

# Australian Council of Social Service

## OPEN LETTER

7 October 2021

The Hon Scott Morrison MP  
Prime Minister of Australia  
PO Box 6022 House of Representatives  
Parliament House CANBERRA ACT 2600

Submitted at: <https://www.pm.gov.au/contact-your-pm>

**Via email:** Prime Minister Scott Morrison  
Chief Minister Andrew Barr  
Premier Dominic Perrottet  
Chief Minister Michael Gunner  
Premier Anastacia Palaszczuk  
Premier Steven Marshall  
Premier Peter Gutwein  
Premier Daniel Andrews  
Premier Mark McGowan

**Cc:** Dr John Kunkel

Dear Prime Minister, Premiers and Chief Ministers,

### **Urgent action regarding the National Plan, vaccination equity and economic supports**

We write further to our [Letter to National Cabinet from ACOSS](#) dated 19<sup>th</sup> August 2021 and previous correspondence.

We reiterate our serious concerns for the health and economic security of groups at high risk from the impacts of COVID-19 and implore you to take the following urgent actions to:

1. Ensure high vaccination rates for at-risk groups before lifting restrictions
2. Fix economic supports.

## 1. Ensure high vaccination rates for at-risk groups before lifting of restrictions

### *Urgent actions*

1. Support calls to achieve **Safe Vaccination Targets** for **priority population groups** and locations before each state and territory lifts restrictions. For example, the OzSAGE Group recommends vaccination rates of 85-90% double dose for all people over 12 years old in high-risk groups.<sup>1</sup>
2. Immediately **publish data** on a weekly basis about vaccination status for both **priority population groups and locations**, particularly by income level, and for social security recipient types.
3. Strengthen and resource **partnerships with trusted community leaders and groups** and public health vaccination capacities to ensure vaccinations are available and accessible for all.
4. Remove barriers to and promote **home visits by primary health care providers**, and **support community workers with existing relationships** to support vaccinations.

ACOSS is concerned that restrictions will be lifted before securing safe vaccination rates for high-risk groups. These groups include people on low incomes<sup>2</sup>, First Nations communities, people with disability, people from culturally and linguistically diverse backgrounds, and people in regional areas, particularly economically disadvantaged locations. ACOSS highlights these concerns below.

### ***People on low incomes and in poverty***

National Cabinet has still not released vaccination rates for people on low incomes. However, it is clear that people on low incomes face a range of barriers to securing vaccinations and are typically behind average vaccination rates despite being at far greater risk from COVID-19.

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<sup>1</sup> The OzSAGE Group, [“A stronger, safer NSW Reopening Plan to avoid lockdowns”](#), as at 6 October 2021.

<sup>2</sup> Focusing on people on low incomes and in poverty means focusing on a range of high-risk groups, including people experiencing homelessness or insecure housing, people with chronic illness, people socially isolated, people with low literacy levels, children and younger people or different age groups, or people with mental health issues. People who are not citizens, with variable visa status and/or no Medicare card, including refugees and asylum seekers, are also at risk, as are people in a range of detention settings. People in the prison population must also be given priority.

ACOSS and many others have consistently advocated for a community-led approach to overcoming a range of barriers, including mobility, access to primary health care, technology and location, as well as living and work conditions.

As reported by Professor Glover, Director of Torrens University Public Health Information Development Unit and a leading expert on the links between immunisation rates and socio-economic levels:

The four key demographics that are the least likely to be vaccinated are people born in countries where English is not the main language, aged pensioners, those on JobSeeker and Aboriginal and Torres Strait Islander people...

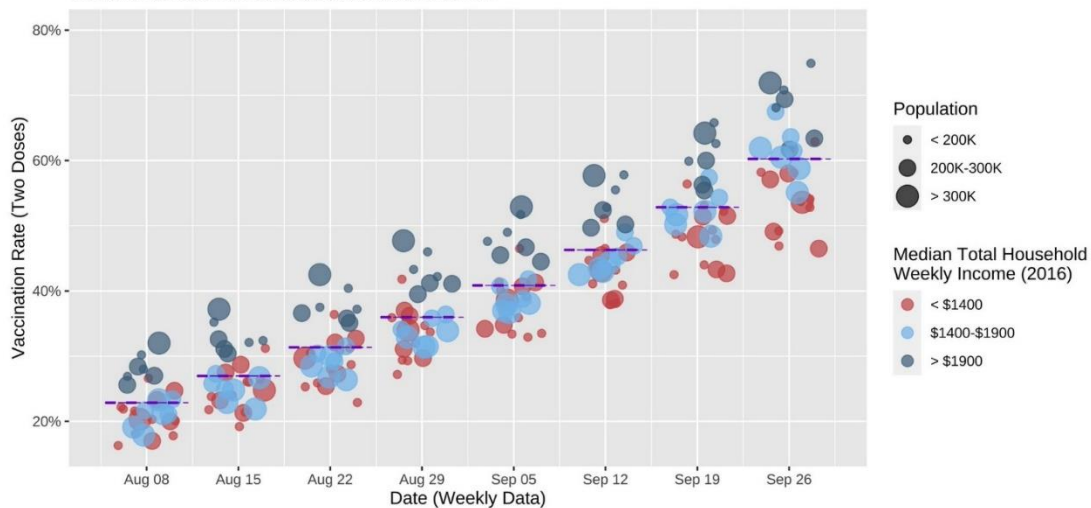
Living below the poverty line is the common denominator.

People on health care cards aren't being vaccinated... People on the lowest incomes, people on income support payments are less likely to be vaccinated.<sup>3</sup>

For example, in NSW, the vaccination rates in low-income areas (SA4 areas with median household incomes below \$1000 pw) have been typically well below the average vaccination rates, whilst vaccination rates in higher income areas (SA4 areas with median household incomes above \$1900 pw) are typically well above the state average, as the following graph illustrates.

### Vaccination Rate vs Household Income, by Region, NSW

Vaccination Rate: Two Doses, Dots: Statistical Area 4

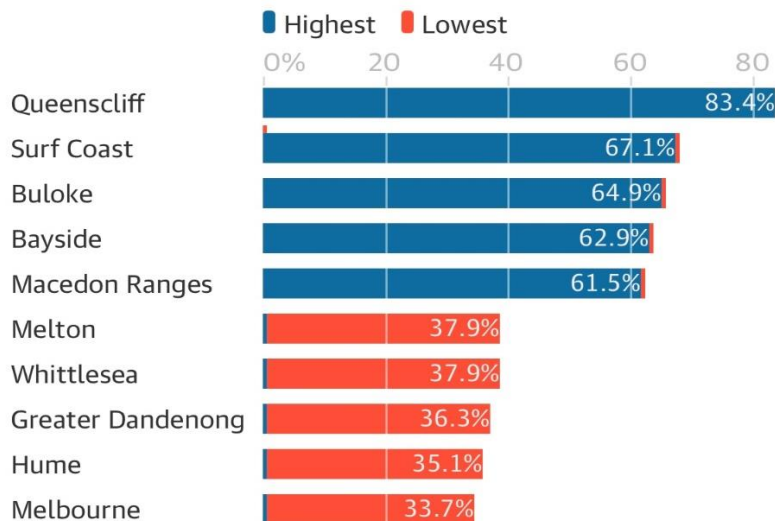


Updated: 2021-09-27 16:43:06 AEDT, By: @behrooz\_hm, Data: health.gov.au / github.com/jxeeno / ABS

<sup>3</sup> Kelly, Cait: "[Stark divide: Disadvantaged areas of Victoria have worst COVID vaccination rates](#)", The Guardian, 1 October 2021, as at 4 October 2021.

In Victoria, “the top five LGAs have at least 60% of their residents fully vaccinated, which is nearly double the rate of some of the [lower socio-economic] areas”. This reality is clearly highlighted in the following graph.<sup>4</sup>

### Highest and lowest second dose vaccination rates by LGAs in Victoria



Guardian graphic | Source: Covidlive

It is essential that vaccination rates for people on low incomes are lifted to at least the average and ideally higher and in accordance with health advice before restrictions are lifted in jurisdictions where community transmission of COVID-19 is occurring.

This is a life-saving pre-condition to easing restrictions. We know that people on lower incomes have been dying at **four times** the rate of the general population.<sup>5</sup>

### First Nations Communities

Despite extraordinary efforts by local communities, vaccination rates are still well behind state averages. No state or territory has yet achieved safe vaccination rates for First Nations populations. Full vaccination rates for people over 12 years are below 40% in all jurisdictions except the ACT, with rates at low as 15.7% in WA.

<sup>4</sup> See Kelly, Cait: [“Stark divide: Disadvantaged areas of Victoria have worst COVID vaccination rates”](#), The Guardian, 1 October 2021, as at 4 October 2021.

<sup>5</sup> Dalzell, Stephanie: [“Poorer Australians four times more likely to die from a COVID infection”](#), ABC News, 20 September 2021, data as at 4 October 2021.

The gap between fully vaccinated First Nations people and other people is 17.2%.<sup>6</sup> Again, restrictions should not be lifted where community transmission is occurring until safe vaccination rates have been achieved.

### ***People with disability***

It is also clear that people with disability, a group at high risk from the impacts of COVID and originally given top priority in the vaccine rollout, are typically well behind state and territory average vaccination rates.

There is no published data showing the vaccination rate for people with disability in the community, despite repeated requests for publication. However, the national vaccination rates for people over 16 living in disability group homes are 75.9% (first jab) and 67.5% (two jabs), with rates ranging from 75.6% in Victoria to just 51.6% in Queensland. For people in the NDIS (about 10% of people with disability nationally), 48.5% of those over 16 years are fully vaccinated.<sup>7</sup>

The Disability Royal Commission has recently described the vaccination rollout as “seriously deficient” and warned governments against opening up at 70% unless all people with disability have had the chance to be vaccinated.<sup>8</sup>

It is clear that community-led approaches that remove the range of barriers to vaccination for high-risk groups are achieving excellent vaccination outcomes, and these efforts need to be supported and sustained with adequate resources.

The key to securing high vaccination rates is to promote success and address these barriers, not to blame or accuse people of hesitancy or complacency. For example, we need to support home visits and make the most of existing relationships with community workers to support vaccinations.

## **2. Fix economic supports**

### ***Urgent Actions***

1. Permanently **increase JobSeeker** and other working-age payments so people have enough to cover the essentials like food, housing and healthcare.

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<sup>6</sup> Josh Nicholas and Nick Evershed: [COVID-19 vaccine Australia rollout tracker](#), The Guardian, as at 4 October 2021. Data sources: Department of Health, Indigenous population numbers from the AIR; non-Indigenous population numbers from ABS estimated residential population less the Indigenous numbers.

<sup>7</sup> Luke Henriques-Gomes, [“Immoral and inexcusable”: how Australians in disability homes fell from the front of the vaccine queue](#)”, The Guardian, 4 October 2021.

<sup>8</sup> Luke Henriques-Gomes, [“Immoral and inexcusable”: how Australians in disability homes fell from the front of the vaccine queue](#)”, The Guardian, 4 October 2021.

JobSeeker must be at least \$67 a day to achieve this aim and lift payments above the OECD recognised measure of poverty.

2. **Increase Commonwealth Rent Assistance** by 50% to ensure people can better afford their rent. Provide **eviction moratoriums** and deliver **private rental subsidies**. Invest in social housing infrastructure as part of a plan to meet the 500,000 shortfall.
3. **Suspend all job-search mutual obligations** during lockdowns and **for at least one month after lockdowns** end. **Reduce standard mutual obligations** outside lockdown areas (e.g., 10 job searches per month). Mutual obligations should take into account **local labour market conditions** and **health concerns**.
4. Deliver a flexible **jobs and training guarantee** for people unemployed for 12 months or more. Similar policies have been adopted in other countries.

We refer to the Federal Government plan to withdraw Disaster Payments for people affected by lockdowns. This will mean that within a matter of weeks, people affected by unemployment will be forced onto just \$45 per day, the woefully inadequate rate of JobSeeker. The effective unemployment rate is still at 8%, and unlike last year, the economic supports in 2021 have been much weaker. We cannot assume that jobs will rapidly reappear, and we need to provide economic security for people hit by unemployment.

The links between economic security and mental health are well established. Mental Health Think Tank, representing leading mental health experts in the country, has recommended as their first priority that the Federal Government fix the adequacy of income support.

We urge National Cabinet to fix the economic supports to make sure people have enough to cover the basics.

Please do not hesitate to contact me to discuss this letter further.

Yours sincerely,

Cassandra Goldie  
ACOSS CEO