Submission – COV	ID19	Response	Inquiry
Author –			

This is an individual submission, highlighting the challenges faced and impacts incurred by individuals. This submission does reference places of employment, as these are relevant to pandemic conditions as applied to individuals.

BACKGROUND

In November 2019, I had been employed by years as social worker delivering internal, customised mental and social health services to and their families, located throughout Queensland. At this time, I moved to Manager – Employee Wellbeing, with statewide responsibility for delivery of mental and social health services to through a remote workforce of social workers and psychologists. This service also held oversight for the volunteer peer support officers, who provided countless volunteer hours to support their colleagues through challenges of career.
During 2020, my role worked regularly with WHS and facilitated a shift in service delivery, ensuring mental and social health services remained operational and accessible through lockdowns, restricted movement, and the application of regularly changing public policy directives. My role supported the development new model of service, to work with the restrictions on movement, accommodate changing needs of and establishing safe work protocols for the wellbeing team.
Broader health supports for people impacted by COVID-19 and/or lockdowns (for example mental health and suicide prevention supports, and access to screening and other preventive health measures).
Throughout 2020 and two thirds of 2021, my team and I were available and delivering support services to ensure the workforce received appropriate and necessary levels of support to manage the constantly changing requirements of public health policy, as well as their individual circumstances. During this time, members of Employee Wellbeing met usual, and every new demand requested of the service, as well as trialling an additional support service option. During this time, Employee Wellbeing Service had been provided with varying levels of access to PPE, screening or other health measures related to physical location of the member. Generally, each individual member of Employee Wellbeing was required to manage their own safety, as this team were confined to working from home arrangements from March/April 2020, effectively moving the risk from the organisation to the individual/home environment.
In September 2021 (prior to this 85% of Employee Wellbeing had voluntarily sought advice regarding vaccination) This directive was enforced through use of disciplinary process, alleging that members who did not follow this directive were guilty of serious misconduct. did provide an option to request exemption to vaccine mandate based on health or religious grounds. I applied for exemption with written support from my General Practitioner of 8 years, and with written support from the leader of the religious group to which I have been affiliated for approx. 5 years. Additionally, I outlined the recent changes in my role which saw up to 90% of my duties filled through remote working arrangements. My application was denied, and I was not provided with explanation. I was given a verbal direction to provide evidence of vaccination within 2 days or I would be suspended, pending disciplinary action. I immediately submitted leave application, (which was approved at half pay) however I was excluded from all work communication and locked out same day. This left the role of manager unfilled, and at that time Employee Wellbeing was carrying 5

vacancies (2 of which I was in process of recruiting to). This sudden and total exclusion from my colleagues, high level responsibilities and incomplete tasks was devastating. My final remote contact with my team occurred on 2021 – 2022, I applied for and won 5 roles across education support In the months from and mental health service providers. However, in each process, I would progress through written application, interview to discussing job offer at which time I was requested to provide vaccination status. During this time, there were a significant number of roles that I was qualified to fill, but was ineligible for, due to vaccination requirements – including roles that were delivered completely via telehealth, with no face- to- face requirement to meet with clients. I returned to full time work as a social worker in mental health field in 2022. This role was graduate entry level role, despite having 20 years experience working as a social worker and 2 years experience managing a statewide mental and social health service. This role was not good fit for my skills or experience and my mental health suffered again. I left that role after only 12 months, moving to another role, again at entry level. As a Social Worker with 20+ years experience, I have been excluded through arbitrary decisions, and the mental health workforce has been impacted by not only myself, but other senior practitioners who have been excluded from the health workforce. It was after I commenced another role in 2023, that vaccine mandates across some areas of health and policing were removed. Incidentally earlier in 2023, I applied for same role with Employee Wellbeing, and was advised that I was "not a suitable candidate" – despite the 8+ years that I had previously worked with Community supports (across early childhood education and care, higher education, housing and homelessness measures, family, and domestic violence measures in areas of Commonwealth Government responsibility). It is now evidenced through mental health statistics that Australians of all backgrounds suffered significantly simply by enduring pandemic conditions established by state governments, with no accountability by Commonwealth Government. My -year- old daughter was enrolled at University 2020-2022, living in rental accommodation. The sudden and dramatic change in class delivery from face to face to online only, had a significant impact on both her social wellbeing and learning. My daughter was forced to spend continuous weeks in her bedroom, with no physical contact from friends (due to public health orders) and no contact with family, (as we were outside the travel allowances). This resulted in significant depressive symptoms, functional decline and her study was impacted as she struggled to focus, and pass classes. When public health orders changed, my daughter immediately moved out of the one room that had been her "prison" in 2020, which then left her at the mercy of rental crisis, and often homeless for periods between share housing availability. My daughter has just completed study in 2023, however this struggle was only overcome through significant input (financial and emotional) by us as parents, 2 mental health plans, links to community groups and her own determination to finish the course of study. My daughter was not eligible for any financial assistance (job seeker, job keeper, etc), has received minimal financial support as a student and generally, had to survive this pandemic experience on her and our resources without Commonwealth Government assistance. Financial support for individuals (including income support payments). From 2019- 2021 my husband was employed as a teacher in a school, delivering

traditional classes throughout 2020, managing with PPE, social distancing, and other "safety"

measures to ensure educational outcomes were being met for his students, particularly in senior classes. My husband altered teaching to remote delivery when directed, creating, and altering much of the class content in his own time, as little work time could be allocated as public health directives were changing regularly and enforcement was immediate. In December 2021, vaccination mandate was applied to educational settings, and teachers were advised days before Christmas. My husband also followed professional and internal employer processes to question vaccine requirement however his employment was terminated in 2022. This resulted in both my husband and I without income for a period of about 6 months, yet also not eligible for job seeker or other commonwealth financial payments. My husband was able to locate other employment, more quickly than I did. Our family survived on the limited income we could earn without access to the double job seeker payments that had been provided to those who were unemployed during pandemic conditions. We've supported ourselves and adolescents through pandemic conditions, as we were all ineligible for commonwealth payments at that time.

(As a point to consider, my husband is a	teacher and was delivering classes
when he was dismissed fro	om the private school. He gained contract employment
delivering classes	. This government education/training setting did not
require vaccination, had limited PPE, ar	nd required him to teach on various rural campuses, resulting
in his working in 3 different comm	nunities of students and staff.)

Future responses

The impact of the above experiences could be decreased through allowing individuals and organizations to use information and apply this to each individual setting, as deemed best fit for that setting by the people working there.

- For example, many educational settings operated throughout 2020 using less evasive measures, maintaining learning through changes in classrooms setting or class sizes etc. Teachers such as my husband were following public health advice through use of PPE, sanitizer etc. to keep students connected to each other and to learning. The mandated vaccination was the most detrimental action to impact teaching workforce.
- Similar, when mental health services moved to online environment, the application of vaccine mandate for employment no longer made sense, as infection can not be spread through video calls. The application of vaccine mandate for mental health workforce delivering telehealth services (both within the specific role in and more broadly in mental health services) only served to reduce the workforce and impact service delivery.
- The isolation of young people, particularly uni students living away from home, could have been overcome through similar distancing, sanitizing in university, as was used in schools. The dramatic impact of removing access to a community seems absurd and extreme measure.