LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON THE COVID-19 PANDEMIC RESPONSE

(Reference: COVID-19 pandemic response)

Members:

MR A COE (Chair)
MS T CHEYNE (Deputy Chair)
MRS V DUNNE
MS C LE COUTEUR
MR M PETTERSSON

TRANSCRIPT OF EVIDENCE

CANBERRA

THURSDAY, 9 APRIL 2020

Secretary to the committee:
Mr H Finlay (Ph: 620 50129)

By authority of the Legislative Assembly for the Australian Capital Territory

WITNESSES

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Amended 20 May 2013

The committee met at 2.34 pm.

CAMPBELL, DR EMMA, CEO, ACT Council of Social Service (ACTCOSS)
WALLACE, MR CRAIG, Policy Manager, ACT Council of Social Service (ACTCOSS)

THE CHAIR: Good afternoon, everyone. Welcome to the first public hearing of the Select Committee on the COVID-19 pandemic response and, somewhat interestingly, the first meeting ever held by the Assembly on Zoom. It is a pleasure to welcome ACTCOSS to this hearing. The committee intends to hold public hearings every Thursday, alternating between ACT government and community representatives. On behalf of the committee, I would like to thank Dr Campbell and Mr Wallace for representing ACTCOSS today.

Firstly, I understand that you have been forwarded a copy of the privilege statement. If that is so, could you please confirm for the record that you understand the privilege implications of that statement?

Dr Campbell: I do.

Mr Wallace: I do also.

THE CHAIR: Thank you. I would also like to remind you that the proceedings are being recorded by Hansard for transcription purposes and that they are going to be webstreamed on the Assembly website. Before we kick off, I would like to invite either or both of you to make an opening statement.

Dr Campbell: I would like to make an opening statement if I may.

THE CHAIR: Please.

Dr Campbell: I would firstly like to acknowledge the Ngunnawal people, who are the traditional custodians of the land on which I think most of us are meeting today, and pay my respects to the elders of the Ngunnawal nation, both past and present.

I would like to use this opening statement to provide some context to the evidence that I am giving today to the select committee. This is not the first epidemic where I have had a role in the response; in my previous role with Medicins Sans Frontieres—Doctors Without Borders—I was the administrator of a project that provided a humanitarian, medical and community response to the HIV and drug-resistant tuberculosis epidemics in Eswatini—then Swaziland. I oversaw the administration of MSF's largest Ebola management centre in Sierra Leone during the west Africa Ebola crisis in 2014 and 2015. For this work I received the Australian Humanitarian Overseas Service Medal. In 2015 I coordinated the administration of MSF's mission in Lebanon, Turkey and Syria in response to the Syrian crisis. This experience has helped me to assess and, I hope, contribute to the ACT's response to COVID-19.

My observations are that the model of governance in Australia's commonwealth, state and territory jurisdictions—and in particular its public service—while well set up to develop and implement policy over longer time frames, faces challenges in meeting a

crisis like COVID-19. It is incumbent upon all of us to ensure that there is oversight and transparency, and I congratulate the Leader of the Opposition for establishing this committee. Because of the challenges faced by the government structure, there also needs to be cooperation, understanding, engagement and trust so that our institutions of government can adapt and respond to the needs of the community. Just as the public service needs to become more agile, ACTCOSS also has to ensure that its advocacy on behalf of Canberra's most vulnerable and the organisations that serve them is constructive and solutions based. It cannot only be about highlighting gaps and problems.

It is really important to state this and make these comments because as I talk about the ACT government's response it must be understood in that context. A response to a crisis like this will never be perfect. One solution might be fit for purpose one day and lose its relevance the next day. I think the importance of cooperation and communication is, therefore, really critical. While there remain some gaps, we are pleased with the ACT government's efforts to engage and communicate with the community sector. In my response to questions I would be happy to share ACTCOSS's perspective on what is working well and what needs further attention.

There are also issues impacting the ACT which can only be solved at the federal level, and I would urge the ACT opposition to play a constructive role in this. The role of the opposition is particularly important, given its political alignment with the federal government. I would be very pleased to highlight some of those policy areas also. Thank you for inviting ACTCOSS. I welcome your questions.

THE CHAIR: Thank you, Dr Campbell. Firstly, with regard to the money that the ACT government has committed to the community sector, I was wondering whether either of you are able outline what communication you have had from the ACT government and how you think that money is best spent?

Dr Campbell: I have had regular communication from Minister Orr. I have had regular communication from CSD at deputy director-general level. I have also had communication from the Health Directorate. I understand that the $9 million which has so far been committed will be shared between Health and the community sector. We hope that some of that money will also go to organisations that receive funding through JACS. We also see opportunities for further funding and support for the community sector as this crisis continues. We have been feeding, through those consultations with the government, the areas of immediate need where we think that funding could help. We are very keen now to have some outcomes from the information we have provided.

THE CHAIR: If you do not mind my asking, what are some of those immediate needs that are worthy of ACT government funds right away?

Dr Campbell: There are a range of them. It is a challenge. I do not want to give preference or priority to any particular needs, given our role as ACTCOSS. That said, I think homelessness is an area that needs relatively immediate attention, and issues around domestic violence. If money is the barrier to increasing access to personal protective equipment then we would like to see some of the money dedicated to that. I am not sure that money is the issue there; it is more complicated than that.

There are certain groups of people who, because of federal government policy, find themselves without any access to income. They include very young people but predominantly people of migrant background and people seeking asylum. There may be a need for that money to be focused on services that can meet some of their needs. There is also opportunity, in the longer run, for investment, but they are some of the very critical services and gaps that some of this money could go to.

THE CHAIR: Thank you.

MS CHEYNE: Thank you both for appearing. You said earlier, Dr Campbell, that there are some areas—I think we just talked about it—where there are a few gaps or where you want more effort put in, but what, at the moment, in your view, is working? Where have we seen some quick wins and some good outcomes?

Dr Campbell: What we are seeing working is the ability to quickly communicate and identify where there are problems. CSD or Health are able to respond very quickly to that. One of the issues is that many services have now moved away from being face to face; they have gone offline. We are seeing some services that actually now need to return to being face to face. We hear from the recipients of those services, or the people who were referring people to those services, that there is this massive gap. We were able to work with CSD and Health and the services involved to resolve that—provide PPE, provide infection control training and get those services back up and running. That would be an example of some of the successes.

There is a lot of work happening. For example, in the justice space we are very aware that significant work has gone into ensuring that prisoners are kept safe and that there are good mechanisms in place to allow detainees to continue to engage with their families. It is very important for ACTCOSS to hear what is happening so that we can tell the rest of the sector—being able to find out what is happening, say, in Health or in the justice space and then communicate that with other organisations so that they have some reassurance of the work that is being done.

I would like to commend Health and CSD in particular—I think JACS has just started to do some of this important work—on their engagement with community sector organisations to reassure them that their funding will not be stopped or reduced if they are not able to deliver on the KPIs that were set for them. And I commend them for efforts to work with those organisations to deliver their services in different ways. That has been really critical to allowing services the freedom to respond in the ways that they see fit, but in ways that may be outside of their traditional KPIs.

MS CHEYNE: That goes to my next question on this, because I am aware of that media release that you put out on 24 March calling for greater flexibility in terms of reporting requirements and meeting contract obligations and how funding is used. It seems that that is starting to be resolved.

Dr Campbell: There are always ongoing discussions and challenges around that, but what is important is that there are now very established lines of communication between the various directorates and the organisations. It is complicated. Some of us are funded for things that cannot stop—we still must meet our KPIs. This is

particularly so for services that have responsibilities that are beholden to legislation—for example, children's services. I do understand the complexity of that. There are challenges, but I would say that Health and the Community Services Directorate and JACS are now working hard to get through those challenges.

MS LE COUTEUR: I was wondering. You said there was a shortage of PPE. What are you doing with the services which absolutely have to be delivered in person, be it some of the age care and disability support or the NDIS-type services that your associated organisations provide? How are they doing them?

Dr Campbell: Craig, can I ask you to speak to some of that, because I know you have been in direct conversation with both service providers and those organisations that represent the recipients.

Mr Wallace: Thank you for the question. The reality is that a number of services are attempting to pivot in the way that they provide support for people. For instance, community transport services that were previously providing social support to people with disabilities and older people are pivoting to not taking those people out but to delivering the shopping to them in their homes as best they can. However, I do not think that we can gloss over the fact that the inability to access sufficient amounts of PPE is causing significant disruption in the services that are being received by disabled people.

Support workers are often having contact with multiple people in their homes, and people with disabilities and carers are terrified of potentially having transmission of this disease into their homes. So the reality is that many people are making a pre-emptive decision to cease services and some services are ceasing to operate. We have called, in some joint advocacy that we have done with other groups in the ACT—including Advocacy for Inclusion and ADACAS—for the NDIS to prioritise the provision of personal protective equipment to services that use them and to ensure that there is adequate training of those people.

MS LE COUTEUR: That sounds good. Has any of this support been given to services—you said they were pivoting—who are going to be, say, pivoting to doing more audiovisual-type communications? The Assembly has just pivoted to doing it here. What about your organisations?

Dr Campbell: I think that has been a challenge for a lot of organisations. Certainly, some smaller organisations did not have the IT capability to quickly move offline, or they were reliant on government services which may also struggle to move some of their work onto non face-to-face platforms.

MS LE COUTEUR: Yes.

Dr Campbell: That is one area where contract flexibility is very helpful so that organisations can use some of the money that they would have been using for other things to invest in IT and so on. As I said previously, one of the issues we are seeing is that services that have moved to online platforms are now not meeting the need—for example, in domestic violence services, maybe in some drug and alcohol services and some of the services working with people experiencing homelessness. So we now

need to identify which services or which vulnerable communities are impacted by that and help those services return to face-to-face delivery in ways that are safe.

THE CHAIR: Thank you. I think there is a supplementary question from Mrs Dunne.

MRS DUNNE: Actually, I think that the last few sentences of Dr Campbell's previous response covered my supplementary question, so I will pass.

MR PETTERSSON: Thank you. I have a further supplementary. In regard to the service provision for vulnerable people and some of the vulnerable members of our community cancelling these services, what effect will that have on the service providers? Does that threaten their ongoing financial security?

Dr Campbell: It is different depending on the types of service provision—basically how it is funded. We are seeing organisations that are dependent on individual purchase of services—child care, NDIA and aged-care services—struggling because if the client cancels their service they do not receive funding for that, or if the child does not come to a session they do not receive funding for that.

We are also seeing some organisations who have been following government direction—when I say "government direction", I mean all governments—that they should be becoming more financially independent, trying to make additional money through things like child care to fund other services such as homelessness. They are some of the organisations that have been most hit by this. Those that have relied on the kinds of market systems that have been set up—the NDIS, child care and aged care—have struggled the most because the minute demand falls their income falls. That has been a challenge. They are well-run, efficient organisations which have been cross-subsidising some really important services, certainly through child care. I think it is something that both the federal government and the ACT government will need to better understand in order to achieve future resilience but also to meet immediate need.

MR PETTERSSON: Just following up on that, how do we meet that immediate need? Is it simply through grants being provided or might there be a different solution?

Dr Campbell: Again, it is very complicated. Some of the organisations that have been hit are very large organisations. They are organisations such as UnitingCare, Vinnies, Anglicare, which have been hit by falls to some of those services but are not eligible for the JobKeeper payment because they received so much money to help with the bushfire response. It is a bit of an odd outcome. Some of the bigger organisations have been impacted by the falls in demand for child care, NDIS and aged-care services. For other services it is about looking at the individual services that they are providing and seeing where there is immediate need that could be met with additional funds or other types of support. How we maintain the sector in the long run is a different conversation, and not to do with the $9 million that has been given here. That is something we will need to start to discuss and come together again to address.

I think that the response by the federal government to the childcare issue has helped a little bit and perhaps mitigated the risk of a large organisation going under in the ACT. But falls in other revenue—for example, around philanthropic donations, donations

from businesses, and the fundraising events that have now all been cancelled—are going to start to hit these organisations in the next three to six months. I think that is when we are going to have to think about solutions beyond meeting the immediate needs of very vulnerable people.

MS LE COUTEUR: We have talked about responses in general. Do you think we need to do different responses for different groups? I am thinking particularly of our Indigenous people in the ACT, who are over-represented in all the places they should not be over-represented, but also multicultural groups.

Dr Campbell: I think that is where my comments in my opening statement are relevant. The challenge for us, for the sector and for the government, is creating niche and quick responses to very different problems that happen in different communities. Even amongst people seeking asylum the visa category that you are on has a huge impact on how the COVID-19 response is impacting you—whether or not you can access JobKeeper, Centrelink benefits and others, including, for example, housing support. So understanding the different impacts on different communities is critical, and then coming up with help to support them.

The only way you can do that is for CSD and members of the government and members of the opposition to speak frequently to the small organisations that are in contact with these various groups. For example, sex workers in the ACT are a group that is dominated by people of migrant backgrounds, but not always. Those people cannot access JobKeeper or Centrelink. Other people, predominantly women, who might be able to access some support do not feel comfortable demonstrating themselves to be sole traders or sharing information about the work that they are doing. How do we reach them?

There are very specific groups—students, international students and carers, who were never previously vulnerable but who now find themselves very vulnerable because they are locked in their homes with a person they are caring for who has dementia or other issues where there are challenges with violence or behavioural problems. So there is huge complexity and it is about constant communication and finding niche solutions and quickly moving money out the door to those small organisations who are dealing with the various cohorts. That is the challenge for, as I said, a large public service.

MS LE COUTEUR: What role do you think there is for the ACT in those income support gaps that you talked about? The commonwealth passed its legislation last night, so presumably it is not going to change much in the short run on that.

Dr Campbell: Unfortunately, it is the role of the ACT government, therefore, to fill some of those gaps that have been created by some of this federal policy. We think that the jobs for Canberrans program, if effective, may provide some opportunity for people who otherwise could not get access to federal income support. Again, it is about knowing who the groups that are most affected are and which community organisations are in touch with those groups, and getting money and support out the door to those organisations so that they can link with the most vulnerable. Craig, do you have anything else to add?

Mr Wallace: I would just make the comment that there are a number of dimensions to that, and levers that the ACT can pull, such as ensuring that we minimise the exposure of vulnerable and low-income Canberrans to energy bill shock. There are welcome advances on the utilities concession and the direct support front, but we need to ensure that people do not miss out—for instance, people who do not have active concession cards because they are refugees and people who are using energy providers apart from ActewAGL. The full presumption should be that we do everything we can, really quickly, to shield people—people who have lost their jobs and their incomes—from bill shock as well as evictions and other adverse outcomes.

Dr Campbell: If some of those broader policy decisions could apply to everybody it would be one way that the ACT government could fill those gaps. That is why we are eager for the eviction moratorium to be put in place. We understand that it will be done soon.

THE CHAIR: Dr Campbell and Mr Wallace, it is 3 o'clock, but there are still a few more questions. Do you have any more time that you are able to share with us?

Dr Campbell: Yes, I am free.

THE CHAIR: Great. Okay. Well, we might go for a couple more questions, so we can get a substantive question from Mrs Dunne and also from Mr Pettersson.

MRS DUNNE: Thank you. I am going to change the subject a little. I have noticed that there has been commentary about this, mainly from Mr Wallace. I would be interested in ACTCOSS's perspective. There have been concerns raised about the plight of people with disabilities in the COVID-19 environment and their fair access to treatment. I was wondering whether ACTCOSS has a view on this.

Dr Campbell: We have a very strong view. I will ask Craig to speak to that.

Mr Wallace: Thank you for the question. Our very strong view is that people with disabilities and other stigmatised communities should not be denied access to health care on the basis of stigmatising factors. We need to take into account the fact that people with disabilities have many barriers already to accessing the health system. Some people are actually being placed in a double jeopardy because they are unable to access PPE for themselves and for their support workers. So they are potentially in positions where they are unable to prevent themselves from contracting the virus and are potentially at risk of discrimination once they enter the health system.

We already know that there is a phenomenon called diagnostic overshadowing, where assumptions are made about a person's likely quality of life once they receive treatment, whereas in fact that person already has a solid quality of life. So it is important that any work that is done treats people based on their clinical need at the time of presentation. The ACT is also a human rights jurisdiction. Unlike the United States, for instance, we have signed and fully ratified the United Nations Convention on the Rights of Persons with Disabilities. That talks about the right for people with disability to have access to health care, particularly in situations of humanitarian emergency. These kinds of ethical questions and hard guidelines become more important in a situation like this, not less important.

So we think that that needs to be strongly applied in the planning that we are doing, and that we also need to take some steps to ensure that people with disabilities are not at further risk of contracting the virus. We have talked about the need for the NDIS, for instance, to enact its operational guidelines for emergencies that allow people to utilise family members as support workers temporarily. There is a whole lot of stuff that we can do. I hope that has answered the question.

MRS DUNNE: Thanks. I think that that started to answer the question, but could I just follow up on the last point, Mr Wallace? You talked about the NDIS and emergency guidelines. Could you just elaborate on that a little, please?

Mr Wallace: Sure. The NDIS has within its operational guidelines a section which allows people to adjust their supports in an emergency. I do not have the number in front of me. I think it is section 9, but I will table that later. That means that people can draw on family members for support where a service falls over due to lack of PPE, or where they are not comfortable with their current arrangement or somebody becomes ill. That needs to be enacted now. We also think that there is a set of works that the NDIS needs to do to be proactive in reaching out to people who have got digital divide and are not accessing information online, particularly about the option to do that and other kinds of supports. More needs to be done.

MRS DUNNE: Okay; thank you.

MR PETTERSSON: I have got some questions about the social distancing fines that have now been put in place. ACTCOSS has been pretty prominent in arguing for income proportionate fines. Do you have any commentary on the new fines and the magnitude of them?

Dr Campbell: Yes; thank you for that question. We do have concerns with the magnitude of the fine and the fact that there is no opportunity to have alternatives to paying the fine—for example, community service or other ways of mitigating the fine. That said, I think we are also very concerned about the use of this legislation in inappropriate circumstances, as we have seen in some other jurisdictions, both in Australia and overseas.

I will say that we met with the ACT police on this. I was relatively reassured by the conversations that we had with the ACT police. I think they have a goal of getting through this crisis without having to impose the fine, and instead trying to engage with the community through education and discussion. They have very tight guidelines and rules around the use of new powers and the fines. Of course, we will continue to monitor that.

We are concerned that people, because of complex factors, will find themselves in breach of some of these orders, and the police will increasingly struggle to find ways of diverting vulnerable people to alternative programs outside of the justice system, as many of them close down. So we will continue to work with the ACT police on this issue. But if we do see the imposition of these fines it may be important to look at alternative ways for very vulnerable people to manage the impact of them.

MR PETTERSSON: Are you aware of any of those fines being imposed?

Dr Campbell: It is my understanding that there have not been any fines imposed or any findings of breach of the two-person order in the ACT.

THE CHAIR: Thank you very much. I think the time for this hearing has expired. I am very grateful to you both for coming at very short notice to give evidence today. This committee, as I mentioned at the beginning, is going to be meeting weekly—alternating between government and community and private sector representatives. So if, along the way, you have further information or further advice that you would like to pass on to the committee we would be delighted to receive it, either in writing or perhaps by again appearing before us.

Thank you very much for your attendance. You will be sent a draft of the *Hansard* transcript. Please review that to check for any minor errors. Finally, I would like to thank the committee office for all the work they have done in the last few days to make this a reality. It is quite a feat to turn this around so quickly. I thank very much Hamish and the committee office and all the technical officers behind the scenes here at the Assembly who have made this a reality. I think it has been a successful technical production and it has also been a success to hear from you both about the enormous need during a very difficult time. The committee's hearing for today is adjourned.

The committee adjourned at 3.11 pm.