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

FRIDAY, 19 JUNE 2020

Secretary to the committee:
Ms Annemieke Jongsma (Ph: 620 51253)

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

WITNESSES

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Amended 20 May 2013

The committee met at 10.21 am.

KELLY, MS LISA, Chief Executive Officer, Carers ACT

THE CHAIR: Welcome to this public hearing on the COVID-19 ACT pandemic response. I understand that you have been forwarded a copy of the privilege statement. Could you please advise whether that is okay and you understand the implications of that document?

Ms Kelly: I understand it, thank you.

THE CHAIR: Before we go to questions from committee members, do you want to make an opening statement?

Ms Kelly: Thank you. I would love to. I would like to start by acknowledging that we are meeting on the lands of the Ngunnawal people. I pay my respects to their elders past, present and future. I also acknowledge carers and the contribution carers make to our community.

Family and friend unpaid carers are caring for people with disability, mental health, chronic health, frail aged or palliative care needs. There are approximately 50,000 carers in the ACT. In many ways, family carers were invisible during COVID. The many ways in which carers were not seen, recognised, supported or addressed include a number of areas such as education support: a lack of acknowledgement of the demands of educating a person with a disability; a lack of acknowledgement of the needs of children who are non-verbal, sight impaired, hearing impaired or autistic or who have an intellectual disability; and a lack of support for carers to balance working, caring and being educators. There were no options for children with disability to return to school prior to full restrictions being lifted.

Carers were not seen in the form of information. A recent report from Children and Young People with Disability Australia found that 82 per cent of families stated that they lacked information targeted to disability and that the lack of targeted information exacerbated their distress and their uncertainty. Despite the call for accessible and targeted information for people with disability and their carers and for the disability management and operational plan for people with disability, we still do not have good, accessible and targeted information.

Carers were invisible in health—their health and the health system. We had GPs advising carers to cease all in-home supports, without consideration of the impact of that on the carer. There was limited, confusing and expensive access to PPE. To be clear, this was PPE specifically to prevent the possible spread of COVID, not PPE for the provision of daily care. There were cancellations of in-home care supports, increasing the demand on carers and risking the health of the person they cared for. Carers provided the bulk of work to keep vulnerable people safe and COVID free at great personal health, wellbeing and financial cost. This has not been publicly acknowledged or thanked.

Carers had increased public vulnerability. They had extreme isolation. Some had no contact with anyone outside their household in more than three months. They were unable to see family members and thus unable to assess current levels of wellbeing or decline in health, including mental health.

Carers received mixed messages—for example, “Don’t leave the house. Maintain distance to avoid the spread. But you don’t need PPE, even though you can’t maintain distance.” There was increased stress and worry about what would happen to the person they cared for if they contracted COVID, and it is worth noting that we still do not have an answer to that question.

Carers were banned from nursing homes, with no alternative forms of contact being provided. We had horrific stories of the experience of deaths and funerals in the last couple of months. There were restricted visits to mental health facilities.

A lack of clear information on caring for someone during COVID and balancing work and caring was stressful, particularly if you were also educating. There was an inability to access normal supports due to a hesitancy to talk about caring while the person you cared for could hear you.

Carers were invisible in violence and not acknowledged to have an increased risk of family violence while being isolated.

Carers generally fell through the gaps. The gaps created in the responsibility for care of a person with disability were amplified in the pandemic. There was a lack of recognition of the vulnerability of people with a disability and their carers. There was a disparity of response between the aged-care sector and the disability sector. There were significant gaps in the understanding of the risks and needs of people with disability, and the pandemic highlighted the gaps in the interface between health and disability.

Despite where the funding comes from and who holds what responsibility for what, carers, people with disability and people who are frail aged, have a mental illness or health condition or are living with a life-limiting illness are members of the Canberra community. They are our neighbours and family. They are our citizens, and we need to see, support and recognise them. In many ways they have helped to flatten the curve—but at what cost?

THE CHAIR: Thank you for that sobering evidence. On the flip side, what has been done well? What things have been put in place that have provided the support that is required? What made that successful and can therefore be replicated in other areas where, obviously, things have fallen short?

Ms Kelly: At the beginning of the pandemic there was lots of engagement with ministers, with government and with departments about emerging need and vulnerability. The vulnerability and need of carers came a little later in the pandemic than in the first couple of weeks. It has been really difficult to support carers during this time because their own fear and anxiety has been preventative to their access to support in lots of ways.

What we did well was trying to get information to carers as much as possible. We put a lot of information out and tried to cull information specific to carers to put on our website. That was done well. The work that the federal Department of Health did around aged care helped significantly to understand what could and could not happen well within aged care. The fact that we eventually had a response from the ACT government for carers to have access to PPE was a great outcome. The path to get there was difficult. The outcome was great. The fact that carers are being seen, to some level, and acknowledged is really good.

The challenge for me was that everybody wanted to do practical support. That was great for so many members of our community, but practical support for carers was not possible during the height of the pandemic because of the vulnerability of the people they care for and the vulnerability that they had themselves. So it is about how we respond to them now and how we acknowledge and recognise the stress they were under at the time by putting in some supports and some actions now.

THE CHAIR: When did the access to PPE come in? Do carers still have access?

Ms Kelly: The access to PPE was originally through the NDIS and through the stockpile the NDIS held. However, that was for disability workers and services; it was not necessarily for carers. The access specifically for carers came through the ACT community response about three or four weeks ago, I believe. Carers are still able to access it through that. But that process in itself is also not a hundred per cent clear.

It was more the mixed messaging around it that was the challenge. From a carer perspective, what we were being told was to keep your distance to stop the spread and that masks and gloves and things would help in cases where there was contagion. But a carer sometimes could have 10 people coming in and out of their house in a week—10 different people. They could have two or three different people coming in and out of the house in a day. So trying to keep their people safe in that space and being told they did not need PPE to do that was a real challenge. It meant that a lot of carers stopped letting anyone into the house at all and carried the burden themselves.

THE CHAIR: And were potentially riddled with guilt prior to doing something or not doing something?

Ms Kelly: Yes. What do you do? Do you let the support worker in and meet the hygiene and daily needs of the person you care for but risk exposure to COVID, or do you not let the person in and then do all of that work yourself? For some of our carers who I have had the pleasure of videoconferencing with in the midst of all of this, I could see they were trying to educate their children, they were caring for a spouse who was not well and they were trying to work at the same time, and often without any help coming into the house.

So it was a really difficult time and there were really difficult decisions. We were lucky to partner with the University of Canberra to develop an information sheet on how to make really tough decisions when you are stressed—because we do not make the best decisions sometimes when we are stressed. There is a whole bunch of stuff that happens to our brain and the way it works. Doing some of those practical things made a huge difference—sending out information on how to look after yourself.

We were really lucky that the federal Department of Social Services allowed us to use some of our funds. In partnership with a number of disability agencies around town, we distributed 650 activity boxes to families with children with intellectual disability. That was about saying, "You know what? This is for a carer watching the same video for the 250,000th time or playing with the same set of Lego or having run out of colouring-in books but not being able to get out to buy any more." That was just draining carers and driving them down. So being able to send those packs out and say to those carers, "Look, we've got you. We hear you, we see you, and here's some stuff that might help," was huge. The thanks we received back from carers on that was just heartbreaking—to know that such a little gesture meant so much to them.

MRS DUNNE: Thank you very much, Ms Kelly, for your very poignant evidence. You talked about PPE. What is it that you were not getting that you needed? What was eventually provided?

Ms Kelly: The cost of PPE was extraordinary and outside the reach—

MRS DUNNE: What I meant was: which particular bits of the kit were you looking for and could not get?

Ms Kelly: In most cases masks, gloves and sanitiser. Just the basics.

MRS DUNNE: Not aprons or stuff like that—not particularly?

Ms Kelly: No, because carers or people with a disability who would normally need that level of protection had it. They had it already in stock and the services that work with those clients were bringing the stock with them as well. This was more for carers who had a heightened level of anxiety who would normally not need a support worker or a health professional to wear a mask but, given their anxiety, were seeking masks in particular in order to continue to provide in-home care without feeling anxious about spread.

MRS DUNNE: The flip side of that is that the carer might be feeling anxious and wanting someone who is a service provider to wear a mask but someone, especially a child, with an intellectual disability may actually find a mask quite confronting. Were there problems with getting that happy medium as well?

Ms Kelly: There were problems initially, but carers are really good at talking to their children with intellectual disability. We had some really great examples of ways in which we could talk about what was going on. We had some really creative carers who had done masks and drawn on masks so they had superhero insignia and bits and pieces on them so that they were less scary and less intimidating for the person they were caring for.

MS CHEYNE: I will echo my colleagues' comments about just how grateful we are for your poignant and very frank and candid evidence. The flip side of the chair's question is: what is the pressing need to get done now? The thing that really struck me is that you said we still do not know what the answer is if a carer does get sick. Is the priority, now that we are all able to perhaps stop and take a bit of a breath, to say, "Let's develop a plan for what might happen in different circumstances here"? Or is there an even greater need that we do not quite have our eyes on?

Ms Kelly: If you will indulge me, I have a couple of recommendations that address some of those priority needs. The first one is that we need the ACT action plan for the COVID disability strategy to be released immediately so that we can see what is in that action plan and see whether we have got a solution to address the need that carers have. It was really anxiety provoking to think, "What would happen if I got sick? What's going to happen to this person I care for?" To be able to have an answer that somebody will take care of that and somebody will have their back would be a really important step forward in the recovery and into phase 2. I think it should be part of the disability strategy plan.

We need to allocate funding to allow support for carers to access some respite over the next 12 to 18 months. That is really important—and not just respite in terms of replacement care, which is what we often fund. What happens is that there is a support worker who comes in and takes the care role on for a minute, but the carer does not have any resources to engage in anything that reinvigorates the soul and the spirit. So we are calling for some support funding over the next 12 to 18 months where carers can ask for and receive money to get a facial, spend the day in a day spa, go to the movies, have a night out and a dinner with their partner—do things that are about rebuilding my spirit and rebalancing my wellbeing, not just about providing care for the person I care for. We recommend that as an action and as a strategy.

We really need also to operationalise the COVID management and operational plan for people with disability. That has yet to be actioned in the ACT, so we are calling for that as well. The federal plan has been released and there are responsibilities for the territory in that plan. We are looking forward to seeing what that actually is. They are the priorities for me.

MS LE COUTEUR: I have to say, with my colleagues, that it was very poignant and moving testimony you gave at the beginning. Thank you very much. How much of the issue do you think was to do with the fact that there are two governments who have some responsibility here, the ACT and the federal? Was it that you basically fell between the cracks, or was it that the governments that had responsibility did not act on the issues for carers?

Ms Kelly: I think it is that we fell between the gaps, then there was a debate about who held responsibility and then there was a debate about levels of responsibility. The COVID operational management plan for people with disability was a classic example. At the very start of the pandemic it was: "The NDIS holds responsibility for disability and carer response during COVID." However, COVID was a health problem; it was not actually a disability problem. So the NDIS was able to say, "We'll release some of the stringent, tight lines around the way organisations work so that they can continue to provide the support that they have been providing," but there was nothing additional that came in. There was nothing about "How do we protect the health of people with disability during this?"

Then health become a territory responsibility and the territory was deferring to the NDIS, the NDIS was deferring to the federal Department of Health, which was deferring. The management plan for disability federally, for example, did not come out till 23 April because of the moving around. It really demonstrated to me that we had failed to understand that people had health needs that were a result of the pandemic, that were not a result of any vulnerability they had leading into the pandemic.

MS LE COUTEUR: Disabled people had health needs because they are people. That basically is what you are saying. I read that the NDIS at some stage was increasing funding or increasing costs for disabled persons' supports. Maybe you can talk more about that. How did that work and how did it impact on you?

Ms Kelly: The NDIS provided an advance payment of one month's equivalency of funding. Let us be clear: that was an advance payment. That will have to be paid back. It was not: "Here's a payment to keep you alive." It was: "You'll have to pay this back." At our agency we run, for example, a day support program for people with disability. That had to stop because we could not maintain it with the restrictions, so our income ceased coming in. The NDIS then said, "We'll change things and you can add a 10 per cent levy." We said, "That's great but if you can't provide the service, you can't add the 10 per cent." And, again, that came out of people's plans.

So I suspect that over the next couple of months we are going to have a problem with the funding that sits in people's plans, because the NDIS removed all restrictions, pretty much, in the end, on how people could use their plans. For example, we started delivering one-on-one support in home to people, and that comes at a greater cost than the group programs. So there will be a whole bunch of people that will have a significant deficit in their plans at the end of this, which we are hoping the NDIS will address.

I think the response from NDIS was less coherent and less supportive than the response from the Department of Health to the aged-care world, where we were able to access increased funds. We were able to apply for emergency money. We were able to use our CHSP money in multiple ways. There was really strong financial support that came through that space in that sector. It really demonstrated to us that, since the NDIS, not having government oversight of the care of people with disability has ended up in this interesting diversity of emphasis, of care and of funding.

THE CHAIR: Unfortunately, we are pressed for time. I think there is much more to be said on this subject. The committee will have a discussion about how we can facilitate that. Ms Kelly, thank you very much for your very powerful evidence today. You have created a huge amount of emotion and thought about how we can try to rectify some of the challenges of the past.

If you have anything documented that you would be easily able to send through to the committee then we would love that. However, the last thing we want to do is burden you with paperwork. If it is easier for us to have another conversation, we are happy to go down that path as well. Thanks very much to you and to all the wonderful carers in the ACT that have contributed so much to the response. We look forward to getting in touch very soon about how to continue this conversation.

MS CHEYNE: Ms Kelly, could we get that info sheet that was developed with the University of Canberra about decision-making?

Ms Kelly: Certainly. I will also send you through some that we did with ACT mental health, justice health and drug and alcohol services about providing support for people with mental health.

THE CHAIR: Great. The committee secretary will be in touch. Thank you very much.

BOLTON, MS GENEVIEVE, Executive Director and Principal Solicitor, Canberra Community Law
TREVITT, MS SOPHIE, Solicitor, Canberra Community Law

THE CHAIR: Good morning. It is a pleasure to have you with us today. I understand that a copy of the privilege statement was sent through to you. Could you please confirm for the record that you understand the statement and you are okay with the implications?

Ms Trevitt: I do and I am.

THE CHAIR: Do you have an opening statement that you would like to give to the committee?

Ms Trevitt: If the committee is amenable, I will make an opening statement about some of the issues that our clients have experienced and then Genevieve will speak about some of the operational challenges faced by Canberra Community Law. I will start by acknowledging the traditional owners of the land on which we meet, the Ngunnawal people. We acknowledge their elders past and present.

As the committee is aware, Canberra Community Law provides specialist legal services to clients seeking assistance in a range of fields: clients who are homeless, through our street law program; Aboriginal and Torres Strait Islander clients, through our Dhurrawang program; and people who are seeking assistance with social security. COVID-19 and the policy response has affected all these client groups, but I will focus on making some comments around the specific cohorts of clients who are homeless or have become homeless within recent times and clients who are living in public or community housing.

With respect to community members who are homeless or sleeping rough, it is Canberra Community Law's view that there was a broad expectation that rough sleepers would be looked after during the pandemic, and it has been our experience that there have been substantial barriers facing people who are sleeping rough, in particular, but also more broadly to obtaining accommodation during the peak time of the COVID-19 crisis.

We welcome a number of steps that were taken by the ACT government, including additional funding for Axial, which is a pre-existing program that was scaled up rapidly during the COVID crisis. There was additional brokerage given to OneLink and support for other programs like the Winter Lodge and Mackillop House, which provide support, respectively, for single men and for women and families.

Notwithstanding that, we are aware of a number of rough sleepers who sought assistance during this time and were turned away. It is our view, and it has been our view since pre-COVID times, that this is because there is a far greater need in the ACT than there are the services to provide that support.

By way of example, we know that Axial managed to provide approximately 30 long-term rough sleepers with accommodation, which is wonderful, but it does not provide housing support for people who have recently become homeless. That includes people who became homeless as a result of COVID-19 job losses or other complications around COVID—for example, living in overcrowded conditions and that not being tenable anymore during COVID and then being pushed out of those living arrangements. For those individuals we thought that there would be support from OneLink, but we have heard really concerning reports that that has not always transpired—clients who have been trying to get through to the housing area but have not had their calls returned.

Canberra Community Law has also had the experience of trying to refer a group of homeless men to OneLink for support, but it took over a week for us to be able to make a connection with OneLink, and there are some barriers when connections are made. Where people have been offered brokerage through OneLink, often it has been for only one or two days at a time. The most that we have heard of is brokerage being offered for seven days. This is obviously a big problem if you are trying to address a need of homelessness. You provide support for only one or two days, or potentially a few more, and that person is then returned to homelessness during the Canberra winter and in the context of COVID, at least at various points in time, still being present in our community.

We also heard from rough sleepers reports of their not being offered brokerage because they were on a list for crisis accommodation. So the process of getting crisis accommodation proved to be a barrier to people getting support in the interim, which meant that, while people might have been on waiting lists, in the meantime they were still sleeping rough without support. Those are some of the barriers that we have identified in terms of people who are homeless or have been homeless during this period.

We also want to raise with the committee some concerns around people living in public and community housing during this time. The committee is probably aware that Canberra Community Law has raised previously some concerns around there not being a moratorium on rental evictions during this period, and that notices to vacate have continued to be served on public housing tenants and on community housing tenants, notwithstanding the legislative changes put in place by the ACT government to protect renters from evictions based on an inability to pay rent. It is our view that, despite those reforms, there has still been a large cohort of tenants—and we are particularly concerned about those in public and community housing—who have been left exposed.

For example, during this period we have continued to see public and community housing tenants being issued notices to vacate and having proceedings brought against them in the tribunal. This has obviously caused stress and distress for those clients. It has also increased the workload for Canberra Community Law, who have been representing those clients. We have been successful on the majority of occasions in securing adjournments but, nonetheless, this requires us to go to the tribunal and fight on behalf of those individuals.

In addition to that, for those notices to vacate that were issued and eviction proceedings that were commenced but have now been adjourned, we want to bring it to the committee's attention that we are concerned about a potential wave of evictions that might ensue once that moratorium period is lifted. At the moment, all those matters have been adjourned until 30 July. We are concerned about what is going to happen from 30 July, when the financial ramifications of COVID-19 are continuing. Will we then see a wave of evictions against public housing and community housing tenants?

By way of summary, these are longstanding issues in terms of the shortage of public and community housing, the lack of crisis accommodation and the lack of accommodation and support for people who are sleeping rough in Canberra. They have been worsened or exacerbated in the context of COVID-19, and it is our position that insufficient additional support has been provided in response to those additional challenges. We would still be looking for the rental moratorium to be extended and to be broadened in scope as the financial ramifications of COVID-19 continue to affect our community.

Those are some of the issues facing our clients. Gen, do you want to speak about some of the operational challenges before we answer some questions?

Ms Bolton: The situation at the moment is that the majority of Canberra Community Law staff are still working remotely, and we envisage that that will continue to be in place until at least stage 3 of the government easing of restrictions takes effect. As a result of that, we have faced some challenges in relation to delivering services during this period, particularly acknowledging the fact that we have had to put in place some workarounds to be able to effectively respond to our client group, who are marginalised and disadvantaged and often have very limited access to computer technology or have low IT and computer literacy skills as well.

Most significantly, we have faced an increase in demand for legal services across the centre as a whole and in particular aspects of our programs. As our experience shows—which is also supported by legal research—being able to provide effective and timely legal services is critical in relation to being able to reduce the long-term social and financial costs of legal matters which would otherwise remain unresolved and escalate. As a result of the increased demand that we are seeing across the centre, we have sought some additional funding to be able to meet that demand. In relation to additional funding, we have identified that we need four additional full-time positions to work across our housing, social security law, and night-time legal advice service general law practice.

We have received some additional funding through the ACT government, which we have welcomed, in relation to general operations. We have also received, through the ACT government rapid response grant round, some additional part-funding to support our general law night-time service, which is specifically focused on trying to respond to the increased demands that we are seeing from people who are presenting with general law COVID-specific issues. That funding will partly cover that demand. But because we are seeing an explosion of requests from people seeking assistance from the centre, we think that what is required is a full-time solicitor in that service to be able to effectively meet that demand.

I want to very briefly focus on two areas of clear legal need that we are currently experiencing in the centre which I think will be of particular interest to the committee:

in relation to housing law practice, where we are seeing the impacts of economic slowdown; and the social impacts in relation to the lockdowns, which have escalated urgent housing needs to acute for many people due to matters like family violence, mental health, disability, overcrowding, unemployment and income support problems. We are seeing, as a result of the loss of income, many people being pushed into housing stress for the first time, and increased requests for legal assistance from the centre as a result.

We run a night-time legal advice session which operates one evening a week for a two-hour slot. That service normally provides about 200 services per year, averaging about four per week. But it is currently receiving 20 to 30 calls each week, which is a fourfold to fivefold increase in a matter of weeks, as a result of people needing assistance in relation to general law COVID-related matters, including assistance in relation to employment issues that have arisen and assistance in relation to commercial or contractual disputes that have arisen due to loss of income. As a result, in order to respond to that additional demand for assistance, we are now running a second COVID-19 clinic on a Thursday night, with the support of a couple of private law firms through their pro bono programs.

The centre has also secured some additional funding from a range of non-government sources to develop other practical and innovative legal support to be able to support people during this time. This has included the creation of an online COVID-19 legal help portal, where we have partnered with Legal Aid and the other ACT community legal centres to ensure that there are a wide range of legal resources and information located in a single location.

Since early March this year we have also implemented targeted community legal education, which has included Facebook question and answer sessions and a range of resources to be made available to people to assist them to provide for the rapidly changing and complex area of legislative and policy change that we are seeing in direct response to the pandemic.

MRS DUNNE: The presentation has been quite comprehensive, but I would like to go back to something that Ms Trevitt touched on that I would like you to elaborate on. You said that there were a number of people who had found themselves to be homeless who were turned away from OneLink and other services. Can you quantify the number of people, or is it anecdotal?

Ms Trevitt: We could take that on notice and provide you with the number of clients. I obviously do not have the number of people in the community who have been turned away, but we could let you know how many clients of ours we have heard that report from.

MRS DUNNE: Great. In that regard, how big a proportion of the Canberra homeless community would you have on your client book—can you tell?

Ms Trevitt: No; we would have to take that on notice as well. We either get referred those clients directly or we do outreach, which has obviously been a challenge during COVID-19. However, we have a number of people who are sleeping rough who we regularly interact with and provide services to. We would be able to get you a figure around that.

MRS DUNNE: Great, thank you.

MR PETTERSSON: Thank you. I have seen that your work out at the AMC has been affected. Could you expand on what the effect has been?

Ms Trevitt: That is not my area of work, so we can take that on notice and get the team that work on that to reply as well. Canberra Community Law did—and presumably after the pandemic will continue to—provide a face-to-face service to the AMC, to the women there, as well providing legal support for other people who are detained within the AMC. That has obviously been interrupted by COVID-19 and the restrictions on visits. I know that there were some difficulties for a period of time in working out ways of communicating quickly and confidentially with people who are detained at the AMC. But I can provide a more comprehensive response when I have spoken with the team that provide that legal service, in writing.

MR PETTERSSON: Thank you.

MS LE COUTEUR: Ms Trevitt, you talked about a number of Housing ACT clients who had had eviction proceedings postponed, but I assume it is not just Housing ACT clients who are in this situation. Do you have any idea of the size of the impending eviction situation in the ACT?

Ms Trevitt: I assume you mean also private housing tenants?

MS LE COUTEUR: That is what I mean. There have to be a lot of private housing tenants who are there until the moratorium finishes. Then what happens?

Ms Trevitt: Primarily we do not service private housing tenants; we service public and community housing tenants, so we know more about those tenants who have matters that have been adjourned. Presumably we would be able to get some information from hearings that are listed for the tribunal. In terms of matters that have not been raised yet because landlords are waiting for the moratorium to be lifted to then bring proceedings, I do not know. I think we will just have to wait and see what happens. But, given that we already know that within the public and community housing tenant pool there are a number of evection matters that have been adjourned, I think you can assume that that would extend into the private sector also, where people are unable to pay their rent.

MS LE COUTEUR: Do you have any suggestions as to what regulatory or legislative response should be made so that we do not have a tsunami of evictions at the end of this period? What should we do?

Ms Trevitt: It is Canberra Community Law's position that rental arrears that accrue should not be grounds for evictions. Rental arrears that have been accrued are obviously a debt owing to the landlord that will need to be paid, and there are civil ways of pursuing the recovery of those debts. But to make that debt a ground for eviction means that you are effectively creating a situation where, as the moratorium is lifted, you are going to see a potential wave of tenants who have eviction proceedings brought against them because of the financial hardship that they have suffered and likely will continue to suffer for some time as a result of COVID-19. So we would be advocating for a remedy to be put in place that specifically says that those debts cannot be the grounds for an eviction.

THE CHAIR: Thank you very much for providing an overview today on behalf of Canberra Community Law. As Mrs Dunne requested, if you are able to send through that information it would be very much appreciated. A copy of the transcript will be sent through to you in the coming weeks, so please review that.

The committee adjourned at 11.09 am.