needs and the needs of service organisations

On 2 March 2020, there were only a small number of confirmed cases of COVID-19 but the panic buying had begun, particularly for toilet paper, prompting the Prime Minister to make a public statement on toilet paper supplies being available. In a study of 54 countries conducted by Keanne and Neal (2020) it was found that Australia had the most sharp and definitive panic buying with incredible speed and scale. Australia’s case is noted as being different from that of other countries. In other countries panic buying corresponded to a significant increase in cases of COVID-19 or to policy announcements such as restriction of travel. Australia peaked the panic-buying index without these corresponding factors.

A recent study of panic buying in April and June 2020, O’Connor et al., (2020) identify the motivations and attitudes towards panic buying. Panic buyers tended to be under financial stress, likely to feel a lack of control in their lives, had anxiety and feared missing out again. The study identified that panic buyers were more likely

to be young (under 40) and were also more likely to have lost their jobs or reduced their hours. Panic buying was linked with two predictors. The first was a low sense of 'agreeableness'. Agreeableness refers to how people cooperate with each, treating others fairly and caring for the feelings of others. Some 23% of low scorers on agreeableness reported panic buying. The second predictor is 'neuroticism'. Neuroticism refers to experience of negative emotions such as worry, anxiety, stress and reaction to uncertainty. Panic buyers reported spending more time worrying about COVID-19 and the impacts on their households. While panic buying may be linked with 'selfishness', the authors identify that it is also a way of coping with uncertainty and gaining some sense of control over their lives, such as essential food and household products. Stocking of items was a way to gain a sense of security.

These studies highlight a number of critical issues. There is a need for appropriate messaging and develop insights into consumer behaviour when policy and other response measures are being considered. Place based research about the supply chains across Cairns and more broadly FNQ in relation to COVID-19 effects is needed. The State and Federal government provision of PPE products to critical front line services illustrates the need to clarify 'essential services' to guide distribution, which can free up demand or competition for publicly available supplies and ensure security of PPE for core service delivery. The need to strengthen supply chain networks for the FNQ region is also brought to focus. Babacan et.al., (2020) assert that COVID-19 has put the spotlight on the need to have develop regional self-sufficiency in supply chains, create demand resilient supply chains and develop flexible supply chains that can withstand shocks.

Supply chains are fragile in the region and are vulnerable to shocks and crisis. Panic buying stretched supply chains and vulnerable members of the community were not able to access critical supplies at times. Essential services struggled to source PPE products to carry out their work in a safe manner. Greater insights are needed into the strengths and fragility of supply chains in Cairns and more broadly in FNQ. In the long term, measures to strengthen supply chain regional self-sufficiency flexibility and resilience is needed.

Impacts of COVID-19 on population sub-groups

The impacts of COVID-19 on specific population sub-groups were identified in this rapid assessment. The impacts of COVID-19 has not been evenly distributed with disproportionate impacts of many population sub-groups, particularly Aboriginal and Torres Strait Islander people and non-permanent visa holders. The response to COVID-19 has led to additional bio-security measures particularly in places such as Cape York and Yarrabah. This section provides a brief summary of the impacts for some of the population groups as identified by interviews and focus groups.

Population –Cohort	COVID-19 Impacts
Aboriginal and Torres Strait Islander peoples	<ul style="list-style-type: none"> ▪ Lack of information ▪ Lack of access to digital technologies ▪ Lack of access to support services ▪ Risk of poverty ▪ Risk of homelessness ▪ Increased alcohol and other substance and linked risky behaviours ▪ Mental health issues ▪ Loss of access to country ▪ Concern for vulnerable family members ▪ Need to travel to Cairns for essential health services from surrounding regions and additional bio-security measures
Culturally and Linguistically Diverse (CALD)	<ul style="list-style-type: none"> ▪ Lack of translated materials ▪ Loss of employment ▪ Financial stress ▪ Lack of access to services ▪ Anxiety over family members overseas or elsewhere in Australia
Older adults	<ul style="list-style-type: none"> ▪ Social isolation ▪ Lack of access to essential goods ▪ Lack of digital connectivity ▪ Lack of information ▪ Risks to health
People with disabilities	<ul style="list-style-type: none"> ▪ Lack of access to care options ▪ Social isolation ▪ Lack of channels of information linked to the severity of their disability ▪ Lack of access to essential goods ▪ Loss of employment ▪ Increased alcohol and other substance and linked risky behaviours
Non-permanent visa holders (including International Students)	<ul style="list-style-type: none"> ▪ Loss of casual work ▪ Lack of other financial support mechanisms ▪ Uncertain future based on visa status ▪ Social isolation ▪ Disruptions to education
Children and young people	<ul style="list-style-type: none"> ▪ Mental health impacts (short to long term) ▪ Potential deprivation based on family circumstances ▪ Developmental challenges due to anxiety and stress, uncertainty ▪ Interruption to education ▪ Potential impacts being confined at home during domestic and family violence ▪ Risky behaviors for young people ▪ Increased alcohol and substance use by young people, (reported increase in chroming and methamphetamines).

Table 7: Impacts of COVID-19 on Population Subgroups

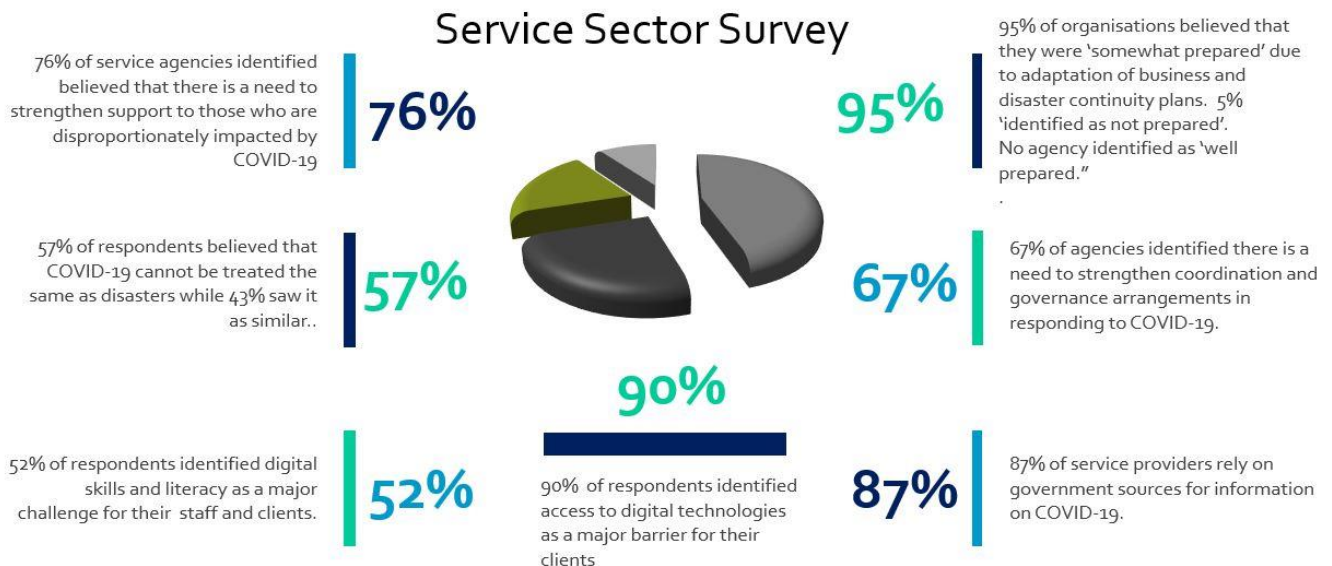
Source: Interviews and focus group

The link between social inequality and health and wellbeing outcomes is well established. Pandemics present a great challenge to the fabric of society. As aptly stated by Abrams and Szeffler (2020:20 “the effect of social determinants of health and COVID-19 morbidity is perhaps underappreciated”. These authors point out that historically pandemics have disproportionately affected the poor and disadvantaged. The full impacts of COVID-

19 on specific population cohorts in fragile situations is still not known. There is inadequate data and research to provide an evidence base. It is critical that programs, resources and funding decisions in the response and recovery efforts strives towards reducing inequalities rather than aggravate or sustain them.

The pandemic has impacted all of society across many spheres. The link between social inequality and health and wellbeing outcomes is well established. This RNA has identified specific populations sub groups that are more fragile to the impacts of COVID-19 including Aboriginal and Torres Strait Islander people, non-permanent visa holders, older adults, people with disabilities, children and young people and culturally and linguistically diverse people.

6. Impacts on Community and Social Services



The Cairns region is a service centre which acts as a central hub for many essential services not available in the surrounding areas such as access to hospital, specialist and services. The responses by service providers highlight the numerous cross-regional issues faced by Cairns based agencies, which are often not faced by surrounding local government agencies. Cairns Regional Council, the Cairns and Hinterland hospital and many of the community and social services provide support to the surrounding regions, including direct service delivery. In this context, the efforts of agencies in Cairns has a bigger footprint than the Cairns Local Government Area.

Community and social services have been at the forefront of preventative, development and care services in the Cairns (and surrounding) region, providing services to the most disadvantaged segments of the community. The community and social services industry is comprised mostly of small and medium size organisations, although some large national and international agencies have their FNQ chapters.

COVID-19 changed all aspects of organisational life. As noted by Deloitte (2020), organisations need to adapt to the new hybrid working environment that bridged the virtual and physical offices while creating seamless virtual experiences, or risk being left behind. Staff of many human services agencies were under immense pressure in having to dramatically change the way they deliver services while trying to reassure, update and support clients. Having to rapidly shift to virtual delivery, learning digital skills while setting up virtual systems and navigating how to do things differently to produce best program and service outcomes for clients was a huge challenge. These brought additional pressures, causing stress and affecting staff mental wellbeing. This section provides an analysis of the impacts of COVID-19 on community and social services.

Defining What Constitutes an 'Essential Service'

On 23 March, the Prime Minister ordered a shutdown of 'non-essential' services. While some businesses such as food and drink, beauty, entertainment, retail and sports were named, there was no guidance provided on whether community and social services was considered an 'essential service'. There was also no guidance, at this early stage of the pandemic, from the peak industry bodies.

Clarity is needed on which community and social services are to be considered an essential service during pandemics

Many of the Cairns region community and social services, in the main, made the assumption that they were an essential service, particularly those that had case work and direct care responsibilities. Some smaller organisations

closed down for a period of time. Defining essential service is critical as it provides guidance regarding agency roles and responsibilities, first responder obligations, and resources needed (e.g. funding, PPE). Further evidence is needed to inform which services may need to be considered essential in the context of Cairns as COVID-19's effects continue to evolve.

There is a lack of clarity about what constitutes an 'essential service' in the context of the pandemic. The clarity is important in responding to immediate crisis situations and supporting the capabilities and safety of the relevant service staff. A regional definition may be developed.

Preparedness

Pandemic preparedness and response builds on generic preparedness platforms, structures, and plans for crisis management. It should aim to strengthen existing systems, although new systems may be implemented during the pandemic and tested through the pandemic period (ECDC, 2020).

No organisation or sector was prepared for the impacts of COVID-19. The peak bodies at State and Federal levels acted immediately. For example, the Community Services Industry Alliance (CSIA) and Queensland Council of Social Services (QCOSS) convened a taskforce of 26 agencies to build insights and anticipate issues that would arise in a way that

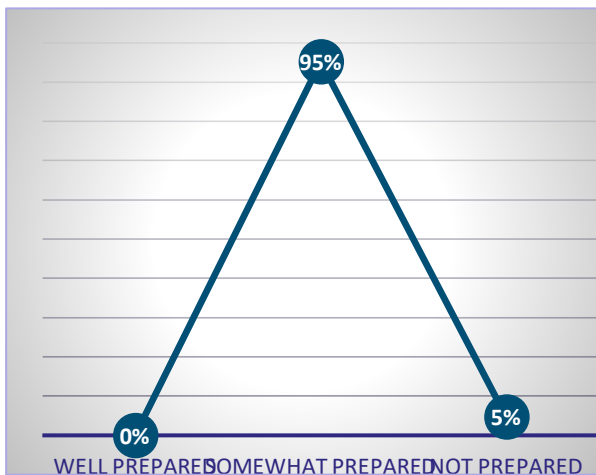
95% of social service organisations believed that they were 'somewhat prepared and no agency identified as being 'well prepared' for responding to the impacts of COVID-19.

accelerates Industry's capacity to respond (CSIA, 2020).

However, the development of preparedness guidance for responding took time and was a dynamic process with the changes in the pandemic and measures being adopted by the State and Federal Governments.

As our region is subject to weather related disasters, many of the medium to large organisations in the Cairns region identified that they had business continuity plans in place due to cyclone and disaster planning. Some agencies identified that, in the absence of guides, they amended their disaster plans to ensure business continuity, allowing for contingencies such as what if the pandemic continues for a long period, what if staff contract the virus and what resources will be needed to support increased demand for services. Smaller organisations felt they had more flexibility and due to their structure were able to ‘pivot’ more quickly than larger or government agencies. The data is not available for the extent of business continuity and preparedness planning in the community and social services sector in the Cairns region, the efficacy of those plans that were adopted and the lessons learnt. This is a gap in our knowledge base and further research is needed in this area.

The following diagram provides a snapshot from what the participating agencies believe about their preparedness:



The focus group identified that 95% of organisations believed that they were ‘somewhat prepared’ and 5% ‘not prepared’.

No agency identified as ‘well prepared’. In the focus group polling, agencies identified the following ways they were ‘somewhat

Diagram 6: Level of COVID-19 Preparedness
Source: Focus Group Poll, 23 June 2020

In focus group discussions, ‘somewhat prepared’ were in areas such as having business continuity plans, reasonable ITC systems, access to IT support and troubleshooting, strong administrative processes, supportive Boards, at least some staff with digital skills, effective governance processes, positive relationships with clients, innovative staff and team work, and a few identified that having small reserves of funding to expend on additional equipment to set up for new models of service delivery.

Agencies pointed out that the most critical factors that enabled responsiveness and preparedness in the face of sudden impact of COVID-19 were linked to several factors such as adaptability and core skills sets of staff, coordination, governance and agility.

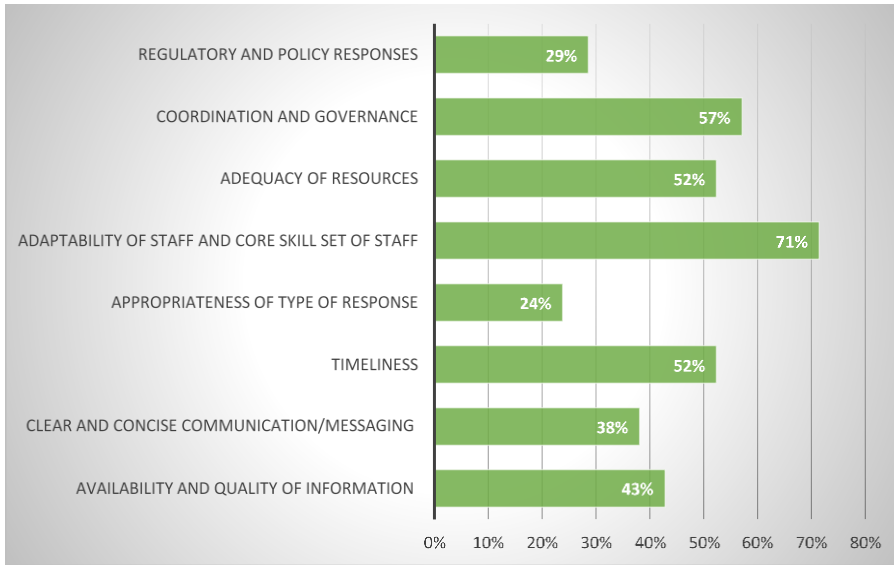





Diagram 7: 13Dimensions of preparedness
 Source: Focus Group Poll, 23 June 2020

Many services and agencies were able to leverage their experience of responding to natural disasters such as cyclones to adapt and innovate to ensure services continuity. Smaller organisations felt they had more flexibility and due to their structure were able to ‘pivot’ more quickly but lacked sufficient resources.

COVID-19 Service Delivery Responses:

Service agencies provided a range of functions in responding to COVID-19

-  **Promotive:** education, coordination, information, advocacy, monitoring;
-  **Preventative:** vulnerability/risk assessment, psychosocial support, community development, building resilience, referral, responding to future shocks;
-  **Responsive:** emerging needs, direct service, information, proactive measures, supporting other agencies.

The Cairns community and Social Services played a very critical role in supporting the Cairns region in the COVID-19 response. It is critical to point out that many Cairns based services have outreach and service delivery responsibilities across Far North Queensland. Using the Global Social Service Workforce Alliance (2020) framework, the following table outlines the roles and functions that the Cairns community and social services provided during the COVID-19 response:

Roles and Functions of Cairns Community and Social Services during COVID-19

<i>Promotive</i>	<i>Preventative</i>	<i>Responsive</i>
<i>Education:</i> providing safety support on COVID-19 to those hard to reach and at risk, busting myths, keep safe messages. Supporting clients and staff to build skills and knowledge to be able to respond.	<i>Identifying vulnerability/at risk:</i> ensuring service and outreach to most marginalised members of the Cairns community and social inclusion.	<i>Emerging needs:</i> Responding to emerging needs such as those newly retrenched, non-permanent residents and new-population cohorts emerging.
<i>Coordination:</i> within agency, across their own sector and networking more broadly with other agencies within and outside the region.	<i>Psychosocial support:</i> to community and client base as the pandemic unfolded including counselling, wellbeing programs, self-care, recreation and diversional programs.	<i>Direct service:</i> Responding to client needs and ensuring continuity of direct care services to clients, daily welfare check-in and remote service delivery.
<i>Information:</i> sifting through information and making it fit for staff and clients, hotlines and webpages and alternative ways of delivery.	<i>Community development:</i> working with community leaders to strengthen social capital and build resilience.	<i>Information:</i> Responding to changing needs of clients and communities, ensuring that changing news is communicated to the right client base, those hard to reach and with language and literacy problems.
<i>Advocacy:</i> about client needs, the role of community and social services, about particular issues and overall social equity. Making government recognise that social response is imperative.	<i>Referral:</i> setting up mechanisms to refer people to services during times when physical service mechanisms had closed down.	<i>Protective measures:</i> Responding to threats to safety e.g. domestic violence, mental health, alcohol and substance use and financial distress and removing the stigma of seeking help around issues.
<i>Monitoring:</i> keeping track of the situation and working with relevant authorities to prevent harm and manage risk.	<i>Building resilience:</i> setting in supports to enable individuals and communities to cope and endure as the virus progressed, developing virtual communities including use of technology, access to devices, building skills and supporting community organisations.	<i>Supporting other service agencies:</i> Responding to support needs of the community, working across agencies and sectors within the Cairns region.
<i>Keeping an eye on the future:</i> Acknowledging the challenges and opportunities of COVID.	<i>Future Shocks:</i> Evaluating the effectiveness of changed service delivery models.	<i>Proactive measures:</i> Looking at how to keep some of the changed service delivery models that have worked and maintained for future shocks.

Table 8: Roles and Functions of Cairns Community and Social Services during COVID-19

Source: Interviews and focus group (23 June 2020)

As can be seen from the above table, the Cairns region social and community services undertook responsibilities that were significant in prevention, promoting safety and wellbeing and responding to needs, existing and emerging. For this RNA, feedback and responses was gathered from over 40 agencies and key stakeholders. The interviews and focus groups identified that community and social service agencies adapted to the measures for

distancing and working remotely. There was clear demonstration of responsiveness and agility. Many agencies altered their models of service delivery to ensure that clients did not feel abandoned. Some services were forced to close due to lack of capacity and the larger agencies supported their client base. At times it was difficult to contact agencies to refer clients as different agencies came online at different speed and capacity. Referrals were reported as having either increased to agencies as they were accessible or there was decrease in referrals as agencies were adjusting their models of service delivery.

Agencies identified mixed responses from staff regarding new work arrangements. Some missed the work environments of colleagues and clients, while others enjoyed the flexibility of working from home. A small proportion identified resistance from staff, mostly linked with lack of digital skills. Others noted that staff experienced distress and concerns about potentially being exposed to the virus in the initial stages and that managers had to ensure regular check in with staff to monitor stress or concerns. Others enjoyed the new means of collaboration and creative ways to support clients and deliver programs. One agency representative noted that she had “attended more webinars and professional development sessions” than the last five years. Agencies identified regular internal communications, regular online staff meetings and other digital team building exercises to overcome staff isolation. Some staff changed working hours to part-time (due to funding or self-choice) while many agencies encouraged staff to take annual leave which slowed down service delivery and coordination.

Agencies also identified the complexity of renegotiating their funding contracts, based on certain performance indicators or service of particular client groups (e.g. unemployed, humanitarian entrants coming in, specific case numbers), with the intent of repurposing funds around new service needs. The business as usual processes were interrupted, but the funding contracts were based on particular deliverables which needed to be carefully renegotiated with funding agencies, raising major issues for both the NGO and the funding body. The continuation of contracts were important for client service continuity, but also to maintain staff employment (as grant-based services were ineligible for JobKeeper).

There was positive collaboration across agencies and examples were provided of agencies supporting each other and clients of other sectors (e.g. housing supporting disability or ageing agencies). Some changes to service delivery included more information and web presence, constant forms of sharing information with clients via numerous channels, dispelling myths and misinformation, translating materials into other languages when not available, providing phones, dongles and mobile phones to clients who had no access, online and telephone counselling, daily welfare and wellbeing check-ins and guided face to face delivery where necessary. Some arrangements were made to provide supplies such as food, hand sanitisers and toilet paper to those who could not go out such as carers, older adults and people with disabilities. Some agencies delivered meals and emergency relief support.

Agencies identified the extra burden on them to receive and disseminate information regarding COVID-19. Significant staff time was expended in following the information provided from different sources, sifting through them for staff and also separately for client needs, developing platforms and formats to disseminate these using multiple channels, translating them to other languages where necessary and verbal delivery to clients via phone or in person of the most essential of information. There was not always a common understanding of communication goals, the best means of communication and whether there was duplication of information from other sources to clients who received services from different social services.

It is important to acknowledge that social and community services in Cairns were frontline facing clients with

Community Outreach Team

A collaborative response to COVID-19 was the Community Outreach Team which was established by the Queensland Police Service (QPS) Cross-Cultural Liaison Unit (CCLU) in partnership with Cairns Safer Streets, Kapani Warriors and the Wheels of Wellness program.

This team conducted street-level outreach seven days a week targeting rough sleepers and vulnerable communities between April – June, from Gordonvale to Ellis Beach in the early hours of the morning as well as (literally door to door) engagement in Cairns West. The team connected with anywhere between 100-300 people per day with a broad range of supports to meet their immediate and most pressing needs, including health and welfare checks, supports to return to community, flu vaccines and provided with information in language relating to key COVID-19 health and social messaging. Food parcels and school supplies were delivered to families in need as well as practical, social and emotional supports to people in quarantine at hotels. This was enabled by the outreach team's partnerships with key social services and the Human and Social Sub-Committee of the Cairns Local Disaster Management Group.

significant concerns, ranging from anxiety about the pandemic, unemployment and financial concerns, isolation and disadvantage. The staff were working in environments of uncertainty, stress, often doing more with less resources. They maintained focus on promoting health and safety, wellbeing, social inclusion and a stronger sense of community. A number of ethical challenges confronted the sector:

- Providing support competently, increased caseloads/cases, staff were developing their online skills while trying to support clients;
- Clients with complex needs required more direct face-to-face support but the risks to safety did not allow that at times;
- Service staff having to balance self-care with client needs was stressful for many staff. There was lack of guidelines in some industry sub-sectors (e.g. how to keep working safely, use of transport and ways to undertake client contact which meant staff had to use their own judgement);
- Clients at risk in their home environments such as domestic and family violence had to be removed contrary to the directives to stay indoors;
- Balancing the needs of existing clients with emerging new needs due to COVID-19 without additional resources;
- Having to use of digital platforms such as WhatsApp and Facebook out of necessity which were not suitable for counselling, service delivery and confidentiality; and
- Supporting clients when PPE was not available.

An important issue that arose was the lack of ability to assess needs and make prioritisation due to the urgency of the responses needed. Some services identified that there were 'knee-jerk' service responses which may have long term negative outcomes. Some services reportedly just 'shut up shop' leaving clients feeling abandoned. Examples that were cited from the housing sector about the relocation of people to transitional housing as a social isolation measure. This approach bypassed those on long-term wait lists of equally needy clients and provision of meals and supplies to individuals occurred without prioritisation of need.

Assessing, planning, coordinating and prioritising need is critical in responding to COVID-19. This will require a strong evidence base, understanding of vulnerability, severity of impact and gaps in services. There were client groups who fell through the cracks such as refugees, backpackers, stranded tourists, seasonal workers, international students and other non-permanent visa holders who had lost their casual sources of livelihood with no welfare or safety nets to support them. Agencies identified the need for an in-depth and specific

evidence base to respond to the needs of disadvantaged individuals and families. Confusion around which services were operating and how they were delivering services were problematic for referrals. Services that connected to the COVID-19 Human and Social Sub-Committee, felt that the weekly service mapping was invaluable.

National agencies were given additional COVID-19 related funding to deliver social services in the Cairns region. These agencies were located in the capital cities and had low or no optics about the local needs, communities and geography. Some national agencies had chapters in Cairns and these agencies were well placed to deliver the local services, however sometimes the design of the programs from national perspective did not meet the needs of the local communities. Other agencies tried to deliver remotely which was identified as highly 'problematic' and did not achieve program outcomes. There was strong expression from the sector of the need to support local agencies which are place-based and best positioned to deliver effective services. Also, not funding local services was seen to deprive them of the opportunity to strengthen their capacity and set up systems to respond to crisis in the long term.

During crisis, the role of volunteers is important but requires appropriate training and coordination. Numerous agencies voiced the lost opportunity to develop social capital through volunteering. The 'Care Army' was a volunteer recruitment to respond to COVID-19 and 700 volunteers were recruited in the Cairns region. The funding was given to a statewide agency to coordinate and match volunteers with the requests for help. A number of concerns were raised across the sector about this process. Volunteers were recruited but not engaged appropriately. Where they were utilized there were issues such as asking them to respond to requests for help in far locations as the coordinating agency was not familiar with the local geography. Adequate equipment, training and development needed for pandemics, which is different from disaster management, was not provided. The project has now been given to a local provider but some of the volunteer momentum has been lost. Other similar initiatives were also undertaken. For example, Queensland Health's guide to "how Queenslanders can help during COVID-19 pandemic", encouraged people to leave a note in their neighbour's letterbox, especially elderly neighbours.

There is no assessment available of the COVID-19 effectiveness of service responses, what strategies worked best, what were the integration and coordination challenges across the different service delivery arms and with other agencies such as Department of Health, Department of Communities or the Local Disaster Management Group activities. As the pandemic continues, understanding what works in service delivery under these conditions is going to be critical.

Assessing, planning, coordinating and prioritising need is critical in responding to COVID-19. The Cairns region social and community services undertook responsibilities that were significant in prevention, promoting safety and wellbeing and responding to needs, existing and emerging. Local services need to be adequately and funding models that enable flexibility to respond to needs and to maintain the growth of the sector as a large employer in the region.

Digital Technologies:

Community and social service agencies identified the benefits of digital technologies for their business continuity during COVID-19 as everything shifted online. As many agencies in Cairns had a mandate for remote areas, digital technologies enabled communication and service delivery to those locations. Staff of agencies expressed improvement in their skills at using different digital platforms such as zoom and teams. Some staff had strengths in particular types of digital technologies e.g. younger staff preferred using their mobile phones rather than laptops or desktop computers.

Challenges of using digital connectivity were also identified. A key challenge setting up costs for new devices and licenses to accommodate working from home arrangements. Sometimes services were not able to access devices to purchase from retailers. Other difficulties included use of different platforms by stakeholders e.g. zoom, Microsoft teams. This continues to be a major frustration for service providers as different organisations mandate the use of particular platforms making cross sectoral inclusive communications very difficult. Smaller agencies did not have the in-house IT expertise to trouble shoot digital technology problems and did not have resources to meet their digital needs. Digital ability of staff was raised as an issue and some staff being challenged in developing digital skills, especially at the rapid rate required.

A major concern for agencies was the shift from direct, face to face delivery to online services. Some staff believe certain services were difficult to deliver in online formats. Agencies identified a range of measures to meet client

YETI

Youth Empowered Towards Independence (YETI) had a number of systems in place which enabled them to quickly pivot enabling 43 staff members to work from home and ensuring that only 5 staff members were in their center at any one time and therefore able to practice social distancing. YETI believe that their success in transition lies within their structure and a Board that was willing to make decisions quickly. Overall during the COVID restrictions their service levels stayed the same, some increased markedly and one program experienced a drop of 15%.

YETI found it impossible to do intake over the phone and provide outreach services for clients who couldn't connect via digital means. Additionally transportation of clients was very difficult. To address these issues YETI continued face to face intakes with social distancing and ensured their cars and building were cleaned daily. They also set up a food bank and purchased large numbers of cheap mobile phones.

The biggest problem was identifying a shared digital communication platform with other agencies and stakeholders. Staff's commitment to young people and their responsiveness to change was amazing, especially considering the high demand for services they faced due to young people and families increased use of drugs and alcohol consumption during the lockdown period.

needs including cancellation of some programs that did not work and/or substitution with new formats and looking at innovation. The digital skills of clients was also a major factor in being able to use the service. Some agencies provide devices and training to their clients. Digital inclusion efforts were made for disadvantaged groups such as older adults who were shown how to do basics on phones or laptops. Previous programs in this region such as the *Dive into Digital* program previously hosted by RDAFNQ&TS, in this context, can now be

seen as important, but drastically under-resourced programs that could be used to help proactively raise local service and business capacities. Some agencies also noted that it was possible to deliver face to face programs

using social distancing measures. They felt that due to the vulnerability of some clients it was important to explore this option more fully.

Digital technologies were critical for business and service continuity and enabled services to function online and support communities and clients.

Digital technology challenges emerged for vulnerable clients including lack of access to devices, use of different platforms, affordability and digital skills. Services used mixed devices to reach out to diverse clients.

Coordination:

Coordination, planning and communication emerged as a major issue and is a recommendation for future investment and strategy. The Local Disaster Management Group, while active, were not able to follow the disaster management processes and recovery framework for the pandemic. As a result, the response processes were tested and a vacuum in process emerged, with little time to develop new systems. There was also differing views about whether the disaster management processes were suitable to respond to pandemics.

The initial response to coordinate was services meeting in their own sub-sector networks, such as the Disability Services Network and the Cairns Housing and Homeless Network.

These networks met more frequently, shared information about learnings and tried to support each other. The larger organisations with more capacity were able to assist the smaller ones. Where agencies had closed their business, client cases were referred to those who were online. While the level of collaboration was identified as “good” it was noted that it was sometimes ad-hoc, and due to urgency of responding to COVID-19, not all agencies could participate.

During the early stages of COVID-19 agencies described lack of integration and coordination as a major barrier. There were too many peak groups, mostly Brisbane based, pulling in different directions and what one participant called “webinar fatigue” about responding to COVID-19. It was identified that many of the discussions within peak bodies demonstrated a lack of understanding of the Cairns regional context. Some identified that the specific protocols to their sector came very late and they were left to improvise on their own. Competition for resources and recognition also impeded coordination. One participant said that the “peak bodies competed to gain legitimacy” as the definitive body responding to COVID-19. There was a competition for funds across agencies to get new COVID-19 related funding, rather than a planned and place based or regional approach. Local agencies were also forced to compete with national or state agencies for funding to deliver local services.

Coordination across non-social services sectors did not occur. For example, participants identified that the economic development forums met separately, often addressing similar issues such as unemployment, job creation and workforce issues. Many participants also identified that a gap in coordination with health providers and pointed out that there was limited engagement with Queensland Health and the Primary Health Network. A number of agencies commented in the capacity of health systems in the Cairns region was stretched at this time, in responding to direct health needs.

Numerous organisations commended the Cairns Regional Council for their coordination and integrative efforts. The activation of COVID-19 Human and Social Sub-Committee, which is a standing committee of the Local Disaster Management Arrangements. With an expanded membership, provided a cross-social services sector exchange of information, insights into sectoral responses and ways to integrate initiatives to respond to emerging needs. Additionally, the Council provision of bulk PPE was greatly appreciated as many would have struggled with safety in service delivery without this supply chain support.

There was a range of responses to the question as to ‘who should lead the coordination efforts in the Cairns region’ in the future. The following diagram highlights the responses from the focus group polling. The largest response was that there should be a collaborative coordinating effort between services, other levels of government and the Cairns Regional Council. Other responses included the Federal Government or the Cairns Regional Council. There was also the suggestion that a network of community-led overarching governance organisation, if appropriately resourced, can provide a coordination leadership.

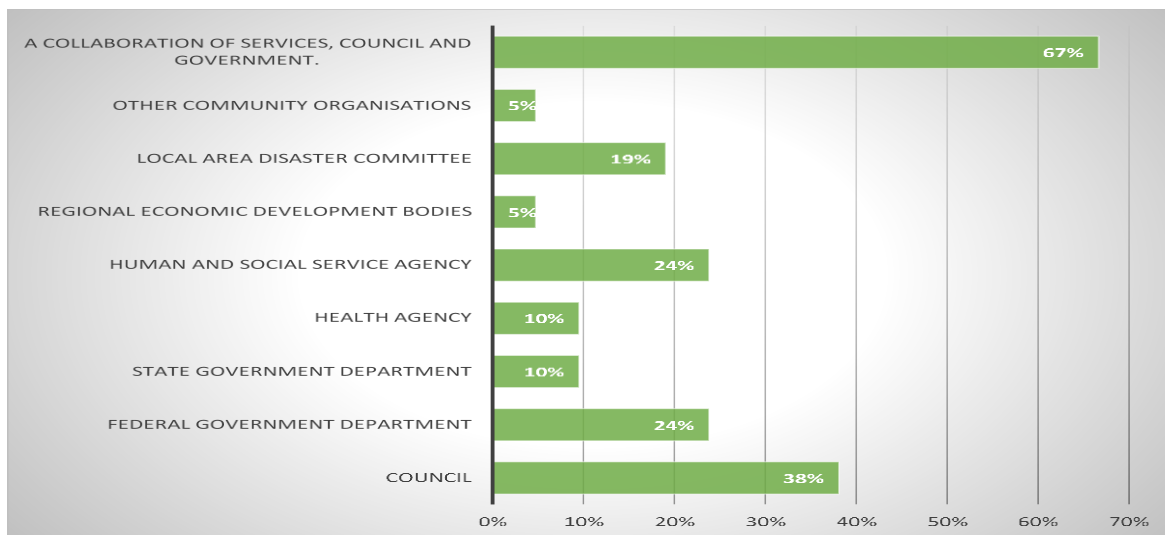


Diagram 8: Leading Coordination Efforts
 Source: Interviews and focus group (23 June 2020)

Many agencies identified that there should not be a complex and bureaucratic process of coordination. Some argued that the processes of disaster management could be adapted in a ‘light touch’ manner to provide coordination. The areas of coordination seen as priority were information, planning, resource sharing, needs assessment, situational reporting, joined up responses and regional advocacy and regional funding applications. The need for coordination with other sectors such as economic and health was seen as critical.

Coordination was identified as one of the main challenges to responding to COVID-19.

The services sector demonstrated good collaboration within their own sub-sectors however there was less cross sectoral collaboration. A cross sectoral collaboration was identified as urgent need to respond to COVID-19.

Capacity to Respond: Funding and Sustainability:

The social issues that face Queensland and Cairns over the next 10 years to 2025 will be influenced by a number of complex interacting factors across the economy and society (Deloitte Access Economics, 2016). As argued by Deloitte Access Economics (2016: 27) “the extent to which these social issues are mitigated or reduced will depend on a range of protective factors and risk factors for individuals and communities. The Community Services Industry will play a critical role in terms of addressing these issues”. Historically, there has been a chronic under investment in health and social services in Queensland (AIHW, 2007). Rural and regional service providers are disproportionately impacted by curtailment in public expenditure and cutbacks in location-specific public services (Steiner & Teasdale, 2017; Babacan, 2015). The real costs of meeting the needs in rural, remote and very remote settings continue to be inadequately factored into current funding allocations, especially given that Cairns acts as a service hub to the surrounding 16 local government areas (Massey et al., 2013).

The challenges to sustainability of community and social services has been clearly articulated by the sector during this assessment. Services stated that additional resources were needed for extra service delivery tasks arising from COVID-19 e.g. daily welfare checks of clients, delivering information, increased demand in some areas such as mental health or risky behaviour. In most cases, agencies did not receive any additional funding and tried to meet the increased need from existing resources. A provider stated, “we are just expected to keep delivering despite the fact that we were stretched before the onset of COVID-19”. There were major impacts on staff including stress, concern over job security, and the risk of burnout in some instances. While agencies maintained continuity of service delivery, many strongly voiced concerns that they will not be sustainable in the long term without additional resources. Many agencies identified that they were deemed not eligible for Job Keeper stimulus package, placing greater financial stress on the organisation. It is clear that COVID-19 has placed pressures and expectations that challenge the capacity of many agencies. Agencies feared that increased demand from COVID-19 will result in lack of capacity to meet emerging needs, particularly those impacts with lag effects.

Agencies identified that funding models operated mostly from a crisis based deficit model. The competitive tendering and market based approaches to funding also prevented any medium or long term preventative and programmatic approaches. Such mechanisms have fragmented long term financial planning and placed difficulties in retaining skilled staff. In a recent study, Babacan (2019) has identified that there has been a reconceptualization of the community and social sector agencies as a marketable commodity, being forced to shift from development/service approaches to business development. Service focus and the nature of service delivery were also identified as being impacted. Some identified that their models of service delivery had become more targeted, narrow in scope and more emphasis on crisis intervention rather than developing community capital and resilience. COVID-19 is going to challenge these narrow funding approaches as new needs and non-traditional client bases emerge. Meeting needs will require alternative approaches to funding social need.

Numerous agencies expressed concern about the lack of recognition of the role that community and social services play in the Cairns region. They identified it as a major employer at a time when loss of employment is a major issue in the region. Links between the social and economic were articulated and the return on investment in social sectors was identified – linked to outcomes relating to economic growth, workforce development, productivity and wellbeing. Concerns were strongly expressed that regional advocacy focused on only economic issues, but the economics of the community and social services was invisible. There was a call to

the regional leaders to advocate for the community and social services industry as a major sector in the region that will support recovery efforts. Many believed that the sector will miss out on key resources as the focus of effort is devoted to other sectors. Or potentially worse, if funding is cut to the service sector in favour of more traditional bricks and mortar approaches to disaster recovery.

The Cairns region social and community services have responded quickly and with agility to initial needs and challenges in COVID-19. The sector faces long term challenges and has immense strengths which have enabled it to respond to the acute pressure placed upon it during COVID-19. The key *strengths* of the sector are:

- Agile and quick to act;
- Efficient and value for money approaches;
- Professional, highly qualified and skilled workforce;
- Clients and community-centered approaches;
- Diversity of providers (covering a range of social issues as well as size of organisations);
- Well networked to each other;
- Understand the value of collaboration and partnership;
- Supporting a strong existing volunteer base; and
- Effective governance frameworks.

The *challenges* the sector faces include:

- Risks that social and community needs are being subsumed by a disproportionate focus on economic issues by the key agencies in the region.
- Lack of recognition of the criticality of social and community needs to the recovery efforts, economic productivity and overall wellbeing
- Lack of resources relative to needs and demands from an ageing and relatively socio-economically disadvantaged region;
- Fragmented funding sources, lack of sustainability options in the long term;
- Stretched services delivery across large geographic areas;
- Competition for resources challenges co-operation;
- Challenged with developing social enterprise options (for a range of reasons) to diversify funding sources;
- Lack of resources for evidence driven approaches and lack of flexibility in funding mechanism to trial or explore innovative models and ideas;
- Lack of ability to attract/retain skilled workers to the region;
- Size of organisations and economies of scale
- Lack of relevant education and training options (in some areas);
- Lack of representation in regional sectoral advocacy initiatives; and
- Lack of recognition of the contribution of the sector to economic in general.

A well-supported, appropriately equipped, community and social service agency and workforce is essential to mitigating the damaging effects of the COVID-19 pandemic. The role of the social and community sector in COVID-19 recovery will continue to be fundamental. In the medium to long term this sector is critical for growth and development. The Department of Employment, Skills and Small and Family Business predicts that top industries for jobs growth in Australia over the next five years (to 2023) will be in Health Care and Social Assistance, Construction, and Professional, Scientific and Technical Services (Department of Employment, Skills, Small and Family Business, 2019). Health Care and Social Assistance is projected to make the largest contribution to employment growth (increasing by 14.9% or 250,300 jobs), followed by Construction (10% or 118,800 jobs),

Education and Training (11.2% or 113,000 jobs) and Professional, Scientific and Technical Services (10.2% or 106,600 jobs). Together, these four industries are projected to provide almost two-thirds (or 66.4 %) of total employment growth over the five years to May 2023. (Department of Employment, 2020; Jobs Qld 2019).

As illustrated above, the employment in the community and social services sector grew by over 7% during COVID-19 while other sectors were shrinking. While identified as growth industries, filling vacancies in rural and regional Queensland is difficult (Babacan et al., 2019). In the Health and Human Services sector, particularly in light of an ageing population, aged care services are reporting deficits for Registered Nurses (63%), Personal Care Attendants (49%), Enrolled Nurses (33%) or Allied Health Workers (20%) (King et al., 2012:162). The roll out of

The lack of appropriate investment in the sector (community and social services sector) impedes competitiveness, reinforces the persistence of human capital weaknesses over time and increases regional costs for the provision of social services.

Regional Australia Institute, 2013

the National Disability Insurance Scheme (NDIS) has identified key workforce challenges. For example, 63% of employers, in a national disability survey, reported extreme or moderate difficulty in recruiting Disability Support Workers, up from 42% in 2017 (NDS 2018:51). Queensland has had lower rates of success

in recruiting of advertised positions than other states (e.g. 70% in Qld compared to 88% in NSW). The factors for not being able to recruit included lack of suitable/qualified candidates, candidates not meeting job requirements, geographical factors, poor employment conditions, liveability factors and limited labour supply for the vacancies (Alcarso 2018: 20-25).

In recognising the development and preventative role of community and social services sector in Northern Australia, the Regional Australia Institute (RAI) argues that social, community services and health sectors play a vital role in health and wellbeing. There is growing recognition of the investment in social and community services for societal outcomes. For example, the Mineral Council of Australia, in its submission to a Parliamentary Inquiry, pointed out the need for investment in community and community infrastructure (House of Representatives Standing Committee on Regional Affairs, 2013). Pointing to the link between wellbeing and other sectors, RAI argues that lack of appropriate investment in the sector impedes competitiveness, reinforces the persistence of human capital weaknesses over time and increases regional costs for the provision of social services (RAI, 2013). The community and social services sector contributes significantly to the workforce and regional economy. Additionally, they build social capital and support wellbeing that enhances productivity and enables resilient communities. This can only happen if the sector is recognised and supported as part of industry development and appropriate investment is made to expand service delivery, develop skills and enable innovation.

As outlined above, studies have focused on social capital and community resilience. 'Resilience is the capacity for complex systems to survive, adapt, evolve and grow in the face of turbulent change' (van Opstal, 2007, p. 11). Understanding how individuals and communities can successfully adapt to rapid and oftentimes crises-driven change is increasingly recognised as being critical (MacLean, Cuthill & Ross, 2014). Resilience is a process of development that translates adaptive capacity drawing individual and communities' protective factors (Brown & Westaway, 2011). Resilience is 'the way in which individuals and communities adapt, transform, and potentially become stronger when faced with environmental, social, economic or political challenges' (Maclean, Cuthill & Ross 2014: 146). Investment in community and services is fundamental for

effective recovery effort as these agencies strongly support the development of the key attributes of resilience. Maclean, Cuthill and Ross (2014) identify these attributes as knowledge, skills and learning; community networks; people-place connections; community infrastructure and access to services; diverse and innovative economy; and engaged governance (including inspired leadership, shared vision, appropriate communication, systems thinking, institutional capacity building and institutional learning). While business planning and continuity have ensured ongoing service delivery, this will not be enough (Cube Group, 2020). As argued by the Cube Group (2020:3) business continuity plans are designed for discrete and short term emergencies such as natural disasters and are inadequate for ongoing change in the operating environment as that in a pandemic. Building resilience in the community is going to a move from crisis response to long term sustainability and all hazards integrated approach that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters. There is a need to have a stronger evidence base regarding capacities and capabilities of the Cairns region social services to not only respond to the immediate crises but be resilient in the as the pandemic continues.

“With severely limited support and interventions over recent months, many Australians will emerge with problems that have escalated during the crisis. This will make demand for public services more urgent and more complex” (Cube Group, 2020:10).

Critical Focus Areas

This RNA has identified numerous social impacts of COVID-19 in the Cairns region. The prevalence of socio-economic stressors that existed prior to the pandemic have exacerbated the impacts of COVID-19. The key social impacts have been in the areas of mental health impacts arising from stress, social isolation and anxiety; challenges of digital connectivity; barriers to accessing information; domestic and family violence intensification; housing and homelessness stress; social cohesion; employment, loss of work or livelihoods, and vulnerability in

the labour market; financial stress with disproportionate financial impacts on low income and poor people who have no savings, superannuation or other credit options; and supply chains.

The impacts of COVID-19 have not been uniform across the community and with disproportional impacts on “those people and places with fewest resources and a lower capacity to absorb economic shocks.”

Crises amplify inequalities and make it harder to bounce back (Hogan & Drew, 2020) or bounce forward and emerge and emerge from the crisis in a far better state than before (Hynes et al., 2020).. While this research identified the social affects of COVID-19 in the region, it was a rapid needs assessment and did not have the scope to identify impact, prevalence and severity. There are major gaps in data and our understanding about the impacts across the different dimensions of social life. Additionally, some of the impacts are emerging with a lag. The recovery process will be a long one and addressing evidence and data gaps is critical in the recovery initiatives.

New areas of need and social impacts are emerging due to COVID-19. “With severely limited support and interventions over recent months, many Australians will emerge with problems that have escalated during the crisis. This will make demand for public services more urgent and more complex” (Cube Group, 2020:10). There

are direct and indirect costs associated with social impacts of crisis. Deloitte Access Economics (2019) has estimated the impact of natural disaster for the FNQ region to be \$2.3billion dollars in 2019, following monsoonal rains. The following table provides a breakdown of the estimation of costs of social impacts:

	\$m
Death	\$18
Injury	\$38
Combined direct cost	\$56
Mental health	\$1,625
Alcohol misuse	\$7
Family violence	\$197
Chronic disease	\$426
Combined indirect cost	\$2,255
Combined direct and indirect cost	\$2,311

Table 9: Costs of Social Impacts in Natural Disasters for FNQ

Source: Deloitte Access Economics (2019:25).

These figures demonstrate the serious nature of social impacts and the need to take action in the short, medium and long term. In responding to the COVID-19 crisis many services have had less time to focus on early intervention and prevention, which will influence medium to long term recovery efforts. It is now the time to unpack the complexity of the needs and engage impacted people across a spectrum of social and human issues. It is also an opportune time to invest in the community and social services sector and strengthen the region’s institutional and social change capacity to resist and respond to acute events and build resilience to ongoing social stressors being amplified during COVID-19.

A strong and effective social and community services sector is critical to responding to COVID-19 and developing resilience in the long term. The sector provides vital services and is a large employer in the region. There is a need to advocate for effective funding models to sustain the sector over the long term. Greater evidence base is needed about how to support the capacities and capabilities of the sector to be resilient as COVID-19 effects are prolonged.

7. Looking to the Future: Strategic Directions for Action

The COVID-19 pandemic will have long-term impacts on the Cairns region. Many identify that it will create deep and lasting damage to the social, community and economic wellbeing of many Australian people and families. It will leave governments and service organisations with new levels of demand for long-term services and solutions (CUBE Group, 2020). A platform for recovery must be inclusive, person-centred and long term to order to build resilience in the face of future shocks.

Developing an effective framework of action to address COVID-19 is complex and will involve making choices about resources and actions for the short and long term. Some fundamental principles need to be used to guide response and recovery efforts. As noted by Hogan & Drew (2020:3) “recovery must be about doing high impact interventions and high return investments, as well addressing inequalities and weaknesses in capacities and capabilities that will constrain recovery. It must be about investing in ‘people and places’, and making the most of our social, cultural and regional diversity. The recovery should be both ‘pro-growth’ and deliver ‘inclusive growth’”.

Many impacts uncovered in the RNA are cross-cutting and will intersect with economic, cultural and environmental strategies, therefore, taking an integrated approach will be essential to avoid fragmentation, duplication and issues falling through the cracks.

In developing future strategic direction for action, consideration is given to a number of dimensions:

- Principles to guide the framework for action;
- Priority focus areas;
- Understanding who is impacted;
- Place based approaches;
- Relevance of disaster management frameworks;
- The need for advocacy;
- Addressing knowledge, research and data gaps, capturing learnings and cross sectoral knowledge sharing;
- Short term framework for action; and
- Medium to long term actions.

This section explores these dimensions and provides recommendations for strategic directions and a framework of action.

Principles to guide the framework for action

A number of sound principles for guiding COVID-19 response and recovery efforts is suggested in the literature. These include:

- Building adaptive capacity;
- Reducing vulnerability and the provision of social safety nets;
- Equal access to services;
- Integrating cross-cutting issues;
- Community led and place based approaches
- Fair sharing of the burden across society, minimising disproportionate impacts;
- Focus on economy and society (‘family’, ‘community’ and ‘firm’);
- Focus on inclusive growth;
- Partnership and participatory processes;
- Addresses community and institutional capacity and capability constraints for resilience;
- Regenerative and transformation for the long term (not returning to the old); and
- Measures must be compatible with a commitment to democratic accountability and the protection of civil liberties (Group of 8, 2020; Hogan & Drew, 2020; Yunus Centre, 2020).

Priority focus areas

There are wide ranging views about response and recovery pathways. Reaching consensus on priority focus is a complex task. The results of the focus group and interviews clearly articulated the priority focus areas from the perspective of a range of stakeholders for the Cairns region. The following table highlights areas that agencies and stakeholders saw as important priority areas for focus and investment.

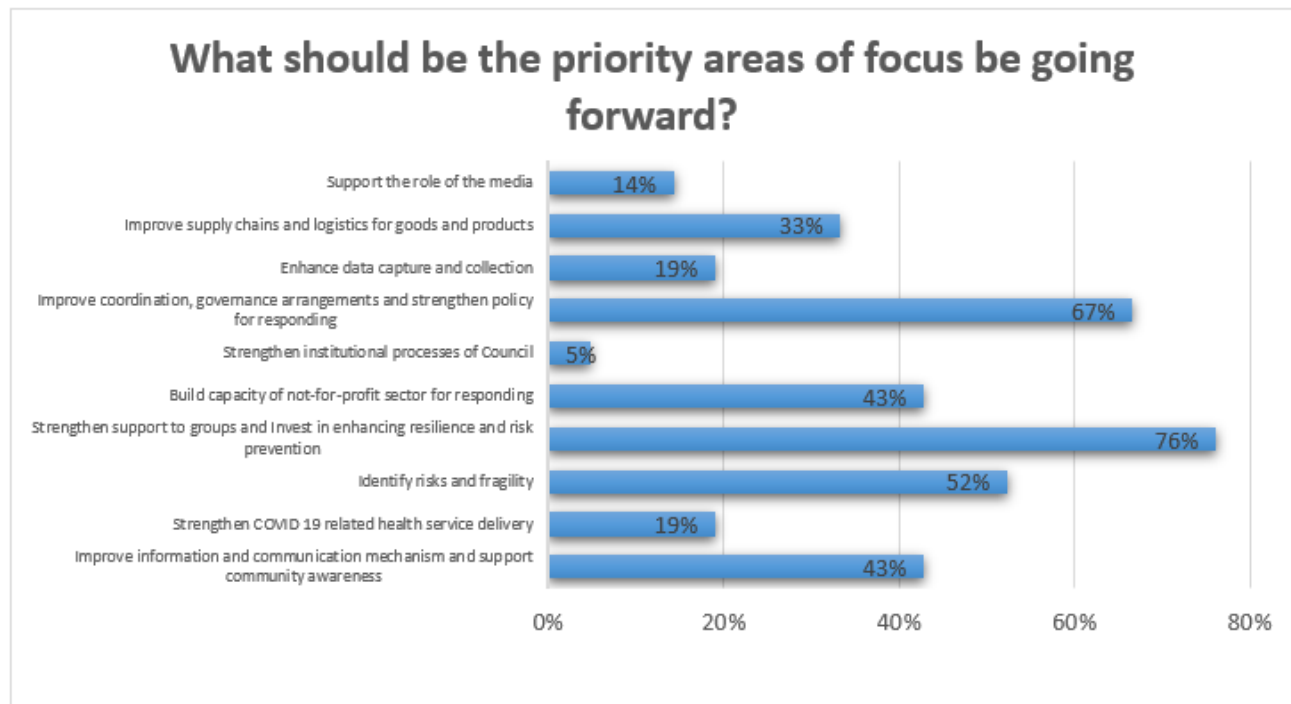


Diagram 9: Priority Focus Areas (multiple responses)

Source: Focus group polling, 23 June, 2020

In order of priority, the focus areas for the short to medium term were identified as:

- 1) Strengthen support to vulnerable and disadvantage groups (76%);
- 2) Improve coordination and governance arrangements, particularly in the context of place and the management of disadvantage, early childhood development and mental health (67%);
- 3) Identify and target attention to risk and fragility (52%);
- 4) Improve information flows and communication (43%);
- 5) Build the capacity of the not for profit sector to respond to needs from COVID-19 (43%);
- 6) Improve supply chain logistics for goods and services (including food security);
- 7) Enhance data capture and collection;
- 8) Strengthen COVID-19 related health service delivery;
- 9) Support the role of the media;
- 10) Improve economic development in economically marginalised places; and
- 11) Strengthen institutional processes of Cairns Regional Council to respond to COVID-19.

Majority of the respondents focused on addressing support to those who have been severely impacted by COVID-19. Many people were 'first time' users of services, others have been disproportionately impacted. Co-

ordination was another significant priority area to enable integrated responses. Respondents identified that there were severe risks in a number of areas including increasing the number of impacted populations, systemic fragility in responding, and lagged impacts with long term consequences. Information and communication flows was seen as an important area as information was important in preparedness, resilience and positive mental health outlook. Communication and information focus areas were quality, timeliness, accuracy, appropriate delivery formats (for hard to reach) and cultural relevance. Building the capacity of the community and social services sector was an important priority area, to enable organisational resilience and continuity, including capabilities for staff, appropriate resources and strong organisational frameworks.

Understanding Who is Impacted

COVID-19 has showed us how inter-connected we are and the fast impact of global events on our lives. We have also witnessed the fragility and strengths of our institutions, systems of support and community. This rapid assessment identified that many people were affected by COVID-19, especially due to loss of employment and livelihoods, through direct impacts such as job losses or other indirect impacts. 'First-time' clients were identified by agencies including first time applying for Centrelink payments, for seeking help from food banks, seeking financial hardship assistance, mental health and counselling support, housing support and support for new forms of intensified domestic violence. Additionally, pre-COVID-19 prevalence of mental health, housing stress and homelessness, and domestic violence has been amplified. While this RNA has uncovered those affected, there is a significant gap in our knowledge about the prevalence and nature of the impacts, the short and long term consequences of these impacts, the predictors and protective factors. This is the first pandemic that the region has experienced and better insights into who is affected and how and who is further at risk is vital.

The respondents in this study has highlighted key population groups are affected and possibly at risk. Respondent identified the following groups who have been disproportionately affected by COVID-19 in the Cairns region:

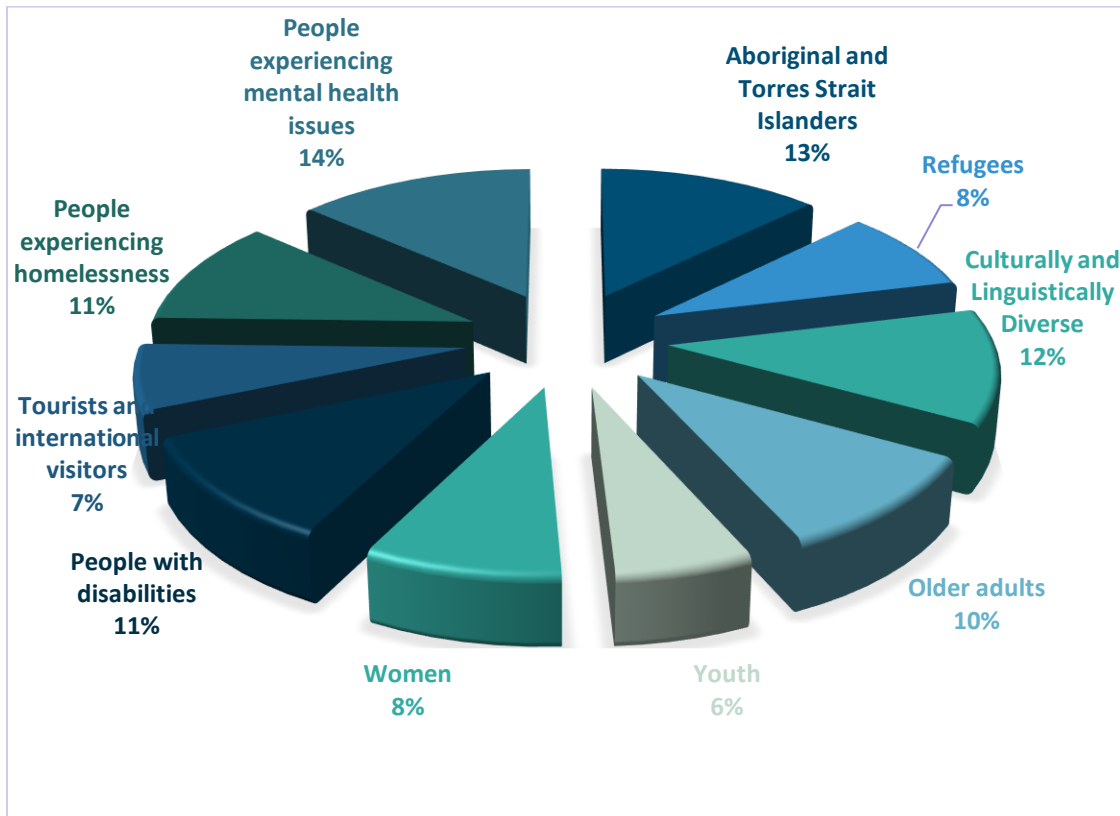


Diagram 10: Disproportionately Impacted Populations during COVID-19 in the Cairns Region

Source: Focus group polling, 23 June 2020

The population groups who were identified as having the most detrimental impacts in this study include older adults, youth, women, people with disabilities, tourist and international visitors, Aboriginal and Torres Strait Islanders, refugees, culturally and linguistically diverse, children and young people, and people experiencing mental health issues. The World Bank (2020) argues that vulnerabilities can affect income, consumption and service disruption and an overreliance on the public sector. They identify that impacts can vary based on demographic and socioeconomic characteristics including age, gender, socioeconomic status, household composition, type of work and economic activity, sector of the economy and geographical location (World Bank 2020:2-4).

In responding to vulnerability during COVID-19, the Yunus Centre (2020) suffering The Centre posits that “slow recovery, or worse, further decline in wellbeing and productivity in ... communities will directly impact business viability and welfare demand and thus, significantly influence the speed and quality of national recovery” (Yunus Centre, 2020:19). By prioritising recovery efforts to include communities there is potential to expedite recovery and foster regenerative approaches which improve equity and sustainability. A “disadvantage out” approach examines the cumulative impacts of COVID-19 and addresses the challenges of recovering based on the risk factors and the impacts. The approach focuses on fit or place base/focus of key agendas to the region and draws on local capabilities, institutions and integrated approaches, supported by local engagement and partnerships, based on data and evidence and linked to key policy agendas.

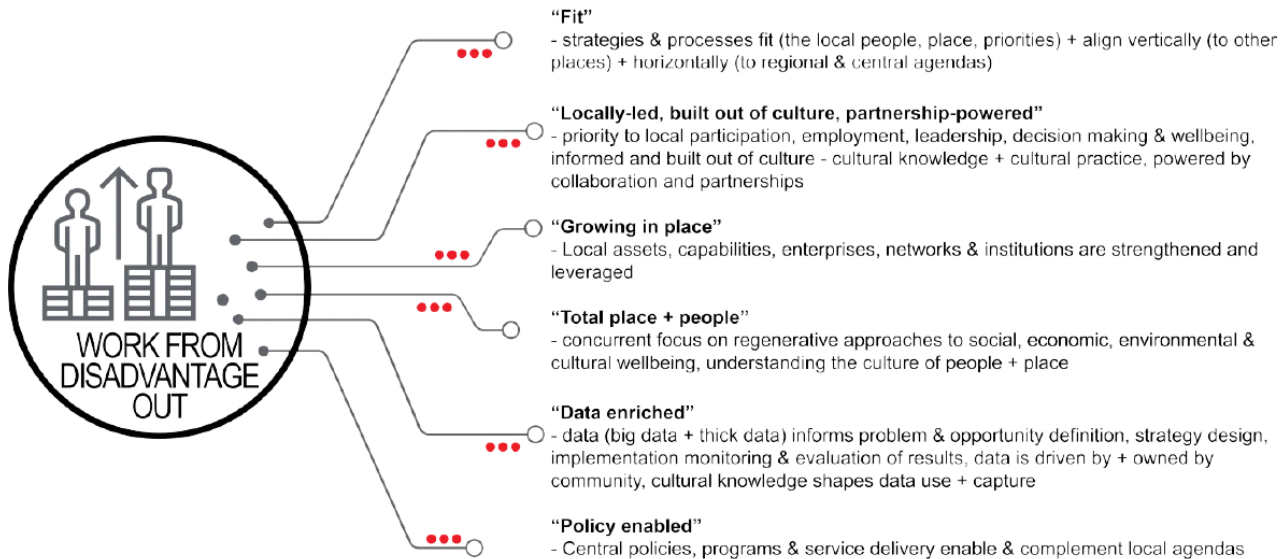


Diagram 11 Disadvantage Out Approach

Source: Yunus Centre, 2020:17

WHO defines vulnerability as “the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters” (Wisner et al., 2002). Evidence, at hand, is not in-depth to provide adequate insights about vulnerability and risk types of particular groups in the Cairns region and what response/recovery strategies are needed. Further research needs to be conducted to gain a more granular understanding of the impacts of COVID-19, the protective and risk factors for different sub-groups and what measures will strengthen resilience in the face of the pandemic and other hazards

Place based approaches to managing preparedness, response and recovery:

The COVID-19 pandemic will create deep and lasting damage to the social and economic fabric of our societies. The World Bank (2020) indicates many of the people and places considered ‘disadvantaged’ before COVID-19, have been hardest hit by consequences of the pandemic. New approaches to regional and community development focus on the paradigm of place-based approaches. This emphasises the “identification and mobilisation of endogenous potential, that is, the ability of places to grow drawing on their own resources, notably their human capital and innovative capacities” (Tomaney 2010:6). This approach aims to develop locally-owned strategies that can tap into unused potential of the region and develop initiative that address economic and social sustainable development and human wellbeing.

The benefit of place-based modalities is that it enables the mapping of a place’s assets and marshalling the full-range of available knowledge as a means to devise integrated, long-term strategies to navigate particular paths for development (Pugalis & Gray, 2016). Place based approaches bring the advantage of focus on the unique characteristics of people and location (place and geography) and are able to respond to local need (Marsh et al., 2017). Many problems including, responding to the pandemic, are multi-faceted, complex, and difficult to address through the standard systemic policy approaches traditionally available to governments. Place-based approaches enable innovative solutions by dealing in detail with its different manifestations in different places at a very fine-grained local level (Marsh et al., 2017:443). Place based approaches can capture the spatial

dimension of development, disadvantage, wellbeing and multi-dimensional factors of rurality (Winterton et al., 2014).

Our assessment identified the need for more place-based approaches in overcoming key social issues in advance of crises such as pandemic. Examples were provided of the inefficiency or failure of trying to address pandemic responses through external solutions in the Cairns region. The importance of community-led responses in building resilience during COVID-19 is advocated strongly (Dusseldorp Forum, 2020). The key features of a place-based COVID-19 responses include:

- ✓ Fostering cross-sector collaborations that harness local resources and place community priorities at the centre;
- ✓ Innovating to implement timely and targeted responses that meet the specific needs of community, especially to those most affected;
- ✓ Weaving trusted relationships as an intermediary between the wider system and local communities;
- ✓ Empowering the community through local participation and representation, and
- ✓ Drawing upon local knowledge, community networks, and relationships to help people deal with uncertainty (Dusseldorp Forum, 2020:1).

The place based responses and suggested actions to COVID-19 are highlighted in the following table:

Place Based DNA	Action during COVID- 19	Outcomes
Fostering cross-sector collaborations that harness local resources and place community priorities at the centre	Partnerships and collaboration	Supporting the local service systems to stabilise and leverage existing resources
Innovating to implement timely and targeted responses that meet the specific needs of community, especially the most vulnerable community members	Adaptation and innovation	Preventing the most vulnerable from falling through the cracks
Weaving trusted relationships as an intermediary between the wider system and local communities	Bridging the gap between the service system and the community	Ensuring community members are able to continue to access essential supports and services
Drawing upon local knowledge, community networks, and relationships to help people deal with uncertainty	Tailoring communications to suit local contexts and resonate with local audiences	Keeping people informed, connected and safe
Empowering the community through local participation and representation	Advocating on behalf of the community to the wider system	Raising the voice of community in response and recovery planning

Table 10: Features of a Place-Based Responses to COVID-19

Source: Dusseldorp Forum, 2020:2

Place based approaches require mobilisation and coordination of wide range of stakeholders and new kinds of partnerships within an effective governance framework (Grizzle et al., 2020). In times of uncertainty and anxiety, communities rely on trusted relationships and institutions. As Love (2020) points out

“The civic organizations that advance transformative place-making during ordinary times are now stepping in as first responders, strengthening existing collaborations and forging new relationships to see their communities through the pandemic. These structures will serve as the backbones of recovery once the immediate crisis has subsided, and as we look toward long-term community health and well-being, we must invest in the transformative place-making strategies supporting us now.”

Transformative place based approaches recognise the complexity of issues, build critical and systemic knowledge and take an integrative and cross sectoral approach for co-generation processes for change. Place-based approaches to COVID-19 are long-term investments in recovery, community resilience and development.

Need for Advocacy:

The acute and time-delayed effects of COVID-19 will have significant impacts on the Cairns region. Addressing these is going to require advocacy for the region to the Australian and State Governments, as well as other relevant stakeholders. As the recovery initiatives are developed, there will be ongoing competition from different regions and sectors for resources. Strong advocacy is essential so that the Cairns region, and FNQ more broadly, does not miss out. Three key areas emerge for advocacy.

- 1) Employment is critical to breaking the cycle of disadvantage, unemployment and health. The impacts of long term unemployment will have serious damaging social and economic consequences for the Cairns region. The potential impact of the cessation of programs such as JobKeeper will be highly detrimental. It has been widely identified that our employment support services will not be able to cope with not only seeking work but being required to address new job areas requiring new skills, training and workforce preparedness. Research into workforce challenges highlight the barriers of access to education and training and skills gaps and shortages in the region already (Babacan et al., 2019). Strong advocacy for continuation for public sector investment to the Australian Government for employment and job-preparedness support is needed.
- 2) The mental health impacts on the community has already emerged as a major concern. The experts are predicting serious ‘waves of mental health issues’ to hit due the prolonged effects of COVID-19. At the same time, mental health and counselling services are extremely overstretched. Strong advocacy for additional and long term resources for local mental health services is urgently needed.
- 3) The social and human dimensions of COVID-19 is presented in this assessment. The multi-dimensional and intersecting nature of social issues is going to require a well-resourced community and social services sector. Strong advocacy is needed to inject resources into local service providers. The nature of the advocacy needs to focus on increased funding and change to funding models from short term contracts to more on-going and programmatic funding to enable continuity of service delivery in the medium to long term. It is also important to advocate for funding to be given to local service providers rather than to national or state bodies that do not have a physical presence in the Cairn region. The advocacy should emphasise the impacts of regional/remoteness on social disadvantage impacts, higher cost of delivering

social services in the regions and the important role that Cairns plays as a central service hub to communities and industry sectors.

The Cairns region will experience significant suffering as the brunt of COVID-19 affects human and social dimensions of the region. Effective and people first advocacy is a critical part of a recovery strategy to secure on-going public investment in the short and medium term. Working across sectors to develop a joint positioning advocacy plan would be beneficial.

Relevance of Disaster Response and Recovery Processes:

During the course of the rapid needs assessment there was frequent references in the literature and in focus/groups and interviews about disaster management and crisis management processes. As the Cairns region is prone to cyclones, flooding and other natural disasters, it has strong disaster management processes and structures. Unlike natural disasters COVID-19 is a health emergency that is affecting societies and economies at their core. In the absence of other guidance, some agencies have amended their disaster management plans to manage the impact of COVID-19 and create business continuity.

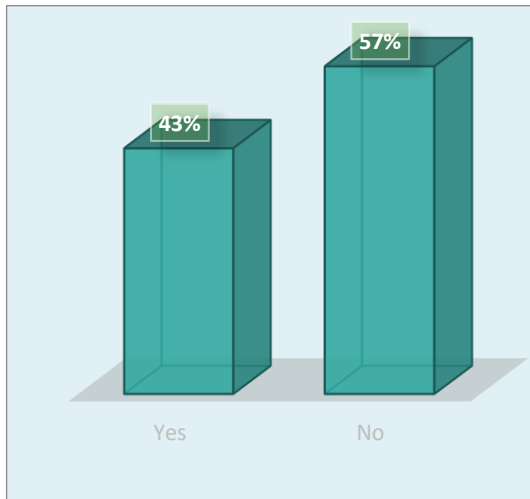
The disaster management processes encompasses local, State and Federal government arrangements. Local governments, through the Local Disaster Management Groups have primary responsibility to manage disaster at the community level and develop and implement their Local Disaster Management Plan. There is a process for escalation for support across the tiers of District Disaster Coordination Centre, State Disaster Coordination Centre and Australian Government Crisis Coordination Centre. These arrangements are implemented through strong partnerships between a range of agencies including government, industry, NGOs and others. Some agencies have specific functional responsibilities for combatting hazards. Cairns Regional Council's Disaster Management Unit provides administrative, financial and operational support to:

- The Local Disaster Management Group - Cairns Region (LDMG)
- The Local Disaster Coordination Centre
- The Queensland State Emergency Service (SES)

Throughout the year, the Unit undertakes a range of projects aimed at prevention, preparation, response and recovery from disasters for the Cairns Region. There is legislative requirement for Cairns Regional Council to maintain an active LDMG. The LDMG is led by Cairns Regional Council and has cross-sector membership of agencies such as Cairns Base Hospital, Cairns Port Authority, Emergency Management Queensland, Ergon Energy, Queensland Ambulance Service, Queensland Fire and Rescue Service, Queensland Police Service and State Emergency Service. The Cairns Local Disaster Management Plan identifies the principles of disaster management, the risks, hazards, levels of intervention and roles and responsibilities in responding to disasters and hazards.

Participants recognised and acknowledged the importance of disaster management processes. Many identified that the Cairns Regional Council player a significant leadership role. They also believed that the Council needed to continue to play a leading role, with cross sector collaboration, in responding to COVID-19.

There respondents had mixed views about whether we should treat COVID-19 the way we treat disasters. Some 57% of respondents, in the focus group polling, stated that we should treat the pandemic differently while 43% saw it as similar.



Those who responded with a ‘Yes’ believe it was a crisis facing humanity to address, it had territorial impacts, it had similar processes and stages of escalation, the communication and information aspects were similar and required a chain of command in making decisions.

Diagram 12 Parallel Between Disaster and Pandemic Management
 Source: Focus group polling, 23 June 2020

The literature identifies a range of differences in responding to pandemic and disasters. For example, in natural disasters, effort goes into identifying people who have died, while in a pandemic this is mostly known, although it may be more difficult in cases of co-morbidity. In weather related events the damage is created in a time period usually hours or days (except in droughts) as yet we have no clear time frame of the length of the pandemic and are reliant on a vaccine that could be more than 18 months away. , the damage is visible and assessments are made. The pandemic spread is often invisible and hot-spots can change quickly. Also, in natural disasters, those outside the affected area can assist in responding and recovery (Dzigbede et al., 2020). In a pandemic of global scale, everyone is impacted.

Those who said ‘No’ stated that the pandemic is ongoing, needs human solutions to resolve, needs different types of intervention, has the potential to spread globally and requires different skills set and governance.

While there are differences between a pandemic and natural disasters, there are significant learnings form disaster management and other fields of integrated resilience planning, relating to preparedness planning, adaptiveness, communication,

governance and resource allocation which can be transferrable to responding to the pandemic

Addressing knowledge, research and data gaps, capturing learnings and cross sectoral knowledge sharing

This study used a Rapid Needs Assessment methodology. RNA’s purpose is not to conduct a detailed study, but to undertake a broad and rapid assessment of the event/ disaster and to conduct a basic needs analysis of the population in order to identify priorities and strategies for informing responses. In undertaking the RNA, significant gaps in research, evidence and data was identified. Researchers contacted major data collection institutions on social and economic themes to be informed that disaggregated data and evidence was not available. The gaps in knowledge and data was highlighted by one respondent who stated “this is the first time we are experiencing a pandemic and we do not have adequate information to base our decision and action”.

The key issues in addressing knowledge, research and data gaps are:

- Lack of granular data across different issues at local and regional level;
- Lack of adequate data on pre-COVID-19 in selected topics;
- Lack of data on post-COVID-19 impacts across many domains (see below);
- Needing to be more deliberative in use of data, integration of diverse sets of data
- Lack of platforms for knowledge, research and data sharing;
- Improved uptake of the use of data/research to inform practice, knowledge translation;
- Lack of adequate resources at the regional level for research and data capture;
- Lack of adequate evaluation of practice, particularly good practice; and
- Lack of evidence to advocate for the needs of communities and service agencies.

There is a lack of adequate data and research on the experiences of diverse individuals and families, the nature and severity of the impacts, the mid-long term consequences and the aftermath implications for the community in the near to mid-term. Respondents identified the need for evidence about the how individuals and families are coping with job losses, managing in the face of negative impacts on their livelihoods, flow on indirect impacts on their consumption behaviour, mental health distress, long term psychological outlook and what support strategies can be introduced so that people suffering can maintain a balance or equilibrium during these unprecedented times. The confidential nature of research and data in some government agencies and lack of public accessibility of data was noted as a major impediment to planning and coordination. Many participants identified that research was often seen as an 'optional' when budgets were pressured. While some place-based research was commissioned in the region, this was not in-depth, systemic or longitudinal.

It is clear that more in-depth research is needed to identify the impacts and to inform response and recovery strategies. The areas for further research and data collection needed are:

- A comprehensive social assessment of impact of COVID-19 on communities and population subgroups. This includes understanding of prevalence, risk, severity of impact, predictors, and consequences in issues such as housing stress, employment/unemployment, financial stress, psychosocial mental health needs, domestic and family violence, social isolation and social cohesion.
- Longer term (3-5) year study to identify and monitor lag effects in critical impact areas and research emerging needs as COVID-19 persists;
- Research on service systems and structural challenges including community strengths, areas of systemic fragility; types of risks, definitions of vulnerability, coordination and integration, communication and information, service gaps ; governance, capabilities of staff and capacity of cross-sector agencies to respond and assessment of the resilience of systems to disruption;
- A deeper level of analytic research for greater understanding of place-based response and recovery strategies/options in different locations in the Cairns region with a view to addressing immediate versus developmental (e.g. systemic; coordination vs service capacity issues). As the pandemic continues, understanding what works under these conditions is going to be critical;
- Analysis regarding response/recovery measures and a cost-benefit assessment of the trade-offs between different goals and outcomes;
- Detailed research and data to support understanding of vulnerability and risk, differentiated between disaster and pandemic;

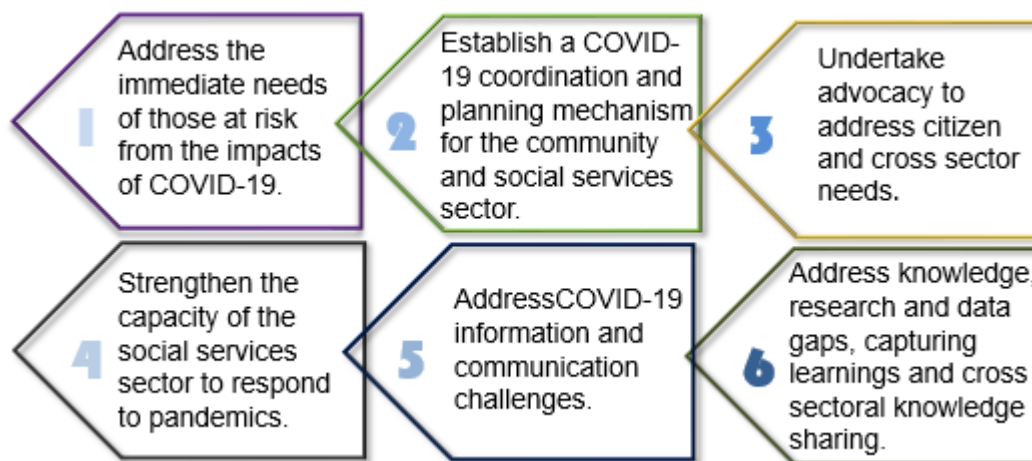
- Evaluation of COVID-19 coordination, planning and cross sector integration across diverse issues and identifying good practice strategies.

Addressing gaps in our knowledge base was identified as a key measure in the short term for action. In an age of big data analytics, sharing data and knowledge across sectors, capturing learnings, and joint interpretation across stakeholders critical to achieving outcomes (Stank et al., 2015). Coordinated mechanism for capture data and knowledge is crucial as it will enable more effective planning and co-design of responses. The absence of quality data and research is a major drawback in making strategic decisions and prioritisation of responses and recovery initiatives. In going forward, it is critical to invest in research and data collection to capture vital evidence and learnings and to establish research/data/learning sharing platforms across sectors. As previously discussed unfortunately as a region we have experience of natural disasters. This experience has, in many ways, put us at an advantage in responding to COVID-19. Services are used to pivoting and adapting due to natural disasters and transferred many of those attributes in their response to COVID-19. The sector has extensive experience of disaster management responses after every cyclone or flood and it is now vital that we continue to build evidence based knowledge by investing in research to address knowledge gaps identified during COVID-19.

Short term framework for action

Any framework for action needs to take a multi-pronged and well monitored approach. While responding and supporting stimulus initiatives in the short term, the longer term proactive work needs to be undertaken in parallel. Hynes et al (2020:2) identifies that responses should be twofold: address immediate concerns in the short term and propose an approach to dealing with the longer-term issues the pandemic highlights. It is with these considerations that the following short-term framework of action is proposed. The short term is defined as six months.

In the next six months, the priority areas for action that arise from the findings of this RNA are:



These six areas provide the immediate priority areas for action. The specific actions and outcomes of the priority areas is outlined below.

SHORT TERM FRAME OF ACTION (next six months)		
Recommendation	Actions	Outcome
<i>Address the immediate needs of those at risk from the impacts of COVID-19.</i>	<ul style="list-style-type: none"> ▪ Identify who is at risk, vulnerability factors, first time emerging needs, chronic stressors and nature of impacts of COVID-19 across diverse population groups. ▪ Conduct place-based community engagement sessions. ▪ Sector discussions to define ‘essential services’ for our region. ▪ Identify the changed nature of service demand including acute, new demand and demands from lag effects of COVID-19 and map service gaps. Development of a cross sector needs assessment process. ▪ Coordinated and innovative place based projects that address immediate support, basic consumption and critical service’s needs. Funding secured to undertake place based projects. ▪ Determine place-based strategies for building capacities of citizens and social capital for pandemic resilience. ▪ Initiate inclusive economic and social development strategies to minimize the disproportionate impacts of the pandemic on some individuals and groups. 	<ul style="list-style-type: none"> ▪ A comprehensive understanding of who is at risk, the changing nature of COVID-19 impacts and determination of appropriate recovery responses. ▪ Resilience plan for the Cairns region is developed with a focus on adaptive capacity, social cohesion and pandemic readiness.
<i>Establish a COVID-19 coordination and planning mechanism for the community and social services sector.</i>	<ul style="list-style-type: none"> ▪ Identify options for effective coordinative and governance mechanisms to respond to pandemic. ▪ Identify relevant sectors and stakeholders to be engaged in coordination and planning. ▪ Secure resources to support a community led coordination and planning across the Cairns region. ▪ Establish a cross sector coordination and planning mechanism including key stakeholders, functions, roles and responsibilities and governance systems. ▪ Integration of social sector coordination with other economic and other sector responses where issues are intersection and cross cutting. ▪ Monitor and review coordination effectiveness. ▪ Address the cross-overs and differences of the pandemic response coordination with disaster management processes. 	<ul style="list-style-type: none"> ▪ A cross-sector pandemic response and recovery mechanism is established to enable community and social services sector to work in an integrated and coordinated manner. ▪ Coordination efforts in the social and community services sector are aligned/integrated with economic, regional and other relevant efforts.

Recommendation	Actions	Outcome
Undertake advocacy to address citizen and cross sector needs.	<ul style="list-style-type: none"> ▪ Identify advocacy needed and develop a plan of advocacy action to respond to the pandemic. ▪ Identify and advocate for targeted public investment in crisis areas such as JobKeeper, mental health, housing, DFV and financial distress ▪ Advocate for funding to resource the social and community services sector agencies and workforce. ▪ Advocate for flexible funding models to enable effectively respond to changing needs. ▪ Advocate for recognition of Cairns as a regional service hub in funding and resource allocation decision. 	<ul style="list-style-type: none"> ▪ A cross- sector joint positioning and advocacy plan is prepared. ▪ Opportunities for advocacy are maximised.
Strengthen the capacity of the social services sector to respond to pandemics.	<ul style="list-style-type: none"> ▪ Build the capacity of community and social services sector capacity to respond to pandemics including specialist skills development, workforce development and service systems strengthening. ▪ Promote the recognition of the significant role of the community and social services sector to economic, workforce and wellbeing in response and recovery. ▪ Advocate to secure adequate funding for local community and service agencies to deliver services. ▪ Support the development of community based leadership for all hazards response and recovery. ▪ Develop strategies for effective training and utilisation of volunteers. 	<ul style="list-style-type: none"> ▪ Increased community and social services sector response and recovery capacity and is able to support the development of resilience of the Cairns community. ▪ Strong community and social services workforce contributing to economic recovery, particularly employment outcomes in the region. ▪ The community and social services sector has adequate resources and capacity to address existing and emerging community needs.
Address COVID-19 information and communication challenges.	<ul style="list-style-type: none"> ▪ Identify and address the challenges of pandemic information and communication (e.g. single source of truth, distilled, timely, fit for purpose, countering misinformation). ▪ Initiate regular community messaging and communication to reduce uncertainty and anxiety levels ▪ Identify communication and information challenges of those who are hard to reach and develop options for delivery of quality and timely information through multiple channels. ▪ Address culturally and linguistically relevant communication and information needs. ▪ Capture and promote good news stories. ▪ Address urgent social cohesion messages e.g. zero tolerance for racism. ▪ 	<ul style="list-style-type: none"> ▪ Establishment of a trusted and unified cross sector pandemic communication and information plan for the Cairns region.

Recommendation	Actions	Outcome
<p>Address knowledge, research and data gaps, capturing learnings and cross sectoral knowledge sharing.</p>	<ul style="list-style-type: none"> ▪ Address lack of granular data collection across agencies in the region. ▪ A comprehensive social assessment of the impact of COVID-19 on communities and population subgroups and more in-depth understanding of prevalence, risk, severity of impact, predictors, and consequences. ▪ Develop on-going research options to undertake longitudinal research, especially in relation to lag effects, emerging needs and innovative models of practice and effectiveness of response/recovery initiatives. ▪ Research on social systems, service gaps, structural challenges and capacity of cross-sector agencies to respond to COVID-19. Assessment of the capacity of service systems to disruption and identifying strategies that are effective to build systems and service resilience. ▪ Analysis regarding response/recovery measures and a cost-benefit assessment of the trade-offs between different goals and outcomes. ▪ Processes and resources for conducting evaluations of COVID-19 related projects, programs and coordination processes to inform response and recovery efforts. Benchmarking with other programs or indicators as relevant. ▪ Establish mechanisms for data capture and sharing including communities of practice and deliberative efforts for improved data/research use. ▪ Utilise evidence base to support lobbying and advocacy. 	<ul style="list-style-type: none"> ▪ COVID-19 recovery and resilience planning is grounded in strong evidence and research base particularly relating to risks, vulnerability, impacts, lag effects and good practice strategies. ▪ Data and knowledge gaps are addressed and learnings captured. ▪ Knowledge sharing and learning platforms are established across sectors.

The actions identified in the short term frame for action will lay the foundations for the next steps in the response and recovery to COVID-19. The short-term process is deliberative and iterative and many learnings will arise in the process that will inform the medium to long-term initiatives. It is critical in this early stage to engage key stakeholders, develop on going mechanisms for continuous dialogue and coordination, respond to crisis but take developmental approaches, ensure effective use of research and data, build capacity and capability. Importantly, it is vital to monitor and review actions and outcomes regularly (bi-monthly) to track progress, ensure relevance, capture the learnings, identify emerging themes/trends and develop a feed-back loop to inform the response and recovery planning and effort. While, there is a need for simultaneous approaches in responding to immediate acute issues, at the same time, strengthening the foundational capacity and capabilities required to build medium to long-term resilience.

Medium to long- term framework for action

The impacts of the pandemic in Cairns is known to be greater in severity than in many other regions in Australia. The recovery times are predicted to be longer in duration and many lag effects are still unfolding. The medium to long term recovery efforts need to focus on adaptive capacity, addressing service and systems gaps, building resilience, developing sustainability under these 'new normal' conditions and developing capabilities to 'bounce forward' in response to shocks, social stressors and effectiveness under uncertainty. As noted by Hogan and Drew (2020:3), response and recovery "must be about doing high impact interventions and high return investments, as well addressing inequalities and weaknesses in capacities and capabilities that will constrain recovery".

This phase is likely to be characterised by the need for multi-pronged strategies, addressing both acute and developmental issues. The prolonged nature of the pandemic is likely to create immediate issues to address for immediate response while at the same time as focusing building adaptive capacity. The medium to long-term is defined up to five years, as it will be difficult to plan for any initiatives beyond that time frame.

The key aspects of the medium-long term framework for action include:

Co-ordination and planning will continue to be needed in the long term. Some of the strategic actions may include:

1

- Situational analysis and monitoring the changing impacts of COVID-19;
- Thought leadership on longer term recovery option;
- Effective use of data, research and evidence for recovery implementation;
- Cross-sectoral scenario based planning;
- Further enhancing integrated approaches including joined up plans across sectors, joint procurement and joined initiatives;
- Continue to address communication, awareness and information challenges;
- Development of capabilities and upskilling for responding to the pandemic but also other relevant skills necessary for the long term such as digital skills, information and communication, co-design planning, governance skills and logistics skills.

Building adaptive capacity of citizens and institutions should be a major focus in this phase. Adaptive capacity is a key part of resilience communities. Some of the strategic actions may include:

2

- Develop options for adaptive capacity strategies along a continuum of incremental change to cope, to transition (pushing current mechanisms to the limit) to transformation (large scale change requiring new way of doing things)
- Place-based initiatives to build social capital, trust, confidence, optimism, connectivity and civic capacity;
- Investment in 'soft' infrastructure that supports connectivity of people;
- Identify and strengthen the protective factors of diverse cohorts of at risk populations;
- Undertake local, community-led and co-designed planning and interventions;
- Address persistent service system challenges;
- Limit the amplification of existing inequities through initiation of collective, multi-dimensional and integrated solutions e.g. social housing, employment initiatives, social entrepreneurship;
- Advocate to secure additional investment into the social and community sector;
- Work with policy makers for supporting policy frameworks;
- Advocate for early intervention, promotive and preventative social support programs;
- Continue to monitor emerging needs and develop appropriate responses.

Strengthen capacity for inter-sectoral approaches to COVID-19. The community and social services sector strengthening is a longer term process and will continue into this phase. There is a need to have a stronger integration with strategies and agendas of non social sectors including health, economic, environmental and others. Some of the strategic actions may include:

3

- Continue to strengthen the capacity of community and social services sector for COVID-19 response and recovery;
- Initiate multi-dimensional and intersectoral regenerative projects;
- Progress an 'inclusive economic development strategy', giving everyone a stake in growth and recovery, with interventions that take into account location, inter-generational and cross-sectoral aspects;
- Support innovation and new models of service delivery;
- Identify cross cutting issues and interdependencies across sectors;
- Continue to advocate on key issues, for resources and policy change as relevant;
- Build cross-sectoral awareness and skills for collaboration.

Research, data and evidence base will continue to be critically important in the medium to long term. Some of the strategic actions may include:

4

- Longitudinal research on vulnerability, risk, service systems, emerging needs, and evaluation of response/ recovery strategies;
- Undertake community resilient surveys at regular intervals;
- State of the region type reporting of response and recovery strategies;
- Increase the role of research institutions as backbone supporters of place based research;
- Benchmarking with other programs or indicators as relevant.

9. Concluding remarks

The impacts of the pandemic in Cairns is known to be greater in severity than in many other regions in Australia. The recovery times are predicted to be longer in duration and many lag effects are still unfolding. On the whole, the Cairns social services demonstrated agility and innovation in responding to the needs of the most vulnerable in the community. It is critical to address the cross-cutting and intersection issues at the margins to be able to build safeguards and strong systems that can withstand shock and be available to all the community during disturbances and crisis. The initial work of services, Council and agencies in collaborating and pivoting should be commended. The Cairns region is one of the more vulnerable regions with devastation in its key industries and pre-COVID-19 socio-economic disadvantage. It is not prudent to return to the 'old ways' when there is a chance to address our challenges in innovative ways, building on the region's strengths. There is now more than ever a need for integrated thinking that captures complexity. Everyone needs to be given a stake in recovery. This means that cross-sectoral partnerships and engagement will be fundamental for future success in addressing the unprecedented and devastating consequences of COVID-19. It is important that we close knowledge gaps and that we continue to learn and adapt from this and other disasters. Although COVID-19 pandemic has had, and will continue to have, detrimental impacts on economies and communities, it offers an opportunity for renewal, regeneration and transformation.

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