Pulse of the Community: Impacts of COVID-19 in Cairns Local Government Area 2021

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November 2021

Cairns
REGIONAL COUNCIL

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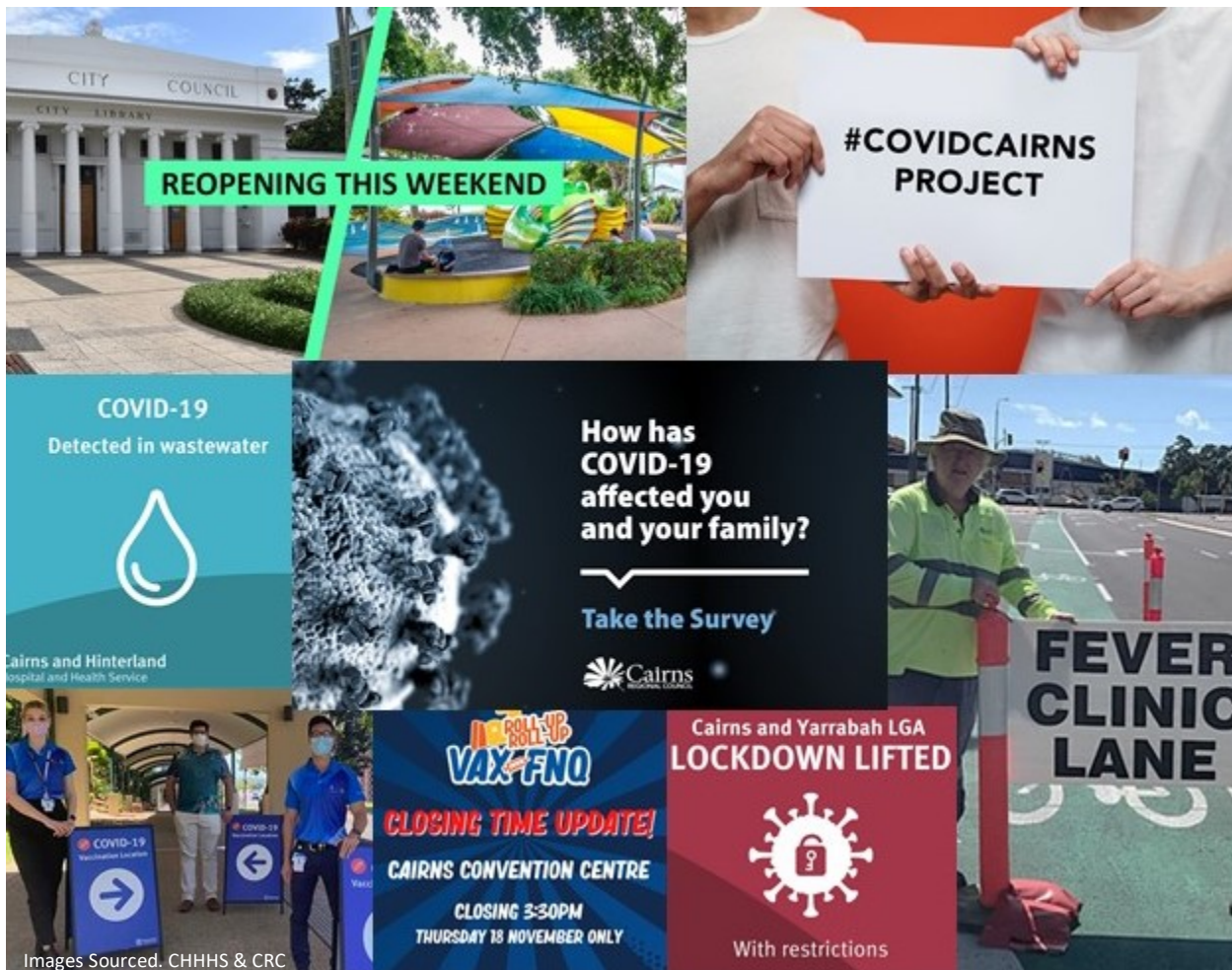Research in tropical societies

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Acronyms

ABS	Australian Bureau of Statistics
ADII	Australian Digital Inclusion Index
AHURI	Australian Housing and Urban Research Institute
CALD	Culturally and Linguistically Diverse
CLES	Centre for Local Economic Strategies
CRC	Cairns Regional Council
CRDVS	Cairns Regional Domestic Violence Service
COVID-19	Coronavirus Disease 2019
DFV	Domestic and Family Violence
FNQ	Far North Queensland
ILO	International Labour Organisation
JCU	James Cook University
LGA	Local Government Area
OECD	Organisation for Economic Cooperation and Development
PHN	Primary Health Network
PPE	Personal Protective Equipment
QLD	Queensland
QPS	Queensland Police Services
RSNA	Rapid Social Needs Assessment
SEIFA	Socio-Economic Index for Areas
UNDP	United Nations Development Programme
WHO	World Health Organization
WRI	World Resources Institute

Executive Summary

It has been 20 months since the World Health Organization (WHO) declared the Coronavirus Disease 2019 (COVID-19) as a pandemic on 11 March 2020 (WHO, 2020). Since that time COVID-19 has continued to spread with multiple threats to lives, livelihoods and communities around the world. The impacts of COVID-19 have been variable across different locations with different measures for containment.

In Cairns, the region has experienced two COVID-19 lockdowns, one initially in March 2020 when the pandemic was declared. The second was a three-day snap lockdown during 8-11 August 2021. Although the number of transmissions of the virus has been limited in the Cairns Local Government Area (LGA), the COVID-19 pandemic has exposed people to a complex range of challenges and stressors. The impacts of the pandemic are not experienced uniformly and are amplified by social and economic vulnerabilities, labour market structures, the precarious nature of employment in some industries and pre-existing inequities. Following any shock to a community, the ability to absorb, adapt and be resilient in the long run is often shaped by its underlying strengths, vulnerabilities and capacities.

In May 2020, the Cairns Regional Council (CRC) and James Cook University (JCU) collaborated to prepare a COVID-19 Rapid Social Needs Assessment (RSNA) to inform recovery efforts. The *Cairns COVID-19 Local Recovery Plan* finalised by CRC in August 2020, identified that the impacts of the pandemic will be severe and recovery times likely to be longer in duration. For this reason, ongoing research has been conducted during 2021, including in-depth case studies, interviews with health and social service providers, and two online surveys - *Pulse of the Community Wellbeing Survey* and the *COVID-19 Cairns LGA 3 Day Snap Lockdown Survey*. The data from these sources of research indicates that the Cairns region is continuing to experience significant challenges due to COVID-19. Our studies, as outlined above, indicate the persistent nature of the impacts across social and economic dimensions of life in the Cairns LGA. The findings also demonstrate that the enduring effects of COVID-19 are creating both new social challenges and further compounding pre-existing conditions to the detriment of individual and community wellbeing. On a range of impact indicators, service provider participants in the above studies believed that there was little 'distance travelled' in improvements for clients and communities since the start of COVID-19 in 2020 to now. A major proportion of respondents in the *Pulse of the Community Wellbeing Survey* (45.7 %) also identified their current overall situation as worse or far worse off, followed by 40.7% of respondents identifying their situation as the same and only 11.7 % as better off. The combined findings from these studies reveal that the top three areas of impact in the Cairns LGA due to COVID-19 are housing, health and wellbeing and economic (employment and financial stress).

Identified impacts include:

- Micro-economic impacts at the household level on employment, significant underemployment and unemployment, and financial stress and inadequate income.
- Housing impacts with challenges of affordability, particularly within the rental property market.
- Social connectivity and isolation impact with adverse mental health impacts, including less interaction with family and friends.
- Health impacts related to both physical and mental health. Includes lack of access to health support including GPs, specialists and mental health professionals, with long waiting periods for appointments.
- Domestic and family violence with increasing severity and complexity of violence and reduced protective factors. Includes reduced safety refuge options such as women's shelters due to social distancing measures, being stuck at home with the perpetrator, lack of interstate travel, isolation for survivors and their children and weaponization of COVID-19 by perpetrators.
- Digital connectivity and technologies were challenging in an environment of increasing online services and information. The challenges were access to devices, poor connectivity, affordability and cost and digital skills. Additionally, adjusting to online service access was difficult for some clients, particularly those in trust-based relationships with service providers. While online services were used by many, there was a significant proportion of the population excluded based on access, skills and a lack of functional English.
- Lack of access to services including the right kind of service, disconnection from service providers, isolation and lack of awareness, waiting periods and in some cases costs of services were major barriers coinciding with increases in referrals, complexity of the issues and gaps in delivery.
- Future outlook with many respondents not feeling positive or hopeful towards the future.

Given these challenges, there was a need for absorptive, adaptive and transformative resilience strategies. This includes supports to cope now and resist the negative impacts of COVID-19 immediately or in the short term, as well as develop adaptive strategies and ability to change fundamental strategies for long-term resilience. A number of strategies are recommended:

Recommendations

Absorptive and Adaptive Resilience Strategies: Short term Actions (6 months-1 year)

- *Clarifying what constitutes essential services*
- *Strengthening micro-economic resilience at the household level*
- *Integrated service delivery*
- *Conduct a systems threat analysis*
- *Strengthen investments in 'soft' infrastructure for social connectivity*
- *Address knowledge, research and data gaps, capturing learnings and cross sectoral knowledge sharing*

Absorptive and Transformative Resilience Strategies: Medium term actions (1-3 years)

- *Addressing affordable housing*
- *Precarious employment effects*
- *Building resilience mindsets*
- *Ensuring Digital inclusion*

There is effort to resume all aspect of life within the Cairns LGA, within what we may call COVID-19 normal such as removal of restrictions of movements for work, school and leisure. While it is assumed that life is largely returned to normal, this study clearly demonstrates that hysteris is occurring. Hysteris proposes that "the impact of a change on a system cannot just be reversed by taking away the force you applied in the first place" (Birkinshaw, 2020). In relation to COVID-19, when the conditions which cause the shock or change are removed, research indicates that not only do the effects of the event persist, but this state is insufficient for a system to come back to the original state, and it is likely to move to a new equilibrium. This mid-term research demonstrates the dynamic manner in which COVID-19 pandemic impacts are continuing and having profound social and economic effects on the Cairns LGA. It raises significant issues of intersectionality and inequality, as precarity, risk and harms are experienced unevenly across the Area. Given these levels of disparity, future interventions need to be focused on inclusive development as social disadvantage hinders economic and community development.

Introduction

It has been twenty months since the World Health Organization (WHO) declared the Coronavirus Disease 2019 (COVID-19) as a pandemic on 11 March 2020 (WHO, 2020). Since that time COVID-19 has continued to spread with multiple threats to lives, livelihoods and communities. The number of people who have contracted the disease has continued to rise in Australia and overseas. The table and diagrams below provide a comparison of these numbers between September 2020 and November 2021.

Location	Overseas acquired	Locally acquired	Active cases November 25 2021	Total Recovered	Total Active cases September 25 2020	Total Cases November 25 2021	Total deaths
Cairns and Hinterland	39	13	0	74	NA	74	0
QLD	1,541	537	3	2,102	1,153	2,117	7
NSW	3,728	76,822	2,667	77,697	4,217	80,681	625
VIC	1,236	69,925	10,276	105,344	20,118	116,189	1,313
ACT	98	1,997	177	1,904	113	2,095	14
Australia	8,594	149,897	13,190	190,460	27,000	203,650	1,978
Worldwide			19,824,289	235,256,250	31,195.050	260,311,551	5,199,480

Source: Australian Government, NSW Government, Qld Government, Vic Government, QLD Government, Worldmeter

Table 1: COVID-19 Case Numbers as at 25 November, 2021.

COVID-19 at a glance 25 September 2020, provides a breakdown of COVID-19 across Australia across a range of indicators.
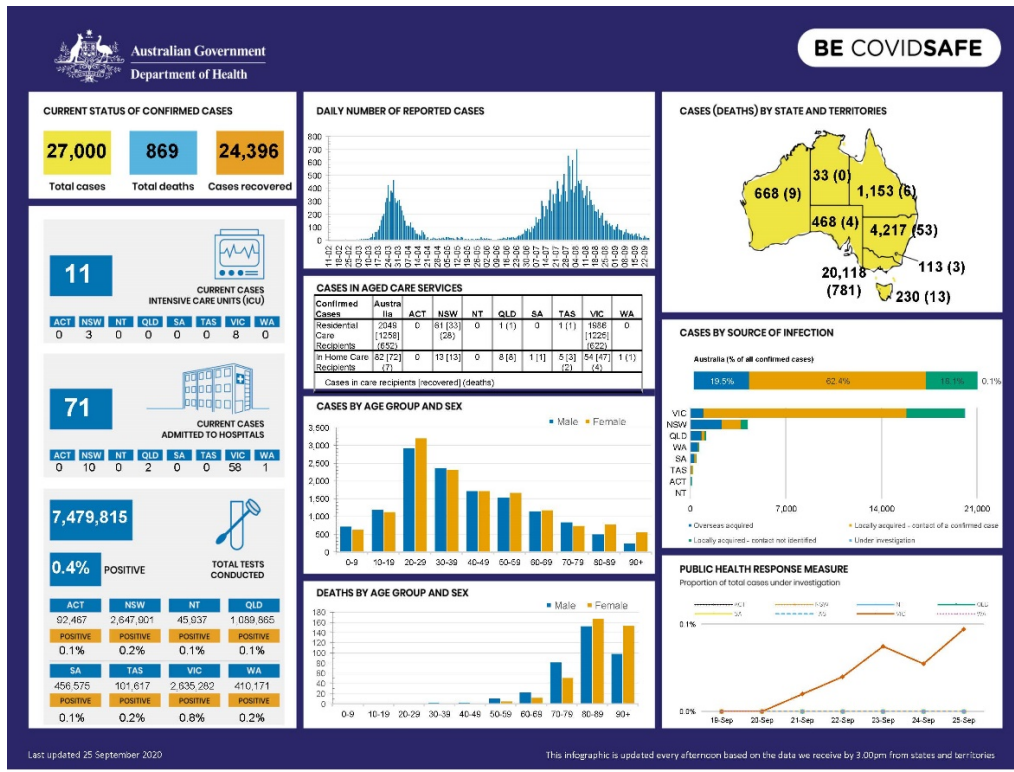

Diagram 1: COVID-19 at a glance 25 September 2020 Source: Department of Health

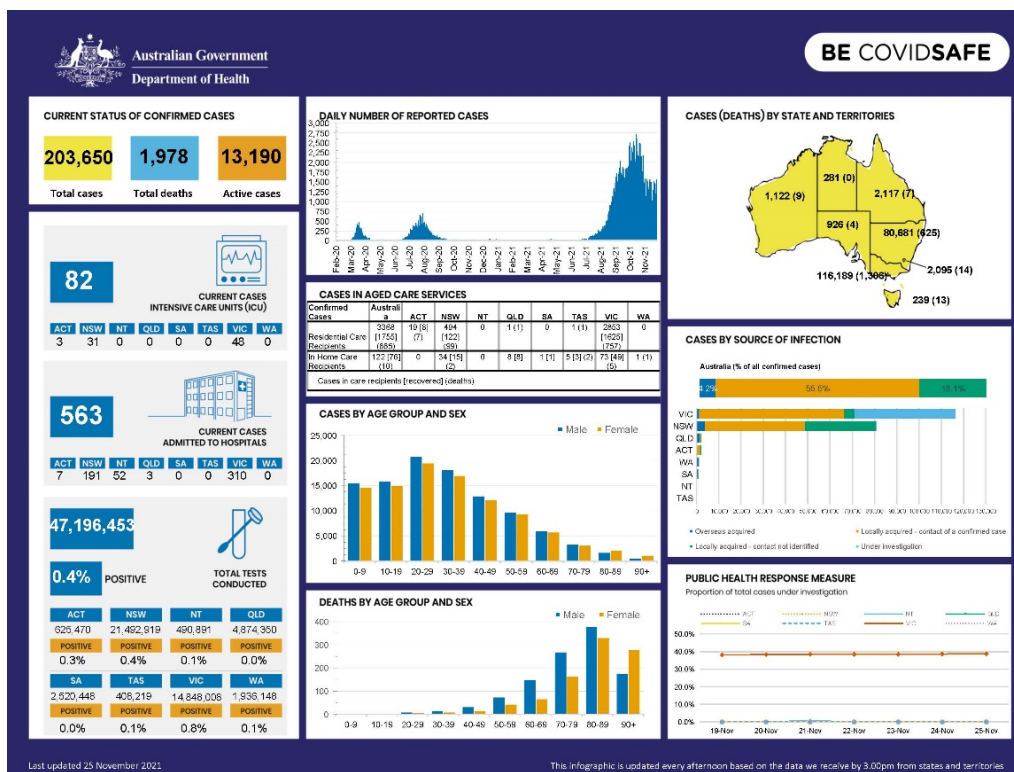COVID-19 at a glance 25 November 2021, provides a comparison against 2020.

Diagram 2: COVID-19 at a glance 15 November 2021 Source: Department of Health

The number of people with COVID-19 in Australia, has increased manyfold in a period of one year from November 2020 to 2021. Cairns has had an increase of only one case, from 38 to 39 people with COVID in the same period. This has been coupled with efforts to increase vaccinations across Australia.
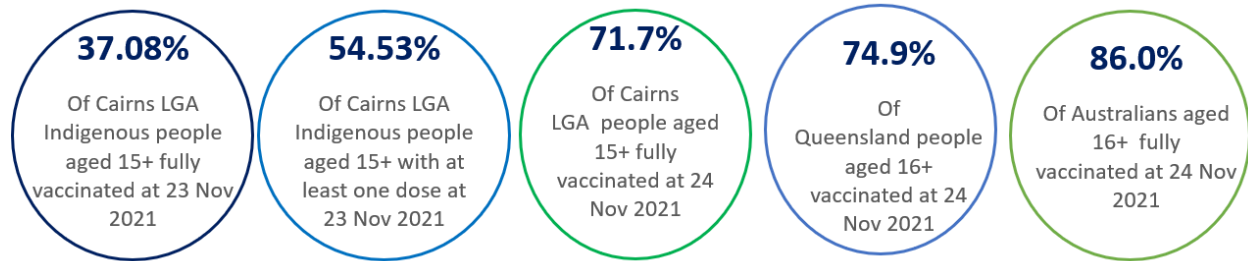
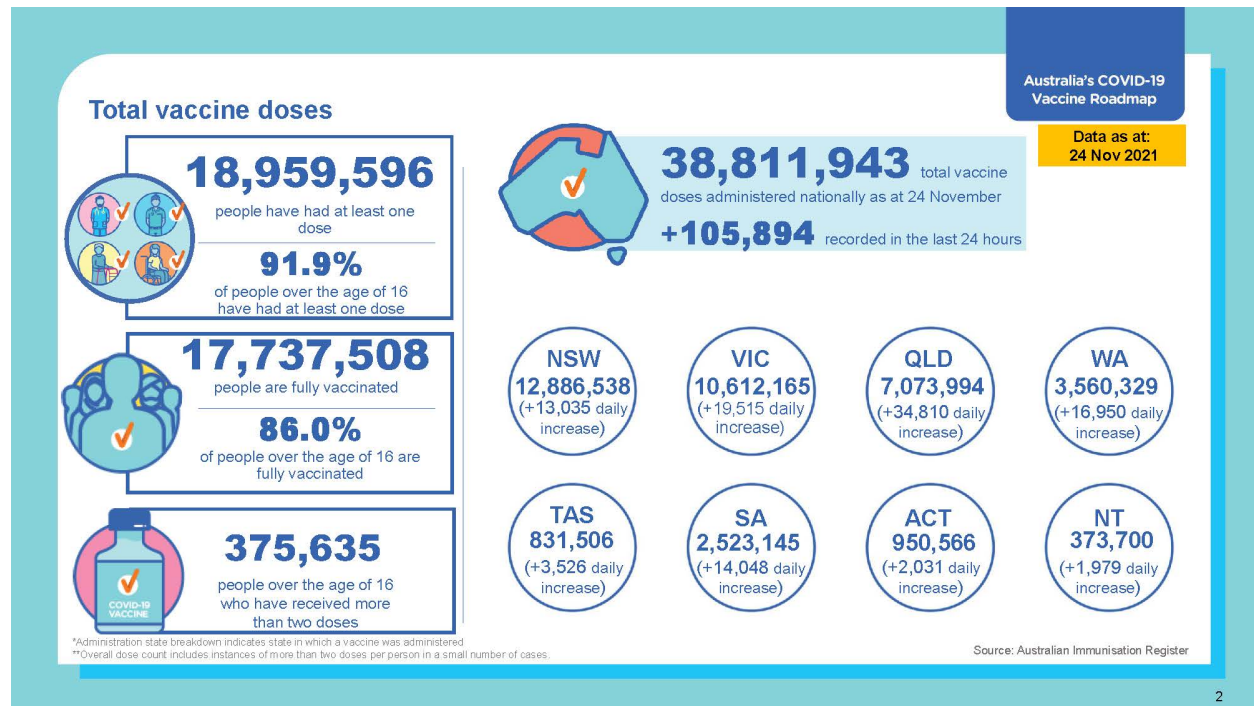| **37.08%** Of Cairns LGA Indigenous people aged 15+ fully vaccinated at 23 Nov 2021 | **54.53%** Of Cairns LGA Indigenous people aged 15+ with at least one dose at 23 Nov 2021 | **71.7%** Of Cairns LGA people aged 15+ fully vaccinated at 24 Nov 2021 | **74.9%** Of Queensland people aged 16+ vaccinated at 24 Nov 2021 | **86.0%** Of Australians aged 16+ fully vaccinated at 24 Nov 2021 |

Diagram 3: Vaccine Rates snapshot

Diagram 4 Australian Vaccination Rates. Source Australian Department of Health

The Cairns region has experienced two COVID-19 lockdowns, one initially in March 2020 when the pandemic was declared. The second was a three-day snap lockdown during 8-11 August 2021, which was lifted following no further infections in the community.

Although the number of transmissions of the virus has been limited in the Cairn LGA, the COVID-19 pandemic has exposed people to a complex range of challenges and stressors. The impacts of the pandemic are not experienced uniformly and are amplified by social and economic vulnerabilities, labour market structures, the precarious nature of employment in some industries and pre-existing inequities. Following any shock to a community, the ability to adapt and be resilient in the long run is often shaped by its underlying strengths, vulnerabilities and capacities. A snapshot of the community profile in 2021 is

presented in the following diagram which shows some of the key local social and economic indicators. These complement other indicators that were identified in the COVID-19 Rapid Social Needs Assessment undertaken in May 2020 (Babacan et al., 2020) (see below). The data provides a snapshot of key aspects of society. Of note is the level of employment, unemployment (including high youth unemployment), and comparatively high median rents and levels of domestic and family violence compared to Queensland averages.

The Socio-Economic Index for Areas (SEIFA) measures levels 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 scores were 1000 and 1001 respectively in 2016. The Cairns SEIFA score is lower at 980. Many suburbs of Cairns are below the national score of 1000, with some areas significantly lower - for example Manunda at 829 and Manoora at 795 (ABS, 2016). The SEIFA index is critical as it provides a baseline for the existing inequities in the Cairns LGA and how COVID-19 may vary in impact on different suburbs.
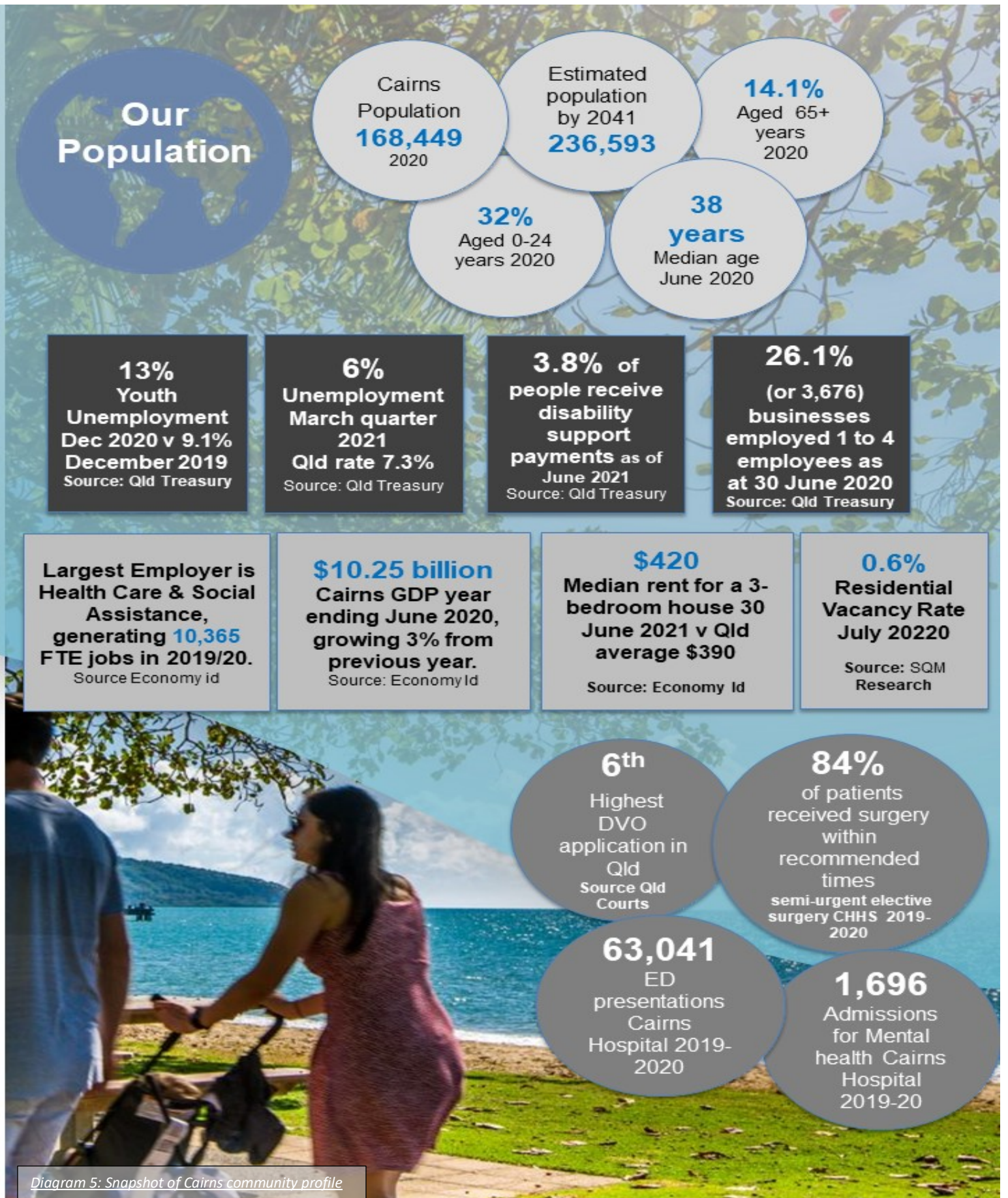
Our Population

Cairns Population 168,449 2020

Estimated population by 2041 236,593

14.1% Aged 65+ years 2020

32% Aged 0-24 years 2020

38 years Median age June 2020

13% Youth Unemployment Dec 2020 v 9.1% December 2019
Source: Qld Treasury

6% Unemployment March quarter 2021 Qld rate 7.3%
Source: Qld Treasury

3.8% of people receive disability support payments as of June 2021
Source: Qld Treasury

26.1% (or 3,676) businesses employed 1 to 4 employees as at 30 June 2020
Source: Qld Treasury

Largest Employer is Health Care & Social Assistance, generating 10,365 FTE jobs in 2019/20.
Source Economy id

$10.25 billion Cairns GDP year ending June 2020, growing 3% from previous year.
Source: Economy Id

$420 Median rent for a 3-bedroom house 30 June 2021 v Qld average $390
Source: Economy Id

0.6% Residential Vacancy Rate July 20220
Source: SQM Research

6th Highest DVO application in Qld
Source Qld Courts

84% of patients received surgery within recommended times
semi-urgent elective surgery CHHS 2019-2020

63,041 ED presentations Cairns Hospital 2019-2020

1,696 Admissions for Mental health Cairns Hospital 2019-20

Diagram 5: Snapshot of Cairns community profile

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Cairns Regional Council (CRC) has been proactive in developing local responses to COVID-19 and in building an evidence base to guide recovery strategies for the Cairns LGA. In May 2020, CRC partnered with James Cook University (JCU) to undertake a COVID-19 Rapid Social Needs Assessment (RSNA). The project aimed 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. The *Cairns COVID-19 Local Recovery Plan* finalised by CRC in August 2020, identified that the "impacts of the pandemic in Cairns will be greater in severity and the likely recovery times longer in duration, than for other regions in Australia" (CRC, 2020:16). The Recovery Plan also recognised that recovery is regionally owned and many stakeholders contribute to its implementation. Within the Plan, the Cairns COVID-19 human and social recovery actions focus on strengthening social cohesion and capital, building adaptive capacity (including self-reliance) and reducing vulnerability. The initiatives are underpinned by the principles of community-led, place-based, strengths-based and equitable as key attributes of building community and social resilience (CRC, 2020).

Evidence indicates that the Cairns region is continuing to experience significant challenges due to COVID-19. The effects of COVID-19 are creating both new social challenges and further compounding pre-existing conditions to effect levels of community wellbeing. This includes the cross-cutting effects of high unemployment, housing availability and affordability and the paring back of COVID-19 related welfare supports. In addition, health and social services report an increased prevalence of the 'Toxic Trio' of substance abuse, domestic violence and mental health affecting the healthy functioning of families (CRC, 2021).


Diagram 6 QPS offences by type 26 November 2020 to 27 November 2021 Cairns LGA. Source: QPS
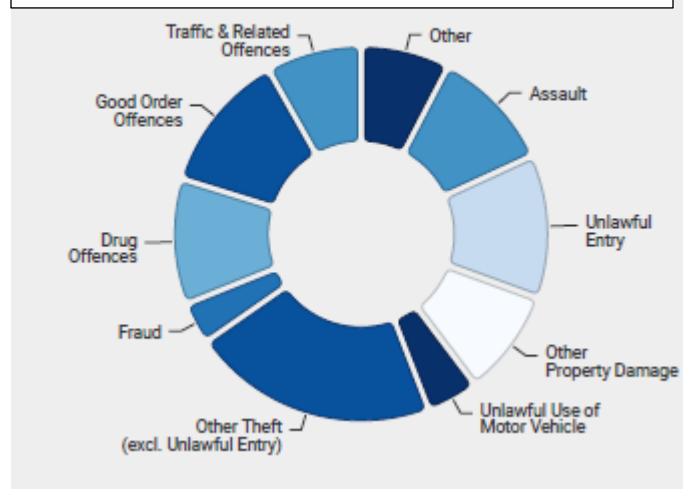
QPS reported a total of 20118 offences for the Cairns LGA between 26 November 2020 and 27 November 2021. 2187 offences were drug offences 2126 were assaults (see diagram 6 for more details). In the Cairns region there are high levels of drug and alcohol use. In 2018, 30% of people in the Cairns region had risky drinking patterns compared to the Queensland average of 22% (PHN 2019, 2018). The strong linkages between drug and alcohol use with domestic and family violence, poor health outcomes, low socio-economic disadvantage, child neglect and family breakdown are well recognised (PHN, 2018).

The Cairns Magistrate Court was the 6th highest in Qld for Domestic Violence Order (DVO) applications in the 2020/21 period. Additionally, there was a 12.52% increase in contravene DVO charges lodged from the previous year. In 2019/20 Cairns Regional Domestic Violence Service (CRDVS) received 980 referrals from Queensland Police Services (QPS) an average of 81 a month up by 19% from previous year. In

2020/21 CRDVS received 1,392 referrals from QPS, an average of 116 a month and an increase by 42% from the previous year.
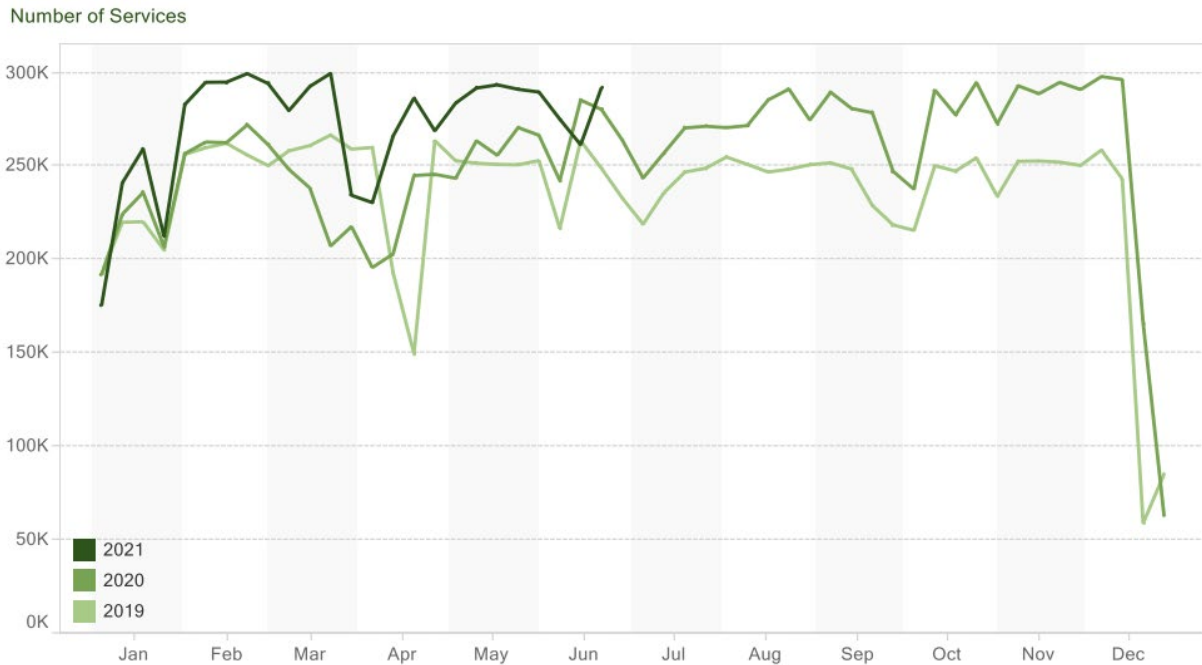
Number of Services

Diagram 7: National number of MBS mental health services, by week of processing January 2019 – June 2021 Source AIHW 2021

COVID has the potential to exacerbate long term mental illness and evidence suggest that there has been heightened psychological distress during the pandemic. Current mental health data is not readily available for Queensland. The Chief Health Officer's The Health of Queenslanders 2020 report identifies that approximately 20% of the population in Cairns and Hinterland region had self-reported mental health and behavioral problems. This aligns with national COVID-19 national household survey which found that while one in five (21%) reported their mental health as fair or poor and 22% reported their mental health in January 2021 as worse or much worse than before the introduction of COVID-19 restrictions in March 2020 (ABS, 2021a). 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 then the State (14.4 per 100,000) with 16.4 per 100,000 being the Queensland average (PHN, 2019:33).

This report brings together the findings from recent research undertaken by CRC and JCU. It provides an integration and summary of the research and outlines the findings from two surveys conducted in 2021 - the Pulse of the Community Wellbeing Survey and the COVID-19 Cairns LGA Three-Day Snap Lockdown Survey. The report concludes with some overarching recommendations to guide future strategic interventions.

Taking Stock: Research to date on the social and human impacts of COVID-19 in the Cairns LGA

The COVID-19 RSNA (2020:9) identified that there are significant gaps in our understanding of the effects of the pandemic on the Cairns region. It noted that there was 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 persons, and culturally and linguistically diverse communities. The shocks to the region's economy, particularly key industries such as tourism and education, and the flow on social impacts related to employment and financial hardship had been largely unexplored. The impacts of social distancing, isolation, uncertainty and limited access to services were unknown. These areas and their interrelated effects remain key areas for further exploration to guide future response and recovery efforts.

In addressing the knowledge gaps, CRC and JCU have collaborated on several studies examining the impacts of COVID-19. This section provides on overview of the findings of these studies and their key recommendations.

1. Cairns COVID-19 Rapid Social Needs Assessment[1] (RSNA, Babacan et al., 2020) identified that in July 2020, the COVID-19 pandemic had a significant impact on the economy and the social and emotional health of the Cairns community. It highlighted the pandemic's first-time effects on many sections of the community and the disproportionate impacts on more vulnerable groups. The key impact areas included:

- *Employment – unemployment:* loss of jobs, reduced hours of work, insecurity of employment, reduced wages, working from home arrangements.

- *Financial distress:* creating acute hardship for families and individuals in meeting their needs and on businesses via contraction through the multiplier effect and lack of injection of spending in the economy and creating hardships for small businesses in particular.

- *Housing and homelessness:* 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.

- *Mental health:* including 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.

- *Digital connectivity:* 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:* both positive and negative. Positive impacts included compassion for the plight of those affected, helping family and friends in distress, support for vulnerable persons, neighbourly

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[1] Babacan et al (2020) Cairns Local COVID-19 RSNA, available at https://www.cairns.qld.gov.au/__data/assets/pdf_file/0008/398204/CRC-Covid-Rapid-Social-Needs-v.5-22-Sept-2020.pdf

behaviour, volunteering, acting selflessly and charitable giving. Negative aspects included discriminatory attitudes toward Asian communities, negative comments to services staff (seen as at risk of spreading the virus), large families feeling discriminated by limit on groceries that can be purchased at any one time, mistrust of government, and disagreements about easing of restrictions.

- *Information and communication:* challenges including overwhelming and contradictory information, misinformation, lack of translated materials, lack of access to information for people with literacy and English language skills, and timeliness of information.

- *Domestic and family violence (DFV):* with intensification of violence, first time DFV in the household, weaponization of COVID-19 by perpetrators and women and children being trapped during lockdowns.

- *Supply chain impacts*: disruptions for many goods and services, panic buying and lack of personal protective equipment (PPE).

The study drew attention to the newly at-risk populations. Service agencies identified new clients, many accessing welfare assistance for the first time. The key areas of 'first' for many included applying for Centrelink payments, accessing foodbanks, seeking financial support, being unable to pay rent, mortgage or other debts, using mental health services and experiencing domestic and family violence. The study participants reported having feelings of shame connected with seeking support, sadness, grief, fear, anxiety and a sense of helplessness. Navigating new and complex service pathways, especially through digital mediums, added to the overall distress.

The top ten priority areas identified as critical in terms of short to medium term response and recovery included:

1. Strengthen support to vulnerable and disadvantage groups.
2. Improve coordination and governance arrangements, particularly in the context of place and the management of disadvantage, early childhood development and mental health.
3. Identify and target attention to risk and fragility.
4. Improve information flows and communication.
5. Build the capacity of the not-for-profit sector to respond to needs from COVID-19.
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 in information and knowledge transfer.
10. Improve economic development in economically marginalised places.

The study made six recommendations for the short term (six months) including addressing immediate needs of those at risk, addressing coordination and planning challenges for providing community and social services, undertaking advocacy to different tiers of government around needs, strengthening institutional capacity of services to respond, addressing information and communication challenges, and addressing knowledge and data gaps and capturing learnings.

2. COVID-19-Medium-Term Needs Assessment: Case Study Findings (Babacan and McHugh, 2021). This study was conducted in July 2021 to explore the continuing impacts of COVID-19. Utilising a case-study methodology, the study provided an in-depth consideration of the impacts on individuals and families since the start of the pandemic, delving into how individuals and families were faring 16 months on from the start of the pandemic. The aims of the case study were to:

i. Identify the ongoing impacts of COVID-19 on residents in the Cairns Local Government Area (LGA).
ii. Gather evidence of adaptive capacity and community-led innovations at an individual, household or community level.
iii. Inform the Recovery Plan tasks, timelines and identify future tracking improvements in wellbeing.

Eight individuals were interviewed using semi open-ended questions. The participants included a cross section of the Cairns LGA population and were identified using a purposive sampling method. The participants comprised men, women, participants from different age cohorts, Indigenous participants, culturally and linguistically diverse participants, and residents in different parts of the Cairns LGA.

The case studies revealed ongoing impacts on individuals, families and communities, many consistent with previous research findings. The key impacts identified by participants in July 2021 are summarised in the following table.

Impact Area	Ongoing impacts
Economic, Financial and Employment Impacts	●Difficulties of finding employment. Some people are still experiencing difficulty finding appropriate and adequate employment, and underemployment is prevalent. ●Positive impact of intervention programs for long-term recovery and adaptability e.g. JobKeeper, small business grants and industry support grants. Severe consequences at household and small business level when discontinued. ●Ongoing financial difficulties and making ends meet. ●Housing affordability is a major source of stress. ●Challenges of attracting staff and finding the right people with appropriate experience and skills. This is compounded by the shortage of affordable rental accommodation. ●Uncertainty for the future causing people to be risk averse, spending less and being more cautious about where their money is invested. ●Some innovation and pivoting of small business taking place, but the overall environment prevents significant returns on effort. This is coupled with a risk averse approach to business decisions due to uncertainty. ●Some industries have not fully recovered, with only part-time work being offered. People are forced to take second jobs or leave the industry. In some industries with workforce shortages, re-training and upskilling has been required.

Future Outlook	●Feeling insecure and vulnerable and loss of confidence in the world. Many noted while they were generally optimistic, they felt more cautious and uncertain. ●Uncertainty and the lack of ability to move forward and make long-term business and/or personal decisions as COVID-19 uncertainty continues. ●Some looking to relocate in the belief that Cairns does not present much opportunity/support for them.
Access to Services and Support	●Feeling isolated and not supported due to lack of access to services and disconnection from support services. ●Sense of isolation in dealing with major issues such as caring for a person with a disability and domestic and family violence. ●Lack of appropriate social service and carer support. ●Lack of awareness of cost-free support, such as mental health helplines, or stigma associated with asking for help.
Social Connectivity & Isolation	●Sense of less social interaction across friends and family networks. ●Separation from family members and not being able to see family members interstate or overseas. ●Increased volunteering in the community by some segments helping people to cope with the pandemic, providing a sense of connection with community, and supporting others who are facing worse impacts. Those at risk were restricted in participating in social events, particularly volunteering.
Health and Wellbeing	●Ongoing mental health issues with anxiety, worry and fear. ●Underlying health conditions are exacerbated. ●Lack of access to doctors, longer waiting periods for GP appointments and many clinics not taking in new patients. ●Significant wait lists for some allied health services including specialist counselling and child and family therapeutic services. ●Increased addictive behaviours, including consumption of alcohol and gambling continues across some groups. ●Increased intensity, complexity and/or frequency of domestic and family violence is continuing.
Housing	●Availability and affordability issues in rental accommodation. ●Severe shortage of affordable rental properties for many. ●Impacts on small businesses and human and social services seeking to attract staff with the right skills and experience to the region. ●Housing affordability a major source of financial distress on households.
Supply Chains and PPE	●Fear for COVID-19 safety in work and social environments. ●Some ongoing supply chain issues around particular items. ●PPE is available, but people are stocking up just in case.

Table 2: Summary of continuing impacts of COVID-19 (July 2021)

Insights were gained into absorptive and adaptive capacity of individuals, households and communities. The areas of adaptive capacity show the resilience of individuals and households as follows.

• Making agile and quick decisions about the changes and how it is affecting their lives.
• Identifying and addressing their issues at multiple levels - individual, family, community - and across different issues (economic, health, social).
• Showing critical thinking about and analysis of the situation as it has unfolded over the last 18 months.
• Developing new skills sets and acquiring new knowledge.
• Building new support networks.
• Incrementally taking risks, problem solving and adjusting their affairs.

Adaptation to change and innovation were demonstrated in relation to livelihoods, including budgeting, prioritising expenditure, finding alternative employment options, growing vegetables, bartering, diversifying small business offerings and training. Other areas of change and innovation included health and wellbeing, accessing safety information, finding ways of overcoming isolation, securing accommodation options and improving digital connectivity and skills.

The study makes five recommendations:
1. Strengthening micro-economic resilience at the household level.
2. Addressing employment effects, particularly precarious employment conditions.
3. Developing a psychological resilience mindset and offsetting the profound impacts of mental health and insecurity.
4. Strengthening service supports.
5. Ongoing research and use of learning to inform appropriate intervention strategies.

The study points to different levels of resilience: i) absorptive coping capacity (persistence); ii) adaptive capacity (incremental adjustments) and iii) transformative capacity (transformational responses) (OECD, 2014). The evidence from the study identifies that the participants demonstrate absorptive and adaptive capacity and that more work needs to be done towards transformative capacity for long term sustainability.

3.Health and Social Service Agency Responses: Updated Findings (Babacan and McHugh, 2021a). The Rapid Social Needs Assessment conducted in 2020 (Babacan et al. 2020) identified the key issues for health and social services in responding to COVID-19. It identified key challenges in health and social service agencies and service providers' capacity to respond quickly to emerging and ongoing client needs, business continuity planning challenges and digital access capabilities of staff and clients. Additionally, agencies had to try and manage the disproportionate impacts of COVID-19 on clients who faced structural inequalities, as well as problems of access to personal protective equipment and current information, lack of relevant data and challenges of coordination.

Sixteen months after that study, selected health and social agencies were contacted in July-August 2021 to identify mid-term impacts and identify issues and changes. Six health and social services organisations were contacted and in-depth interviews were held with each. The organisations covered domestic and family violence services, mental health services, youth services, welfare and housing services and social support services during disasters.

Service agencies identified that COVID-19 impacts are ongoing and include:

- Continuing high demand for food banks and material supports with increased or consistent numbers of clients seeking support, indicating vulnerability in food security and meeting basic needs.
- Supply chains are still strained. While PPE is available there is anxiety about supply chains, with perishable and food items in particular, having to come in from Brisbane. Services identified that there were difficulties in accessing certain goods at times, including medicines.
- All organisations identified that housing needs, extending to a wide range of accommodation options, have intensified since COVID-19 with words used to describe the escalating situation including 'housing crisis' and 'disaster'. Significant increases in the need for different and affordable housing accommodation options was identified, including crisis, social and transition housing and private rentals. Some agencies have had been forced to prioritise clients in terms of service provision due to an increase in demand.
- There is an increase in the severity and the complexities of domestic and family violence experienced by clients, including housing, employment and financial stress. This has been accompanied by a reduction in space in shelters as they comply with social distancing rules. The closing of borders and local government area lockdowns has meant that people who may want to leave a domestic and family violence situation have fewer options and can be cut off from support from family and friends in other areas or states. The weaponisation of COVID-19 continues in a family and domestic violence context, with some parents threatening to expose children to COVID-19 or not believing in the disease or its impact and refusing to take precautions.
- Agencies had mixed responses in relation to employment. Some agencies pointed out that while unemployment rates had gone down, this is not across the board in all sectors of the labour market. For example, there were not enough entry level jobs for school leavers or young people due to the loss of jobs in hospitality and tourism industries, even if they have completed re-training. There were significant barriers to entering the workforce for young people and the difficulty of re-training for people in specific industries is declining due to COVID-19. Examples were provided of young displaced from tourism and hospitality not being able to move into industries. Others identified that due to a lack of backpackers and seasonal workers, there was casual and seasonal work available in some industries, such as horticulture, but that this is not being taken up by young people. Career pathways and more secure employment options were limited and some argued that there were hidden levels of underemployment, casualisation and greater job insecurity across the region.
- Financial insecurity was identified as an ongoing constant with impacts felt across all elements of life, including food security, housing and transport. The financial challenges contributed to a significant mental health burden and feelings of anxiety, worry and fear. Financial stress was also identified as a factor in the intensification of domestic and family violence.
- Mental health was identified as a significant ongoing impact from the health and human service agencies who took part in the study. The impacts identified included anxiety fear, depression and a sense of insecurity. Some of the stressors that were mentioned by services included anxiety about

taking time off work due to COVID-19, reduced employment options or hours, future financial outlook, decisions around vaccinations, impacts of COVID-19 on the health of children, and restrictions on travel to seek/provide support from/to family members. Drug and alcohol use increases were also identified as contributors to mental health challenges. Access to mental health services were identified as a major challenge, including difficulty of access to psychologists and social workers.

Services identified the difficulty of supporting clients with mental health needs as follows.

- o Inability to access or difficulties in accessing mental health services.
- o Professional support, not being able to provide face to face outreach.
- o Not being able to run group therapies that also addressed isolation.
- o Challenges in forging connections during lockdowns.
- o Not being able to have outings due to limits on buses and transport and limitations on other group activities that provide mental health support.

- Need for updated and current information relating to COVID-19 in languages other than English was identified by several providers. There was also a lack of adequate information for culturally and linguistically diverse populations and access to supports in responding to key questions relating to vaccines, impact on children, self-isolation, travel and quarantine.to buy.
- Social isolation was a major issue for diverse cohorts of people, including older adults, people with disabilities, carers and mothers at home with young children. Access to family members in other states and Aboriginal and Torres Strait Islanders unable to travel to the Cape and Torres Straits to see family members was mentioned by a number of services.

The participants noted that there was some difference in the scope and nature of current impacts compared to those of the initial lockdown in March 2020. Service clients identified the key differences from early/mid 2020 until August 2021 as follows.

- Staff and clients are now more familiar with what to do and how to respond.
- In 2020, people were reluctant to go out and it was possible to get appointments from professionals. The current challenges (in 2021) related to the difficulty of getting appointments from GPs, psychologists and allied health professionals were identified, with major wait periods.
- The cessation of JobKeeper has had significant impacts on some clients. The lack of additional payments such as Jobkeeper has meant people did not have additional funds to buy essential needs or invest in digital devices to facilitate access to services or information.
- Clients are now able to access information, or if they could not access it themselves, they asked for help from service providers.
- There is no shortage of personal protective equipment (PPE) with products such as masks and hand sanitizer being readily available.
- Services are now able to quickly pivot and set up alternatives including digital, online options.
- Staff and clients have less perceived fear of COVID-19 with a better understanding of what to do and clearer communication from the Government about its spread.
- The organisations have stricter COVID-19 compliance measures and business continuity plans are adjusted.

- Better coordination across all parts of the sector (community organisations and agencies), particularly facilitated by the Human and Social Sub-Committee of Cairns Regional Council, which is good for high level information sharing.

Health and social service agencies were asked to rank perceptions of change in the experience of their clients and community from April 2020 to August 2021 due to COVID-19. They were asked to consider changes in improvement or otherwise in different areas of life on a scale of 1 being the 'worse off' to 5 'best off'. Table 3 provides the average scores of responses from the agencies.

	April 2020	August 2021
Sense of insecurity	**2.0**	**2.6**
Sense of safety including DV	**2.3**	**2.6**
Mental wellbeing	**2.0**	**2.3**
Physical health	**2.6**	**2.6**
Employment	**2.3**	**3.0**
Housing	**2.6**	**2.3**
Financial security	**2.3**	**2.0**
Family relationships and isolation	**2.6**	**2.0**
Digital access, affordability and ability	**2.6**	**3.0**
Accessing community support and information	**2.6**	**3.6**
*Scale range from 1 worse off to 5 being best off		

Table 3: Perceptions of changed impacts of COVID-19 from 2020 t0 2021

None of the respondents have said there is significant improvement in any of the areas of focus, with the scores mainly ranging in the scale 2-3. Financial security, housing and family/relationships and isolation were perceived to have deteriorated since last year. There were marginal improvements in sense of security and safety, mental health and digital access. Only two areas, digital access and accessing community support and information scored 3 or above. No area scored 4 or 5 which represents improvement or betterment. Overall, the services perceived that the negative impacts of the pandemic were continuing to significantly affect individuals and communities.

Ability of services to respond on a sustained basis was also identified. Organisations reported an increased level of caseloads, with some services identifying that they have waitlists for the first time in certain program areas. This was due to increased demand but also improved referral pathways due to coordination across agencies. The coordination effort, as outlined elsewhere in the report, improved due to Cairns Regional Council and other social service networks. The positive benefits resulted in better information sharing and also improved referral.

However, this also resulted in increased caseloads. The high caseloads were causing blockages across some parts of the service system. This was also made worse with waiting periods to access doctors and allied health specialists. Services identified that it was still not clear in many instances as to what constitutes an 'essential service'. There is need to undertake further work across the local health and social services sector to define this term within the context of the pandemic. Participants also identified increased stress on staff and others working in front line services due to greater caseloads and higher complexity of client needs that require increased levels of support and coordination. Types of service delivery, particularly online delivery, was seen as problematic and identified as often not meeting the needs of clients with complex high needs. This was exacerbated by digital challenges (lack of access, affordability and digital skills). Also, the difficultly of establishing 'relationship and trust-based' support via this mode of delivery was identified as being difficult, particularly with additional digital challenges. Some services identified that clients were not able to adapt to online service delivery. Organisations cautioned on the over-reliance on online and digital options and pointed out that while it facilitated many aspects of work and business, it also excluded many people. Services also reported reduced travel by staff to Canberra or Brisbane. They identified that this resulted in a lack of recognition of need in the region, an absence of advocacy and a lack of resources for place-based service options. Cairns Regional Council's work in the coordination of health and human service providers and information relating to the pandemic was appreciated. However, services identified the need for greater integrated options, across different stakeholders including government, service providers, and other agencies, for service delivery, developing specific actions for essential services, community/client support and joint strategic line of sight for action.

Participating organisations made recommendations for key areas of action. These included the following.

- The need to explore options/advocate for a discussion across the health and human services sector as to what constitutes 'essential service' during lockdowns and at different stages of the pandemic. It was suggested that the Department of Communities, Housing and Digital Economy may lead this body of work as the functional lead agency and key funder of support services. This was seen as valuable as we. This is particularly the case as we move toward COVID-Business as Usual (BAU), in which lead agencies are automatically standing up specific COVID responses. Develop options for integrated service delivery during the pandemic, improved connectivity across service providers and greater line of sight for the coordinated action needed.
- Discuss boosting digital access to vulnerable populations, particularly in view of services and government pivoting to online delivery, with telecommunications providers.
- Address the stressors due to the pandemic by increasing access to short and long-term accommodation options.
- Invest in bolstering supply chains and food insecurity risks due to COVID-19.

- Unpack the variable impacts of COVID-19 on the labour market and supporting those disproportionately impacted, including by way of short-term employment creation, entry level jobs and re-training options for those industries that may not recover from COVID-19 in the short or long term.
- Increase supports at the household level in areas such as financial support, support for students with schooling needs, information, and employment supports.
- Address access to health and medical services and reduce waitlists.
- Stimulate better research, data and information on the impacts of COVID-19, at a granular level.

These insights from health and social service organisations add to our multidimensional understanding of the ongoing impacts of COVID-19. The findings are supported by other sources of information, including case studies and surveys. There is significant work to be done in the future to continue to build resilient individuals and communities, while simultaneously improving the institutional and service structures. While the providers acknowledged that some in the community had a sense of things returning to normal, both the initial RSNA and this update found that COVID-19 has exacerbated and continues to exacerbate pre-COVID-19 issues and challenges in the Cairns community as well as generating new effects.

Insights from New Research

As the studies above highlighted, there are ongoing impacts and vulnerabilities of COVID-19 for individuals, households, industries and communities in the Cairns LGA. Cairns also acts as a hub to the surrounding LGAs in terms of services, administration, connectivity, transport and information.

CRC, partnering with JCU, undertook two online-surveys during June-August 2021. The surveys were as follows.

- *Pulse of the Community Wellbeing Survey* was administered online from 29 June 2021 to 3 August 2021. There were 602 responses received.
- *COVID-19 Cairns LGA Three-Day Snap Lockdown Survey* was administered online from 12 August 2021 to 31 August 2021. A total of 1475 responses were received.
- Additionally, there were 140 comments on the CRC Facebook website during August 2021, which provided further input from the community.

 The purpose of the surveys was to provide a snapshot in time from the perspective of residents to inform the following.

- Identify a baseline measure (particularly related to wellbeing and resilience), comparing where communities feel they have journeyed since the pandemic commenced and what support they predict will be required into the future.
- Synthesise the evidence of *adaptive capacity* at an individual, household, neighbourhood and community group level.
- Identify the challenges and impacts during lockdown periods.
- Provide future strategies to inform recovery and resilience planning.

The surveys were conducted using an online platform. The questions were closed ended questions canvassing a range of themes including employment, financial indicators, housing, social connectivity, health and wellbeing and future outlook. The questions for the surveys are presented in Appendix A. This section provides a summary of the findings from these surveys.

Findings: Pulse of the Community Wellbeing Survey

The analysis below is of data collected through the *Pulse of the Community Wellbeing Survey*. The survey was open for responses on the Cairns Regional Council website 29 June 2021 and closed 3 August 2021. There were 602 responses received.

Demographics of participants: Half of all survey respondents were aged 36-55yrs (50.5%).[2] Around one in six were aged 26-35yrs (17.8%) or 56-65yrs (17.3%), and one in ten 65+yrs (10.6%). A small percentage of respondents were aged 18-25yrs (3.5%). Around one in 10 respondents identified as being of a culturally and linguistically diverse background (11.1%). Smaller percentages of respondents identified as having a disability (4.5%) or as being Aboriginal and Torres Strait Islander (3.8%).

Residence: While there was a cross section of suburbs in the Cairns LGA, close to a third of all surveys (30.4%) were completed by residents in five suburbs - Redlynch, Mount Sheridan, Kewarra, Edmonton and Smithfield. Almost all respondents had been living in Cairns prior to March 2020 (95%).[3] Almost all respondents also planned to stay in Cairns for at least the next 12 months (92.7%). Those deciding to leave Cairns (44 respondents) were doing so for reasons that included relocation to be with family/a partner (11 respondents), feeling isolated from friends, family or networks (9) and not being able to find work or sufficient work hours (8). Other issues included not being able to find affordable accommodation (3) and health and wellbeing issues (2).[4]

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[2] This consisted of 24.3% of respondents aged 26-35 and 26.2% of respondents aged 36-45.
[3] 3.8% arrived between March 2020 and March 2021 and 1.2% after March 2021.
[4] 11 respondents selected 'other' for this question, referring in their responses to 'crime rate', 'not enough police' and 'having bought a home elsewhere'.

Reasons for leaving Cairns (44 respondents)

Legend:
- I am relocating due to family or partner
- I feel isolated from family, friends or networks
- I am unable to find work
- I am unable to find afforable and secure housing
- I am leaving because of health and wellbeing issues
- I am unable to find work with enough hours

Pie chart values: 25%, 25%, 5%, 4%, 7%, 14%, 20%

Diagram 8: Reasons for leaving Cairns

Overall COVID-19 Impacts: Respondents were asked to identify how their current overall situation had been impacted by COVID-19 challenges. A majority of responses pointed to a negative change or no change in circumstances. Only a small proportion of respondents (overall 11.7%) identified their current overall situation due to COVID-19 challenges as better off ('somewhat better' 8%; 'much better' 3.7%). A higher proportion of respondents (a total of 45.7%) identified their current overall situation as worse, including 'somewhat worse' (32.1%) or 'far worse' (13.6%). 40.7% of respondents identified their situation as the same.

Diagram 9: Overall COVID Impacts

(Bar chart categories: Better off, About the same, Worse off)
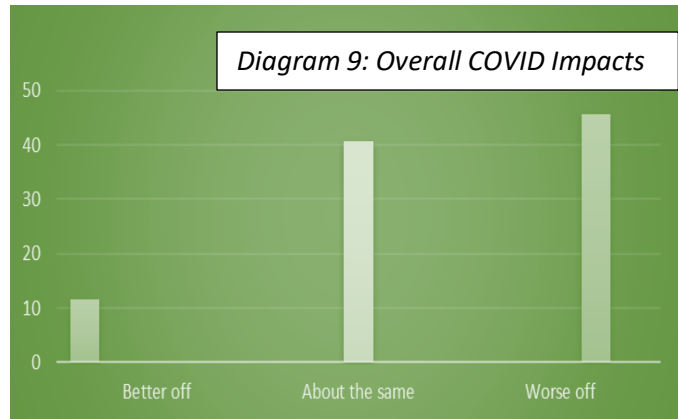
The survey sought a comparison between respondents' situation now and 12 months ago across several areas. Presented below are the areas in which participants identified being worse off.

In 2020 15% rated their situation in employment options as poor v 17.9% in 2021

Employment options 2.9%
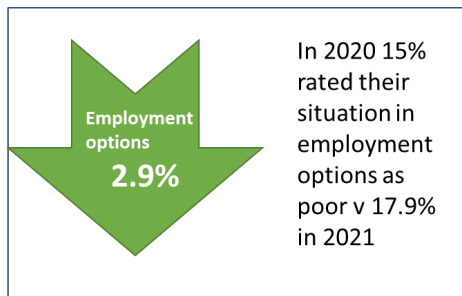
Employment: Respondents were asked about their employment status and the industry in which they were employed. 92.5% identified as employed while 6.7% were unemployed. Most frequently, employed respondents identified their industry of employment as government (20.2%), education (15.8%) and health (15.8%). These industries were followed by social and support services (10.8%), tourism (8.2%), hospitality (5.6%) and

retail (4.4%).[5] There was a slight negative change for respondents in terms of access to employment options/opportunities since the start of COVID-19. Respondents were asked to rate their situation in employment options/opportunities at the start of COVID-19 in 2020, with a rating of 1 being 'poor' and 5 being 'excellent'. The average rate recorded across all responses was 3.4. This rating decreased marginally to 3.2 across responses to a question asking about current employment options/opportunities. Further impacts on employment are revealed when asked about financial situation (see below). There were correlations with other questions, particularly relating to financial impacts, reflected in responses to other employment related matters such as reduced hours and training options. These included challenges relating to finding employment 'in my industry' (18.0%) and accessing enough work hours (14.7%), finding any type of employment (9.1%) and not having skills to find new employment (6.8%) was identified by respondents as key concerns.

Demonstrating the significance of COVID-19 impacts related to employment, of those ranking their current employment opportunities and options as 1, 36.5% also identified their situation as 'far worse' due to COVID-19 and 35.6% identified their situation as 'somewhat worse'. Conversely, 6.7% of those identifying their situation as 'much better' and 1% of those identifying their situation as 'somewhat better' also ranked their current employment opportunities and options as 1.

My income was reduced greatly when State Government closed borders on Vic and NSW

490 (81.4%) respondents identified the industry in which they worked. More common industries identified were education, government/administrative, health, hospitality, tourism, social and support services, retail, building/construction. Those working in these industries identified their *overall* situation since the start of COVID-19 as follows.

Since the Pandemic	About the same	Worse	Better
Education	43.0	45.6	11.4
Building (19 respondents)	10	6	3
Government/administrative	53.1	35.8	11.2
Health	50.0	36.8	13.1
Hospitality	25.0	60.7	14.2
Retail (21 respondents)	5	12	4
Social and support services	37.0	48.2	14.8
Tourism	17.9	77.0	5.2

Table 4: Respondent employment by industry during COVID-19

As can be observed from the data, for those employed in most industries, their overall situation was the same or worse.

Respondents also identified their current employment options and opportunities in 2021. Responses can again be compared across industries.

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[5] Note, 10.3% were employed in 'other' industries (those not listed), including the arts, finance etc.

In 2021	1	3	5
Education	11.4%	20.3%	25.3%
Building (19 respondents)	0	2	7
Government/administrative	9.9%	20.8%	36.6%
Health	6.3%	21.5%	48.1%
Hospitality	32.1%	14.3%	14.3%
Retail (21 respondents)	4	6	4
Social and support services	13.0%	35.2%	24.1%
Tourism	31.7%	22.0%	12.2%
Ranking of employment current options/opportunities in these industries is as follows (1 being poor, 3 being neutral, 5 being excellent)			

Table 5: Current employment opportunities and options

The data indicates that employment opportunities and options have slightly improved for education, building, government/administrative, health and social and support services. They have worsened for the tourism and hospitality industries while retail was identified as staying the same.

The impacts of COVID-19 were imposed over existing barriers in the labour market. Respondents identified numerous challenges in finding employment, including age discrimination, lack of Australian work experience and contraction of industry. Employment was a major determinant of staying in Cairns. Of those who stated they would be leaving Cairns, 18% were related to employment i.e. due to a lack of employment opportunities or inadequate hours of work.
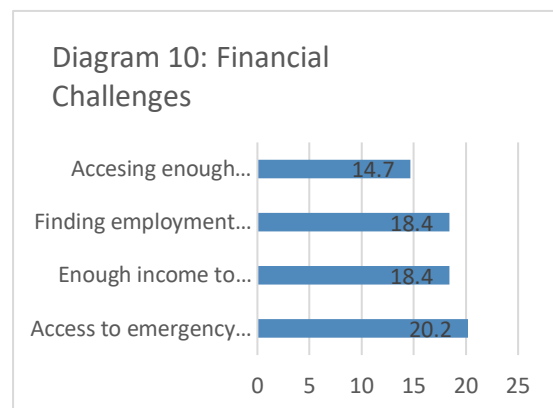
Not receiving job keeper put our small project-based business in jeopardy. Both suffering mental health due to this.

Impact on business as work is still significantly below pre covid levels.

Respondents were also asked to identify any impacts experienced due to the end of JobKeeper. One in five respondents (20.3%) identified that they had been impacted in this context. For those impacted, the most common issues identified were taking a cut in pay (26.7%), reduction in hours (18.3%), a partner losing their job (15.8%) and being 'let go' from work (11.7%). Other issues highlighted encompassed a pay cut/job loss for others (7.9%) (e.g. children moving back home due to losing their job and associated financial and other consequences (including increased intra-familial conflict)); and a lack of job security (5.3%) (including having to take employment in a new industry). Other impacts included negative effects on self-employment/business, having less money for basic needs, reduced motivation to work (which impacted on those respondents whose job it was to find employment for the unemployed for example, as well as on unemployed respondents) and an increased workload. Not being eligible for JobKeeper was also raised.

Diagram 10: Financial Challenges

Accesing enough…	14.7
Finding employment…	18.4
Enough income to…	18.4
Access to emergency…	20.2

Some respondents pointed to employment impacts on their family and community, including on friends at school, loss of jobs for family members and stress on the people around them.

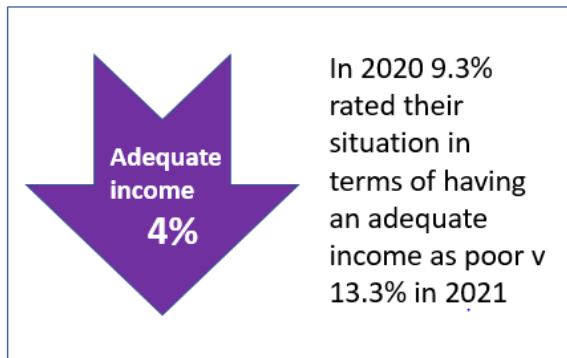*My son lost his job and he and his partner moved in with me. Lots of conflict ensued.*

Stress of people around me and uncertainty of long-term economics of region still heavily reliant on tourism.

No marked difference in access to education and training

Access to education and training: There was no marked difference for respondents between their access to education and training since the start of COVID-19 and at time of completion of the survey. Respondents were asked to rate their access to education and training at the start of COVID-19 in 2020. For those that responded to this question the most common option selected was 'adequate' (60.6%), followed by 'excellent' (25.4%) and 'poor' (14.0%). Responses provided in relation to current access to education and training were similar. The most common response was still 'adequate' (58.4%), followed by 'excellent' (25.7%) and 'poor' (15.9%).[6]

Adequate income 4%

In 2020 9.3% rated their situation in terms of having an adequate income as poor v 13.3% in 2021
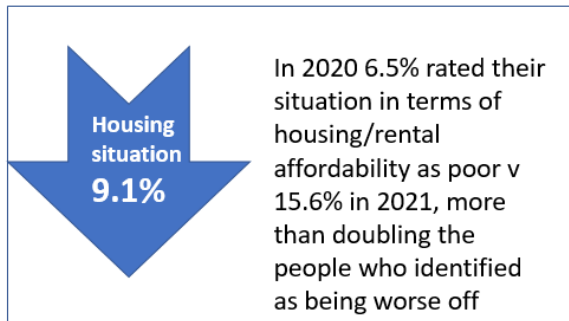
Adequate income and financial impacts: A significant 46.3% of respondents identified ongoing challenges related to finances and work with the majority (53.7%) identifying this question as 'not applicable'. The most common challenges identified were not being able to access $2000 in an emergency (20.2%), not having enough income to meet 'everyday household expenses' (18.4%), finding employment 'in my industry' (18.0%) and accessing enough work hours (14.7%).

Demonstrating the significance of COVID-19 impacts related to finances, of those ranking their current adequacy of income as 1, 44.9% also identified their situation as 'far worse' due to COVID-19 and 41.0% identified their situation as 'somewhat worse'. Conversely, none of those identifying their situation as better ranked their current adequacy of income as 1.[7]

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[6] 27.6% of respondents identified this question as 'not applicable'.
[7] This area (adequacy of income) had the second strongest correlation between a ranking by respondents of their current situation as 1 and identifying their situation as worse due to COVID-19. This correlation was stronger for health and wellbeing (above).

In 2020 6.5% rated their situation in terms of housing/rental affordability as poor v 15.6% in 2021, more than doubling the people who identified as being worse off
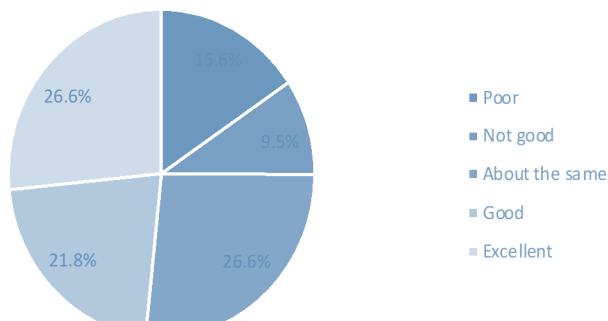
Housing: Respondents were asked to identify their current housing arrangements. Close to half of all respondents were living in their own home with a mortgage (46.7%). One in five respondents lived in their own home without a mortgage (20.3%). Close to a third of respondents were renting (21.7%) or 'living in rental accommodation with family' (6.3%). A small percentage were 'living at home with parents/carers' (3.2%), and a smaller percentage again were experiencing homelessness, including couch surfing (0.3%).

Between couch surfing and living with my parents. Lost my unit in COVID and although I'm not homeless I don't have a home. I stay with parents and friends, but I don't have my own place.

Diagram 11: Housing Affordability

Respondents were asked to rate their situation in housing/rental affordability at the start of COVID-19 in 2020, with a rating of 1 being 'poor' and of 5 being 'excellent'. The average rate recorded across all responses was 3.7. This rating dropped comparatively significantly to 3.0 in response to a question asking about current housing/rental affordability.

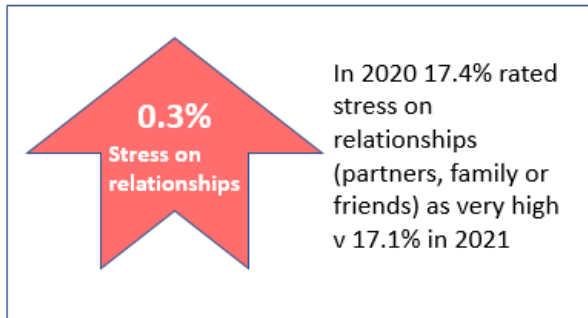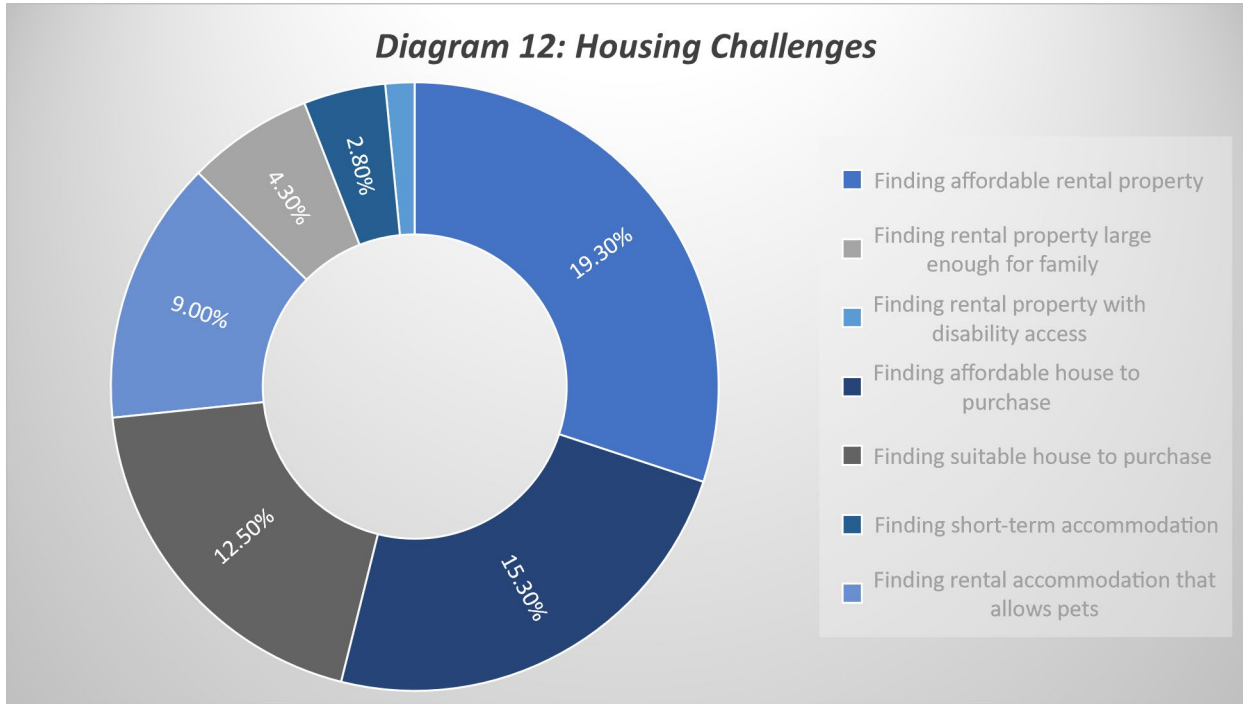The worsening housing situation since the pandemic is highlighted in other data. 6.5% of respondents rated their situation in affordability at 1 (worse off) at the start of COVID-19, whilst 15.6% rated their current situation at 1. Ongoing challenges related to housing and accommodation identified by respondents include finding an affordable rental property (28.7%),[8] finding an affordable house to purchase (21.9%) and finding a suitable house to purchase (due to size, location) (18.7%). Further challenges included finding a rental property that is large enough for the family (6.5%) and finding short-term accommodation (4.2%). One in ten respondents identified finding rental accommodation that allows pets as a challenge (13.5%). A small number of respondents (14) responded positively to a separate question asking if they had surrendered pets in the last 12 months.[9] Seven of these 14 respondents surrendered their pet due to a lack of pet friendly accommodation, four due to the cost of keeping their pet, and three for 'other' reasons. Other challenges were identified with housing. These included finding a rental property with disability access (1.5%) and a small percentage of responses identified 'other' challenges, predominantly related to other housing costs (cost of insurance premiums, rates etc).

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[8] Respondents sometimes highlighted problems finding *any* rental property, not just an affordable property.
[9] This constitutes 2.3% of all respondents. 82% of respondents identified not having to surrender pets and 15.7% identified the question as not applicable.

Diagram 12: Housing Challenges

Legend:
- Finding affordable rental property
- Finding rental property large enough for family
- Finding rental property with disability access
- Finding affordable house to purchase
- Finding suitable house to purchase
- Finding short-term accommodation
- Finding rental accommodation that allows pets

Pie chart values: 19.30%, 15.30%, 12.50%, 9.00%, 4.30%, 2.80%

0.3%
Stress on relationships

In 2020 17.4% rated stress on relationships (partners, family or friends) as very high v 17.1% in 2021

Sense of community, relationships and safety: Respondents were asked to identify what they most valued about living in Cairns in the past 12 months. The most frequent responses were 'living close to my family' (37.9%) and/or 'close friends' (28.4%), as well as 'relationships/connection with neighbours' (26.9%). In addition, having a 'strong sense of community and solidarity' (20.3%) and the 'generosity/kindness of my local community' (18.3%) were valued relatively highly. Also relevant, of the respondents that indicated they were going to leave Cairns, 25% were relocating to be with family/a partner and 20.4% were feeling isolated from friends, family or networks. Around one in five described feeling 'isolated from family and friends' (21.6%) and one in six did not feel connected to their neighbours (14.5%). A further small percentage described feeling unsafe due to 'conflict or violence at home' (2.0%).

Access to more structured activities providing connection with other community members was also seen to be of value. This included accessing 'local community, schools and social groups' (18.6%) and 'local sporting groups and recreational clubs' (16.9%), with a smaller percentage identifying access to 'spiritual and religious organisations' as of value (7.1%). Close to one in five respondents (18.6%) identified access to 'local community and social services' as valuable and a very small percentage (6.6%) identified 'confidence in community leadership' as of value. One in six respondents (15.1% or 89 respondents) selected 'other' in response to this question. These respondents identified nature and environment (23

responses), living relatively free from COVID-19 (16 responses), work,[10] lifestyle (both 10 responses), and the remoteness of Cairns (8 responses) as valuable. On this same note, respondents highlighted appreciating the remoteness of Cairns from other centres and being 'spared the brunt of the pandemic', having access to beaches, outdoor activities and healthier lifestyles.

In relation to those selecting 'other' (21 respondents) some responded with negative comments about life in Cairns, stating, for instance, that they were "*strongly disappointed by the community which claim Australians are so caring, respectful and here for each other"*.

I am concerned about when I get to see my family again and how my children's relationship with their grandparents and extended family has been affected.

Other data of relevance to sense of community/isolation include responses related to stress in relationships and a sense of safety. Respondents were asked to rate the stress of their relationships (with partners, family, friends) at the start of COVID-19 in 2020, with a rating of 1 being 'low' and 5 being 'very high'. The average rate recorded across all responses was 2.9. This rating increased very slightly to 3.0 in 2021.

Respondents were also asked to describe their feeling of safety (their own and that of the community) over the last 12 months. The majority indicated that they 'felt safe' in their local suburb (54.3%), whilst a sizeable proportion described feeling 'unsafe' due to 'crime or anti-social behaviour' (38.9%). Some commented on crime rates being potentially over-stated or at least, the fear associated with these rates as being unjustified.

A lot of violence around Cairns e.g. break ins.
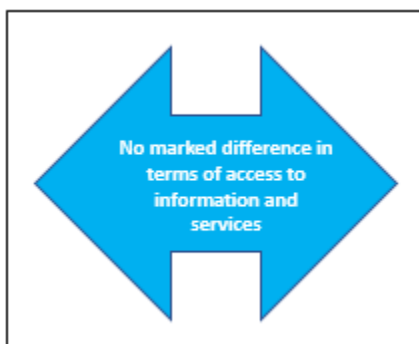
Access to information and services: There was no marked difference for respondents in terms of access to information and services since the start of COVID-19 and now. Respondents were asked to rate their access to information (such as health advice) and social services (help that's available) at the start of COVID-19 in 2020, with a rating of 1 being 'poor' and of 5 being 'excellent'. The average rate recorded across all responses was 3.5. This rating stayed the same for current access to information and social services.

Respondents were asked to identify whether they used online information, services and support. Three quarters of respondents used online information/services (75.7%) and the remaining quarter did not (24.3%). Those that didn't use online information/services preferred to access in-person information/support, for the most part (65.1%). Other reasons for not accessing online information/support
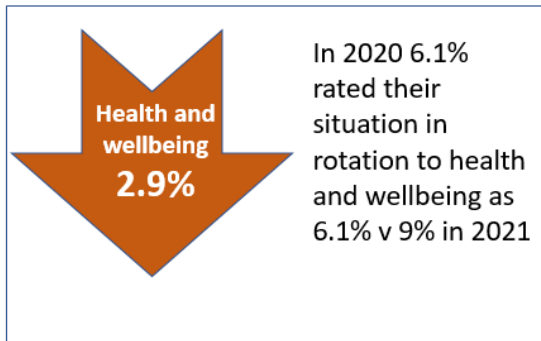
Very poor information online.

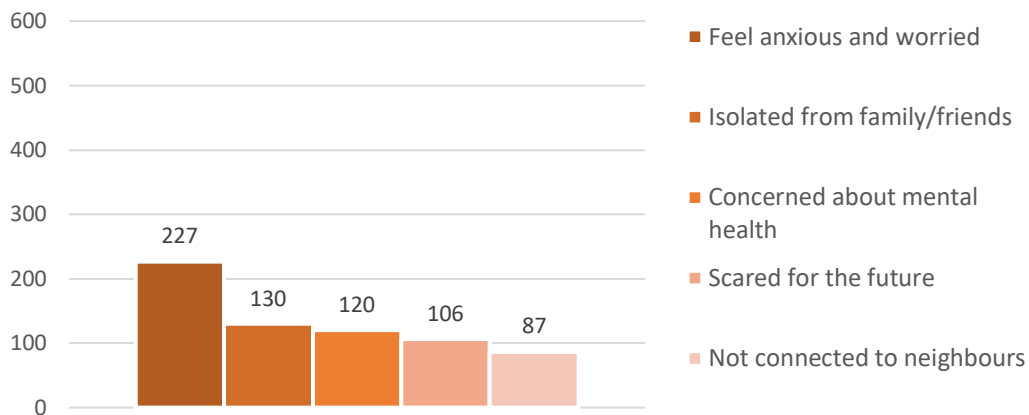*Are they trustworthy or promoting an agenda?*

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[10] In some cases, this referred to *having* to live in Cairns due to work commitments, and in others to valuing their work (that was in Cairns).

included not knowing where to look for help or support (19.9%), poor internet connectivity (6.8%), as well as not being able to afford to use the internet often (4.1%) or to have a device at home (3.4%). A small percentage did not know how to use the internet (4.1%). A sizeable proportion of respondents selected 'other' as the reason for not accessing online information/support (19.2%). These respondents referred to not needing support/information, poor quality of online information, language issues and lack of trust relating to the information or the source.

In 2020 6.1% rated their situation in rotation to health and wellbeing as 6.1% v 9% in 2021

Health and wellbeing 2.9%

Health and Wellbeing: Respondents were asked to rate their situation in relation to health and wellbeing at the start of COVID-19 in 2020, with a rating of 1 being 'poor' and 5 being 'excellent'. The average rate recorded across all responses was 3.6. The average rating for health and wellbeing in 2021 decreased slightly to 3.2. Of those ranking their current health and wellbeing as 1, 46.3% also identified their situation as 'far worse' and 35.2% identified their situation as 'somewhat worse' due to COVID-19.

Diagram 13: Health and wellbeing: specific issues

- Feel anxious and worried
- Isolated from family/friends
- Concerned about mental health
- Scared for the future
- Not connected to neighbours

A further question asked respondents to identify how they are feeling about their future health and wellbeing. Nearly half of all respondents identified feeling 'positive' (45.8%), but a relatively high proportion reported feeling 'anxious and worried' (37.7%), concerned about their mental health (19.9%) or 'scared about the future and can't see how things can get better' (17.6%). A further group of respondents reported being 'isolated at home and can't/don't get out' (3.3%), having physical and/or

Worried that because of the stupid federal government I won't get vaccinated before there's another outbreak leaking out of the inadequate hotel quarantine facilities.

I feel I'm losing autonomy over my personal health care decisions.

I am concerned the health system will fall short.

mental health needs but not being able to get access to services (3.0% and 3.3% respectively) and/or not knowing where to get help (2.5%).

The data indicates correlations between different health and wellbeing factors and respondents identifying their overall situation as being better or worse:

- 51.8% of those identifying their situation as 'somewhat worse' and 51.2% of those identifying their situation as 'far worse' also identified feeling anxious or worried, compared with 33.3% of those identifying their situation as 'somewhat better' and 18.2% as 'much better'.
- 23.2% of those identifying their situation as 'somewhat worse' and 41.5% of those identifying their situation as 'far worse' also identified feeling scared about the future and as not able to see how things will get better. This compared with 6.3% of those identifying their situation as 'somewhat better' and 0% as 'much better'.
- 29.5% of those identifying their situation as 'somewhat worse' and 29.3% of those identifying their situation as 'far worse' also identified feeling concerned about their mental health. This compared with 6.3% of those identifying their situation as 'somewhat better' and 4.5% as 'much better'.

In responding to a question about future health and wellbeing, 21.6% identified feeling isolated from family and friends. Of these respondents:

- 63.3% also identified their situation due to COVID-19 as worse (far or somewhat).
- 55.4% also often felt anxious and worried.
- 30.8% also felt scared for the future and couldn't see how things will get better.
- 30.8% were concerned for their mental health.
- 10.8% identified having a disability.[11]
- 17.7% identified being from a CALD background.
- 6.9% have physical health needs and could not access services.
- 10.0% have mental health needs and could not access services.

Other issues raised around wellbeing were clearly linked with COVID-19, and the loss of a sense of control and autonomy. Issues raised by respondents included loss of autonomy over health care decisions, uncertainty of health outcomes due to COVID-19, the future of health systems to cope, funding health care in retirement, the impact and availability of vaccines and uncertainty linked with further COVID-19 outbreaks and the future of democracy and citizen participation.

Things are changing politically for the worse because of COVID. People with agendas are using this as an excuse to engineer society and it's not healthy.

Too much fear in media.

Future Outlook*:* Respondents were asked to think back over the past 12-months and identify whether they now had 'more hope for the future and can see things getting better'. Two out of five respondents identified feeling 'about the same' (41.0%). Nearly a third of respondents identified improvements in this

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[11] For those with a disability (28), 5 felt positive, 11 often felt anxious or worried, 12 scared about the future, 11 concerned about their mental health and 8 were isolated and can't/don't go out.

context: feeling hope/seeing things better either 'somewhat more' (25.7%) or 'far more' (5.0%). Conversely, one in six respondents felt less positive: 'somewhat less' (9.0%) or 'a lot less' (6.6%). Respondents were elsewhere asked to rate their level of hope for the future, with a rating of 1 being 'not hopeful' and of 5 being 'very hopeful'. The average rating was 3.4.

The survey data also points to COVID-19 having impacted on feelings of optimism and positivity for the future. Not surprisingly, respondents who were less impacted by COVID-19 were also more hopeful. Respondents rating their hope for the future as 4 or 5 (5 being 'very hopeful') were most likely to also identify their situation due to COVID-19 as 'about the same' (63.5% and 53.9% respectively). Those rating their hope for the future as 1, 2 or 3 (1 being not very hopeful, 3 being neutral) were most likely to also identify their situation due to COVID -19 as 'somewhat worse' or 'far worse' (61.3% and 43.1% respectively). This compares to a negative future outlook by 26.9% who identified their situation as 'somewhat worse' and 14.6% as 'far worse'.

My husband is dying of cancer, which didn't get picked up because of COVID lock down.

It's hard to plan for trips that would positively affect my wellbeing.

It is hard to get an appointment at the doctors.

Respondents commented on misinformation during COVID-19, the pandemic being used to push different agendas and the environment of fear in society, particularly in the media.

Synopsis of change COVID-19 impacts from 2020 -2021

Respondents were asked to draw a comparison between their situation at the start of COVID-19 and now, that is from March 2020 to August 2021, in the fields of health and wellbeing, education, employment, housing and relationships. The rating scale includes 1 as 'far worse' to 5 as 'much better'.

HEALTH AND WELLBEING			
	Far Worse	*The same*	*Much Better*
2020	6.1%	28.4%	23.3%
2021	9.0%	29.9%	16.1%
HOUSING			
	Far Worse	*The same*	*Much Better*
2020	6.5%	29.7%	30.6%
2021	15.6%	26.6%	26.6%
EMPLOYMENT			
	Far Worse	*The same*	*Much Better*
2020	*14.8%*	*23.6%*	1.3%
2021	*17.9%*	*22.9%*	26.8%
INCOME			
	Far Worse	*The same*	*Much Better*

2020	*9.3%*	*22.6%*	*30.6%*
2021	*13.3%*	*21.6%*	*25.2%*
STRESS ON RELATIONSHIPS			
	Far Worse	*The same*	*Much Better*
2020	*23.8%*	*22.1%*	*17.4%*
2021	*18.9%*	*24.9%*	*17.1%*
ACCESS TO INFORMATION AND SERVICES			
	Far Worse	*The same*	*Much Better*
2O2O	*6.0%*	*28.5%*	*21.0%*
2021	*8.5%*	*24.7%*	*25.2%*
ACCESS TO EDUCATION			
	Excellent	**Adequate**	**Poor**
2020	*25.4%*	*60.6%*	*14.0%*
2021	*25.7%*	*58.4%*	*15.9%*

Table 6: Synopsis of COIVD-19 impacts from 2020 to 2021

This data indicates that there is marked negative change in the areas of health and wellbeing, housing and income. There was some negative change in the areas of employment and stress on relationships. There were no marked negative changes in terms of access to education/training, access to information and services during this period. The percentage of those ranking housing affordability as 1 at the start of COVID-19 and currently increased by 13.1 percentage points. According to this single piece of data, housing is the most impacted area over the last 12 months. The percentage of those ranking their current health and wellbeing as 1 or 2 was 11.2 percentage points higher than at the start of COVID-19. Again, this single piece of data indicates that health and wellbeing was the second most impacted area over the last 12 months. The next most impacted areas are employment and income. The percentage of those ranking employment opportunities and options as 1 or 2 at the start of COVID-19 and currently increased by 6.5 percentage points. The percentage of those ranking the adequacy of their income as 1 or 2 at the start of COVID-19 and currently increased by 9.1 percentage points.

Intersectionality: correlations across impact factors

The research reveals that there are intersections across impact areas and effects. The survey responses identified correlations across factors due to the nature of COVID-19's impacts. Some of the key cross-cutting areas are:

COVID-19 impacts across demographics:

Proportionally (and though the smallest cohort of respondents in terms of age (20 in total)), younger people were most likely of all respondents to identify their situation as 'somewhat' or 'far worse' due to COVID-19 (12/20 respondents aged 18-25yrs). Otherwise, respondents in most age groups identified their situation as better (11.5% to 14.2%) or worse (44.7% to 49%) at similar rates. Those aged 60+yrs were least likely of respondents across all age groups to identify their situation as better (4.8%) or worse (34.9%) and more likely to identify their situation as about the same (60.3%).[12] Whilst 45.7% of respondents identified their situation as 'somewhat' or 'far worse' due to COVID-19, those respondents with a CALD background were more likely to fall into this category (60%). Numbers of respondents identifying as Aboriginal and Torres Strait Islander and as having a disability are too small to use to generate a percentage, but they also appear proportionally more likely to identify their situation as 'somewhat' or 'far worse' (15/24 and 17/24 respondents respectively).

Housing:

The impacts of COVID-19 on housing/rental affordability are confirmed by the fact that of those ranking their current housing/rental affordability as 1, 30.8% also identified their situation as 'far worse' due to COVID-19 and 37.4% identified their situation as 'somewhat worse'. Conversely, 4.4% of those identifying their situation as 'much better' or 'somewhat better' ranked their current housing/rental affordability as 1.

Data points to housing issues impacting on health and wellbeing. 20.2% of those ranking their current housing/tenancy affordability as 1 also ranked their health and wellbeing as 1. 48.9% of those ranking their housing affordability as 1 also identified feeling anxious and worried, 38.3% as feeling scared about the future and not able to see how things will get better, and 28.7% as concerned about their mental health.

27.5% of those living in rental accommodation rated their housing/tenancy affordability as 1, compared with 11.4% of those living in their own home with a mortgage and 5.7% of those living in their own home without a mortgage. Similarly, 53.1% of those living in rental accommodation also identified their situation due to COVID-19 as 'far worse' or 'somewhat worse'. This is compared with 43.2% of those living in their own home with a mortgage and 43% of those living in their own home without a mortgage – pointing to greater negative COVID-19 impacts for those who are renting.

Housing and its links to mental health are revealed in other data. Those identifying often

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[12] Calculations on past and current rankings of situations excludes responses indicating respondents were 'unsure' of any change to their situation due to COVID-19 (2% of all respondents).

feeling anxious and worried (in response to questions asking about future health and wellbeing) (227 respondents or 37.7% of all respondents) were also:

- living in rental accommodation (30%).
- living in rental accommodation with family (7.9%).
- living in their own home (with a mortgage) (42.9%).
- living in their own home (without a mortgage) (15.9%).
- living at home with parents/carers (5/21 respondents in total).

The data points to higher levels of anxiety for those paying off a mortgage, followed by those who are renting. This suggests that financial stress for those with a housing debt or having to pay rent to a landlord (non-family) appears to be an important contributor to anxiety during COVID-19.

Furthermore, other relevant data indicates that of those living at home with parents/carers, just over a third were aged 18-25 (6/21) and just over a third also rated their access to education and training now as poor. This perhaps points to some younger people experiencing both study and housing impacts due to COVID-19.

Social connectedness, service supports and mental health:

The survey data indicates that social connectedness, access to service supports, and isolation during COVID-19 are critical factors in mental health. These issues are also experienced differently across demographic groups.

- 51.7% of those not feeling connected to neighbours also often felt anxious or worried.
- 17.1% of those identifying their situation as 'somewhat worse' and 22.0% of those identifying their situation as 'far worse' also identified not feeling connected to their neighbours.
- 26.9% of those identifying their situation as 'somewhat worse' and 35.4% of those identifying their situation as 'far worse' also identified feeling isolated from family or friends.

- 55.9% of those feeling isolated from family or friends also often felt anxious or worried.
- 39.3% of those identifying as having a disability also often felt anxious or worried.
- 47.8% of those identifying as of a CALD background also often felt anxious or worried.
- 44.0% of those identifying as Aboriginal and Torres Strait Islander also often felt anxious or worried.
- 10/18 identified having physical health needs and not being able to access services often felt anxious or worried.
- 14/20 identified having mental health needs and not being able to access services often felt anxious or worried.

The data points to the compounding of mental health impacts and links between isolation, access to support and social connectedness.

Stress in relationships and COVID-19 impacts

Stress in relationships is one area in which there have been *decreases* in the percentage of respondents ranking their situation as 1 or 2 at the start of COVID-19 and currently. Of note too, a larger percentage of respondents ranked stress in relationships as 1 *at the start of COVID-19* than in any other area (23.8%). Of those ranking their current stress in relationships as 1, 29.3% also identified their situation due to COVID-19 as 'far worse' and 18.1% as 'somewhat worse'. These percentages are not, however, that different to the percentage of those identifying their situation due to COVID-19 as better. 18.2% of those who saw their situation as 'much better' and 31.3% of those who saw it as 'somewhat better' also ranked their current stress in relationships as 1. Although the numbers are small, it is worth highlighting that a total of 12 respondents identified not feeling safe at home due to conflict and violence. Of these, 8 also identified their situation as 'somewhat worse' due to COVID-19, 2 as 'far worse' and 2 as 'about the same' – pointing to a likely correlation between COVID-19 and decreased safety at home

Information and COVID-19 Impacts:

Related to disconnection and isolation, there was also a small increase in the percentage of those ranking access to information and support services as 1 at the start of COVID-19 and currently (from 6.0% to 8.5%), but this is also the only area in which there was an increase in the percentage of those ranking access as 5 at the start of COVID-19 and now (21.0% to 25.2%). As noted above, 75.7% identified using and 24.3% (146 respondents) as not using online information/services. Of those who do not use online information/services, 31.4% rated their access to information/services as 1 and 30.4% as 2 at the start of COVID-19. For this same group, a higher percentage rated their current access to information/services as 1 (48.0%) and 2 (32.3%). This again points to the impacts of COVID-19 on people's ability to access information/services for those who do not have online access (given the extent of online servicing during COVID-19). Of the 146 persons not using online information/services, there appears to be some correlation with accessing housing and employment. Of those not using online information/services 27.6% also identified finding an affordable rental property as an ongoing challenge. 27.6% identified finding employment in their industry and finding

any employment as an ongoing challenge for 27.6% and 17.2% of this same group respectively. 20.7% of those identifying having insufficient income to meet every day household expenses and 17.2% of those identifying not being able to access $2000 in an emergency also identified not knowing where to look for help or support. 48.3% of those not knowing where to look for help or support also identified often feeling anxious or worried. This data shows some connection between problematic access to online and other information and support to potential difficulties resolving tenancy, employment and income issues, as well as higher levels of stress.

For persons identifying as having a disability (28 in total), 7 also identified not accessing online information/services. 16/66 persons identifying as CALD also identified as not accessing online information/services – again indicating some connection between limitations in access and cultural background/disability.

Access to services and COVID-19 impacts:

Of those ranking their current access to information and social services as 1, 19.5% also identified their situation as 'far worse' due to COVID-19 and 8.3% identified their situation as 'somewhat worse' – suggesting that impacts on accessibility of services due to COVID-19 negatively impacts respondents' situation, but to a lesser degree than other issues. For example, as above, of those ranking their current housing/rental affordability as 1, 30.8% also identified their situation as 'far worse' due to COVID-19 and 37.4% identified their situation as 'somewhat worse'. Additionally, 4.5% of those identifying their situation as 'much better' and 2.1% of those identifying their situation as 'somewhat better' also ranked access to information/services as 1. Therefore, the disparity between the percentages for those negatively and positively impacted by COVID-19 are not as great in this area compared to others. The links between disconnection and health were outlined above.

Resilience factors and COVID-19:

Five aspects of living in Cairns in the last 12 months were most valued by respondents, in the following order: 1) living close to family, 2) relationships/connections with neighbours, 3) strong sense of community and solidarity, 4) living near close friends and 5) generosity/kindness of local community. Each of these aspects correlates with positive impacts on feelings of hope for the future, as follows:

- The percentages of those ranking their sense of hope for the future as 5 *and* each of the above five aspects of living in Cairns as most valued are as follows: living close to family (40.1%), relationships/connections with neighbours (31.9%), strong sense of community and solidarity (30.1%), living near close friends (28.0%) and generosity/kindness of local community (22.0%). On the other hand, the percentages of those ranking their sense of hope for the future as 1 and each of the above five aspects of living in Cairns as most valued are as follows: living close to family (32.4%), living near close friends (25.7%), relationships/connections with neighbours (18.1%), generosity/kindness of local community (9.5%) and strong sense of community and solidarity (9.5%). Those ranking their sense of hope as 1 valued each of these aspects of life to a lesser extent than those whose ranked their sense of hope as 5. This suggests that these aspects of life in Cairns contribute to a sense of hope, with living close to family and relationships/connections with

neighbours most likely to make this contribution.

- As noted, living close to family was valued by the largest percentage of respondents. Of this group, whilst 37% felt positive, 37.6% also identified often feeling anxious or worried, 18.8% felt scared about the future and 20.1% were concerned about their mental health. Similarly, 41.3% of this group also identified their situation due to COVID-19 as about the same and 46.6% as worse. 16.6% of this group still felt isolated from family or friends.

- Relationships/connections with neighbours was valued by the second largest percentage of respondents. Of this group, whilst 58.6% felt positive, 30.9% also often felt anxious or worried, 14.2% were scared about the future and 15.4% were concerned about their mental health. 49.4% of this group identified their situation due to COVID-19 as about the same and 38.8% as worse.

- Having a strong sense of community and solidarity was valued by the third largest percentage of respondents. Of this group, 60.7% felt positive, 31.1% often felt anxious or worried, 13.1% were scared about the future and 11.5% were concerned about their mental health. 50.8% of this group identified their situation due to COVID-19 as about the same and 37.7% as worse.

- Living near close friends was valued by the fourth largest percentage of respondents. Of this group, 43.9% felt positive, 41.5% often felt anxious or worried, 17.5% scared for the future and

24.6% concerned about their mental health. 40.1% of this group felt their situation due to COVID-19 was about the same and 49.7% as worse. 17.5% still felt isolated from family or friends.

- Generosity/kindness of local community valued by the fifth largest percentage of respondents. Of this group, 53.6% felt positive, 34.5% often felt anxious or worried, 16.4% were scared for the future and 22.7% were concerned about their mental health. 44.5% of this group felt their situation due to COVID-19 was about the same and 44.5% as worse.

The data is complex and suggests that those aspects of living in Cairns that are most valued are critical to resilience and appear to correlate with relatively high levels of positivity (particularly for generosity/kindness of local community, sense of community/solidarity, relationships/connections with neighbours). However, it also indicates that these factors alone do not necessarily shield people from the impacts of COVID-19.

However, identifying relationships/connections with neighbours and having a strong sense of community/solidarity *did* correlate quite clearly with reduced feelings of lack of safety. A high 69.1% of those valuing relationships/connections with neighbours also felt safe in their suburb. Conversely, 31.5% of this group reported feeling unsafe due to anti-social behaviour or violence. A high 72.1% of those valuing having a strong sense of community/solidarity also felt safe in their suburb. Conversely, 27.9% reported feeling unsafe in their suburb due to anti-social behaviour or violence.

Adequacy of Income and COVID-19 impacts:

Income impacts across different elements of life, including employment, housing and wellbeing. The survey data indicates that income is somewhat more impacted due to COVID-19 than employment (income has been impacted in this context not just for employees, but also for business owners). The two areas are, however, clearly connected – impacts on income are linked with impacts on employment. 65.1% of those ranking their current adequacy of income as 1 also ranked their employment opportunities and options as 1. Of those who ranked their adequacy of income as 1, interrelated factors are as follows:

- 51.3% also ranked their housing/rental affordability as 1. 37.5% also identified that it is hard to find an affordable rental property. And 15% also identified it as hard to find an affordable property to buy .
- 25% also ranked their health and wellbeing as 1. 56.3% also identified feeling anxious and worried, 42.5% were feeling scared about the future and not able to see how things will get better and 33.8% were concerned about their mental health.
- 22.5% also ranked their access to information and services as 1.

Demonstrating the breadth of relevant impacts, of those rating their adequacy of income as 1:

- 45.0% identified not having enough money to meet basic needs as an ongoing challenge.
- 30.0% identified not being able to access $2000 in an emergency as an ongoing challenge.
- 26.3% identified finding any type of employment as an ongoing challenge.
- 26.3% identified finding employment in their industry as an ongoing challenge.
- 23.8% identified accessing enough work hours as an ongoing challenge.
- 16.3% identified not having the skills to find new employment as an ongoing challenge

Employment:
The impact of loss of work, work opportunities and reduced hours had the third strongest correlation between a ranking by respondents of their current situation as 1 and identifying their situation as worse due to COVID-19. Of those ranking their current employment opportunities and options as 1, 36.5% also identified their situation as 'far worse' due to COVID-19 and 35.6% 'somewhat worse'. Conversely, 6.7% of respondents identified their situation as 'much better' and 1% 'somewhat better'. The data showed that of those ranking their *current employment opportunities and options as 1*:

- 40.2% also ranked their housing/rental affordability as 1. 35.5% of those identifying it as hard to find an affordable rental property also ranked their employment opportunities and options as 1. Also, 15.9% of those identifying it as hard to find an affordable property to buy also ranked their adequacy of income as 1 – pointing to greater income related impacts for tenants than home buyers.
- 27.1% also ranked their health and wellbeing as 1. 51.4% identifying this

ranking also identified feeling anxious and worried, 32.7% scared about the future and not able to see how things will get better, and 29.0% concerned about their mental health; and

- 21.5% also ranked their access to information and services as 1. Only 1.9% of those ranking their adequacy of income as 1 also did not know where to get help.

Data on impacts due to the end of JobKeeper also point to employment issues impacting on income and to impacts of COVID-19 on employment/income. 49.6% and 26.5% of those identifying impacts from the end of JobKeeper also identified their situation due to COVID-19 as 'somewhat worse' and 'far worse' (respectively) (compared with 13.9% and 32.7% respectively, across all respondents).

Of those impacted by the end of JobKeeper:

- 27.5% rated their current housing/rental affordability as 1 (15.6% of all respondents rated housing affordability as 1).30.3% rated their current employment opportunities/options as 1

(17.9% of respondents rated their employment opportunities/options as 1).

- 26.7% rated their current adequacy of income as 1 (13.3% of respondents rated their adequacy of income as 1).
- 10.0% rated their current stress in relationships as 1 (18.9% of respondents rated stress in relationships as 1).
- 12.5% rated their current health and wellbeing as 1 (9% of respondents rated their health/wellbeing as 1).
- 28.3% indicated that they couldn't access $2000 in an emergency (16.9% of respondents couldn't access $2000).
- 51.7% often felt anxious and worried (37.7% of respondents were anxious).
- 31.7% were scared for the future and couldn't see how things could get better (17.6% of respondents were scared).
- 28.3% were concerned about their mental health (19.9% of respondents were concerned about mental health).
- 27.5% rated their level of hope for the future as 1 or 2 (17.4% of respondents ranked hope as 1 or 2).

Education and Training:

There was no marked difference for respondents between their access to education and training since the start of COVID-19 and at the time of completion of the survey. Respondents were asked to rate their access to education and training at the start of COVID-19 in 2020. For those that responded to this question the most common option selected was 'adequate' (60.6%), followed by 'excellent' (25.4%) and 'poor' (14.0%). Responses provided in relation to current access to education and

training were similar. The most common response was still 'adequate' (58.4%), followed by 'excellent' (25.7%) and 'poor' (15.9%).

Overall, there was a relatively small impact on access to education and training: 14.0% identified access in this area as 'poor' at the start of COVID-19 and 15.9% as 'poor' now. However, 16.7% of 18 to 25yr olds and 23.5% of those aged 26-35yrs identified current access as 'poor' – indicating that some groups were more impacted than others. 30% of those identifying their current access to education and training as 'poor' also rated their current health and wellbeing as 1. Only 9% of those identifying current access as 'poor' also felt positive,

compared to 20.3% often feeling 'anxious and worried' and 28.2% feeling 'scared about the future'.

Findings: COVID-19 Cairns LGA Three-Day Snap Lockdown Survey

On the 8th August 2021, Cairns LGA was part of a 3-day snap lockdown across Far North Queensland, after a person in Cairns tested positive for COVID-19 and was potentially infectious in the community for up to 10 days. At the end of the lockdown period, Cairns Regional Council undertook a survey to capture people's experiences of the event and to identify support needs if this type of health response should reoccur.[13]

The online survey comprised four questions related to overall impact, types of effects and future support needs associated with COVID-19 lockdowns (refer Appendix 1). The survey closed on the 31st August and received a total of 1475 responses. The survey results were considered together with comments from a further 140 people via Council's Facebook page where they provided compelling examples of their lockdown experiences.

The analysis prepared by Cairns Regional Council describes the impacts of the snap 3-day lockdown on employment and finances, mental health and anti-social behaviours such as domestic violence and addictive behaviours. The positive benefits of spending time with family and having time to relax were noted along with calls for increased education and support for preparations to deal with future lockdowns.

Ratings of Impact of the Lockdown

Overall, 1475 people responded to the survey questionnaire, including 1265 who ranked the overall impact of the event on themselves or their household. Of those 1265 responses, 38.3% (484) of respondents said the three-day lockdown had a 'negative' or 'very negative' impact in contrast to 16.5% of people (208) that said the experience was a positive one. Of the remainder, 45.3% of respondents (573 of 1265 people) identified 'No Real Impact'.

Although 573 respondents identified 'No Real Impact', they also selected a range of other significant stress indicators:

- 21% reported an increase in levels of stress and anxiety
- 16% were less optimistic
- 13.2% reported feeling more isolated or lonely
- 9% reported a loss of income
- One person reported an increase in domestic violence
- 20% of respondents selected more than one these categories

[13] The COVID-19 Human and Social Sub-Committee is a sub-committee established under the Cairns Local Disaster response and recovery arrangements. Council facilitates this group to assess impacts and facilitate coordination of activities in response to community need.

This may indicate a range of issues such as not able understand the impact or not view the impact as significant enough.

Reported Effects of Lockdown

The top five effects identified by the survey's 1475 respondents are outlined in the diagram below.

Respondents identified the effects of the lockdown as follows.

1. 38.5% (569) of respondents identified 'feeling more anxious and stressed'.
2. 29% (431) identified 'feeling less optimistic about the future'.
3. 28% (410) reported a 'loss of income'.
4. 26.5% (391) reported a disruption to exercise.
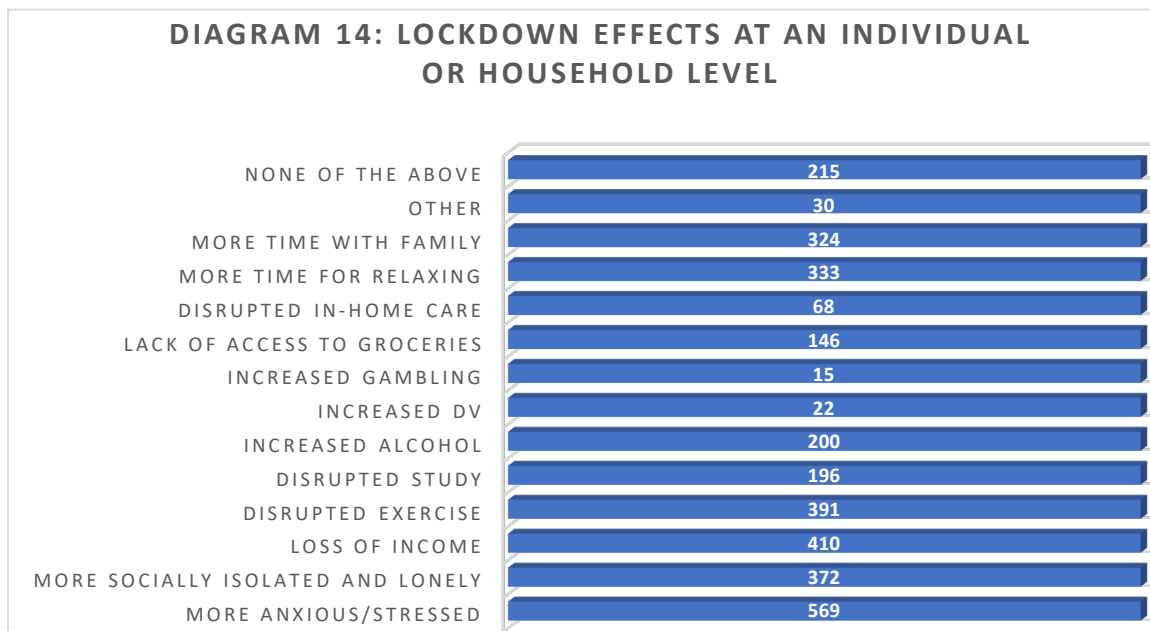5. 25.2% (372) felt a sense of 'increased social isolation or loneliness'.

No lockdowns they do not work, they just impact the economy and cause suicide and mental health problems

Suicidal thoughts

[Need] more mental health support

DIAGRAM 14: LOCKDOWN EFFECTS AT AN INDIVIDUAL OR HOUSEHOLD LEVEL

| Category	Value
NONE OF THE ABOVE	215
OTHER	30
MORE TIME WITH FAMILY	324
MORE TIME FOR RELAXING	333
DISRUPTED IN-HOME CARE	68
LACK OF ACCESS TO GROCERIES	146
INCREASED GAMBLING	15
INCREASED DV	22
INCREASED ALCOHOL	200
DISRUPTED STUDY	196
DISRUPTED EXERCISE	391
LOSS OF INCOME	410
MORE SOCIALLY ISOLATED AND LONELY	372
MORE ANXIOUS/STRESSED	569

Health and Wellbeing Effects

As outlined above, three of the top five concerns identified by the survey's 1475 respondents related to emotional wellbeing (psychological resilience). Issues arising in this context include reduced optimism, an increased sense of isolation and loneliness and feeling more anxious.

When responding to questions about impacts to emotional wellbeing, 57% of people (845) selected two categories, with almost 40% of respondents self-describing as having both increased anxiety or stress and reduced optimism for the future. Some 14% of respondents (204) selected all three sets of indicators, highlighting the pandemic's contribution as a significant psychological stressor. There were consistent

calls for increased services to address mental health impacts, including outreach services and targeted supports for vulnerable groups.

Diagram 15: Emotional Wellbeing
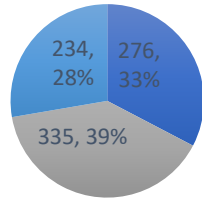
- ■ Increased Social Isolation and Loneliness & Increased Anxiety or Stress
- ■ Increased Anxiety or Stress & Less Optimism
- ■ Incresed Social Isolation and Loneliness & Less Optimism

276, 33%
234, 28%
335, 39%

Of the total responses, 22.5% (333) of people valued having more time to relax, while 44.5% (657) identified time with family as positive aspects of the lockdown. 12% (178) of this group identified both of these responses. Those respondents that described having more time with family, and/or relaxation time, were more than twice as likely to state that their experience was a positive one or had no real impact. They also reported lower levels of mental health concerns.

Loved it. Felt safe and happy to be stuck at home with everything I love. No hesitation to do more if it means stopping COVID.

Several responses also highlighted positive examples of social capital, including instances of solidarity. Other responses called for ways to strengthen these attributes. Selected comments are highlighted in the diagram below.
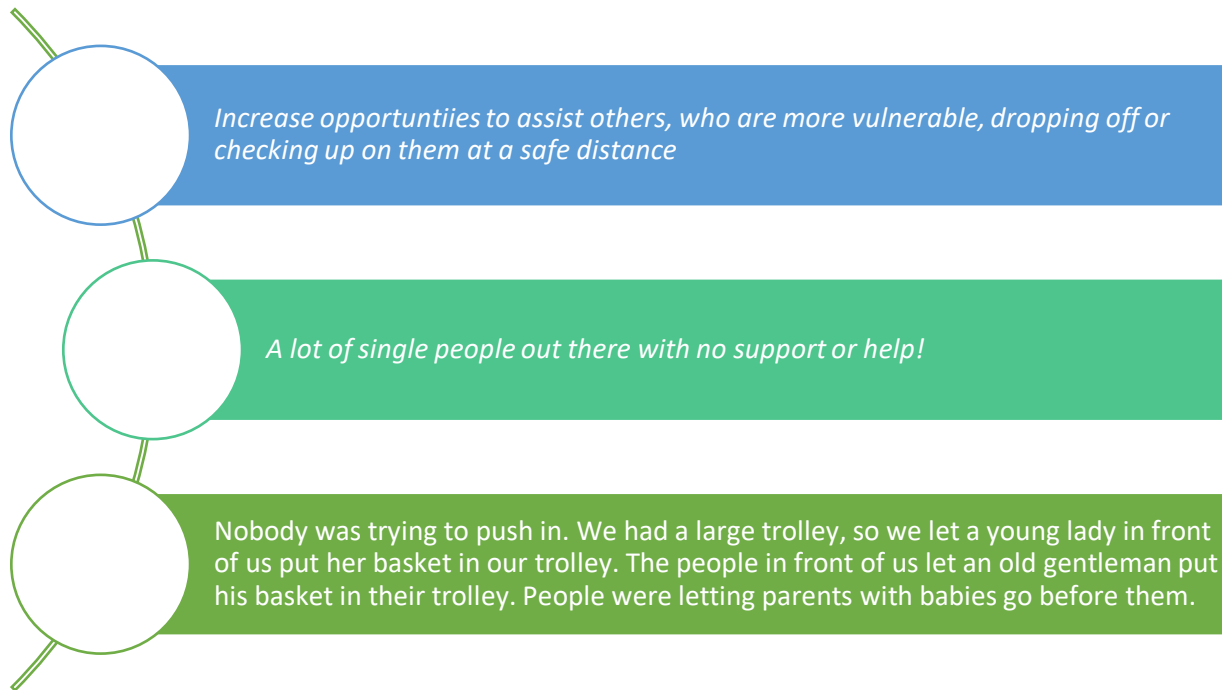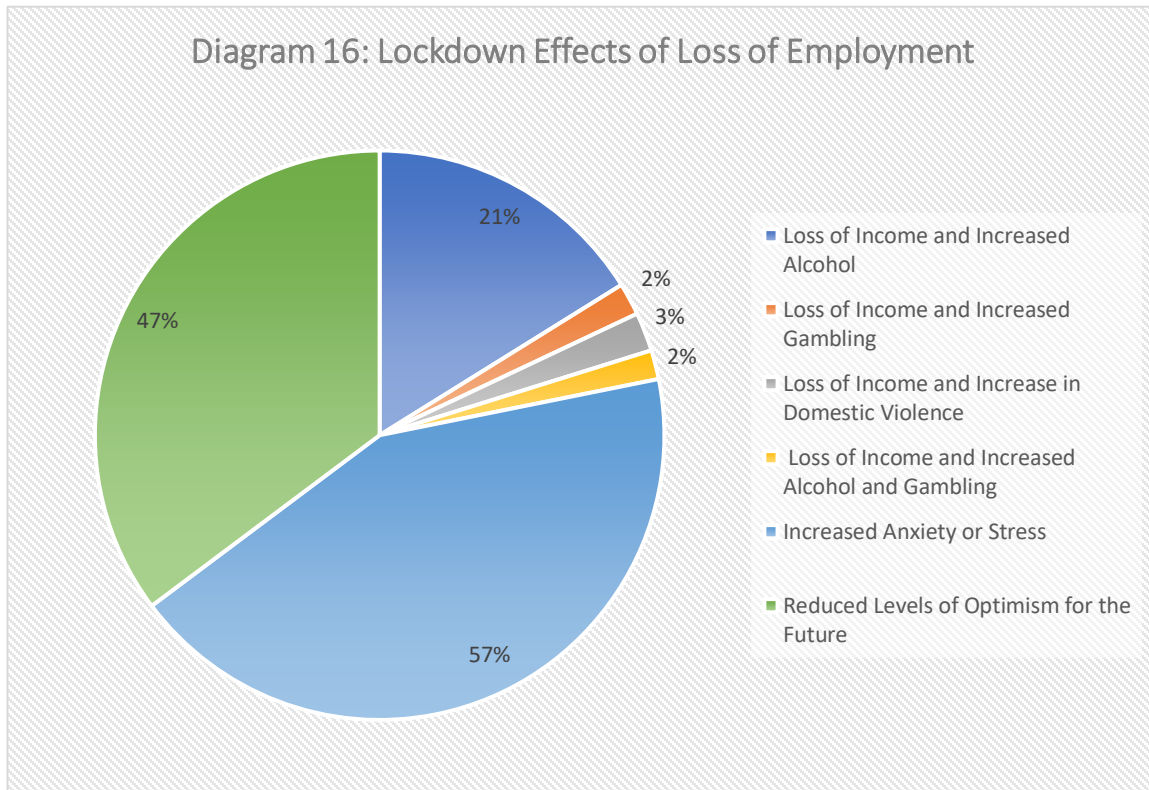
Increase opportuntiies to assist others, who are more vulnerable, dropping off or checking up on them at a safe distance

A lot of single people out there with no support or help!

Nobody was trying to push in. We had a large trolley, so we let a young lady in front of us put her basket in our trolley. The people in front of us let an old gentleman put his basket in their trolley. People were letting parents with babies go before them.

Table 7: Selection of comments

Employment and Income

Approximately 28% of respondents (410) reported a loss of income during the three-day lockdown. For some, this extended post the event and particularly affected those working in more COVID-19 exposed and casualised industries (hospitality and tourism) or small business. Some of the respondents' comments are as follows.

Diagram 16: Lockdown Effects of Loss of Employment

- Loss of Income and Increased Alcohol
- Loss of Income and Increased Gambling
- Loss of Income and Increase in Domestic Violence
- Loss of Income and Increased Alcohol and Gambling
- Increased Anxiety or Stress
- Reduced Levels of Optimism for the Future

The data also pointed to a relationship between loss of employment/income and increases in other forms of anti-social behaviour. The other effects of loss of employment and income were as follows.

Of this group:

- 21% (88) reported a loss of income as well as increased alcohol consumption.
- 3% (12) reported an increase in domestic violence.
- 2.4% (10) report an increase in gambling.
- 2% (9) report an increase in both consuming alcohol and gambling.

This group also reported high levels of mental health concerns, with 57% (234 of 410) reporting increased anxiety or stress and 47% (192) identifying reduced levels of optimism.

Impacts on Vulnerable Groups

The lockdown had different impacts, with disproportionate and varied effects on vulnerable groups. The survey data indicated that 1.5% of respondents (22 of 1475) reported an increase in domestic and family violence (DFV). As reported above, in 54.5% of these cases this coincided with a loss of income. Almost all respondents who indicated that they had experienced an increase in DFV (91% or 20) reported a decline in mental health related to anxiety, stress, loneliness and reduced hope. In addition, 91% of respondents in this group recommended ceasing lockdowns as a future health response, citing the barriers presented by lockdown to carrying out protective behaviours.

Impacts on people dependent on in-home care were also noted. In total, 67 people (5%) reported disruptions to in-home care. Within this group, 35% (24) reported a lack of access to groceries or supplies, 9% (6) were experiencing increased domestic violence, and 35% (24) reported increased levels of alcohol consumption.

Diagram 17: Effects on People Experiencing Disruptions to In-home Care
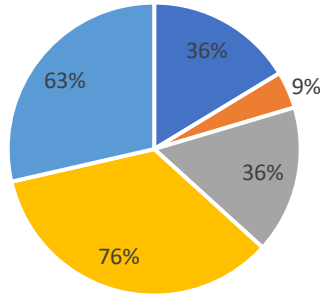
- ■ Lack of access to Groceries and Supplies (24) ■ Increased Domestic Violence (6)
- ■ Increased Levels of Alcohol (24) ■ Increased Anxiety and Stress (51)
- ■ Increased Social Isolation or Loneliness (42)

This cohort also reported very high levels of mental health concerns, with 76% (51) reporting increased anxiety and stress and over 63% (42) expressing a sense of isolation or loneliness. Comments from respondents identified the greater levels of risk for those aged and/or living with a disability in the community and the need for a check-up service. Some suggested permissions be granted to nurses to visit patients.

The data demonstrates that people continue to be impacted by the interface between the current housing crises and the effects of COVID-19. On this topic, many respondents held negative views. Some respondents stated that relocation of people from other areas without appropriate supports has created a local housing crisis, and others expressed perceptions that those migrating were 'taking' jobs and housing in Cairns. The affordability of housing has raised concerns, particularly for older adults who are renting.

I am a single retired female in late 60s whose rent was put up by $40 p.w. recently, so yes, I am feeling very insecure and stressed.

Access to Localised Information and Education and Awareness

While many of the written responses debated what constituted an essential business and the effectiveness of lockdowns as a response strategy, the focus on impacts and improvements to assist community preparedness and response focused on increased access to localised and centralised information and ongoing education and awareness raising.

Many responses focused on improved access and provision of information, with respondents calling for a centralised and credible point of authority to provide localised information. Many respondents perceived that a lack of timely and relevant information and difficulty navigating the State Government sites impacted their preparedness lead times.

A large proportion of written responses spoke of the need to undertake ongoing community education and awareness of lockdown requirements. The focus on improvements included both preparation for snap-lockdowns as well as reducing associated antisocial behaviours (such as panic buying) to support compliance (both voluntary and mandated).

In this regard, several respondents called for a similar warning system used for other events such as cyclones that could be activated as soon as a lockdown was announced and would put a relatable structure around the process.

When a potential positive case is found in Cairns, alert residents as "yellow alert" for plan and prepare similar to a cyclone, before "red alert" for lockdown.

I was out of town and didn't know until I made it back to cairns area. Maybe a text alert through the COVID check in app.

Succinct, posters/graphics. Outlining details, emailed or texted through the disaster dashboard same as for cyclone advise. Clearer specifics regarding those entering CRC for work from outside. QLD separating into regions the contact tracing.

Discussion and Analysis

The Cairns LGA has had two lockdowns due to COVID-19, one in 2020 and the other in August 2021. Fortunately, the LGA has not witnessed a significant number of COVID-19 cases, with a total of 59 since last year. To date, the spread of the virus has been suppressed although the risk of transmission remains high. Although the number COVID-19 cases have been limited in the Cairn LGA, the pandemic has exposed people to a complex range of challenges and stressors. The impacts of the pandemic are not experienced uniformly and are amplified by social and economic vulnerabilities, labour market structures, the precarious nature of employment in some industries and pre-existing inequities. At the time of writing, the *Cairns COVID-19 Local Recovery Plan* identified that the impacts of the pandemic would be severe and recovery times likely to be longer in duration (CRC, 2020). At a broader scale, the pandemic has exposed the structural weaknesses of economic and social systems, "revealing numerous problems including unstable supply chains, unjust social provisioning of essentials, profiteering, precarious employment, inequities and pollution" (Spash, 2020:1).

Evidence indicates that the Cairns region is continuing to experience significant challenges due to COVID-19. Our studies, as outlined above, indicate the persistent nature of the impacts across social and economic dimensions of life in the Cairns LGA.[14] The findings in the research presented in this report demonstrate the enduring effects of COVID-19, which are creating both new social challenges and further compounding pre-existing conditions to detrimentally affect individual and community wellbeing. The report presents data from several different sources: i.e. from the broader Cairns community at random via surveys, through purposive sampling of individuals and key informants (including service providers). This triangulation of evidence from diverse sources confirms the continuing impacts of the pandemic. On a range of indicators relating to the impacts of COVID-19, participating service providers believed that there was little 'distance travelled' in improvements for their service users and communities since the

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[14] Based on independent economic analysis conducted August 2021, the economic impacts of COVID-19, whilst still significant, were not as severe as initially anticipated with the speed of recovery exceeding expectations, due to relatively good health outcomes and unprecedented policy support from all levels of Government. Broadly, the Cairns economy is described as transitioning from recovery to expansion, however some industries are facing ongoing impacts, such as tourism and international education. Whilst the Cairns economy is in transition, it remains susceptible to economic shocks associated with COVID-19 suppression measures in other areas. (It should be noted this analysis did not include impacts of the Cairns snap lockdown in August 2021 or other lockdowns from mid-June 2021 onwards throughout Australia.) (CRC, 2021).

start of COVID-19 in 2020 to now. In 2021, the impacts were ranked as either 2 or 3 (on a scale of 1 being 'worse off' and 5 being 'best off') with no area of impact in rank 4 or 5. This indicates that agencies are identifying the continued impacts on factors such employment, health and wellbeing, housing and income. As noted above, a major proportion of respondents in the *Pulse of the Community Wellbeing Survey* (45.7%) identified their current overall situation as worse or far worse off, followed by 40.7% of respondents identifying their situation as the same. Only 11.7 % of respondents identified their situation as better off.

Findings from these studies reveal the ongoing areas of impact in the Cairns LGA due to COVID-19, with the top three areas of impact being housing, health and wellbeing and economic (employment and financial stress). An integrated summary from the different research, as outlined in the methodology section, point to key priority issues:

↔ **Micro-economic impacts at the individual and/or household level:**

Employment and unemployment issues include difficulties finding employment across a range of industries, reduced hours and lack of vibrancy in industry (particularly tourism, hospitality and accommodation and retail). The study identified the hardship of precarious employment conditions such as loss of work, reduced hours, temporary work, and unemployment. While the employment data for Cairns shows recovery, "local job impacts are typically higher in regions with a relatively high share of service sector and labour-intensive jobs (e.g., tourism and hospitality, entertainment, and business services)" (Economy id, Cairns LGA, 2020; 2021). Revised studies by Economy id (2021) identify that while employment decreased rapidly in June 2020, it has rebounded strongly in September and December quarter levels to 2.6% below December 2019 (before the pandemic) level. However, the forecast of employment losses converged with estimated figures in December due to weaker job growth than estimated (Economy id, 2021:62). This is consistent with labour market scarring impacts of COVID-19 across the world (ILO,2021), posing a paradox of decreasing unemployment levels while at the same time labour shortages in some industries such as agriculture and hospitality.

Of the respondents in the *Pulse of the Community Wellbeing Survey*, approximately 72.1% of respondents identified that their employment options were 'worse' or 'far worse' in 2021. Approximately 7% identified that they needed to retrain and did not have skills/training for new employment. Access to education and training was seen as adequate or excellent by the majority of participants, although this did not translate into supporting positive employment outcomes. The effects of employment and unemployment were identified for both salaried employees and small business, particularly micro-businesses. *The Pulse of the Community Wellbeing Survey* identified that employment options/opportunities had not improved for the last 12 months, with respondents identifying a decline in their options. One in five people identified that the cessation of JobKeeper had affected their situation adversely. The implications of this are that employment challenges remain critical to significant segments of the community. As such, welfare payments, insurance, food distribution and financial supports are still important to mitigate the ongoing impacts at the household level (Martin et al., 2020).

The study also revealed that many people had reduced hours and were available for further work. The Australian Bureau of Statistics (ABS) identifies underemployment as a situation where employees worked less than their usual hours for economic reasons (i.e. due to being 'stood down' or where there was insufficient or no work available (structural underemployment) or hours were reduced (cyclical underemployment)) (ABS, 2021). The ABS estimates that the underemployment ratio is 14.7% across

Australia. This correlates to the proportion of people (14.7%) in the *Pulse of the Community Wellbeing Survey* who identified as not having enough hours or reduced hours of work. Although the official data shows reduced unemployment in Cairns, the underemployment figures are not included in this calculation. Other exclusions from the data are people who give up looking for work (and are not receiving government benefits). This results in an underestimation of the data relating to the nature and extent of employment and unemployment.

Employment provides a sense of purpose, self-fulfillment and return to normalcy, social interaction, financial compensation, as well as critical health (mental and physical) benefits (Baddour et al., 2020). Employment and paid work are central to understanding questions of disadvantage, poverty and social exclusion (Baum and 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). As a major area of ongoing impact, this is an area that requires multi-dimensional interventions.

Financial stress and adequacy of income was identified as a key concern by 46.3% of respondents to the *Pulse of the Community Wellbeing Survey* in terms of access to income for basic needs, lack of employment and reduced hours, affordable housing (mortgage and rental), and lack of access to emergency funds. Of those ranking their current adequacy of income as 1, 44.9% also identified their situation as 'far worse' due to COVID-19 and 41.0% identified their situation as 'somewhat worse'. Conversely, none (0%) of those identifying their situation as 'much' or 'somewhat better' ranked their current adequacy of income as 1. Continuing high demand for food banks, housing supports, and other material supports was identified by service providers. The increased or consistent numbers of clients needing support since the commencement of the pandemic indicates ongoing vulnerability in meeting basic needs. Household economic coping strategies, while potentially effective in withstanding a temporary fall in disposable income, are likely to weaken overall resilience and leave households vulnerable to future shocks (McDonald, 2018). The long-term impacts of financial distress are associated with poor mental health outcomes, chronic illness and social exclusion. 'Financial toxicity' describes symptoms of the burdens of financial stress, including emotional distress, morbidity and mortality (Turunen and Hiilamo, 2014). Research confirms that hardship can impact anyone, including people who have a university degree, are living in a home that they own and have above median income (Bourava et al., 2018). Moreover, the impacts of financial distress persist in the medium to long-term and link with changed behaviour patterns, mental health disorders, increased drug and alcohol use (Buckingham-Howes et al., 2019; Paul et al., 2014). These impacts impede recovery efforts and resilience for sustainable communities and economies (Buckingham-Howes et al., 2019; Babacan et al., 2020).

↔ **Housing impacts** deteriorated for participants since the commencement of COVID-19. In 2020, 6.5% had rated their housing affordability as poor, with this figure increasing to 15.6% in 2021. Ongoing challenges related to housing and accommodation included 'finding an affordable rental property' (28.7%), 'finding an affordable house to purchase' (21.9%) and 'finding a suitable house to purchase (due to size, location)' (18.7%). Housing affordability has been identified as a significant issue, described as a 'crisis', in four of the projects within this research. Housing impacts correlate in a significant way with other areas such as domestic and family violence, family relationships and financial stress. Housing, housing affordability and homelessness are major issues in Cairns and more broadly in Far North Queensland (Pointing et al., 2012; Gopalkrishnan and Carrington, 2020). Affordable housing and housing

stress estimates are based on an assessment of households currently in the private rental market and paying greater than 30% of their household income in rent (Troy et al., 2019:1).

An acute shortage of social housing has been highlighted by research, service providers and local government and it is widely acknowledged that a significant investment in social housing is required. The current waitlist in the Cairns LGA is approximately 2700 (87% of which are high or very high needs) with an average wait time of 11 months (CHHN, 2021; DCHDE, 2021). The greatest demand is for one and two-bedroom properties (DHPW, 2020). The Queensland Government's Housing Strategy (2017-2027) enabled the building of 137 dwellings in its first years (Farr, 2021). The demand for social housing in Cairns continues to outstrip available housing stock, with current unmet need for social housing at 5,300 (Everybody's Home, 2020). It is expected that this demand will increase to 11,500 by 2036 (Lawson et al., 2019:140). The shortfall of affordable homes across Australia more broadly is massive. The Australian Housing and Urban Research Institute (AHURI) has shown that 433,400 social and affordable rentals are required nationally to make up for that shortfall (Lawson et al., 2019). Anglicare Australia's *Rental Affordability Snapshot* (2021) argues that the narrative of Australia bouncing back from COVID-19 leaves behind those who are hardest hit by the pandemic, particularly the unemployed or underemployed. The Snapshot shows that affordability in regional areas across Australia has 'crashed' over the past year, challenging the myth that regional areas offer reprieve from the costs of city accommodation. The impact is particularly hard on low income/minimum wage households across the board. People on JobSeeker payments, Parenting Payments Single, the Disability Support Pension and Aged Pension experienced 0-0.5% rental affordability (Anglicare Australia, 2021:8). The rent deferral and eviction moratorium measures that were in place at the start of the pandemic have now been lifted. Anglicare Australia concludes that the rental crisis is high and that more permanent and structural solutions are needed. These arguments are relevant to the housing situation in the Cairns and surrounding regions.

↔**Social connectivity and isolation impacts:** Social connection with family, friends and neighours as well as having a sense of community, generosity and the local natural environment were all valued aspects of living in Cairns. At the same time, social isolation and disconnection were also identified as problematic, attributed to a range of factors including less interaction across family and friendship networks, interstate travel bans and digital connectivity challenges (including access and skills). Social isolation was seen as a major issue for diverse cohorts of people, including older adults, people with disabilities, carers, people experiencing mental health issues and mothers at home with young children.

The detrimental impacts on people experiencing levels of social isolation and loneliness on individual mental and physical health is well recognised. Estimates are that one in four Australians report problematic levels of loneliness (Smith and Lim, 2020). 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 and Learly, 1995). Social isolation is detrimental to health and wellbeing and impacts can include having a sense of not belonging and exclusion, undermining a person's sense of self, feelings of loneliness, and negative or defensive behaviours. The impacts of isolation are a public health issue as they affect health outcomes, increasing for example the risk of physical conditions such as high blood pressure, diabetes and heart disease (Lim, 2018; Holt-Lundstad et al., 2015). Impacts transcend individual health outcomes to affect economic productivity, social cohesion and the fabric of social connectivity, as well as investment in health care systems (Smith and Lim, 2020; Kung et al., 2021).

↔ **Health impacts** were identified in the research, including deterioration of physical health outcomes and significant mental health impacts. Respondents to health questions identified that their health and wellbeing had deteriorated since 2020, with 71.5% of respondents identifying their health and wellbeing as 'worse' or 'far worse' in 2021. Physical health impacts included deterioration of health due to a lack of access to doctors and specialists, longer waiting periods for GP appointments and many clinics not taking in new patients, as well as supply chain problems with some medications and medical equipment. For some, there was increased consumption of alcohol/drugs and gambling behaviours, which impacted on health outcomes. Services and participants identified increased intensity and frequency of domestic and family violence.

Mental health was one of the most significant areas of impact, resulting in increased symptoms of anxiety, depression, frustration, anger, fear, stress, and loneliness, among other intersecting factors. This often affected the individual *and* household sense of security. Some of the stressors that were identified included anxiety about taking time off work due to COVID-19, reduced employment options or hours, financial distress, lack of housing, future outlook, decision around vaccinations, impacts of COVID-19 on the health of children, and restriction on travel to seek/provide support to family members. Drug and alcohol use increases were also mentioned as contributors to mental health challenges. Health and social services reported an increased prevalence of the 'Toxic Trio' of substance abuse, domestic violence and mental health affecting the healthy functioning of families (CRC, 2021).

Access to mental health services was identified as a major challenge, with difficulty of access to psychologists and social workers, especially related to children and families. Service agencies identified the difficulty of supporting clients with mental health needs, including due to challenges related to digital outreach, difficulties in providing face-to-face outreach (especially during lockdown), challenges of technology and transport and increased demands on already stretched services. Research indicates that pre-existing vulnerabilities such as prior physical and mental health issues, trauma and psychological traits compound the impacts on psychological resilience (Robles-Bello et al. 2020). 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 realise one's intellectual and emotional potential" (cited in Tavaragi and Sushma, 2017:165). Research demonstrates the importance of mental health to bouncing back from adversity, recover from stressors and shock and to develop resilience and cannot be underestimated (Srivastava, 2011; PHN, 2019). At the collective level, 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 all key factors in building and maintaining resilience (Kulig et al., 2013; Dale et al., 2014). At the individual level, having hope, capability to imagine and innovate and the capacity to respond to opportunity is critical in responding to adversity (Nemeth and Olivier, 2017).

↔ **Domestic and family violence impacts**: There is an increase in the severity and the complexities of domestic and family violence experienced by clients, including in terms of housing, employment and financial stress. This has been accompanied by a reduction in safe spaces available to those experiencing violence as shelters comply with social distancing rules. The closing of borders and LGA lockdowns have meant that people who may want to leave a domestic and family violence situation have fewer options and can be cut off from support from family and friends in other areas or states. The weaponisation of COVID-19 continues, with some parents threatening to expose children to COVID-19. The full impacts of

the pandemic on survivors, being locked inside with a perpetrator of DFV over a long period of time, are expected to emerge over time. 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 and Malathesh, 2020:1). In the context of DFV, COVID-19 safety measures present a paradox in the concept of 'safety'. While restriction of movement and lockdowns are intended to ensure public health and safety, they may confine people in unsafe situations to the home (Bradbury-Jones and Isham, 2020). Existing data indicates that the long-term consequences of DFV are 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, 2018:68). Additionally, children and young people who are forced into lockdown in volatile home situations of DFV will experience significant mental health consequences.

↔ **Access to services** was identified as a key issue. This encompasses access to the right kind of service, disconnection from support services, isolation in caring (for older adults and people with disabilities) and lack of carer support, barriers to accessing domestic and family violence services, stigma associated with seeking help (DFV, mental health and income support) and lack of awareness of cost-free services. While service organisations reported that they were able to pivot quickly, had contingency plans and were better prepared with digital platforms as a response to COVID-19, there were significant challenges in providing services on a sustained basis. This was due to increased demand and case load, challenges of digital connectivity and skills of vulnerable clients, increased referral pathways, piecemeal funding and not being able to determine what constitutes an 'essential service', particularly during a lockdown. The challenges of delivering support via digital technologies was identified as not everyone was digitally included and service provision was 'relationship and trust based', which is difficult to establish online. Some services identified that clients were not able to adapt to online service delivery. Agencies cautioned against the over-reliance on online and digital options and pointed out that while it facilitated many aspects of work and business, it also excluded many people. The findings indicate that while the support services were themselves adapting to COVID-19 conditions, there is still a major need for face-to-face services as well as service gaps and barriers that need to be addressed. Recovery is strengthened by effective and integrated service delivery, strong governance and coordination across sectors, building social capital, effective communication across government and civil society, strong social and business institutions and participatory decision making (Antunov-Fantulin et al., 2021; Babacan et al., 2020).

↔**Digital connectivity and online technologies:** The findings confirm a range of challenges related to digital technologies. The evidence highlights challenges of connectivity (of NBN or 4G), access (e.g. devices), affordability (costs of plans) and digital capability (skills and awareness). While almost 76% of respondents to the *Pulse of the Community Wellbeing Survey* identified using online information and services, almost one in four people did not use digital technologies. Both survey respondents and service agencies highlighted the preference of some clients for face-to-face service access. Culturally diverse communities highlighted the lack of current and appropriate information in other languages. Indigenous communities faced multiple challenges around digital access. There was also a sizeable number of people who did not trust the information or the agency that was providing the information online.

The Australian Digital Inclusion Index (ADII) measures digital inclusion across indicators of access, affordability and ability. The findings of this study confirm low inclusion scores for Cairns. The ADII scores

for Cairns are 57.3 compared to 62.3 for Queensland and 63.0 for Australia (Thomas et al., 2020:32). With relatively lower ADII scores for Cairns, indicating barriers to access and use of digital technologies, the reliance on online and digital platforms for information, service, social connectivity, economic activity and other interaction is likely to exclude segments of the community. The ADII concludes that, "The benefits of the digital economy cannot be shared when some members of the community are still facing real barriers to online participation" (Thomas et al., 2020:5). 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 and Murayama, 2019). Digital participation during a pandemic, particularly in lockdown, can be strongly empowering, overcoming a sense of helplessness, giving a sense of control and agency for individuals, communities and businesses, providing continuity of lives and supporting the move away from victimhood to resilience.

↔ **Future outlook impacts:** Given the negative impacts of COVID-19, a significant proportion of respondents did not feel positive for the future, with 23.2% of those identifying their situation as 'somewhat worse' and 41.5% as 'far worse' also identified feeling scared about the future and not being able to see how things will get better. This is compared with 6.3% of those identifying their situation as 'somewhat better' and no respondents (0%) identifying it as 'much better'. On a scale of 1 ('not hopeful') to 5 ('very hopeful') the average rating for all respondents was 3.4. Respondents identified strong correlations between feeling concerned about their mental health and future outlook. Having optimism (future orientation and mindset) is critical for resilience. Factors such as hope, self-efficacy, managing risks, goal directed actions and confidence are important for agency and underpin the necessary behaviours for psychological resilience to support adaptation and rebounding in the face of obstacles (Chen and Bonanno, 2020; Horesh and Brown, 2020). Building resilience requires a mindset that manages positive behaviours and thinking patterns and is fundamental for recovery due to the spillover effects of the pandemic on all aspects of life (Buheji, 2020; Prime et al., 2020). For this reason, there is a need to focus strongly on developing resilience mindsets through mental support systems and connectivity for socio-psychological resilience in Cairns.

Transformative Recovery Considerations

As noted by Hogan and Drew (2020:3), addressing COVID-19 impacts "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. Connection between human beings is regarded as a distinct function and a motivator for action (Manley, 2020). Increasing a sense of community, ownership, formation of a common vision, overcoming apathy and isolation, pooling resources, allowing for various perspectives, and building individual and community skills and resources are all critical aspects of "people and places" (Babacan et al., 2021a; Hogan &Drew, 2020). 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. The chronic stressors need to be identified that impact on long term resilience in the face of uncertainty. This assists in understanding of the vulnerable components, the key processes, procedures,

interactions, institutions and how structuring can be adapted across different components with goal of achieving resilience (Babacan et al. The stressors can be reduced through a framework of enhancers and suppressors that build strengths and suppress the stressors for long term transformational resilience (Babacan et al. 2021, Desouza & Flanery, 2013). Shocks and stresses may have different scales and intensity impacts, with long term implications (OECD, 2018). Structural change often happens at a slower pace. The concept of 'risk' is socially constructed and is dynamic. It may have many frames of vulnerability, hazard, risk and different actors (stakeholders). The framing of risk to include long term and structural factors. In the context of building transformational resilience in cities, OECD (2018) identifies while cities can concentrate risks, they are also places that concentrate resources including capital, infrastructure, skills, innovation and social networks which can be used to build resilience.

Resilience is a fundamental concept which has three key dimensions:

- Absorptive capacity - ability to resist negative impacts of shocks.

- Adaptive capacity- ability to adapt to new conditions, and

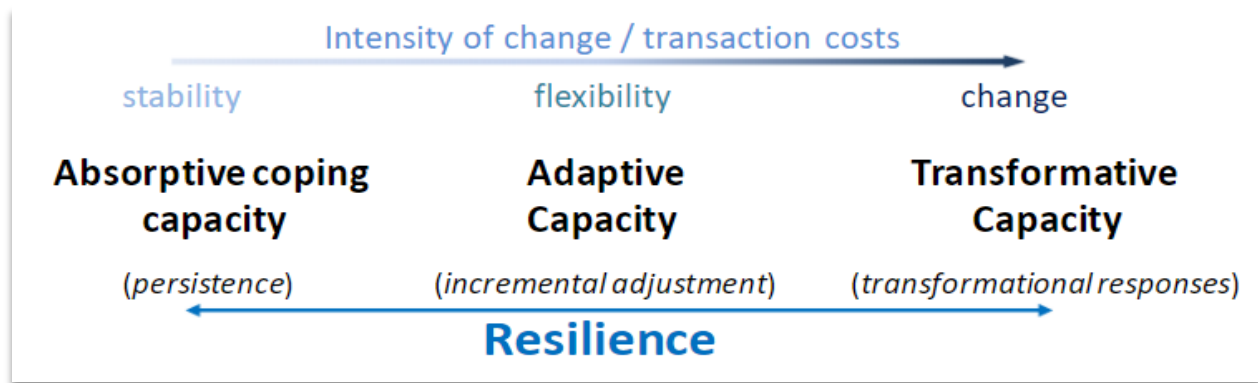- Transformative capacity - ability to change fundamental structures to no longer have any impacts (OECD 2014:7).

Diagram 18: Types of Resilience (Source: OECD 2014:7)

Treating resilience as a capacity is suggested by OECD, e.g capacity for action to prepare, resist, absorb, adapt, transform, and change. For resilient cities four spheres are suggested as a framework:
- Economic: diverse industries, innovation, workforce and infrastructure supports economic activity
- Social: inclusive, cohesive, active citizen networks and access to services;
- Institutional: leadership, clear long term vision, resourced public sector, collaboration across different levels of government and government open to citizen participation; and
- Environment: environmentally balanced, adequate and reliable infrastructure and sustainable natural resources are available (OECD, 2018:18).

The quality of resilient systems is well outlined by ARUP (2015:5). The key features are:
- *Reflective*: accepting of uncertainty and mechanisms to evolve, modify and learn by individuals and organisations;

- *Robust:* systems are well conceived and constructed and can anticipate, withstand, and adapt to disruption;
- *Redundant*: referring to spare capacity within systems to accommodate pressure, surge and disruptions and presence of multiple ways to achieve required functions;
- *Flexible*: where systems can change according to circumstances and favor decentralized or modular approaches and ways to incorporate new knowledge and traditional knowledge (e.g. Indigenous);
  Resourceful: having the investment to enable people and institutions to rapidly achieve their goals including responding to immediate stresses but also anticipating and mobilizing for future conditions;
- *Inclusive*: to engage wide stakeholders, particularly those who are excluded and vulnerable; and
- Integrated: alignment between different systems (of government, institutions, and scales) and ability to exchange information and coordinate effort towards the common goals.

Humanity now faces a 'triple conjuncture' of global crises: climate change and ecological breakdown; a systemic crisis of global capitalism; and the current global Coronavirus pandemic (Gills, 2020). Major questions arise about what shape recovery, adaptation and resilience should take. The impact of the pandemic has reinforced existing inequalities within and between countries and is giving rise to asymmetric recovery. Technological change has accelerated through the crisis and is giving rise to societal polarization. Significant doubts have been raised about building on a flawed and structurally weakened economic system (Gill, 2020; Helm, 2020) and the capacity of social and human service systems has been fragmented (Babacan 2019, 2020). Rather than simply revert to 'business as usual', the desire for change is evident: to be resilient there is a need to '*build back better' and 'build broader'* (WRI, 2020; OECD, 2020). The questions arise of 'build better for whom' and how to progress to systems that are inclusive and ecologically sustainable (Chmutina and Cheek, 2021).

The data set out above illustrates the concerning fragmented impacts of COVID-19, with nearly half the respondents being impacted negatively while the other half had no impact or were better off. Those who have been impacted negatively in areas such as employment, housing, adequate income and financial effect are not small proportionally. At this mid-term point, the evidence demonstrates that the COVID-19 impacts are continuing and raise significant issues of intersectionality and inequality, as precarity, risk and harms are experienced unevenly across the Cairns LGA (Graham, 2020). It is well known that the pandemic is having important distributional and generational effects that amplify pre-existing social inequalities (Bonaccorsi et al., 2020). Shocks and disruptions have disproportionate impacts on population groups (e.g. young people, women, people 60+), with intersecting factors impacting on resilience (OECD, 2020). The World Bank (2020) indicates that many of the people and places considered disadvantaged before COVID-19 have been hardest hit by consequences of the pandemic. The UNDP identifies the potential for deepening inequality due to COVID-19. "Part of the reason climate change and disasters are disequalizing is that inequality exists in the first place; they run along, exploit and deepen existing social and economic fault lines" (UNDP, 2019:179). COVID-19 impacts raise complex questions about pathways to social and economic recovery and resilience. Governments, service providers and communities have been forced to wrestle with questions of equitable and inclusive responses to the pandemic. Unless appropriate systems and policies that promote fair distribution of resources and overcome social and economic exclusion are in place, the result will be unequal patterns of recovery, posing significant social and economic risks.

Much of the COVID-19 recovery interventions at the macro level have been about restoring economic growth. Economic growth has been the primary goal of economic policy for over that last seven decades, where measures of economic success have been located within rising national income and gross domestic product (GDP), based on raising standards of living, increasing profits, improving employment and increasing household incomes (Ramos and Hynes, 2019). The growth paradigm produced a powerful and widely shared notion that growth was desirable and limitless (Macekura, 2020). However, this approach and measures such as GDP are increasingly being criticised as an approach to human development (OECD, 2019; Macekura, 2020). What is collected and measured in relation to economic growth is deliberate and the way value is assigned has made key assumptions about what is important. Current paradigms have upheld valuing competitive economies over collaborative ones, as well as limitless growth against sustainable natural resource use. The assumption remains that if the economy grows it will trickle down, accepting wealth/income disparities as a requirement for or by-product of growth (Spash, 2020; Stiglitz; 2019; Babacan, 2021; Birth and Siemiatycki, 2016). This growth paradigm presents as a fundamental tension between inclusion and equity versus efficiency and growth. It was assumed that economic growth is hindered by considerations of equality and disadvantage. However, the conventional thinking of the 'trickle down' approach - where the natural cycle of wealth accumulation at the top will eventually filter down to lift up the poor - is increasingly discounted (Piketty, 2014). COVID-19 has prompted a rethink on what approaches are needed for building resilience and avoiding creating further inequities.

The major global agencies are now identifying that there have been false assumptions about a trade-off between growth and efficiency with human and social development. There is evidence to show that inequality hinders economic growth through a range of demand and supply side factors (Berg and Ostry, 2011; Stiglitz, 2019). As Dua et al (2021:10) posits "the perceived tension between inclusion and growth— and the false belief that they should be addressed separately—has hampered efforts to pursue and achieve inclusive growth". Inequality also hinders economic development as it erodes social cohesion and stimulates a lack of collaboration to protect common resources (Cushing et al., 2015). In the post COVID-19 era, there are calls for a re-balancing of an efficiency, inclusion and resilience argument throughout the economy (Spash, 2020). Traditionally, the purpose of the social economy has been seen as to "repair" social problems and address forms of social exclusion experienced by vulnerable groups. The OECD argues that the social economy can develop a much larger role in the post-COVID phase to inspire transformation to a more inclusive and sustainable economy and society (OECD, 2020). There are suggestions that inclusive economic development should start from the most 'disadvantage out' - starting from the most disadvantaged and working outwards to different segments of the community (Yunus Centre, 2020:19). These ideas of development from bottom up is echoed elsewhere. For example, the Rockefeller Foundation inclusive economies framework posits that "When we invest in making economies more equitable from the bottom up, or the middle class out, economic growth is likely to be better for everyone's pocketbooks, for longer periods" (Pacetti, 2016). The Rockefeller Foundation also argues that there is a need to go beyond the equity-growth dichotomy and consider a framework for inclusive economies, defined as those that "expand opportunities for more broadly shared prosperity, especially for those facing the greatest barriers to advancing their well-being" (Benner and Pastor, 2016:6). The authors outline five characteristics of an inclusive economy: equitable, participatory, growing, sustainable and stable (Benner and Pastor, 2016). The Centre for Local Economic Strategies (CLES, 2020) advocates for a community wealth building strategy to address inequality and identifies pillars for transformed economic systems recovery and resilience.

Communities that are socially and economically weaker are less able to respond to and recover from pandemics and disasters (Gaynor and Wilson, 2020). Inequitable social systems create dramatically different realities for more vulnerable communities, resulting in disparities in resilience outcomes (Kim and Bostwick, 2020; Marston et al., 2020). Adopting an inclusive development approach, as contrasted to the inclusive growth, fundamentally urges a system and place scale transformation. This lens enables consideration of a range of ideas about imagining the economy and society through considerations of inclusion, gender, ecology, new local economies, participation and development, which contribute to inclusion and sustainability. Any future initiatives must aim towards transformative resilience (OECD, 2014) with a focus on:

- Distributive strategies aimed at addressing inequity and inequality.

- Human development strategies aimed at increasing the skills and capacity of people to act on their own behalf.

- Structural strategies, which focus on institutional reforms, to enable the involvement of people in development and social change (Payne, 2014; Babacan 2021a).

The broadest possible inputs are needed from across society during rapid and far-reaching change (Marston et al., 2020).

Conclusion and Recommendations

Hynes et al (2020) identifies responses to COVID-19 as needing to be twofold: to address immediate concerns in the short-term and to propose an approach to dealing with the longer-term issues the pandemic highlights. New approaches to regional and community development focus on the paradigm of place-based approaches. 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) is critical. 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.

It is with these considerations in mind that the following short-term and medium framework of action is proposed.

Absorptive and Adaptive Resilience Strategies: Short term Actions (6 months-1 year)

Clarifying what constitutes essential services: During critical periods in the pandemic such as lockdown, there is an order to shut down 'non-essential' services. While some businesses such as food and drink, beauty, entertainment, retail and sports are commonly shut down, there has been no guidance provided as to whether community and social services are considered 'essential services' at the early stage of the pandemic or in the current stage. Peak industry bodies have not been provided with any guidance on this matter. In this void service organisations have assumed that they are essential services. Many have COVID-19 plans to adhere to and have continued service provision, often pivoting to provide online services where possible. There are risks of continuing service versus considerations of closing service and preventing all access. Factors to consider in essential service delivery include over-extending service capacity, burnout of staff, lack of access by some clients and safety issues

for staff and clients. Defining what is an essential service is critical as it provides guidance regarding organisational roles and responsibilities, first responder obligations and the resources needed. It is also critical to identify what formats of delivery (e.g. online, face to face) are required as a minimal for different service types. It is recommended that work is undertaken with relevant services and peak bodies to develop a framework for what constitutes essential services during the different stages of the pandemic.

Strengthening micro-economic resilience at the household level: The study shows that the work and financial fields of life are affected very significantly (and simultaneously). The micro-economics of the household are critical from both social and economic viewpoints, as they sustain individuals and families, as well as drive economies. While many of the underlying causes of household economic issues are structural, there needs to be effort to alleviate the hardships caused by precarious employment, lack of adequate income and poor housing affordability. It is recommended that a roundtable of local key economic and social development agencies with a view to developing a scheme to relieve short-term hardship e.g. food, rent relief and income support. A hardship scheme may be considered for local implementation which may be funded via crowd funding and/or government and industry sponsorships. There is also a need to unpack the variable impacts of COVID-19 on the labour market and supporting those disproportionately impacted in this context, including by way of short-term employment and entry-level jobs creation and re-training options for those industries that may not recover from COVID-19 in the short or long-term.

Integrated service delivery: The research has identified the stretched capacity of services to respond to need and the increased demand for services. Barriers to accessing particular services (e.g. mental health, housing, employment etcetera) were identified by the research. While services have adopted individual business continuity plans and there has been better coordination across service providers, facilitated by the CRC's H&SS-C, there is a greater need for improved connectivity across service providers and greater line of sight of the coordinated action needed. It is recommended that additional sector development strategies be carried out during BAU that build increased awareness across the service system and identify opportunities for integration and shared resourcing as a foundation for meeting increased demand during events. This includes identifying additional resource needs and coordinated advocacy channels.

Conduct a systems threat analysis: The world is growing in its complexity and the interdependence of various systems (health, economic, digital, education etcetera) that play out at different scales (local to global). However, many of these systems are not well integrated, with some operating in complete silos. In times of disruption and shock, they face potential widespread and cascading failure and the levels of exposure and types of vulnerability are not well understood. Based on the research, it is recommended that there is a need to increase effective systems-level integration and coordination. In order to optimize systems level operation a systems threat analysis is required. Mapping of the key systems will allow the identification of key drivers, interactions, and dynamics of the economic, social, and environmental systems and highlight the select points of policy and program intervention that will enable systems and structures to be adaptive and transformative. The points of focus should include key areas such as employment, education, health, housing, information and first response systems, communications and digital technologies and service supports.

Strengthen investments in 'soft' infrastructure for social connectivity: Many organisations invest in place-based initiatives to build social capital, community cohesion and civic capacity (referred to as soft infrastructure). Research findings on social isolation and connectivity reveal that these investments need pivoting to develop individual and community cohesion, overcome isolation and strengthen community protective factors for resilience. It is recommended that all agencies should revise current investments in soft infrastructure and embed cross-agency, local, community-led and co-designed programs of activity. This will enable optimizing of resources and efforts across different agencies, overcome duplication and address gaps in support and development and create the level of investment needed for generative change.

Address knowledge, research and data gaps, capturing learnings and cross sectoral knowledge sharing: The impacts of COVID-19 are dynamic and assert ongoing influences. There are significant gaps in granular knowledge about key areas of impact, which are compounded by gaps in data collection. In addition, the sharing of learnings also needs to genuinely inform thinking and practices of government, community organisations, businesses and service providers. It is recommended that there is a need to undertake ongoing research to address these gaps and disseminate learnings in structured ways. This includes identifying trends and changes, and the critical need to develop the knowledge base at an individual/community, issue and systemic level. Moving forward, implementing best practice approaches to achieve the latter is a priority.

Absorptive and Transformative Resilience Strategies: Medium term actions (1-3 years)

Several areas have emerged as constant sources of inequity and require structural change. They have led the exacerbation of COVID-19 impacts, giving rise to disproportionate impacts and outcomes. The issues are structural and complex in nature and require multi-stakeholder collaborations. These areas are as follows.

Addressing affordable housing: The lack of affordable housing, as outlined above, is one of the major impact areas heightened by COVID-19. It is closely linked to employment, financial distress, mental health and domestic and family violence. The shortage of housing, particularly affordable housing (including social housing), requires a re-think about ways to attract investment to meet levels of demand. Housing advocates and support services, agencies, developers, together with State, Federal and Local Governments all have a role to play. It is recommended that there is a continued need to develop strategies to relieve the current housing emergency as well as expand longer-term supply pipelines. In addition to increased State and Federal funding, strategies may support the development of housing options via changes to subdivision rules, to dual occupancy and secondary dwelling arrangements, and enabling residents to monetise their assets (homes) through a range of arrangements. In this context, cost of living pressures can be considered through a sustainability lens, further relieving affordability. New innovations in housing construction are emerging (e.g. 3D house printing), which may provide alternative options for exploration.

Precarious employment effects: Addressing employment that is insecure, unprotected or poorly paid require interventions that involve industry, employees and education/training providers. Currently there are siloed conversations occurring and the full consideration of social dimensions are largely missing from economic initiatives. It is recommended that there is a need to map and address structural barriers within the local labour market to inform effective long-term reforms. One platform for collaboration is the Tropical Drought Hub, established at JCU that aims to look at a number of program areas such as human capacity and Indigenous development.

Building resilience mindsets: The mental health impacts of the pandemic occur with a lag. Our research demonstrates the significant mental health impacts of COVID-19, its detrimental influence on future outlook, and a lack of appropriate systems of support to offset the profound impacts on mental health and security. Strengthening mental health support systems is complex and entails the engagement of multiple stakeholders but is crucial. It requires an extensive evidence base identifying the nature of the issues and what works in addressing them. It is recommended that a cross-agency forum be convened, engaging Queensland Health, mental health providers and allied health providers, as a first step toward an intersectoral approach.

Ensuring digital inclusion: The challenges of digital technologies were identified in terms of access, affordability and ability. Some of the key focus areas are digital infrastructure, digital providers and developing skills. A range of funding programs have been announced to improve digital telecommunications. Capitalising on these requires partnerships with digital providers and the NBN Co. As digital connectivity is a cross cutting issue that impacts across all aspects of life, it is recommended that a Cairns Digital Access Committee be established with membership comprised of Local Government, NBN, Telstra and other stakeholders. The Committee would identify the key challenges and strategies/solutions to the specific challenges that the Cairns LGA faces in relation to digital connectivity and inclusion.

The Cairns region is one of the more vulnerable regions due to the impacts of COVID-19. The region has experienced devastations to its key industries over the past 18 months, with further impacts emerging alongside pre-COVID-19 socio-economic disadvantage. The physical and mental resources required to recover, adapt and be resilient are not equitably accessed and have disproportionate impacts on those in most need. While it is assumed that life is largely returned to normal, the study clearly demonstrates that hysteris is occurring, which means that "the impact of a change on a system cannot just be reversed by taking away the force you applied in the first place" (Birkinshaw, 2020). In relation to COVID-19, when the conditions which cause the shock or change are removed, this research indicates that it is not sufficient for the system to come back to the original state and is likely to move to a new equilibrium, which may or may not be stable (Antunov-Fantulin et al. 2021). In a dynamic manner, the COVID-19 pandemic mid-term impacts are continuing and having profound social and economic effects. It raises significant issues of intersectionality and inequality, as precarity, risk and harms are experienced unevenly across the Cairns LGA (Graham, 2020). Any future interventions need to be focused on inclusive development as social disadvantage hinders economic and community development.

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Appendix A

Pulse of the Community Wellbeing Survey Questions

Q1: I

A. Was living in Cairns before March 2020
B. Arrived in Cairns between March 2020 and March 2021
C. Arrived in cairns after March 2021

Q2: My age is

A. 18 - 25
B. 26 – 35
C. 36 – 45
D. 46 – 55
E. 56 – 65
F. I prefer not to answer

Q3: I identify as

- A person who is from a Culturally and Linguistically Diverse (CALD) background
- A person with disabilities
- Of Aboriginal or Torres Strait Islander background
- NA
- Other

Q4: Of Aboriginal or Torres Strait Islander background

Q5:
I currently

- Live in my own home with a mortgage
- Live in rental accommodation
- Live in my own home without a mortgage
- Live in rental accommodation with family
- Living at home with parents/carers
- Am experiencing homelessness including couch surfing
- Other

Q 6: In the past twelve months, the things I have valued most about living in Cairns are the (please select all relevant)

- Living close to my family
- Living near my close friends
- Relationships/connection with my neighbours
- Access to local community, schools and social groups
- Strong sense of community and solidarity
- Access to local community and social services
- Generosity/kindness of my local community
- Access to local sporting groups and recreation clubs
- Access to spiritual and religious organisations
- Confidence in the community leadership

- Other

Q7: I feel my current overall personal situation, due to the challenges of COVID 19, is (select drop down box for options)

- About the same
- Somewhat worse
- Far worse
- Somewhat better
- Much better
- I'm unsure

Q8: Have you needed to surrender your pet/pets in the last 12 months?

- No
- NA
- Yes

Q.9: Did you surrender your pet because (of responded yes to previous question)

- Of a lack of pet friendly accommodation
- Of the cost of keeping my pet/pets
- Other

Q10: How would you rate your situation in housing/rental affordability at the start of COVID in 2020? (1 Poor - 5 Excellent)

Q11: How would you rate your situation in housing/rental affordability today? (1 Poor - 5 Excellent)

Q12: How would you rate your situation in employment options and opportunities at the start of COVID in 2020? (1 Poor - 5 Excellent)

Q13: How would you rate your situation in employment options and opportunities today? (1 Poor - 5 Excellent)

Q14: How would you rate your situation in having an adequate income to meet basic needs at the start of COVID in 2020? (1 Poor - 5 Excellent)

Q15: How would you rate your situation in having an adequate income to meet basic needs today? (1 Poor - 5 Excellent)

Q16: How would you rate the stress on your relationships (partners, family of friends) at the start of COVID in 2020? (1 LOW - 5 VERY HIGH)

Q17: How would you rate the stress on your relationships today? (1 Poor - 5 VERY HIGH)

Q18: How would you rate your situation in relation to health and wellbeing at the start of COVID in 2020? (1 Poor - 5 Excellent)

Q19: How would you rate your situation in relation to health and wellbeing today? (1 Poor - 5 Excellent)

Q20: How would you rate your access to information (e.g health advice) and social services (help that's available) at the start of COVID in 2020? (1 POOR - 5 EXCELLENT)

Q21: How would you rate your access to information (e.g health advice) and social services (help that's available) today? (1 POOR - 5 EXCELLENT)

Q22: Do you use online information and support services?

- Yes
- No

Q23: Do you use online information and support services?

- I prefer in-person
- I wouldn't know where to look for help or support
- I have poor internet connectivity
- I can't afford to use the internet very often (have limited data plan)
- I don't know how to use a computer to search for help
- I can't afford a computer or iPad/tablet at home
- Other

Q24: How would you rate your access to education and training at the start of COVID in 2020?

- Adequate
- NA
- Excellent
- Poor

Q25: How would you rate your access to education and training today? (select drop down box for options)

- Adequate
- NA
- Excellent
- Poor

Q26: During the last 12 months when I think about my and the community's safety (select all relevant to you)

- I felt safe in our local suburb
- I felt unsafe in our local suburb due to crime or anti-social behavior
- I felt isolated from family or friends
- I didn't feel connected to my neighbours
- I didn't feel safe because of conflict or violence at home
- Other

Q27: I have more hope for the future and can see things getting better (select drop down box for options)

- About the same
- Somewhat more
- I'm unsure
- Somewhat less
- A lot less
- Far more

Q28: Ongoing challenges for me with housing and accommodation include: (select all relevant)

- NA
- Finding an affordable rental property
- Finding an affordable house to purchase
- Finding a suitable house to purchase (location, size)
- Finding rental accommodation that allows pets
- Finding a rental property large enough for our family

- Finding affordable short-term accommodation
- Finding a rental property that has disability access
- Other

My employment industry is?

- Government and administrative
- Education
- Health
- Social and support services
- Tourism
- Hospitality
- Retail
- Full time parent or carer
- Building or construction
- It & Telecommunications
- Media or PR
- Resources or energy
- Agriculture
- Research and economic development
- Maintenance (including building and garden)
- Other

Q30: The end of JobKeeper has had an impact on me

- Yes
- No

Q31: JobKeeper ending has meant that

- I have had to take a cut in pay
- My hours have been reduced
- My partner has lost their job
- I have been let go
- Other

Q32: Ongoing challenges for me with work and finances include: (select all relevant)

- NA
- I couldn't access $2000 if there's an emergency
- I don't have enough income to meet everyday household expenses
- Finding employment in my industry
- Accessing enough work hours
- Finding any type of employment
- I don't have the skills to find new employment
- Being aware of job vacancies
- Other

Q33: When I think about my future health and wellbeing (select all relevant to you)

- I feel positive
- I often feel anxious and worried

- I am concerned about my mental health
- I feel scared about the future and can't see how things will get better
- I am isolated at home and can't/don't go out
- I have mental health needs but can't get access to services
- I have physical health needs but can't get access to services
- I don't know where to get help
- Other

Q34: Do you plan to stay/live in Cairns for at least the next 12 months?

Yes

No

Q35: I am leaving Cairns because

- I am relocating due to family or partner
- I feel isolated from family, friends or networks
- I am unable to find work
- I am unable to find affordable and secure housing
- I am leaving because of health and wellbeing issues
- I am unable to find work with enough hours
- Other

Q36: Out of 5, how would you rate your level of hope for the future with one being not very hopeful and five being very hopeful.

COVID-19 Cairns LGA Lockdown Survey Questions

Q1: Please rank the **overall impact** of this three-day snap lockdown on you or your household. (Very Negative, Negative, No Real Impact, Positive, Very Positive).

Q2: What were **the effects** on your or your household? (Select as many as are relevant). Please use 'Other' if none of your experiences are listed.
- • Feeling more anxious or stressed
- • Feeling less optimistic about the future
- • Loss of income
- • Disruptions to in-home care
- • Disruptions to study
- • Disruptions to recreational exercise
- • Increased social isolation or loneliness
- • More time for relaxation
- • More quality time with family
- • Increase in experience of Domestic Violence
- • Increase in alcohol consumption
- • Increase in gambling activities
- • Lack of access to groceries or supplies.
- • None of the above
- • Other

Q3: What could help lessen the impacts on households and individuals should future lockdowns be required? (Open text response)

Q4: Is there anything else you would like us to know to help the region and households to better prepare?