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 JULY 2020

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

By authority of the Legislative Assembly for the Australian Capital Territory

WITNESSES

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Amended 20 May 2013

The committee met at 11.03 am.

MACLEAN, MS CLAUDIA, Principal Solicitor, Women's Legal Centre (ACT and Region)
HENDER, MS BETHANY, Head of Practice (Employment and Discrimination) Women's Legal Centre (ACT and Region)

THE CHAIR: Welcome to this public hearing on the COVID-19 pandemic response here in the territory. We have a number of witnesses today. The first group is the Women's Legal Centre. Thank you very much for joining us today. I understand that you have been sent a copy of the privilege statement. Could you please confirm for the record that you are okay with that document?

Ms Hender: Yes, we are.

THE CHAIR: The hearing today is being streamed online and being recorded for transcription purposes. Please bear that in mind. A copy of the transcript will be sent through to you in the coming weeks. You are welcome to present an opening statement.

Ms Hender: Firstly, we thank you for the opportunity to appear before this committee. The Women's Legal Centre ACT is a specialist community legal centre helping Canberra's most vulnerable women. We have a team of eight lawyers, an Aboriginal caseworker and a social worker dedicated to helping clients with their legal problems and, ideally, the source of those problems. We play a critical role in the ACT legal assistance sector and domestic and family violence response, providing legal representation and other supports to women who would otherwise go without. We practise predominantly in family law and employment and discrimination law, two key areas dramatically affected by COVID-19.

Since COVID-19 hit, the centre has experienced a significantly increased demand for employment law assistance, around 60 per cent, and also an increase in the number of women who have already separated regarding change and tension in care arrangements. We also expect to see this increase in need for women currently considering separation. Every day we see the disproportionate effects of COVID-19 on women. These effects threaten women's financial independence, safety and security. If the legacy of other disruptive economic events such as the global financial crisis in 2008 and recovery from natural disaster events is a predictor, these effects will have long-term consequences for women in Canberra.

The economic contraction from COVID-19 has placed an enormous financial and social pressure on families. In a recent national study by the Australian Institute of Family Studies, almost half, 43 per cent, of respondents reported they or their partner had lost employment, or had reduced hours or wages during COVID-19. We have seen an increase in the frequency and severity of risk of family violence among women who previously had some respite when they went to work or their partners went to work or they had opportunities to attend appointments. They now feel there is no escape. When school resumed, one client said she now had 10 minutes before school pick-up to get a device as her husband was monitoring her movement. The UN has labelled violence against women during COVID as the shadow pandemic, for

good reason.

We have also seen the proportion of women who are homeless or at risk of homelessness double when compared to the same period last year. We have seen women working in unstable employment in women-dominated industries like retail and hospitality who have been fired or made redundant because of the economic downturn in their sector due to COVID-19. We have seen an increase in women contacting the centre expressing suicidal ideation, affected by drugs and alcohol and acute mental health issues.

We have seen women who have been forced to choose between keeping their jobs and resigning because they have had no choice but to stay home and protect themselves or care for their children. This includes when employers have rejected reasonable requests to work from home from women who are pregnant and deeply anxious about their safety, and employers who refused leave requests from women who are parents of young children so that they could care for their children when school and care options for children with disabilities were closed.

We have seen women whose family law matters have become more complicated, where those who are in the midst of finalising family law matters have had to start all over again due to change in their or their ex-partner's financial circumstances. This includes those seeking a fair property settlement upon separation who now, due to the economic downturn, no longer have jobs to service a mortgage on their own and keep their home and have their superannuation balances being drastically reduced by the falling global market and by people accessing their super to pay the bills.

With early access to super to meet immediate living expenses, we are seeing the super gap between men and women widen even further. We know women retire with 47 per cent less superannuation than men. Costings show that a 20-year-old woman withdrawing $20,000 from superannuation today could lose $120,000 by the time she retires.

Coupled with the gender pay gap, which is highest in women-dominated industries like health, at 22.4 per cent—even though these are the people on our frontlines at the moment in the COVID response, an overall 8.9 per cent in the ACT—and the casualisation of work in the workforce, which costs women approximately $125 million in lost superannuation contributions and long-term job security, it is no surprise that older women are the fastest rising cohort at risk of homelessness.

Our work is about ensuring that women can achieve financial independence, safety and long-term security. Financial independence is a critical protective factor for women at risk of experiencing domestic or family violence, which is the majority of the centre's clients. We achieve this by keeping women in their jobs, obtaining fair property settlements and keeping women in their homes, when possible, to keep them and their children safe.

What does this mean for the community? It means we have women who can participate in the workplace, where costings show that if there were an extra six per cent of women in the workforce nationally we could add up to $25 billion to our GDP. It means women do not have to be solely reliant on Centrelink income or, if they are

supported to access their entitlements under the Family Law Act by a just and equitable property settlement, it means they are receiving the appropriate recognition of their contributions to a relationship and more financial security for themselves and the children, going forward. This usually includes receiving superannuation and having a nest egg, rather than relying solely on the age pension in the future. It means we have women who may be able to stay in a private rental property or take on a home loan to provide some consistency and security for themselves, reducing the pressure on the huge ACT public housing waiting list and avoiding the competitive rental market.

Our centre has quickly adapted our service delivery to be as accessible as possible during the COVID-19 shutdown and we will be increasing our capacity to meet increased demand in the employment discrimination space, our social work support capacity and the administrative capacity at the centre to ensure that we best meet client need. However, these are short-term measures for a long-term problem. We need long-term, sustainable solutions to address the far-reaching effects of COVID-19 on women in Canberra. We know COVID-19 has disproportionately affected women and will continue to do so if this issue is not addressed with the same urgency and commitment given to curbing the current health crisis.

We urge the ACT government to invest in Canberra community services, particularly in the women's sector, to support women's economic participation and their safety. This includes providing real solutions so that women from all socio-economic groups can access affordable child care and can have stable and secure employment and end the problematic casualisation in women-dominated industries. It means women are supported to not only leave violent relationships but plan their long-term safety and financial security by pursuing their rights under family law so that women are not forced to choose between their job, their safety and their children.

THE CHAIR: Thank you very much for that comprehensive overview. With regard to specific demand that you have seen in recent weeks and months, what changes or what trends have developed in recent months that are in contrast to what you saw before the pandemic?

Ms Hender: There has certainly been a significant increase in demand for our employment law services. Every day over the past few months we have had women contacting us about problems at work due to COVID-19. It is a 60 per cent increase in the amount of legal service we have provided in that area, and it is not just job losses and stand-downs, which we know have disproportionately affected women. We have also been inundated with requests from working parents and pregnant workers, over and over hearing about women forced to choose between keeping themselves and their family safe and keeping their jobs and their income. The issues we have seen coming through are really heavily gendered and stem from either being pregnant or carrying a disproportionate caring responsibility in the family, particularly when schools and other care centres were closed.

Ms Maclean: I would also add that in the family law space the big difference between pre-COVID and now is the increasing intensity in these cases. We are seeing a lot more women who have heightened acute mental health issues coming to the forefront, and greater alcohol and drug dependency issues. The intensity of these matters has

been, I think, the biggest factor and the biggest change. As you can probably imagine, the flow-on effect of that, particularly in a family law circumstance, means that these matters which maybe once were a bit more simple have become increasingly complicated and difficult to manage and the risk of violence is of course the flow-on effect of that as well.

MS CHEYNE: Thank you for appearing today. At the end of the article that appeared today in a very timely way, you said that after the GFC there were major disruptions to the economy and long-term effects; the supports that people needed went on for years and years, and it just does not end when the pandemic ends. What do you anticipate is going to be needed in the years to come and how can the government anticipate that or get ahead of it?

Ms Maclean: I can take this one. As we see, and as you have mentioned, the GFC has been a really good indicator for us because with increased financial pressure of course there is an exacerbation, and a documented exacerbation, of legal issues. In terms of long term, the issue for us of course is long-term security of funding. It is one of the most obvious ways to support that change. Whilst there is an injection of funds initially, particularly for this year and to get us through this, we are facing essentially a funding gap to our core funding once that ends in 2021-22.

I think it is that recognition from government that, as you mentioned, these are long-term problems—they can be predicted—and the wider issue of how we support women, as we have mentioned, to stay in the workforce, to access their entitlements, to have industries that really take a gendered analysis to these long-term problems. In any type of policy planning, particularly in the legal assistance sector, we need to have long-term strategies, which is a collaborative effort between ACT legal assistance providers and actually having a gendered lens, because we know it disproportionately affects women.

MS LE COUTEUR: You talked about these issues that your clients have being long-term issues and you talked about additional legal support. With all due respect to the legal profession, for a lot of things you are talking about helping with an additional problem. You are talking about housing problems, work problems. What do you think we, as a society or a government, should be doing to reduce the problem rather than just seeking a legal solution to a poor situation?

Ms Maclean: My response to that would be that the "legal" is part of the holistic set of circumstances. For example, we operate a health justice partnership where we have a lawyer coupled in a health setting. The idea with that is that the earlier you can get in to solve problems, the better. We know that poor health outcomes lead to poor legal outcomes and vice versa. The resolution of a legal problem can help resolve health and wellbeing outcomes. I think it is not exactly saying that the legal is just this discrete thing; it does not exist in a vacuum.

To answer your question, if we focus more on health and wellbeing and really focus on what is happening for that client holistically—that is, appropriate mental health services, appropriate access to secure and long-term accommodation, not just emergency accommodation—it is making sure services across the sector, not just in the legal industry but across community and health, work hand in glove. It is having

government support that structure. I think it is probably not the first time you have heard it, but when you are doing service delivery and you are also trying to improve service delivery and you have also got a large administrative function—and government recognising the benefit of these services and investing in their administrative and technological capacity—it is very tempting to continue doing what you are doing because that is the easiest way and that is what you know how to do.

Of course client needs always comes first. When you have got a client on the phone it is pretty hard to focus on the less glamorous stuff or appropriate IT systems and appropriate referral channels to other services. But that work is so important, and when government supports that you see much better collaboration outcomes. There are things which we can do in the long term. I would suggest that there is a huge cost benefit for government to be investing in those efficiencies.

MS LE COUTEUR: Am I correct in believing that your services are means tested? And, if I am, what do the women who are not particularly well off but just slightly too well off to be able to access your services do?

Ms Maclean: We refer to them as "the missing middle". In Canberra that is a huge cohort because we are quite affluent and we have got a pretty good average salary. In terms of how those needs are met, without going too much down a rabbit hole, we attempt to meet the needs of those women but in a less intensive way. We enlist the help of pro bono solicitors. The private legal sector in Canberra are very, very generous with their support, ranging from small firms, sole practitioners, right up to your top-tier firms who have pro bono targets. Everyone is invested in helping in a pro bono capacity.

However, it is a problem and, yes, there are some certain limitations to our funding agreements, but something we talk about all the time is: how can we meet that need? We know that the average cost of a family lawyer in Canberra is $500 an hour. Most people cannot afford that, particularly when these matters can go on for two years plus. People go bankrupt trying to pay legal fees. It is a real problem.

MRS DUNNE: I want to follow on from Ms Le Couteur's question and ask whether you have been able to quantify the increase in demand that you have seen since, say, March and how much of that is unmet need. How much of that have you not been able to address?

Ms Maclean: Beth mentioned the increase in, particularly, the employment space. I believe it was an increase in those queries. In the family law space we have some numbers that we can forward to you, Mrs Dunne, if that is something that you would like us to do.

MRS DUNNE: That would be very helpful to the committee.

Ms Maclean: We have been able to extend our advice line services, which means that the service is a lot more accessible. But that has also compensated for the closure of a lot of our pro bono clinics. Whilst I would say the numbers have increased, we have also been playing catch-up because we are filling the gap that we would have met with our pro bono partners, which normally adds at least another 50 people to our

workforce, which we no longer have. We have a lot of workers with a lot of overtime at the moment, trying to bridge that gap to maintain our service delivery.

In terms of the types of matters we have seen an increase in, that has not necessarily changed. As I said, it is more the intensity. We are currently working at the centre on how we actually document the unmet need, which is an ongoing conversation for us. We will forward you more things to clarify that.

MRS DUNNE: It would be great to have that information on notice.

MR PETTERSSON: You have spoken a little about how demand for your services has changed. I was wondering if you could talk about how the delivery of your services has changed.

Ms Maclean: I can take this one too, if you like, Beth, or we can share this one. As I have mentioned about the delivery of our services, at the moment we are predominantly doing them over the phone. For highly, highly vulnerable clients we have been trying to see those people face to face. We are finding that that has been a real barrier, not being able to work with our highly vulnerable clients face to face as much as we would like, particularly in our hospital work.

Whilst the health justice partnership, where we have a lawyer embedded at Calvary maternity, has been able to be maintained and to flourish, we find a limitation to that, particularly with clients who speak English as a second language or where there are some other vulnerabilities there. As I said, we have extended our advice line hours. Before, it was quite a limited time and that was us trying to manage the ongoing casework as well. Now we have made that accessible 9 to 5.

I think one of the silver linings of it all has been the increased need to collaborate more with other services. We have been around a long time and we have got some great relationships with the excellent local services, but it has just pushed that collaboration a bit more and forced people to possibly be a bit more creative with that.

I think one of the legacy effects of COVID will be that focus on more flexible service delivery and being guided by clients. The success of our health justice partnerships, having a lawyer embedded in different settings, allows us to work with a wider cohort of people but also at a better stage in their legal matter. As has been noted, it is much better to get in early, before it becomes a legal problem, rather than dealing with the after-effects.

Ms Hender: I would just like to add to that. We have also done things like try and think of different ways to connect with women in Canberra via Facebook live events, putting out fact sheets on JobKeeper, thinking about new and different ways—which I am sure will continue into the future—to reach out to the women. A lot of what we do is providing information at that really early stage intervention.

A lot of it is behind the scenes but it does not necessarily mean that if we are involved there is a court matter pending. It might be just providing a woman with information about her rights, to enable her to have that negotiation with her employer to achieve the outcome without any kind of formal legal action.

THE CHAIR: Unfortunately, we are pressed for time. Ms Maclean and Ms Hender, thank you very much for joining us today. As Mrs Dunne flagged, if you are able to send through that additional information it would be very much appreciated. Again, thanks for appearing today and for all that you are doing for Canberra.

Ms Maclean: Thank you.

Ms Hender: Thank you.

JACOBS, MS CARA ANN, Executive Director, Community Services, YWCA Canberra

THE CHAIR: Ms Jacobs, it is a pleasure to have you here today, representing the YWCA. Before we get started I understand a copy of the privilege statement has been sent through to you. Could you please confirm for the record that you understand and are okay with the document?

Ms Jacobs: Yes, I confirm I am.

THE CHAIR: Before we go to questions, do you have an opening statement that you would like to present to the committee?

Ms Jacobs: Yes, I do. Thank you for the opportunity to provide input into the Select Committee on the COVID-19 pandemic response. YWCA Canberra is a feminist, not-for-profit organisation that has provided community services and has represented women's issues in Canberra since 1929. Last year we celebrated 90 years of providing essential, quality services for women, girls and families in the ACT and surrounding regions.

Today, driven by our vision of girls and women thriving, we continue to provide innovative and leading services to women and the broader Canberra community. We deliver 30 quality programs across 20 locations in the areas of children's services, community development, housing, youth services, women's leadership, advocacy and training.

The effects of COVID-19 are gendered and will continue to exacerbate existing inequalities in Australian society. For this reason, we believe it is essential that a gender-informed policy framework and gender-responsive budgeting be applied to the ACT government's COVID-19 response and community recovery.

Australian women are bearing the brunt of the economic crisis. Fifty-five per cent of people unemployed in the last month were women, with the majority of them part-time workers. Women are the frontline essential workforce of the pandemic, represented in vast numbers in health care, aged-care and disability sectors, early childhood education, cleaning, teaching and retail. They are also bearing the brunt of the pandemic at home, performing the larger share of domestic labour, household chores and education support provided to children learning from home.

Supporting women's diverse economic contribution, including by supporting women-led businesses and women in hard hat sectors such as hospitality, tourism and arts and culture while, longer term, focusing on protections for feminised workforces and initiatives to address the uneven distribution of unpaid labour should therefore be a priority of the ACT government. As the majority of the federal government's economic stimulus has focused on male-dominated sectors such as construction, the ACT government's response must prioritise support and stimulus for female-dominated workforces, including early childhood education.

A number of recent reports indicate increasing cases of domestic and family violence

in various settings as well as increased severity due to COVID-19. Western Australia has recorded a 17 per cent increase in cases of DV, while in Queensland magistrates have been inundated with cases of domestic and family violence in their courtrooms. Paramedics are getting more calls for help, and service providers have reported a dramatic increase in the brutality and severity of attacks on women and children.

Along with other women's anti-violence specialists, including the Australian Women against Violence Alliance, YWCA Canberra has been drawing attention to the ongoing impacts of the pandemic as well as the need for governments at all levels to fund specialist women's domestic and family violence services to make sure legal systems prioritise women and children's safety and ensure access to support for women whose visa status or disability make them particularly at risk.

The ACT government should also direct stimulus investment towards social and public housing to address chronic community shortages of homes and support for women, with priority investment in women's specialist homelessness services and culturally sensitive housing solutions for First Nations communities.

YWCA Canberra has received anecdotal reports of women being reluctant to access preventative care—for example, visiting general practitioners—and also difficulty obtaining abortions. Recognising and protecting women's access to health services during the recovery period is critical.

Access to early childhood education and care provides children with the best start in life, and we believe every child in the ACT should have an opportunity to access early education. The federal government's announcement that early childhood educators will be prematurely removed from the JobKeeper payment supplement this month, while simultaneously asking underemployed or unemployed parents to return to paying the fees, which many already considered unaffordable pre-pandemic, is illogical and threatens the sustainability of the sector. As a non-profit provider of early childhood learning services, we are already seeing parents withdraw their children in anticipation of a return to the fee-paying structure. These decisions of course also further marginalise women, including many young women, with 95 per cent of women employed in the sector.

The ACT government needs to step in and take the lead and advocate to the federal government, through the national council, that a snap-back is possible but only with a functioning early childhood sector that supports population-wide workforce participation.

MS CHEYNE: That was an excellent opening statement, and you changed the direction of the questions I was going to ask you. You just mentioned that there is evidence that women are having trouble accessing abortions. Do you know what is contributing to that?

Ms Jacobs: I think that was certainly during the lockdown and earlier on in the piece, when health services were not operating at the same levels. We do not have any hard evidence of that, but we have certainly heard reports from women that it was difficult when elective surgery was put on hold. Of course that was concerning. It could be also access to preventative health care, GPs and things like that. Certainly what was

portrayed in the media was that it would not be safe for people to access those services as well.

MS CHEYNE: The more substantive question I have is about the federal government's changes to child care, which seemed to have been announced before all the detail had been thought through. What has the impact of those changes been on the YWCA? You did just touch on it before. Has that been extraordinarily difficult for your workforce to keep pivoting on?

Ms Jacobs: Yes. The changes—and, until the details had been released, actually knowing what was happening—created enormous uncertainty with parents and of course with the workforce as well. We were having to adapt to changing government policy sometimes three times in a day, and it disproportionately affects women.

We have already had parents withdraw their children from child care and also from after school care, with the announcement that they will now be moving to a fee-paying structure. I think we are concerned that the true effects have not fully been realised yet. Time will tell. The next couple of weeks will be critical, after the school holidays. Definitely we are a large, not-for-profit provider in the ACT and, across all the other not-for-profit child early learning centres and things like that, the uncertainty is that we do not know if parents are going to be able to pay the school fees and that type of thing. I guess the effects are very concerning.

In the recovery phase, this was the first sector that the federal government targeted. It is an essential and critical service for women and for families to participate in the workforce. Even with part-time work and the recovery, people working in the cleaning sector and hospitality might have picked up a few more hours now, but I think it is going to be a very slow recovery process. For them to have the security of booking their children into early learning without knowing what their economic situation is going to be, we are pretty concerned about the future impacts.

MS LE COUTEUR: Just following on from the abortion question, I was wondering: were women turning to medical abortions in this time or is there little knowledge of them maybe doing so?

Ms Jacobs: Yes, I think that there is little knowledge. As I said, that was just anecdotal evidence, with women sort of reporting this. I think that it is an issue that needs to be looked into further, particularly in the recovery phase now.

MS LE COUTEUR: I understand that the YWCA has been meeting regularly with other women's services during this period and ongoing. Are there any systemic issues that you have learned from these meetings, apart from those you have already talked about, that you think the committee should be considering?

Ms Jacobs: Certainly the response, and women and children escaping violence, just personally, because I look after our housing response at the YWCA and within the women's sector—Doris, Toora, Beryl, DHCS. We all meet regularly. Certainly there is an increased need for housing that would be essential, but it is that long-term support. The government introduced the OneLink crisis response, which was great, but I guess we are concerned that this is only for six to 12 months. What happens after

that? Women and children need a safe, long-term home and definitely that would be a more systemic issue across the sector.

We need more investment in social housing. Women often circle in and out of crisis with domestic and family violence situations. Long-term secure and safe housing is absolutely critical to that. The investment is great and the temporary fix to the crisis has been excellent. We were able to adapt our service delivery and respond to a massive increase in women and children escaping violence. We were able to support them in an outreach capacity.

We have a gender and domestic violence specialist on staff. I was able to redirect staff from other areas to support the response and we have taken up a large number of those crisis OneLink packages, which has been great; but it is definitely the long-term safe, secure housing and the exit points after that which are of concern.

MS LE COUTEUR: You said that you redirected staff from other areas. What other areas are you having to take staff out of?

Ms Jacobs: Our communications and advocacy. We had some qualified youth workers in children's services when there was an initial drop. We had social workers and things like that that were able to help out with the response; and our gender and domestic violence specialist who was fully booked in to deliver training to the ACT government got 100 per cent directed into housing support. Obviously, face-to-face training was on hold. She normally has a very big role in prevention of violence education and training. Forty training sessions were put on hold. It was fantastic that we were able to adapt and be flexible.

Many of these women and children come with absolutely nothing. We have been able to house them and provide all the furniture, equipment, and set up the house. I think that we moved nine families in seven days. It was phenomenal. Moving house for one family is stressful with a very short turnaround.

We also had another impact: older women who were house-sitting. Of course, that all came to an end. We have been able to find some crisis accommodation through that OneLink fund for them as well, and then we advocated for more long-term housing. That has been a good response, but I guess that the sector is very concerned about that long-term support and recovery.

MRS DUNNE: I want to go back and follow a theme that I started off with today, which is unmet need. You have described to Ms Le Couteur the way that you have been able to re-scope your staff to do particular things. You also talked about how there has been quite a step-up in emergency housing assistance, for instance. Is there still unmet need that you are seeing or that the agencies that you talk with are seeing?

Ms Jacobs: The things that I have talked about to Housing and OneLink and the family safety hub include that increased investment. Emergency housing is one thing, but this is long-term case management that people need to recover from the trauma. They get their warm referrals. It is Maslow's basic hierarchy of needs, I guess. Once people have their housing and safety looked after and taken care of, they can recover from all those other things.

Later on down the track we can look at economic participation and things like that, which can change people's lives, of course. We definitely need that additional support to respond to that increased unmet need in terms of operational costs to fund extra staff to do that work. That would be one area. In the long term, there is definitely a shortage of affordable and social housing in the ACT. That would be a critical need.

MRS DUNNE: I take your point about the long-term re-establishment of an orderly life, but I was actually thinking about the immediate unmet need. Are you seeing that there are places where you cannot meet people's immediate need; and, if so, can you quantify that?

Ms Jacobs: I guess that in community services that would be a shortage of housing stock, absolutely. I think that we still have a large number of women and children in outreach that are couch surfing, living in untenable situations. To quantify the need, absolutely there are the long waiting lists for priority housing and that sort of thing.

In children's services it would be taking away the free child care now. I think that in the next two weeks, definitely, we are going to be able to quantify the impact of that. Early childhood learning is an absolutely essential service, not only for their parents to participate in the workforce but also it is crucial to early childhood development. That certainly would be an unmet need.

MRS DUNNE: Are you able to quantify that, not necessarily off the top of your head but perhaps on notice for the committee?

Ms Jacobs: Yes. We could certainly give you the numbers now, but that comes to an end at the end of the week. Next week we will actually see exactly how many people have withdrawn. We can definitely give you some of those numbers.

MRS DUNNE: That would be great. That would be very informative.

THE CHAIR: Thank you very much. Unfortunately, that is all that we have time for this morning. It has been a pleasure to have you here, and thank you for sharing with us the YWCA's experience over the last few months.

Ms Jacobs: Thank you.

PESTANO, MS PENNY, Service Director, Canberra Rape Crisis Centre

THE CHAIR: It is a pleasure to have you as a witness today. Thank you for representing the Canberra Rape Crisis Centre at this morning's hearing. This is being recorded for transcription purposes and we are also being webstreamed live from the Assembly website. I understand that a copy of the privilege statement has been sent through to you. Can you please confirm for the record that you understand the implications of that document and that you are okay with it?

Ms Pestano: Yes, definitely.

THE CHAIR: Before we go to questions, do you have a brief opening statement that you would like to present to the committee?

Ms Pestano: No, not really. I am happy to answer any questions that you might have. That is fine.

MS LE COUTEUR: I am wondering about the incidence of rape and how the pandemic lockdown has impacted on that, because people think of rape as something that happens when you are out in unsafe places. Clearly, we have not been going out nearly as much as we used to. Has this anxiety increased, in fact?

Ms Pestano: We have not had those types of incidents where it might be young adults who are out and about at different clubs et cetera. That is still happening via people that they come across or know. What we have found is that it is becoming more child sexual assault impacts in the home. We still have many incidents where people are either impacted due to their own childhood sexual assault, and being isolated impacts on how they manage, and then it is younger people and often partners et cetera that might be isolated in the home and the violence has escalated within the home.

MS LE COUTEUR: You talked about child sexual issues. These are issues that arose from people being assaulted some years and years ago as a child but the stress and anxiety of being in a small space has—

Ms Pestano: Not all those clients that we have spoken to are unsafe at present. Some are, because they are in relationships that might be unsafe. Others are more impacted due to being isolated and, as you said, the anxiety increases because of how their own coping strategies come into play.

MS LE COUTEUR: Overall, has your client workload gone up or down?

Ms Pestano: When we first went into lockdown, we did not necessarily have an increase in client contact. We had an increase in complexity and we were touching base with a lot more of our clients. We put in place a lot of phone contact. Having phone contact and email and sometimes text contact becomes very difficult. We could not get people in for crisis appointments when they needed it. It just created more complexities in actually trying to assist people.

MRS DUNNE: I am going to continue with my theme, if I can, which is: in the

COVID crisis, say, since March, have you seen a rise in your unmet need? Are you seeing a rise in clients and not enough resources to respond to those? How do you see that?

Ms Pestano: We have had a rise in contact with clients. It is a difficult one. The unmet need is not being able to see them face to face, having to attempt to give enough support via other means.

MRS DUNNE: Excuse me for putting words into your mouth—

Ms Pestano: No, you are all right.

MRS DUNNE: Doing things remotely has changed the nature of the service that you are able to provide?

Ms Pestano: It has had to over this time, yes. We are working towards how we are actually going to manage once we can have clients back into the centre. We are just looking towards trying to avoid a bottleneck. We have had an increase since restrictions have eased. In the initial lockdown we did not.

Now that restrictions have eased a bit, we have had a lot more contact. We have a greater number of clients now waiting to come in and have intake so that they can access counselling and face-to-face contact. Our challenge at the moment, as we go forward, will be not to stall that process and create a bottleneck but to try to keep that flowing for new clients.

MR PETTERSSON: I was wondering if you could tell the committee about the support services you have had to provide to victims at this time and, potentially, any co-occurring trauma of a sexual assault and also the effect of the pandemic as a whole.

Ms Pestano: I think that the pandemic, as a whole, creates issues for our clients because, for clients who have childhood trauma, the world is not necessarily a safe place. When we have a pandemic that shows that the world is not a safe place, anxieties and, I suppose, other aspects of their trust and worldview come into making things more difficult for them. That has actually become part of what we have needed to do in that context. What was the other part of the question that you were asking?

MR PETTERSSON: You have pretty much nailed it. I was asking about the co-occurring trauma. It was interesting to hear that childhood experiences can change how people respond.

Ms Pestano: I think that the other thing as well is that people—especially little ones, young people and little people—being isolated actually takes them away from any support networks that they may have had. Not being able to be at school and being able to check in with a third or fourth party, that has increased some of that safety aspect for younger ones as well. Being isolated in a home with somebody who is potentially abusive also creates secondary traumas that can occur and escalate anything that a client is not necessarily feeling safe about.

THE CHAIR: How has your interacting with other community organisations and

other service delivery organisations changed, and are there potentially any efficiencies or any good things that have come from this period of forced electronic communication that may, in fact, in some instances, be easier than a meeting in person?

Ms Pestano: Our usual networks via hospital, police et cetera have been maintained in the same way because police and hospital have still operated to assist victims of sexual violence. Chrystina and I have been a part of more electronic-type meetings. We have had, more often with the meetings, a closer connection to a number of different organisations through care and protection and having meetings with them about young people and making sure they are safe et cetera.

Those types of meetings have actually been a lot more often. The fact that you do not have to leave your office and find parking makes it a lot easier. I guess that there are more of them. Chrystina has had a lot more interactions with DVPC and the women offenders framework et cetera. There are a lot more meetings that Chrystina has attended via the internet et cetera.

THE CHAIR: In terms of the flow-on effect of the actual services that you deliver, have any difficulties in liaising and communicating with other organisations led to any shortcomings with how you interact with your clients?

Ms Pestano: No, I do not think so. No, I think that it has created a little more immediacy, especially for young ones who are unsafe. It has created a little more immediacy and urgency, with a group of services being able to say, "I can do this" or "I can do this" and not have everyone coming at it all at once. It has been a little more coordinated maybe. No, I do not think it has created any issues in that sense.

MS CHEYNE: I apologise if you have touched on this. What, in particular, has the $75,000 that your organisation received gone towards?

Ms Pestano: With our service looking at an increase in our crisis frontline staff, what we are working towards at the moment is increasing the capacity to work through intakes et cetera and clients with call-outs et cetera once the restrictions are eased. What we are looking at doing is putting on an extra on-call person. An on-call person is somebody who is working remotely and when we have a phone call from police they are attending to support the client, whether it is police or at hospital. What we are actually doing is putting on extra staff. It is about 1½ staff in our crisis area for a six-month period.

MS CHEYNE: Would this funding have been necessary whether there was a pandemic or not?

Ms Pestano: It is going to help. We have had people on our waiting list, and we have had quite high numbers on our waiting list, for a while. We are looking at different systems that we can put in place to assist with our initial client intake. I think that with the pandemic our intake has risen. We have gone to well over a hundred people waiting at the moment. I think that we were skirting underneath it prior to the pandemic. Yes, it has increased but, at some point, we would have needed to have put those extra people in that place.

THE CHAIR: Unfortunately, that is all that we have time for this morning. Thank you very much for passing on the insights from the Canberra Rape Crisis Centre.

Ms Pestano: My pleasure.

THE CHAIR: If there are any issues that arise over the coming weeks, please let the committee know and we will be very happy to follow up on that.

Ms Pestano: Thank you very much.

WILLIAMS, MS MARCIA, Chief Executive Officer, Women's Centre for Health Matters

THE CHAIR: Thank you very much for joining us today, representing the Women's Centre for Health Matters. I understand that a copy of the privilege statement has been sent through to you. Could you please confirm for the record that you have received that document and that you are okay with it?

Ms Williams: I did, and I am okay with it.

THE CHAIR: Just a reminder that we are being webstreamed today and recorded for transcription purposes. Before we go to questions, do you have a brief opening statement that you would like to give to the committee?

Ms Williams: Probably just that, in regard to the Women's Centre for Health Matters, I will be talking today and answering questions in relation to the comments that we got from women in the ACT. We did a survey, back when we first went into lockdown, of women at that point in time to get a benchmark of how they were feeling. I think that it was in the fourth and fifth weeks. It was open for only two weeks but we ended up with over 540 responses from women, which is pretty significant in two weeks.

I think that that gives us a good basis for understanding what women were feeling there. I want to let the committee know that we are going to do a post-COVID survey as well. We have got that ready to go. We are just waiting for it to be post-COVID. That will explore a lot of the same issues but will try and explore a little more in depth about some of them as well.

MRS DUNNE: I was wanting to get a feel for what you see as the changes in demand in the COVID period for women's services in general but also the services that you provide. Is there a sense that there is unmet demand which has been brought about by the COVID environment?

Ms Williams: I probably would leave that to some of my colleagues that I think are giving evidence today. We are not actually a service delivery organisation. I know that many of them have been highlighting issues of demand. In particular, one of the areas that we have been seeing a lot of has been women's mental health needs. They are quite different to the subacute and acute mental health needs that are around. One of those is, obviously, antenatal and postnatal mental health and wellbeing. I think that you have got quite a few of those people on today.

For us I think that what it has probably highlighted is that most of our system is geared to the very vulnerable, as defined by different vulnerabilities that we saw in a pandemic or a disaster, and that many of the issues that women talked about were things like strains on relationships, things that were not really easy to access during COVID, issues around access to health care during COVID, the ability to get in and do that. I think that, probably, there were the financial concerns that they were coping with during that period and that they were not able to access supports at that time. They would probably be the ones that we heard most commonly.

MR PETTERSSON: I was wondering if you could potentially expand on some of the barriers that women have faced in accessing support services. In particular, I was wondering if you could focus on our hospitals and some of the experiences women have had accessing health services in hospitals recently.

Ms Williams: We did not hear from women that they had concerns about accessing the hospital services or the services themselves. Most of them talked about staying at home and the impacts that that had on them and their health and wellbeing and on their concerns for their family and their health and wellbeing.

In terms of the hospitals, some of the issues that we worked on with the ACT Health Directorate and Canberra Health Services were making sure that the messages were there for women about being able to safely take their children to the hospital. There was an impression that the hospital may well have been an unsafe place to take children if they were sick or that the ED was unsafe. We also had some concerns by some pregnant women that it would be unsafe to give birth there.

Most of those, we found, were communication issues, and I think that one of the things that were highlighted to us was that it was not so much that things were not in place and that there were barriers to the services but that there was a lack of information really early on that was out there in the community for women that you can take your kids and they will be safe or you can safely go to the hospital, to the ED or to the birthing units or to maternity care.

One of the positives that did come out of it was that services like the MACH nurse services for maternity and other services that were being done by video were very positively received by women as a replacement. I think that it has been much more of a shift from face to face all the time to getting used to having some of those appointments that were needed via video; and that was well received by most women.

THE CHAIR: Turning to the workplace and issues with working from home, if people actually are afforded those opportunities, has the centre had a chance to reflect on any sort of longer term or medium-term impacts on women that are likely to flow from this period?

Ms Williams: I think that there are probably two bits. One is economic. Obviously, we were looking at women's unemployment early in this and there was a significant impact on women that was quite different to men in the ACT. Obviously, the hardest hit industries were those that had mainly women workers—schools, child care, health care, clerical and non-management roles. We also saw that in those industries that have an over-representation of women, particularly in casual roles, which impacted on their economic aspects—retail department stores, hospitality, accommodation, those sorts of things.

The picture in the ACT was quite different to the national. When you looked nationally, men's wages dropped more significantly than women's and so did the number of jobs; but in the ACT that was quite different. We saw a bigger impact economically and impacts on employment in the ACT.

I think that the other thing that was really strong was that, out of the 540 women who responded, there were overall themes that women carried the stressful load during the lockdown; that most women, including those working at home or not working at home, were juggling most of the unpaid care work that was being shifted to the house. Looking at caring roles for older relatives or disabled relatives, looking at homeschooling for the children and the impacts of all of that learning of new technologies to support that learning was a significant thing that they talked about. They talked about worrying and looking after the children's wellbeing, keeping the house, the mental load of worrying about their family.

Another one was men not pulling their weight—sorry, guys—that it was often left to the women to carry the weight and the worry. For most of them, the biggest issue that they raised was that impact on their mental health of all that and carrying the load. We saw a lot of women highlighting that.

I think that the other significant one—probably not with women who were living alone or without a partner, solo parents or women on their own—that came through strongly was the impact and the strain on relationships with partners after being isolated for only a month and both of them being home. We expect in the post-COVID survey to see that becoming a quite significant issue which might lead to some demand on other services post-COVID.

The other one was the financial concerns—decreases in salary. Women told us of significant concerns for the future in staying on top of things like their mortgage payments and their rental payments and, even though there have been some things put in place, that just keeps building up as it goes on and goes longer.

THE CHAIR: Do you see any good that has come from this period with regard to working from home in particular?

Ms Williams: Yes. We heard from a lot of women that that flexibility of being able to do work from home and not having to always be in the office was important. It was not so much the working from home that was the issue; it was the added impetus of having to look after the kids and school them that was the thing that really added on the strain to them. The working from home and having that flexibility long term was something that women raised as a positive, and having some more flexibility in the workplace.

The other one that came up overwhelmingly—and I mentioned it before—was the use of video technology to access services and to do things. Again, it was highlighted as something that should be retained, including access to services such as GPs and others as a first point of contact, rather than having to go into an office straight away and try and juggle appointments that way. Those were probably the two key ones.

MS CHEYNE: Thank you for appearing today. Going into the future, based on the survey results that you have got, what do you anticipate will be the challenges that we will see in the years to come resulting from this? The consistent messaging we are hearing is that not only is the pandemic going to have a long tail but also the ramifications or the impacts of it are going to be felt for many years to come. It was very useful to hear what you were just saying to Mr Coe about thinking that there will

be greater demand for flexible working environments, but what other needs are going to arise for women that might be a challenge to be able to meet?

Ms Williams: I mentioned the one about managing the effects of self-isolation and quarantine on emotional wellbeing. We talk so much about mental health but we do not take into account emotional wellbeing. That was a significant issue for women. I have not talked to men as part of the survey, but for the women that came up—and the lack of easily available services that focus on that rather than the subacute and acute. So I think that there is something about how we manage the potential for impacts on emotional wellbeing to turn into something more significant. And trauma—I think that overseas some jurisdictions are starting to see that turn into PTSD. So there is some thinking around managing those effects that might come out of that, particularly for women who cannot access private services.

For me, a significant issue out of this is really looking at how we look at the success of what we did post COVID. Often, we talk about the overall impact on employment and economic conditions, and we really need to take a gendered look at this to see what the impacts were on women that were different to those on men. So we would be saying, "Don't just look at the numbers in work and unemployment and don't just look at overall numbers but really take a gendered look," because we think that there will be quite a difference in those impacts, based on gender.

Another thing that came out is something to learn for the future when these things start. So much of the focus has been around COVID itself; it was about the health campaigns and the advice about COVID. There was very little further information about maintaining mental health or thinking about how to do things and talking about services that were open. That took quite a long time to get going. So I think that there should be much more of a focus on that other information that people need. A lot of people were already worried, and without that other information being available—and it took a while. We need to remember that in the future for any sort of thing that emerges.

There is the impact of the childcare situation. For many women, their work situation was compromised by the lack of child care—one of the first things that shut down but the most essential if we were going to keep the economy going and keep women in jobs. Another thing to watch is the reverse of that: the majority of our healthcare workforce are women and they have been shouldering a lot of the burden in that area since COVID and probably still are at the moment. So we should be thinking about those impacts and what we do around responding to those in the future as well.

MS LE COUTEUR: Ms Williams, did you have any feedback about the impacts on older women? Particularly at the beginning of the pandemic, the message was very clear: if you are a young person you will probably be okay but if you are over 65—

Ms Williams: It is really interesting. We asked a lot of questions around health and wellbeing and what was worrying women most. I took a look this morning again at the mental health issues and the health and wellbeing issues for those groups. The women who were over 65 obviously took the advice that was out there and were all isolating from home. They were the ones with better self-reported mental health and they were the ones with a better view of their own health and wellbeing and being

able to take care of them. I think that that was because there was such a focus on saying to them, "You need to be careful and stay home." So they were more positive, whereas others who were trying to still engage in the workforce or were still having to go to work were the ones who had significant issues around their health and wellbeing or their mental health and wellbeing.

MS LE COUTEUR: Did you find among the older cohort that many of them had started isolating well before the government said, "You have got to"?

Ms Williams: Yes, and probably a lot of those that we had responding were retirees already or were working from home. One impact on the older women that I failed to mention earlier was that many of them had their own businesses and were working from home already, and that many of them had experienced a significant economic downturn because of COVID, because they were reliant on their own businesses and working from home and those were hit as well.

MS LE COUTEUR: Did they talk specifically about any impacts of social isolation? More generally, we are very aware that as we get older people tend to become more socially isolated and this is only going to exacerbate the trend.

Ms Williams: The interesting thing for me with the older women was that the families were making sure that they were keeping them connected. A lot of them mentioned that for the first time ever they were having regular calls with their grandchildren and chats with their grandchildren rather than waiting for them to come and visit. Again, some of the positives around the use of technology came out in the comments from older women as well: they were still able to engage, despite their concerns, and technology enabled them to do that.

THE CHAIR: Ms Williams, we are unfortunately out of time. It has been great to have you here. Please keep us in the loop and, should any other issues or any advice come to hand, please send it through to the committee office. Thanks for appearing today.

Hearing suspended from 12.20 to 12.41 pm.

LUXFORD, DR YVONNE, Chief Executive Officer, Perinatal Wellbeing Centre

THE CHAIR: Thank you for joining us this afternoon. I understand that a copy of the privilege statement has been sent through to you. Could you please confirm that you have received that and that you understand the document?

Dr Luxford: Yes, I do.

THE CHAIR: Before we go to questions, do you have an opening statement that you would like to present to the committee?

Dr Luxford: I do. Thank you for the opportunity to speak with you today. I would like to start by acknowledging the Ngunnawal and Ngambri peoples who have cared for this land for so many centuries, and also to acknowledge the NAIDOC Week theme, "Always was, always will be".

For those of you who are unfamiliar with our organisation, the Perinatal Wellbeing Centre is an accredited mental health service providing personally tailored care and supports to parents who need a hand from conception until their baby turns two years old. At least one in five mothers and one in 10 partners and fathers experience mental health issues during the perinatal period.

Before I mention briefly how COVID-19 has affected expecting and new families, I would like to thank the ACT government, and the Health Directorate in particular, for maintaining a strong focus on mental health and wellbeing throughout the pandemic. From Facebook Live through to comprehensive website messaging and regular wellbeing tips on commercial radio, it has been really wonderful to hear mental health discussed so openly and with such an emphasis on prevention and support.

We often talk about a perfect storm of events that contributes to people finding themselves unable to cope in their usual way, and 2020 has been more like a cyclone: a combination of fear for self and loved ones falling ill, a loss of control through restrictions, economic hardship and an upheaval of family life as we were all sent home to navigate work and school our kids against a backdrop of catastrophic bushfires, damaging smoke and the destructive hailstorm.

Every one of us experienced increased anxiety, disruption and concern, but imagine how intense those feelings would have been if you were pregnant or had a new family. Add to that the fact that no friends or family were permitted to travel from interstate to help and support you. Imagine trying to explain to a toddler that all the parks were suddenly closed and you just had to stay home; you could not see your friends or grandma.

Against that backdrop it is no surprise that demand for our services rose by 40 per cent in the first quarter of this year. That 40 per cent reflects an increase in new clients, but the demand was also reflected in the number of counselling sessions that we provided by telephone, which increased by 57 per cent in the same period; and those sessions, which would normally last about 20 to 30 minutes, doubled in length as

clients needed to more comprehensively discuss the new normal they found themselves in.

As an organisation that necessarily directs its funds into service delivery, we found the changing circumstances very difficult to navigate. We were envious of tales of other staff being sent home with an "office in a box" set-up. Our IT is soon to be shipped to the Powerhouse Museum, thanks to Hands Across Canberra and the Snow Foundation providing us with some resources so that we could actually update our IT. My own work computer was bought in 2010 and it was second-hand then. That gives you an idea of our IT resources.

However, our perinatal mental health workers all rose to the challenge. We quickly changed modes of delivery of support and discovered that videoconferencing can be a wonderful asset. One change that became clearly essential was establishing a new antenatal online program for our pregnant clients, as this group was increasing rapidly. We also placed expert advice on pregnancy and COVID on our website. Increasing anxiety in that cohort was not a surprise.

I would say that Canberra Health Services did a wonderful job in conveying information about restrictions on accompanying people and visitors for antenatal visits and birthing, and followed international guidelines, unlike some interstate hospitals. Despite the clear information, it was still distressing for mothers to attend scans alone and to contemplate only one person being able to attend the birth and visit afterwards. As one woman said to me, "What if the scan delivers bad news and you have to experience that with no loved one supporting you?"

The lack of available supports was also important to families both at the birth and in the surrounding time period. Many families rely on grandparents to care for other children or simply help out around the time of the birth, but this was not possible with interstate travel restrictions and concerns about the vulnerability of older people. Supports that reduce isolation are absolutely vital for new parents. These had been restricted, with playgroups, mothers groups and other services suspended. At the height of restrictions, this also applied to services that parents might use to unwind and practise self-care, such as a gym session or a visit to the library.

While we moved our services online, we recognise and appreciate that the connection that comes from face-to-face meetings is extremely important. We are currently reopening our facilitated playgroups and support groups while balancing physical distancing requirements.

Whether or not there is a second wave, we expect to see a further spike in demand for our services in the next few weeks and months as the ongoing uncertainty created by outbreaks such as that in Melbourne at the moment and the economic downturn impact families' sense of wellbeing. We are currently assisting several families to access basic needs, and this will be significantly exacerbated if JobSeeker payments return to pre-COVID levels, as predicted.

We need to invest in programs that broadly promote wellbeing for new and expecting families as a preventative measure so that as many families do not need the care and support of services like ours. That should include a mix of programs aimed

specifically at parents and others that can encourage joint play between parents and their young children.

In closing, I would like to congratulate parents for doing such an amazing job of negotiating this incredibly difficult and uncertain time. It has certainly been a year like no other.

MR PETTERSSON: Dr Luxford, could you tell the committee about the fundamental challenge that your organisation is facing, in that you have these increasing demands for your services but, potentially, challenges in securing new financial support? Could you tell us what support you have received and how donations are holding up for your service?

Dr Luxford: We have received some support from the ACT government. We have been very fortunate to receive two rounds of support, one through the COVID emergency fund and the other through the specific mental health fund—in total $100,000. We have not received all of that physically in the bank yet, but that has definitely been a big help and it is helping us secure additional staff at the moment, which will make a big difference.

Regarding donations, you have probably heard about our main fundraiser each year, Cake Off, which brings in about 10 per cent of our income. Obviously, we could not hold Cake Off this year, so instead we have been running an online program called Caked It!, which is a lot of fun, though it is not raising as much money as we would expect from Cake Off. We have been very grateful to organisations such as Hands Across Canberra which have run other fundraising efforts to assist charities across the ACT. We have been quite successful in gaining funds, some matched funds also, through those processes.

THE CHAIR: With regard to the future hiring of additional staff, how is the Canberra market for hiring suitably qualified staff at a price point that the centre can afford?

Dr Luxford: The price point is probably a sticking point. You hit that nail on the head. There are certainly a lot of people out there who are well qualified and have a passion for this area who would love to work with us. Many people would say it is a public service town, and what we can offer in the not-for-profit sector certainly does not match what can be offered elsewhere within the ACT, although we have had a number of applications that are of a really high quality for the roles that we have at the moment.

MS CHEYNE: In your opening statement you touched on how it had been really very difficult for pregnant women or women giving birth to only have either one or no support person. I appreciate that there was also some confusion and there were some changes regarding the number of support people that could be had, even when one was reintroduced, such as whether a doula was able to be there. Do you think that ACT Health went too far in the restrictions that were applied for the support people that could be at appointments or attending the birth, or do you think that it was managed just right?

Dr Luxford: That is a really difficult question to answer. Obviously, they were trying to protect the mother, protect the child, protect everybody involved. So it made sense that they introduced the restrictions that they did. I think that made sense. We have been in contact with our colleagues overseas where they have had to actually have no support people in the room at all, just have the health professionals in the room. That would be really difficult. In places like New York, they just have not been able to take the risk that you could potentially have this infection going into the NICU or elsewhere in the hospital. So it makes perfect sense as to why the restrictions were there.

It was just very difficult for people to deal with that, and people had a lot of concerns about what would happen if their support person was their partner and their partner was ill—whether they could swap out their support person—where there had been quite strict rules that you had to maintain the same support person throughout. Certainly, the concerns about attending scans and other antenatal visits alone were very real for people. It is a time when people feel quite nervous anyway. You are excited, I think, during pregnancy, but there is also a level of anxiety that is natural in entering something different.

MS LE COUTEUR: You talked about the changes, particularly with electronic delivery of services to your clients, due to the social isolation separation move. Do you think that these changes will continue into the future as ways of more conveniently and efficiently talking to your clients?

Dr Luxford: It is interesting that you have raised that. It is something that we are considering at the moment. Certainly with some cohorts we are thinking that it will work very well. For instance, with the antenatal clients it will work well. A lot of people are still working, so it is great to be able to connect with people without them needing to travel here and without us needing to pay overtime to meet outside of office hours et cetera. So that will probably continue as a videoconference support group.

There are other things that have worked extremely well. We run facilitated yoga groups with a perinatal health worker, where the yoga is with your non-mobile baby. That is working really well at home. The parents are absolutely loving it. I have watched a bit of it. It is very cool and the babies seem to love it too. So that is something that is working very well and we think that we will probably continue online. It is easy, too, because if the baby starts crying you can just mute it, so it works out very easily for parents also.

Some of our other programs we definitely think work better face to face; but we may think about running some of our workshops as a kind of webinar package that could be worked through at home. We have also been running, not just for our clients but also for the broader public, Facebook Live on specific topics around mental health and wellbeing, not just particularly for the antenatal period but also more broadly, such as about re-entry anxiety et cetera. They have been very popular and we will continue to do those, though maybe not with the same regularity. Once a week is a really big investment in the research and delivery of something like that.

MS LE COUTEUR: Do you think that there has been a different impact on the

mothers from that and even more, possibly, on the babies? Many people try not to have their babies having anything to do with technology, yet they are already doing Zoom yoga classes.

Dr Luxford: They are going to grow up just thinking Zoom is the normal, aren't they? It is the same for children, I think. You look at children who necessarily were having school meetings via Zoom. It is not something that we normally would have thought of: our young children using social media in that way before this happened.

MRS DUNNE: Dr Luxford, I will continue with my theme for the day. You have talked about a 40 per cent increase in new clients and a 57 per cent increase in counselling. Have you been able to meet that demand?

Dr Luxford: That is what we have achieved at this point in time. I think that there are still a lot of people that we could definitely be helping but we cannot stretch our services any further. As I said, we are taking on new staff at the moment with the additional money we have been given, but that is obviously not ongoing funding. Ongoing demand, I believe, will simply increase.

MRS DUNNE: Do you think that one of the positives that may have come out of this COVID crisis is the propensity to talk about mental health more openly and therefore to have people question how they are feeling and whether they should be accessing mental health services? Do you see that as possibly one of the outcomes and possibly a positive?

Dr Luxford: I definitely think so. All governments at all jurisdictional levels seem to be appreciating how mental health and wellbeing are helping us to cope with this pandemic. It is great to see the money being directed in that way and great to see crisis services such as Lifeline et cetera being given additional funding. That is really important; but the generalised wellbeing messages are very important as well. I think that we all saw, especially in the early days of the lockdown, so many more people out walking with their families. It was something that I certainly noticed around my area. It was really surprising. It was great to see people who I never knew were my neighbours. So some of those messages are definitely getting through and hopefully will be messages that will stay with us. Hopefully, it will remain an open book to talk about mental health and wellbeing.

THE CHAIR: Dr Luxford, unfortunately that is all that we have time for this afternoon. Thank you very much for passing on some important perspectives from women and families during this time.

MOORE, MX C, Chief Executive Officer, Women with Disabilities ACT

THE CHAIR: Welcome. I understand that you have been sent a copy of the privilege statement. Could you please confirm that you have received that and that you are okay with it?

Mx Moore: Yes, I have and I am okay with it.

THE CHAIR: Before we go to questions, do you have an opening statement that you would like to give to the committee?

Mx Moore: Yes, I do. Women with Disabilities ACT represent women, girls, non-binary and feminine-identifying people with disabilities in the ACT. We are a disabled persons organisation, which means that we are governed and run by people with disabilities in the ACT. Our work is predominantly systemic advocacy: changing policies at the systemic level to promote the rights and improve the lives of our constituents. We also do some peer support as part of our work, but we are not an individual advocacy organisation.

On Monday, 6 July we launched a report on the experiences of women with disabilities in the ACT during the COVID-19 crisis. I have sent a copy of that to the committee. The title of that report, *The responsibility has fallen on us*, is a direct quote from one of our participants and it is indicative of the feeling that women with disabilities have been overlooked and left out throughout a lot of this crisis. While we have made progress on a lot of issues like access to PPE and getting a disability strategy and we have had some really great engagement from the Community Services Directorate, the Office for Disability, the family safety hub and the Office for Women, it has been a really slow and frustrating process for the disability community.

Based on that report and the work that WWDACT has done with government, there are several things that we would love to see as soon as possible: accessible communications from ACT Health, and information specifically for the disability community; financial assistance for people with disabilities who are facing increased costs of living due to delivery costs, product shortages, increased medication costs, increased service costs and others; and funding for initiatives that work at the interface of disability and domestic and family violence—for example, training up existing services. And in the future we really need a commitment to disability-inclusive disaster planning so that responses are more timely than they have been during the bushfires and COVID-19.

More broadly, we would love to see disability access and inclusion plans for all of Canberra Health Services and ACT Health, integrating physical access and public health measures and the new services such as telehealth.

THE CHAIR: With regard to your interaction with government over the past few months, are you able to outline what communication you have had with the government and how you have been consulted and have provided input into the various programs and schemes that they have been operating?

Mx Moore: We have been called on pretty extensively in consultations, to some degree beyond our resources. It has been difficult to juggle all of that. In the early stages we were contacted by the Community Services Directorate to check on our operational needs, which was fantastic to have. In the development of the COVID-19 strategy on disability we were consulted by the Office for Disability. In the definition of what essential services would be, we were also contacted to give input so that we could say that for vulnerable people certain things like allied health should definitely be included—those sorts of things. And we have been in contact with the family safety hub to talk about issues of violence that might be arising during the crisis. That is just scratching the surface.

Within the health system we have been involved in a range of consultations around ethical frameworks, in case we have a surge in the health system, and how that will affect people with disabilities. That one has taken quite a while and we are still actually working on the frameworks, because managing the conflict between a triage system and human rights has been quite difficult. We also had regular meetings for a while with the chief operational officer of Canberra Health Services, to keep the community sector up to date. That was a kind of group effort. There was plenty more. We have quite good interactions.

THE CHAIR: You are flat out.

Mx Moore: Absolutely.

MS CHEYNE: We have talked before about the communications and being specific for people who have a disability. We have had feedback from other people who have appeared regarding access to PPE and having a straightforward way for people with a disability to be able to access that. Is that a priority area you have seen where you think we need to be putting in more effort to make it more streamlined or straightforward, or are there other areas where communication needs to be stepped up a bit?

Mx Moore: I do think it is a communication issue, because there is a single portal available if you know where to find it. When they see the criteria, a lot of people are put off. It says you need to get in contact with the NDIS if you are an NDIS participant, or the national stockpile, before you approach the Community Service Directorate. And it puts a pretty narrow constraint on that: you need to be someone who requires PPE for your daily care. But that is not everyone who needs PPE. People who are immune suppressed might only need it if they are going out in the community, and some people are requiring it to feel safe. There is a grey area between what the health advice is and what people with disability are needing to feel safe, and that is not necessarily acknowledged in the communication.

The system we have got is that there is one portal; it is just that we need to communicate with the public, "If you can't afford the inflated prices of privately acquired PPE, you can get in contact with us and ask the question." At the moment it is quite intimidating to go to that page, and you might say, "I don't quite meet those criteria. I don't want to take it off the plate of someone else." But you might have perfectly valid reasons if you were to just ask the question.

MS CHEYNE: What is the solution to that? How do we make it a better experience?

Mx Moore: I do think that we need clearer communication. We have been told that if people really need PPE and cannot get access to it, where they do not necessarily meet the criteria that are public, we can tell them, "Just send an email." But that information is not public, and that relies on people coming to us, as community organisations that are already stretched, to have us say that.

So I think that some public communication needs to go out saying, "People with disability, if you are unable to get access to PPE for whatever reason, whether it is financial or otherwise, you can get in touch." Things like social media, even if it is just preparing a graphic and sending it to us for us to put in our newsletter—those sorts of simple steps have not been taken yet, and that would be great.

MS LE COUTEUR: You talked about a number of problems which people were experiencing. To the best of your knowledge, how many of those problems are due to people being disabled and how many to being disabled women? How much worse is it for a disabled woman, or is it no different?

Mx Moore: I would say it certainly is different. There are complexities that are added when you have the additional issues that come with being a woman. In our survey that we published we had women talking about how their caring responsibilities have increased, whether that be for adult family members, for other people with disability or for children. Off the top of my head, I think 31 per cent of our respondents said that their caring responsibilities had increased in addition to all the issues that they are having.

There is also the fact that domestic and family violence does disproportionately affect women and that with people being isolated and not necessarily leaving their house they are cut off from their support networks; you do not have the protective factor of people around you there to support you. You may have trouble getting in contact with services that can help. There are those sort of complexities. In addition, we had people in our survey talking about the fact that if they are, for example, of Asian descent, they are also experiencing racism on top of sexism and disability discrimination. So it can get quite complex.

MS LE COUTEUR: Another area of potential complexity: have you found that many support workers are no longer able to do that role because of concerns about infection? Has that been a problem?

Mx Moore: That is one of the reasons why so many people want PPE themselves: so that they can make sure their support workers coming in have it. Thankfully, from talking to my colleagues—we are not a support provider, so I am not 100 per cent on this—it has gotten easier for them to get PPE as support providers. But then you still have individuals who are, say, hiring private support workers who are self-managed on the NDIS—picking who they want—and who might not have the security of being from a big organisation that has its own supply.

MRS DUNNE: I know, Mx Moore, that you are not a service provider, but what are you seeing in relation to the agencies you work with that are service providers about

an uptick in demand and whether that demand can be met?

Mx Moore: Initially, we were hearing that some people were saying, "No, we don't want services," because of the safety concerns. Now it is starting to climb again. But it very much depends on the nature of services. People who are on NDIS, for example, are fairly consistent because it is plan based; it is very consistent based on funding a national plan. But things like mental health services are experiencing a massive uptick. That is not just from the disability community; that is across the board.

I know that some services now are hearing that people really want to start using respite services again so that they can get a break if they are carers as well as people with disabilities, because that is a lot of pressure. So those demands are coming in as well. But of course we still have to comply with social distancing, so in some of those programs there is still tension there.

MRS DUNNE: Following up on the issue of PPE, which has been a hardy perennial for this committee, do you think that the issues have been solved: that people who will continue to need access, especially if there is a spike in cases, will be able to get the PPE they need when they need it?

Mx Moore: I do not believe so—certainly not if we get a spike in cases. It has simmered down because we have not had a spike yet, but we may be headed that way. We certainly need some sort of catch-all, even within the Canberra Relief Network, saying, "If you can't afford the over-inflated prices of PPE and you want to be safe, we've got affordable subsidised PPE that's not necessarily from the core stockpile." Prices have been so inflated that people with disability who are already on a low income are disadvantaged in getting it the same way everyone else does.

MR PETTERSSON: You mentioned earlier the ethical framework for the provision of health care for those with a disability if there is a surge, and you mentioned that discussions with government were still ongoing. Could you provide some more information on that? When did the discussions start, and do you expect to reach agreement?

Mx Moore: The disability sector has been working with a group at ANU which has been working with the CHECC on the ethical frameworks and their implementation. There has been a consultation process going on for at least a couple of months now—I believe since May at least. That has gone back and forth a few times because, while they have listened to our concerns with regard to human rights—making sure that people with disabilities are not discriminated against in any triaging process—there are still some areas where, in the triage, pre-existing conditions might contribute to someone being triaged lower or not being allocated ICU resources at the same level as someone else.

As disability rights advocates we really have to push the human rights based approach, which is not necessarily compatible with traditional triage that is based entirely on resources. It is a really complex process and we have not quite gotten there yet. I am not sure if we are going to get there any time soon, because the expertise might not be present in the ACT for that process. We might need to talk to, for example, the folks that wrote the statement of concern on human rights, disability and ethical

decision-making that was published earlier this year. It might be worth talking to those sorts of experts to break this deadlock.

THE CHAIR: That is all we have time for. Thank you very much for joining us today and for the very comprehensive submission that you forwarded to the committee as well. A copy of the transcript will be sent through to you in the coming weeks. Again, thank you very much.

MARTIN, MS ROBYN, Chief Executive Officer, Beryl Women Inc.

THE CHAIR: Good afternoon. I understand that a copy of the privilege statement has been sent through to you. Could you please confirm that you received it and that you are okay with the implications of that document?

Ms Martin: Yes, I am.

THE CHAIR: Before we go to questions, do you have a brief opening statement that you would like to give to the committee?

Ms Martin: Yes, I do. First I would like to acknowledge the Ngunnawal people as the traditional custodians of the land on which I live and work. I pay my respects to their elders past, present and future, for they hold the memories, the traditions, the culture and the hopes of Aboriginal Australia. I remember that the land we work on was and always will be traditional Aboriginal land.

Thank you for allowing me to make a verbal submission on the COVID-19 response. I acknowledge the ACT government's response in addressing the COVID-19 pandemic and, in particular, their financial response in relation to domestic and family violence during these uncertain times. This funding was very much welcomed by the sector.

Beryl is the longest running women's refuge in Australia. We have been around for 45 years, which we celebrated on International Women's Day this year. We have been working towards the elimination of domestic violence and we are proud to retain a feminist focus on cultural diversity and inclusive employment practices and service delivery. Beryl has extensive experience of working with women from diverse backgrounds.

I have used the questions that were sent, possible questions that the panel might ask, in terms of the things that I wanted to talk about today or make you aware of.

The demand for services and our ability to deliver them during the beginning of the pandemic was very difficult for us because we had to limit the way in which we were working. We had to change a whole lot of things that we were doing. We did not have the IT equipment for meetings like this to happen, so there were a lot of purchases that we needed to make. A lot of us, the staff, were pretty IT un-savvy.

During the initial period and over this time frame, we have had experience of refusal of support from OneLink for a woman seeking accommodation support for herself and her seven children. We have spent a lot of time advocating for that particular client and we have managed to find her accommodation. Because she came from another state and she had supports in that state, as well as accommodation, she was not seen as a priority for OneLink and was told to return to that state. We took on the fight in advocating for that particular family because they were literally going to be out on the street that night, and with COVID happening there was a real risk to their health.

We did manage to source additional accommodation through DVCS for that family. But the thing that came up for us out of that whole scenario was the fact that there was not a DV lens put across her particular situation and that her sense of safety was also not taken into consideration. What she has been told and what we have been told by agencies is that she should return to where she came from. We had real concerns around her safety. The level of violence that she had experienced from her ex-husband was so severe that we were really concerned that if she had returned to Victoria—she came from Victoria—potentially she could have been the next woman we would have been reading about who had lost her life.

We felt, as an organisation, and certainly from that woman's perspective as well, that she was being unsupported by the ACT government, because OneLink is funded by the ACT government. But also we felt that the organisation was not being supported either and that our expertise in what we do and how we do it was also not being taken into consideration. That is probably the biggest thing we have experienced over this time frame in terms of the way we have been operating over the last several months—five months or whatever it is. We have not had any increase in clients trying to access the service. We have had an increase in ex-clients seeking support from us in terms of emotional support and material items, which we have been able to do.

The first two weeks after the pandemic was declared, we did notice that ACT government services were really inaccessible. I am assuming everyone was out working remotely. We were unable to make contact, and when we left messages it was several days before we received any contact. So we were floundering in terms of trying to deliver a service to clients when there were restrictions in place, and particularly in our shared space, because we have four families living in our shared space. That face-to-face contact, women coming and going and not practising social distancing, and staff being on site at the same time—being mindful about how we were working. We worked in a way that was completely foreign to us. So it placed a lot of challenges on us, particularly for our own health as well.

We are a small organisation with six staff members. Three of those staff members are Aboriginal women and we were in a high risk category in terms of COVID-19. So it meant a different way of working for us: most of the time working off site but having a rotating roster of staff being on site for two days and then minimising all face-to-face contact with our clients, which created problems for our clients because their social isolation and their emotional wellbeing was also impacted by that. We had a lot of new policies and practices that we had to put in place. There was a lot of demand from government to attend meetings like this, sometimes four a day, which was exhausting.

MS CHEYNE: If we had to do it all again, knowing what we know now and that there was not a playbook for what to do, what is the best way for government to interact with services like Beryl to ensure not only that lines of communication are being opened and you are getting the answers you need but, equally, that you are able to attend to the people who need you the most? How do we get that balance right?

Ms Martin: The stimulus package that was made available, the $3 million that was made available to address homelessness and domestic and family violence, was fantastic and it was very welcome within the sector. However, there were a number of

processes that we had to go through in order to access that, particularly the rapid response funding. That was a grants process. We, as a result, missed out on it because we were just too busy and did not have the time to write a grant application for that funding.

However, I have been talking to the acting coordinator-general for family violence, Kirsty, and she has assured me that the money we have spent on providing laptops to clients and laptops for our service in order for these meetings to happen will be reimbursed—because our desktops did not have that capacity at all, so we had to do a whole lot of things to continue operating and ensuring that the service was able to support the clients in the way that we wanted to. We missed out on those grants, but Kirsty has said that they have found some money for us, so we will be reimbursed.

In terms of any funding like that $3 million, let's look at who is providing services across the community sector and maybe divvying up that money evenly or pro rata or however, rather than creating more layers for us to deal with, because we were already so busy trying to just manage the chaos of COVID and what was happening. That would certainly have been a lot more helpful. In fact, all the money that has been provided for the homelessness and DV services—Beryl has not accessed any of that at this point in time. We are a small service. We do not have any extra staff. The relief staff that we have employed are in the high risk age group as well, so we have not been accessing any of that. We have been flat out just managing with what we currently have.

MS CHEYNE: What sorts of hours are you working at the moment to contend with the demand?

Ms Martin: I have been really clear with the staff here to continue working at the same rate, the same hours. Previously we would be here until about 5.30 or 6 o'clock, but I have said, "Everyone leave at 5 o'clock. Start at nine; leave at five," because we are physically and mentally exhausted because of the demand not just from government but from our clients, because they are requesting more emotional support.

The restriction around kids going to school, where mums were homeschooling, was too much for the women to deal with, particularly as a lot of the kids did not have access to computers. So we provided Chromebooks for the kids who did not have them. We provided internet connections for them to access their schooling. We also provided, through a system like this, some teaching around using technology for mums. They are not comfortable with it but they are able to utilise it as much as they can at the moment.

MS LE COUTEUR: You talked about the family that came from interstate and how there was no easy way of getting them accommodated. Is this a change of policy, from the ACT government's point of view, or is this normal?

Ms Martin: At the time it felt like that and seemed like that, because we were told that the priority was ACT women. This was a woman from a culturally and linguistically diverse background, a woman from an African community. All the way through it there seemed to be—I will probably get shot down for saying this—a level of discrimination that was happening as well. She was just told flat out and we were

told flat out that she was not going to get service from the ACT because ACT women were the priority. She had supports in place; she had a property in Victoria; she could go back there. However, she did not feel safe. Her own sense of safety was not considered in any decisions that were being made here.

There seemed to be this thing that the ACT was not going to be accommodating women from other states and territories. That seemed to change. That seemed to be the picture very quickly, because prior to that we had accommodated, through the service, two women, two white women, who had come from other states and territories. So it just did not make sense to us, which is where I was going with the level of discrimination.

MS LE COUTEUR: It is really concerning that it appears to be on the basis of the woman's race.

Ms Martin: We have been told categorically now that that is not the case and there is no hidden rule about women coming in from other states and territories. However, it did not feel like that at the time.

THE CHAIR: If there is no rule, what was the basis of the decision?

Ms Martin: The decision was based on the fact that she had a house in Victoria and that she had some supports in place there.

THE CHAIR: Even though they also said there was no rule about interstate?

Ms Martin: Yes.

MS LE COUTEUR: What do you expect after COVID, whenever "after COVID" happens? Do you think that people have been bottled in at home and that the demand for refuge places could even accelerate after COVID?

Ms Martin: I think absolutely it will increase. There will be an increase in women trying to access services. We are currently talking to a woman who can only ring periodically. We are holding space for her and doing safety planning for her to leave her home at the moment, because her partner is at home working remotely. We were hoping that she would be able to leave today but that is not the case. We will continue talking to her and working out a way around it. She is hoping that he will go back to work soon so that she can leave, but we do not know when that is going to happen.

MRS DUNNE: Ms Martin, I would like to go back to my theme of the day, which is unmet need. One of the things you touched on was that part of the difficulty in meeting the need with your clientele was that you were so busy responding to myriad bureaucratic meetings—and you were so busy that you missed out on grant applications. What is the take-out message, from your point of view, about how governments interact with community service providers in a crisis like this? What are the lessons, from your point of view?

Ms Martin: I think it is just to be mindful about what else is happening around the sector or what else is happening with government. There were meetings that were

sector initiated but there were a lot of government meetings that we were participating in as well, and then requests for information from government about how we were operating and what trends we were seeing. There were things like that that we needed to respond to as well.

There were policies that they were requesting that we have in place, and if we did not have them in place then we needed to get them in place and provide them: things like the COVID-19 plan—I do not think anyone had any of that in place. Things around business continuity plans needed to be reviewed and amended to take into account all the things that were happening.

We did things like doing risk assessments around COVID with all of our clients. In particular, we wanted women to explore what would happen if they became hospitalised: what would happen with their children, who were the people around them that they could depend on to look after their kids—because we as workers could not do that. That is a question we were asking everyone we were meeting with: what is available for families where the parent needs to be hospitalised? What happens with the kids? We finally got an answer to that question a couple of weeks ago. That was a real concern not just for Beryl but also for a lot of the other women's services, and a continuing question that we were asking until we actually got some decent responses about what we can do if that happens.

THE CHAIR: Ms Martin, unfortunately, we are pressed for time. Thank you very much for appearing today. Thank you and the entire team at Beryl for all that you do for the territory. A copy of the transcript will be sent through to you in the coming weeks.

The committee adjourned at 1.44 pm.