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Proof Committee Hansard

SENATE

SENATE SELECT COMMITTEE ON COVID-19

Australian Government's response to the COVID-19 pandemic

(Public)

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SENATE

SENATE SELECT COMMITTEE ON COVID-19

Wednesday, 1 July 2020

Members in attendance: Senators Davey, Gallagher, Paterson, Siewert, Steele-John, Watt.

Terms of Reference for the Inquiry:

To inquire into and report on:

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PIKE, the Hon. Bronwyn, Chief Executive Officer, Uniting Victoria and Tasmania Ltd

Evidence from Ms Casey, Mr Clement, Ms Dobson, Ms Little and Ms Pike was taken via teleconference—

Committee met at 10:00

CHAIR (Senator Gallagher): I declare open this hearing of the Select Committee on COVID-19. As set out in the circulated program, today the committee will hear evidence from Foodbank Australia, UnitingCare Australia, the St Vincent De Paul Society, the Australian Red Cross, the Australian Federation of Disability Organisations, Carers Australia, Children and Young People with Disability Australia, People with Disability Australia and First Peoples Disability Network Australia. Today's public hearing will focus on the impacts of COVID-19 on Australia's frontline community services sector and disability and carers sector but may also cover other matters under the terms of reference.

Information on the procedural rules governing public hearings has been provided to witnesses. The documents that have been circulated—opening statements for a number of the witnesses appearing today; I think there are four of them—have been agreed for publication. Thank you very much. We've also had an audience request to take photos if that's agreeable to people. Yes? Thank you very much.

I welcome Ms Brianna Casey of Foodbank Australia, Ms Claerwen Little, Ms Corinne Dobson and the Hon. Bronwyn Pike of UnitingCare Australia, Mr Toby oConnor of the St Vincent de Paul Society National Council of Australia and Mr Noel Clement of the Australian Red Cross. We'll allow all of you to make an opening statement. I'll start with you, Ms Casey. If you would like to make some introductory remarks, I will then go to UnitingCare following that.

Ms Casey: Thank you for the opportunity to give evidence at today's hearing. I'm here representing Foodbank Australia. In the absence of a formal submission, I want to provide a brief overview of Foodbank's role as an enabler to emergency relief providers and make some observations about what we have seen and expect to see in terms of the impact of COVID-19 on food insecurity in Australia.

I firstly acknowledge the outstanding work being undertaken by my colleagues on this panel. As senators may be aware, we all sit on the national coordination group established by the Department of Social Services earlier this year, and I can only commend the analysis, discussion and advice being undertaken by this group. I'd also like to acknowledge the great work that's being done by the Trusted Information Sharing Network's Food and Grocery Sector Group, as well as the Department of Home Affairs Food Supply Working Group, who, in conjunction with the national coordination group, have provided us with real-time data, coordination and support in the face of volunteering and workforce challenges, agency closures and significant supply chain interruptions.

Foodbank exists to fight hunger in Australia year round, not just during disasters. We were already assisting 815,000 people per month before the devastating summer bushfires and before the impact of COVID-19 took hold. In recent months we have seen a 78 per cent increase in demand for food relief, and we have a very real concern that we are not yet at the peak of food relief demand, especially in areas still recovering from natural disasters; in that, I include both bushfires and drought. We are nervous about the proposed timing of the removal of the JobKeeper, jobseeker and coronavirus supplements, particularly given the strong correlation between poverty, unemployment, underemployment and food insecurity.

We've seen significant changes in the profile of food-insecure Australians, with the newly unemployed, temporary visa holders, students, seniors and single parents now a constant in terms of food relief recipients. We are doing our best to keep up with demand, but the sheer number of new recipients is making this difficult, and we will need to sustain at least current levels of food sourcing if we are to continue to respond to current demand, let alone a further increase. The panic buying we saw in the early days of the pandemic seriously affected our traditional food sourcing at Foodbank, and we were extremely grateful for the COVID funding provided by the

Commonwealth to allow us to procure key staple products so crucial to the 2,400 agencies we provide food relief to, including Commonwealth funded emergency relief providers.

Our state and territory food banks have done an extraordinary job responding to challenges we've never faced before. To cite one example, when agencies started closing and clients couldn't get to Foodbank hubs in South Australia, we introduced a home delivery service in a matter of days. Foodbank South Australia now has 70 agencies signed up to this program, and we continue to deliver to households on a daily basis. This is on top of their ongoing bushfire recovery efforts—for example, in Lobethal, in the Adelaide Hills, where we continue to provide mobile food hub services today.

We're by no means through this crisis, but I commend the committee for its consideration of this important issue. We'd be happy to answer any questions you may have this morning.

Ms Little: Thank you for the opportunity to represent UnitingCare Australia today. Before I begin, I would like to acknowledge the sovereign First Peoples of the land on which we're meeting, the Ngunawal people, and pay my respects to elders, past, present and emerging. I'd also like to express my solidarity with their ongoing struggle for justice at this critical point in our history.

The COVID-19 pandemic has brought social, health and economic inequalities into sharp focus. We commend the government for decisive interventions which have flattened the curve and provided urgent relief for many of the most vulnerable people in our community, but the effects of these policy responses have been uneven. They've exposed and exacerbated pre-existing inequities.

As the pandemic and its effects continue to be felt across communities, the decisions we make now have the potential to either ease or amplify deepening disadvantage. We are particularly worried about the fast-approaching funding cliff in September and the impact of rapidly withdrawing JobKeeper and the coronavirus supplement. We don't want to be the fleet of ambulances waiting at the bottom of that cliff; we want to be part of the team of construction workers building a strong, robust fence at the top. As we face the worst recession since the Great Depression, we cannot return to the unacceptably low pre-jobseeker rate. We need to ensure an adequate social safety net so that everyone can live with dignity.

In our submission we outline a number of areas that we are very concerned about. These include financial relief and economic assistance, issues for our First Peoples, housing and homelessness, the plight of older Australians, people on temporary visas, and the sustainability of the community services sector. Throughout the pandemic we've been working actively with government to find the best solutions for people in the most vulnerable of circumstances, and advocating to ensure that they are at the very heart of policymaking. We must ensure no-one is left behind.

We're joined today by the chief executive officer of Uniting Vic.Tas, the Hon. Bronwyn Pike, who can speak to the issues on the ground for Victoria's largest community services provider. UnitingCare Australia is the national body for the Uniting Church's community service activities across the country. We have a very large spread and have been actively engaged on the ground in every state and territory throughout this pandemic. We welcome the opportunity to discuss our concerns with you more fully.

CHAIR: Ms Pike, did you want to provide some additional comments?

Ms Pike: Thank you to all senators for the opportunity to be here today. I just want to make a couple of comments. Obviously it's been a huge year for people who are working with very vulnerable people in our community, starting with bushfires, which has meant that a whole lot of extra people in great need came into an already very busy and active community services sector. The COVID-19 environment has meant that, as more and more people are in need of support for their physical needs, the services that we provide continue to be stretched and we have the situation of displacing people who are already in great need in our community. Those needs are physical, but I did want to touch on some of the psychological and mental health issues that are becoming paramount for us to deal with. Our services provide drug and alcohol services and support for people with mental illness. A shutdown environment exacerbates many of the existing challenges that people were already facing and, of course, this causes additional demand.

I also want to highlight that this is a time of great opportunity. I think that creative responses have emerged in the sector. New ways of providing material aid, new ways of communicating and reaching out to people, a change in the whole philosophy of clients coming to us and more of us coming to them, and the enhanced use of technology have all been opportunities that people have grabbed hold of.

Our fear, as Claerwen has highlighted, is that by removing some of the very welcome and additional supports that have been provided by the government over this period we will find ourselves in a much more heightened crisis situation. So we certainly urge that all of those initiatives are considered in the longer term and, I guess, in a

more regionally based and sector based context so that we don't have people suddenly cast out and finding themselves in a situation that has a very negative impact on the whole of our community.

I'm happy to answer any questions. Thank you very much for the opportunity.

CHAIR: Thank you very much, Ms Pike. It's great to have you here today.

Ms Pike: Thank you.

CHAIR: Can I hand now to Mr oConnor from the St Vincent de Paul Society National Council of Australia.

Mr oConnor: On behalf of the national council I want to thank the committee for the opportunity to appear today. I start by acknowledging the traditional owners of the land on which we are meeting, the Ngunawal and Ngambri people, pay my respects to elders past and present. I would like to acknowledge the work and support provided by our members and staff to the general community over the past few months. They have put themselves out there on the frontline to help others. I would also like to acknowledge the work done by the other charities that are here today and the collective good will we represent in the Australian community.

During this COVID period the society has seen a change in the profile of people seeking assistance. There has been an increase in new clients—people who don't normally present to charities. Many of these people have fallen through the cracks, mainly because they don't qualify for government assistance—namely asylum seekers, international students and casual workers who have lost their jobs. There have been fewer requests from those we regularly assist. This could be for many reasons, including the increased jobseeker payment, access to other online forms of assistance and a wariness about leaving the house.

COVID has dramatically affected our service model. We normally do things directly, preferably face to face. We have moved online and are now providing contactless assistance. We have done this at a time when our volunteer and staffing numbers were depleted.

We remain concerned about the marginalised—those whose networks were already limited prior to COVID-19. This includes vulnerable families, young at-risk people and those living with disability. Our submission contains examples of how we have assisted these cohorts. We have relied heavily on JobKeeper to keep going. We want to acknowledge the leadership provided by the Prime Minister, the Treasurer and Minister Ruston to listen to the needs of the charitable sector.

I'll summarise our key considerations. The first is the retention of higher income support payments. We think it's only fair that the old Newstart—now jobseeker—align with other pension payments and be increased by \$180 per week. The second is a Commonwealth, state and territory national housing strategy. This needs to cover a 25-year period and set targets to reduce homelessness and increase the pool of safe and affordable social and community housing through a long-term cross-government funding commitment. Housing should be treated as a human right. The current housing wait times across the country are deplorable and are forcing people into homelessness or to stay in unsafe circumstances. The third is that we recognise the need for sustained and coordinated health and social service responses—case managed and client focused—to support people's health and wellbeing, particularly during crisis periods, such as the bushfires, the floods and COVID. Thank you.

CHAIR: Thank you very much, Mr oConnor.

Mr Clement: I'd like to acknowledge that I'm meeting on Kulin nation lands and pay my respects to elders past, present and emerging.

Thanks for this opportunity. As part of the world's largest humanitarian movement, Australian Red Cross has been highly concerned about the impact of COVID-19 on already vulnerable people and communities, both internationally and within Australia. From its early stages, local Red Cross and Red Crescent national societies have responded to efforts in 164 countries.

In Australia we've been focused on four main areas of concern. The first is the psychosocial wellbeing of people in quarantine or otherwise in isolation. Under emergency management arrangements, we've been activated to provide psychological first aid in all states and territories, with over 110,000 calls since February. We've also provided what we call iso kits to people in hotel quarantine, with a range of tips and suggestions to maintain their wellbeing.

The second is the significant risk to the health and wellbeing of temporary visa holders. Lacking access to financial and other supports means thousands of people on temporary visas are at risk of destitution, homelessness and exploitation. With the support of governments and partners, in the last three months we've supported over 14,000 people on temporary visas through emergency relief, food relief, casework and referrals. This compares to only 620 people in the same time last year.

The third area is the critical need for people to access, understand and implement health and hygiene messaging. We've promoted, developed and disseminated public messaging to support community safety. This has included health messaging from Australian governments, materials produced within the Red Cross movement and other communications to respond to the pandemic and to support community cohesion. We've reached hundreds of thousands of Australians through social media podcasts and web content.

The final area is the need to continue and extend existing supports for people already vulnerable in the community. Like others, we've adapted many of our existing services to phone and digital means and we've provided over 100,000 contacts per month. We continue to support people in bushfire impacted areas, people at risk of homelessness, families and people who are socially isolated. Our meal services in the ACT and Tasmania and our soup patrols in Western Australia have responded to increased demand. Our work with Aboriginal and Torres Strait Islander communities in places like Tennant Creek, Katherine, Galiwinku and Tiwi Islands has included support with hygiene messaging on how to stay safe and how to practise physical distancing.

We've responded to these areas of concern in partnership with the communities themselves; governments across Australia; other agencies, including those here today; and corporate and philanthropic supporters. We've got thousands of members, volunteers and staff who have contributed enormously in this unprecedented situation. While the collective response to date has been impressive on many levels, it's critical we all remain vigilant to the pre-existing and now elevated vulnerability of many people in our communities. Continued support and new responses from governments will be essential over coming months and years. For our part, the Red Cross will continue to advocate specific humanitarian issues directly with responsible authorities and will continue to do all we can to respond to the needs of people in communities most impacted. Thank you.

CHAIR: Thank you very much, Mr Clement. On behalf of the committee I'd like to acknowledge the incredible work that you've all done—and always do—in response to the COVID-19 pandemic. I think we all, through reading your submissions and reading stories in the media and announcements by government, understand how hard you've all been working, and changing the way you deliver services to make sure that vulnerable communities are supported and cared for. We are really fortunate to have such great social infrastructure there to deliver that kind of care. The way we run these hearings is that I'll start with some questions and then I'll hand the call around to other senators. I will start with what is maybe a question to all of you—and a few of you have touched on this in your opening remarks. Could you provide a little bit more information to the committee about the increase in demand for services you've seen? Is that changing now that some of the restrictions are being alleviated? In Victoria, it's slightly different; Ms Pike might have some views there. I think a couple of you mentioned new individuals who are seeking your support for the first time. Ms Casey, can we start with you?

Ms Casey: Yes, we have indeed seen a significant increase in demand for food relief. But there have been some quite interesting shifts that we're analysing, and I will provide to the committee a monthly dashboard that we have been conducting. We've been surveying our agencies month-on-month to look at agency closures, the types of people presenting, and what the demand has been like. What we have observed is that those who were in deeply entrenched poverty have found the additional coronavirus supplements enormously helpful. In fact, ACOSS has just released some research showing that a lot of those vulnerable cohorts have been able to, for the first time in a long time, purchase fresh fruit and vegetables, for example.

This What we are seeing, though, is a dramatic increase in the number of people presenting, and new cohorts. What that meant for us is not only a shift in the way that we deliver our services, but a shift in the way we communicate our services as well. Just yesterday, we put out some translated posts to ensure that temporary visa holders and, in particular, international students know where to look. One of the challenges we have found—and I know that this has been shared by my colleagues on the panel—is that we are dealing with people who have never had to access food relief before, who have never had to look for emergency relief before. The simple act of knowing where to look, what to Google and who to visit has been enormously challenging for people. We are seeing quite significant change. We were hoping that we would see a softening in the demand for food relief as some of these payments took hold. Because the number of people has increased so dramatically—we are sitting at about the 1.4 million mark at the moment—we're not seeing that softening right now. I hope, with time, we do. But my concern, as I indicated in the opening remarks, is that, if we do reach the point where we have all reached the cliff, when these additional measures come off I'm deeply concerned about what will happen to demand for food relief and our ability to keep up with that.

CHAIR: Thank you, Ms Casey. UnitingCare, can I head to you? Maybe we can start with Ms Pike.

Ms Pike: Thank you. I concur with all of those comments. I thought I might just highlight asylum seekers. We run a number of asylum seeker programs and there has been a 50 per cent increase in demand for emergency

relief services. Asylum seekers are often the very first people to lose employment. They are told they are not eligible for JobKeeper because employers feel they need to prioritise the employment of Australians. We've also heard that a number of services have got such long waiting lists that they have closed the books. And, of course, asylum seekers are not eligible for Centrelink payments and they only receive a lesser proportion of the pre-COVID Newstart rate. So this is an incredibly vulnerable group. It again highlights that, as you bring more and more people into the emergency relief system, those who are literally at the bottom of the list just fall off and become displaced.

The other area I will highlight is, with lockdown, a number of agencies right around the country, and certainly ours, who run op shops and use them as a means of providing affordable goods and clothing for vulnerable people have had to shut their doors because of the retail lockdown environment. Even with social distancing, this has meant that, as places open up, they still can't operate or they can't operate to the full extent. So this has had an impact, obviously, on revenue, which a number of charitable organisations rely on, but also they are very, very important community assets and have been very significantly impacted.

CHAIR: Thank you, Ms Pike. Ms Little?

Ms Little: Just building on what Bronwyn was saying, reflected across the country, an increase in domestic violence has been an incredibly important issue for many of our services across the country over this time. It is hard to gauge numbers, but it is certainly reported in our meetings with our members all the time. So that has been a very important and incredibly disturbing trend that we've seen. Also, we have seen a bit of variability in the emergency relief, picking up on what Brianna was saying before. In the early days there was a little bit of a drop-off in emergency relief presentations, but we are certainly now starting to see people come and access those services again. We're expecting that to continue to increase. Another issue in our network, with aged care and some of our home care programs—Bronwyn might talk a bit more about that too—is that, in the early days of the lockdown, it was very difficult for people to access. Certainly, one of the big issues that we had was access to PPE for our staff. A lot of home care is now continuing, but there has been lots of innovation and certainly different ways of providing services.

Ms Dobson: Yes, and I might add, too, that one of the concerns that we have also had is around where there might be unmet and considerable need, but, perhaps because of the lockdown conditions, there have been difficulties reaching those groups, particularly vulnerable and at risk families and children. A lot of our services went to virtual servicing and using digital platforms, and that has had both positives and negatives. But, of course, there's deep concern for those groups who have limited access to digital means—additional costs or perhaps issues with connections or digital literacy. For some of those groups, it's hard to know exactly the extent of the unmet need and what the issues are, but there are real concerns that, as we come out of lockdown more, we will see some of those issues really emerging where we haven't been able to connect with those groups. Clearly a big concern in that too, as the previous speakers have emphasised, is the withdrawal of the coronavirus supplement and JobKeeper at the same time as we have issues around, for example, some of the debt deferrals. Our financial counsellors have emphasised some real concerns around some of the issues there, as well as the moratorium on rental evictions. There's a real concern about what the implications will be for our services and escalating demand.

CHAIR: I know people will have more questions on that as we go through the morning. Mr oConnor, in terms of who's coming forward for services and how you're meeting that demand, you made some remarks in your opening statement. Is there anything further you'd like to say?

Mr oConnor: Let me preface my response by indicating two key issues for the Society. The first is that we're a federated organisation and we operate on the Catholic social principle of subsidiarity, which really means we allow people as close to the local level as possible to make decisions about, for instance, where emergency relief funds might be allocated. The second component I'd indicate is that we distribute the emergency relief funding from the Commonwealth as well as our own money that we have available to us, through our own resources, to allocate to folk. What I'm trying to do is just give you a summary of the sorts of things that we might do and essentially understand that the decision's made at the local level.

For instance, in the COVID environment we've had calls on our services, particularly in Victoria, to assist international students, and a lot of that is just to provide food. We've worked with Foodbank in that same state to assemble food parcels that can then be dropped off to people's homes, on their doorsteps. We've tended to have much younger folk on that side of the service delivery, compared to previously. We continue, as we said in our submission, to do things online. But most of the allocations that we give out would essentially go on food—food parcels and a lot of food vouchers. Up to around 80 per cent of the emergency relief money would be going on food vouchers for some of the big supermarket chains. We do provide cash, but only in a limited number of cases,

and the person who is delegated to allocate cash, as opposed to doing an electronic funds transfer or paying bills, is higher up in the structure of the organisation.

So we've got quite different approaches in terms of the service needs that are found on the ground, and those needs are assessed by our members, who actually do face-to-face interviews with people to work out what their needs are and how best we can respond to those needs, using either the emergency relief funds or our own moneys.

CHAIR: So you've seen a big change in terms of younger people, international students, coming to access support?

Mr oConnor: Yes, and also families who might now be in distress with more people at home, requiring additional food et cetera. So it's not what I would term our traditional base of people looking for assistance.

CHAIR: Mr Clement, would you have anything to add here? I think you mentioned the big increase in international students. You're actually funded, I think, to provide extra support to them. Do you have anything further for the committee?

Mr Clement: Sure. I'd probably say there are two sides to this for us. Firstly, pretty much all the groups that we're working with through our existing programs have required additional support. So I really want to underscore the psychosocial impacts of lockdown restrictions on a whole range of groups, particularly people who are already quite isolated. That has required very significant support to people. And I'd include Aboriginal and Torres Strait Islander communities who, in lockdown, weren't able to implement cultural practices and who need some support with healing. There are a whole range of impacts in communities that I think we're probably still not really even fully across.

Yes, in terms of temporary visa holders, we're already working very strongly with asylum seekers, refugees and other people on uncertain visas. But, certainly, there has been a very significant increase in international students. We're seeing people who are unable to return home, for a range of reasons, who might otherwise have returned home, and we're seeing people on partner visas and in other insecure visa situations. But, consistently, we're looking at issues of financial need, homelessness, destitution and the risk of exploitation. They're very significant issues across that whole group.

I'd emphasise again bushfire affected communities—the impact of our not being able to be boots on the ground for affected communities, and moving to phone based support. We all did what we could and supported communities through phone based and web based support, and significant support was provided, but being able to now get back into those communities is critical to being able to reach out to people who maybe haven't already connected with us. They're probably the main points I'd make.

CHAIR: Thank you, Mr Clement. I have just another question before I hand over to Senator Paterson. I think all of you would have received some extra funding through the government's response to the pandemic. I note you've all raised concerns about the fiscal cliff in September in relation to JobKeeper and jobseeker. But, from what I can see, the additional funds are also for six months; provision was made for extra support for a period of time. Are you engaged in discussions with the government about what happens in terms of that extra support going beyond that six-month period—because I don't imagine that the demand for your services is going to disappear at 27 or 28 September. So how are those discussions being progressed, and are there enough resources? I know it's a bit like, 'How long is a piece of string?' but, in terms of meeting urgent unmet need at the moment, is the provision that's been made by the government enough for you to deliver the care that you need to at this point in time? Perhaps I will start with you, Mr Clement, and then work the other way.

Mr Clement: Firstly, I would say they are fairly unprecedented levels of support, so I'd say it's fantastic to see this assistance. We're all working to get help to people as quickly as we can. Emergency relief for temporary visa holders, who are our focus, is making an enormous difference to those people. What I would say is that this all depends on how long the situation continues for and people's capacity to get back into jobs. For people who are able to get back into jobs or build other means of support, emergency relief as a bridge is a very effective strategy. However, if we see prolonged periods of people being unable to get into jobs, I think we're moving into the territory of needing to look more at income support and ongoing support for groups of people who currently don't have that assistance.

CHAIR: That goes to eligibility for income support there.

Mr Clement: That's right.

CHAIR: Mr oConnor, do you have anything to say on that?

Mr oConnor: Yes. The committee should know that the government's emergency assistance around COVID is up until the end of June of 2021, so it is for an extended period after jobseeker and JobKeeper are, at this stage, to finish. The minister is taking advice from the peak emergency relief agencies, of which we are one; we sit on a panel to give her advice. Ms Little is the chair of that panel, and I think she is probably best placed to give you an overview of the role of that panel and where that fits in so that you only have to hear it once.

CHAIR: Okay, thank you. I see that some of the payments, such as the one to the Red Cross, are over six months. Is that right, Mr Clement?

Mr Clement: That was the initial agreement; it was over six months. But we're part of the same arrangements, with the National Coordination Group looking at the entire package.

CHAIR: Okay. Ms Little, can I hand to you?

Ms Little: Certainly. The National Coordination Group was established in April to advise the government on how its response to emergency relief can assist individuals in need; to advise on the effective distribution of that \$200 million allocation that was announced then; and also to look at identifying opportunities for national and local cooperation. As Mr oConnor said, I am the chair of this National Coordination Group. We've been meeting weekly up until last week; we're now starting to meet fortnightly. We have established a secretariat for that group which is doing data analysis and research, taking all of the information from DSS and other sources, as well as the establishment of government local coordination groups and state groups. So there's a really strong sense of coordination around what's actually happening on the ground, and that information gets fed up to the National Coordination Group weekly. That group has really had a sense of oversight on where the gaps and the needs are and then has spent time and deliberation to recommend to the minister how and where that money should be spent. At the moment, there's a significant start with the first \$100 million.

As Mr oConnor said, it goes across to the end of the next financial year—or this financial year now—so it's not immediate. We're looking at seven areas in need. I'm not quite sure how much detail you would like on that, but there's been a pretty thorough analysis on that. The National Coordination Group is there to make those recommendations and have that sort of national oversight of the distribution of those funds. It's very much coming from intelligence from the bottom up.

CHAIR: Am I right in thinking that there was the \$200 million package, of which \$100 million was initially allocated across a range of areas, and then there's a further \$100 million that's going to be allocated and that's what the National Coordination Group is currently considering—how best to do that?

Ms Little: Yes, that's right.

CHAIR: Has the \$100 million of the first part gone to agencies? Has that all been distributed or is it going out over time and in separate packages?

Ms Little: Yes, it has. My colleagues can concur. That has been allocated, and so it's the next amount that we have just made these recommendations on.

CHAIR: When would decisions be made about that second \$100 million?

Ms Little: That's with the minister at the moment, so we're expecting a decision at any time.

CHAIR: You've made recommendations and now it's over to Senator Ruston to consider them? Okay. Senator Paterson.

Senator PATERSON: I add my thanks to all the organisations for the amazing way you've stepped up in these times of unprecedented demand. I know for many of you this follows on pretty serious demand earlier in the year because of the bushfires, so I know it's been a busy six months for all of you. I think all Australians and certainly all parliamentarians are very appreciative of the great work you've been doing.

Mr Clement, I might start with you. I'm very interested in the counselling and support that you've been providing to people in hotel quarantine and isolation. Obviously these are necessary health measures, but they can have a very significant impact on the people who are subject to them. Could you just take us through a bit about what services Red Cross has provided and what kind of demand there has been for those services?

Mr Clement: We're providing what we call psychological first aid. We have trained volunteers that provide this in any emergency/disaster-type situation. It's really that listening ear opportunity for people to be able to talk about their experience, share what concerns them and consider some strategies that might support them. Every state and territory has now activated us to provide those calls, largely to people in quarantine arrangements, but we've also, in some states, provided them to more vulnerable people who are in the community more widely. We extended that to what we call COVID CONNECT, which is a service we launched ourselves to provide support for people who are isolated and just needing a social wellbeing call.

Our premise is, if people's mental health wellbeing is protected while they're in quarantine, they are more likely to be able to stick it out and they're more likely to come through that process in a better state of health and wellbeing. But what we know from disasters is that you can't always tell who's going to be most impacted. We've done our best for people in quarantine to offer it to everybody who's in quarantine. Not everybody has taken it up, but you just can't necessarily identify who is going to find that experience really difficult.

Senator PATERSON: Has the demand on those services started to tail off at all now that the restrictions are starting to ease in most states or is it still as high as it was earlier in the crisis?

Mr Clement: It's had peaks and troughs, to be honest. I would say it was probably higher a month or two ago, when we had a lot more people arriving back from overseas. Certainly our COVID CONNECT service has plateaued and we're not seeing an increased demand for those general social wellbeing calls. But, in each state and territory, as they have more people go into quarantine, we're getting new lists or new referrals of people. I would say it was at its peak a month or two ago, as there were many more arrivals coming in, but it's continued for a lot longer than I'd anticipated, certainly.

Senator PATERSON: I imagine some people will continue to have issues and, even for some time after the restrictions are eased and life slowly returns back to normal, there will still be demand for that.

Mr Clement: That's right, which is why I wanted to underscore the psychosocial wellbeing of a wide range of people in our community who are in isolated situations. Part of what we're trying to do is encourage people to reach out to their neighbours and find ways to support people in your local community, because you don't know who is actually going to be suffering that impact most acutely.

Senator PATERSON: Yes, great. Turning to Foodbank: Ms Casey, in the bushfires I know you had overwhelming donations and volunteers—it was great to see Australians banding together. How has that gone in this crisis? Have you had any challenges with volunteers or transport or any of those kinds of issues?

Ms Casey: In short: yes, huge. One of the benefits that we had as a member of the Global FoodBanking Network was that I could lean on my colleagues across Asia to get three or four weeks advance warning of what was going to happen next as coronavirus took hold in Australia. So we knew with three or four weeks notice that we were going to see our volunteers drop from full capacity to zero literally overnight, and that's precisely what happened. It didn't mean that we could mitigate against that; it just meant that we could start thinking through what the options were. But certainly in those initial weeks of COVID-19 taking hold and social-distancing measures kicking in we went from a situation where both our corporate volunteers and our community volunteers disappeared overnight because it wasn't suitable or appropriate for them to be in that environment. We had a situation where workforce challenges were hugely problematic, but also supply chain interruption. As I signalled, we rely very heavily on food rescue. It's not the quantum of what we do but it's a huge component of how we source food. When we saw that panic buying there was no food for us to rescue, so we had enormous challenges in sourcing the products that the community needed but also, as you signalled, in transporting and logistics when we are having to meet social distancing requirements. Even in a really practical sense, our hamper packing lines have to have the 1½ metre distance in between, which means that our efficiencies changed. Everything shifted for us.

We were very fortunate, as you indicated, and I cannot thank and acknowledge enough the contribution that the community and government and stakeholders made throughout the bushfire period, that we did have an outpouring of support and donations of products. But as we all know, with natural disasters it's not just the crisis phase that is problematic but the lengthy relief and recovery phase. For us, those donations were excellent in the first couple of months of the year, but then we saw this 78 per cent increase in demand. So we have actually had to procure more key staple products in the last three months than we have in the last three years. We are dealing with volumes that we've never had to deal with before. It does present logistics challenges, but we are a large, established, trusted organisation. We are very professional in the way that we deal with food safety, food handling, food distribution and so on. We've had to rise to the occasion, and I can only commend my colleagues right across the country for their extraordinary efforts in doing that, but it is going to continue to be really challenging. As you've indicated, Victoria's just moved back into lockdown in parts of Melbourne, and that is going to have an impact on the way that we operate locally.

This challenge is far from over, and the one thing I do want to stress, and my colleagues have said it well, is that this isn't just a here-and-now problem. We know with bushfires, floods, cyclones we are in those communities for years, and we commit as Foodbank to being with those communities for as long as it takes to recover. When we're dealing with that on top of COVID on top of a recession, our focus right now isn't just how we get through the next six months but how we get through the next six years.

Senator PATERSON: Have you been able to overcome those volunteer shortages and logistics issues largely now or are they still ongoing issues for you?

Ms Casey: They are ongoing issues to a degree, but certainly not to the extent that they were in March and April. We had some really great solutions come through. I know Foodbank New South Wales and ACT, for example, was able to engage Army reservists. We've got a situation in Victoria where the employment opportunities that have been made available through the Victorian Premier and Victorian government have been excellent in terms of offsetting what we've seen in a reduction in volunteers. We have done our very best to make sure that we provide all of the social-distancing requirements to enable people to start returning to Foodbank. What we've done instead of having an irregular supply of volunteers is to try to have a small pool of regular volunteers so that in the instance that there was an outbreak we could trace them very quickly. It is still a concern, but certainly not to the degree that it was back in March and April.

Senator PATERSON: Okay, great. Thank you. I want to ask about the national coordination group. Are there any people who I haven't already directed questions to who are members of the national coordination group?

Ms Casey: We're all members.

Senator PATERSON: Okay, let's go to UnitingCare, perhaps. Could you tell me a bit about your participation in the national coordination group.

Ms Little: I am the chair of the national coordination group. The group, as I said earlier, was established in April essentially out of a twice-weekly teleconference that the minister had called very early on in the pandemic, at the start, with the community sector to identify where the needs were and what was happening on the ground. As the development of the \$200 million package was being formed the group then got going. The group is made up of people in this teleconference and also other representatives of peak organisations—SNAICC, et cetera. As I said, we meet weekly. The role of the group is to provide that national oversight to the effective distribution of emergency relief. Also, we're starting to turn our minds to what makes for an effective emergency relief program in the longer term. It provides some advice at that broader level as well as the immediate allocation of that funding.

Senator PATERSON: Will you be involved in helping advise the minister on the expenditure of the rest of that \$200 million package—where the priority areas are, where the need is?

Ms Little: Yes. We sent a report to the minister two weeks ago. We're waiting for her to deliberate on that and make a decision.

Senator PATERSON: In terms of the flow of the funding so far, has it gone just to members of the coordination group or to other organisations outside of the coordination group?

Ms Little: It's gone to other organisations. The funding was distributed to the 196 emergency relief programs across the country, and some of it to other food relief organisations. So that's how it gets distributed throughout the funding program.

Senator PATERSON: I want to offer an opportunity to St Vincent de Paul, because I haven't directed any questions to them yet. Mr oConnor, is there anything you want to add about any of those topics we've just been canvassing?

Mr oConnor: I will speak about the coordination group, because the society runs the very small secretariat that provides assistance to the group and, therefore, advice to the minister indirectly.

I've been in social policy for 35-plus years, so I bring a bit of oversight to the person running that secretariat. We ensure we are working very closely with officers from the Department of Social Services, because it's clear we need a united approach to go forward, to give advice to the minister. We need to get information from the department, and the person that's running the secretariat has been given access to some of that confidential information. We're also very keen to ensure that we get information through the providers at the local level, through what's known as the GAC—the committees that operate lower down and are coordinated through state and territory committees—so that we get information flowing up and then going to external sources, to writers who are familiar with responding to pandemics. So we are getting a much broader view of how the pandemic here might respond.

Clearly, the recent evidence with Victoria would suggest that we are going to have some hotspots. Without breaking the confidence of the committee, I'm pretty keen to ensure that we give advice to the minister and to the group, to the emergency relief providers, that we have to somehow take into account how we might respond, as we pull out of the pandemic, with regional hotspots going. So we may need to think about not a one-size-fits-all

and how we do that, and what are the parameters. It is very interesting and complex work to be done. Keeping the committee group and the department fully involved in that sort of thinking is occupying our minds.

Senator PATERSON: Mr oConnor, on that principle of subsidiarity you talked about earlier on in response to a question: do these local subcommittees help fulfil that principle by ensuring there is local information bubbling up to the committee?

Mr oConnor: The principle of subsidiarity applies to the society's operations. We operate at a conference level. The easiest way to think about that is that each Catholic parish across Australia, of which there are about 1,500, from memory, generally has a society outlet, and they're called a conference—so the local members meet there. Each confidence has a president, and that president is the person giving directions on how to best respond to the local responses. Those people feed up to regional committees in larger states like New South Wales and Victoria, and then those regional committees feed up to a state council. We communicate generally with the state councils. In terms of putting our submission together, we would go back down to the state councils and ask for advice and information on how their members are experiencing responding to the COVID environment, and we would then piece that together across our various jurisdictions to try to give the committee a singular view of what is happening across the total nation.

Senator PATERSON: Thank you.

CHAIR: Thank you, Senator Paterson. I will go to you, Senator Siewert, and then to you, Senator Davey, once Senator Siewert is finished. We have plenty of time.

Senator SIEWERT: I want to ask you all about the demand for ER. I've listened very closely to the different cohorts you've articulated—for example, temporary visa holders et cetera. Has there been an increase in demand in other areas? I'm thinking probably a bit more geographically as well as cohort-specifically. Certainly here in WA there's been demand in areas where we haven't seen demand for ER before. So I'm keen to get an understanding of just what is the nature of the increase in the demand.

CHAIR: You might have to direct the question, Senator Siewert.

Senator SIEWERT: I want to ask all of you.

Ms Casey: We have seen hotspots right across the country, but it would be difficult for me to say one state is showing a higher demand than another or particular regions. What we've been priding ourselves on is getting that local intel from the ground to guide what we can do. We at Foodbank are unashamedly focused on rural and regional Australia, as well as our remote Indigenous communities. We've been very fortunate, both directly and through the National Coordination Group, to have some great intel coming through from the National Indigenous Australian Agency, which is helpful for us in identifying where there are additional challenges that we need to be aware of—keeping a close eye on remote Outback Stores, for example.

But the other challenge that we have had in understanding what is happening on the ground has been with our school breakfast programs. We have almost 3,000 schools across the country that are reliant on Foodbank. We are directly delivering those school breakfast programs and, when we have seen significant school closures, ensuring that vulnerable children have still got access to food relief has been a big priority for us as well. So it's really been a case of gathering as much data and intelligence as we can. I can't overestimate the significance of us having great data. As food relief providers, it is crucial. The one big takeaway from the pandemic is data-driven, policy-driven, evidence based approaches to what we are all doing is going to be more important than ever so that we can tailor our offerings and maximise our impact. I think the fact we have been able to look at Red Cross around a particular cohort and Vinnies taking that subsidiary approach has really meant that we've been able to maximise the reach, impact and scope of what each of us are doing.

Senator SIEWERT: So where has your 78 per cent demand increase come from?

Ms Casey: Right across the board. We have done a monthly survey of our agencies. We have 2,400 agencies nationally. We wanted to understand from them how many were open, because we did see quite significant agency closures in the early days. In fact, 20 per cent of agencies still remain closed at the moment. Half of them didn't even have any plans to reopen in the month of May. We actually have a survey in the field as we speak. I will be very interested to see if more agencies are reopening. Obviously that won't be the case in Victoria. But hopefully it will be the case across the rest of the country. We're really asking them: Are you open? Who are you seeing? How have you changed your operations? What are the key cohorts? Also, what are the most needed items? Because we are providing food relief to my colleagues around the table, as well as 2,400 others, we need to make sure we are providing the products that these agencies need, not just what we might be able to opportunistically source.

Senator SIEWERT: I really want to get an understanding of who these people are that are in need. You're providing to a lot of the agencies. Should we then go to the agencies to find out who their specific clients are?

Ms Casey: That's going to be your most accurate perception, but certainly, in terms of overall—I have a pie chart that I can send through to you—the newly unemployed are our biggest cohort of new clients by far, followed by single mothers, temporary visa holders and those student cohorts that we talked about.

Senator SIEWERT: If you could send through that chart, that would be fantastic. Thank you.

Ms Casey: No problem.

Senator SIEWERT: UnitingCare, can I go to you.

CHAIR: Senator Siewert, Foodbank have sent through one of the dashboards from 29 May. It has those pie charts on it.

Senator SIEWERT: Okay, I'll look at that. Thank you. Is that in the most recent email?

CHAIR: Yes.

Senator SIEWERT: Thank you. Ms Little, which clients are now adding to the increase in your demand?

Ms Little: Backing up what Brianna said, the newly unemployed, clearly. The areas where there's greatest disadvantage—we're talking about locational disadvantage as well—are where the greatest demand is starting to come. The National Coordination Group have identified seven areas in need of our assistance. They are not necessarily those where there is demand right now, but they are the areas where we are going to see the need for greater assistance. The first is clearly people with no income and no eligibility for income support. The second is locations already in distress, now compounded by COVID-19 related downturn—drought affected areas, bushfire affected areas and areas of high unemployment and recent industrial restructure. The third is people with financial distress receiving income support or on a reduced income—people who have lost part of their job or are on very reduced hours et cetera. The fourth is the industries hardest hit by social distancing and travel restrictions. I can send you this table. The fifth is remote locations where service delivery is restricted, difficult or more costly. The sixth is people in the high health risk categories for COVID-19. The seventh is COVID-19 hotspots. They were identified through quite robust data and information gathering that was put together. That was really something that was guiding the decision-making of the National Coordination Group. The other area—some of you might want to speak to that—is that there are some gaps where there are no services in place. That's also being met.

Senator SIEWERT: The other thing I want to go to is: particularly in those areas, where are the cohorts you've just identified able to access services? Some of those—for example, the newly unemployed—are not necessarily in the traditional locational disadvantaged areas. I'm trying to get an idea of how people are being supported.

Ms Little: I think that work is still being done. Early gaps that are being identified where there are no services but there's going to be a high demand include the outback Northern Territory. They've identified West Arnhem and the part south of Darwin and are looking at that area at the moment. Kangaroo Island, even though Kangaroo Island has had emergency relief—and there are others who could speak to this—has been identified as an area where they need to put some extra emergency relief supports just because of what has actually happened on the island. There are some areas—in Melbourne, for example—on the outskirts of our major cities where we've got large housing developments that are in lower socioeconomic areas where people have moved into their own homes but the service infrastructure hasn't quite caught up yet, so they haven't got access to the emergency relief. So that's where we're seeing some of the gaps at the moment, and the secretariat is doing some work on making sure we can identify where those gaps are. The increasing demand is quite variable. As I say, we're looking at new cohorts of people who have never, ever accessed any service before and have never had to access a service before. There's a real sense of that for the government advisory group and the groups on the ground. We're seeing that that is lifted up to us so that we can get really clear picture of where those hotspot areas are starting to emerge.

Ms Dobson: UnitingCare Australia works closely with [inaudible] and the Uniting Aboriginal and Islander Christian Congress That includes people who might be working in services, but it's also people within communities, including remote communities. A big concern that we've had throughout the pandemic is the level of unmet need for food and other essentials in remote communities. That was a huge issue early on, when the lockdowns and the Biosecurity Act came into play, and it is an issue that has continued throughout the pandemic. The work of the food security working group and others was certainly very important in trying to alleviate some of those issues. Nevertheless, the issues around insufficient access to affordable food have persisted in a number of areas. We are aware that there are pockets where there was some good work to try and get emergency relief packages and other things into the communities. Nevertheless, our feedback on the ground indicates that there continues to be high levels of unmet need in some of those areas. So that has been a real concern for our network.

Senator SIEWERT: Could you, on notice, articulate for us where some of those areas are? That conflicts with other evidence we have heard that says we are getting on top of those food security issues in communities. That would be really appreciated.

Ms Little: We can take that on notice—not a problem.

Senator SIEWERT: Mr oConnor, can I ask you the same question in terms of where the new demand is coming from. I totally get that it is international students and visa holders—because they are in that group that has no income support—but, in terms of the newly unemployed, are you seeing the same in your services as well.

Mr oConnor: I would concur with the comments from my colleagues around the newly unemployed and those who have no income. The other thing is that the society has received emergency relief funds to also distribute to communities that are affected by the bushfires. That is responses we are doing at the same time as COVID and general emergency relief funds. So it is quite a complex and thorough support mechanism that the government has access to to give support to those folk who are in need following a crisis. An example of that, which Ms Little referred to, was the interest from Kangaroo Island. We know that Kangaroo Island was very severely affected by the bushfires. We can report that we have a big take-up of emergency relief on Kangaroo Island. The society also distributes the drought assistance money. So we have combined a number of initiatives from the Commonwealth to ensure that communities on that island get as much as possible in terms of financial assistance.

I know the focus today is on COVID, but there are a whole lot of other moving parts for us in terms of connecting with some communities. That would be similar to other bushfire communities in, for instance, the south-east of New South Wales. We have had floods in Queensland. What we are trying to do is isolate the increasing number of folks we haven't normally seen. Some of these may arise from other situations that have also been one-offs, like the bushfires,. So sometimes it is difficult to say this is just down to COVID—if that makes sense.

Senator SIEWERT: Yes, it does. It also means that when we are planning for the longer term—and coming out of this and moving into recovery—we need to be taking all of those issues into account. Is that a correct understanding of what you are saying?

Mr oConnor: Yes, indeed. If I could give you an example from our New South Wales people: in Sydney we run the Matthew Talbot Hostel, which many people might know about, based in Woolloomooloo. It's for men who are homeless. One of the things around a pandemic like COVID is that, when you think about people who are homeless and living on the street, they present an incredibly high risk in terms of spreading the pandemic. Our folk work very closely with the New South Wales government to ensure that those people are offered accommodation in hotels. The hostel is normally open in the evenings and provides a meal, showers et cetera, but people move out in the mornings and stay on the streets during the day. Clearly, we are now providing a different set of support to those folk to keep them in hotel rooms. From the experience of running the soup van here in Civic, in Canberra, talking to some of our homeless people, it's very clear to me, from firsthand experience, that a lot of those folk are very adverse to being confined to a hotel room and are very keen to continue to live on the streets. In the ACT, COVID has not been such a hot issue in terms of community transmission compared to New South Wales. Our New South Wales colleagues would have had to have spent a lot of time talking with those homeless individuals who are in a cycle of staying on the street about going into hotels. We would have provided that support to those folk to ensure that the risk of spreading the pandemic across the inner parts of Sydney city was reduced—so quite different work but still connected to COVID from an emergency relief perspective.

Senator SIEWERT: Thank you. Mr Clement, do you have any comments on that specific issue in terms of new areas of demand that you saw?

Mr Clement: I understand it's emergency relief you're particularly talking about. Our focus in emergency—

Senator SIEWERT: I'm happy to hear anything in terms of a response to COVID. If you have other comments you want to make, that's also appreciated.

Mr Clement: Sure. If I start with emergency relief then, our focus is on those temporary visa holders. Where we've seen an increase in demand is in the types of visa holders we're seeing. We're very used to working with asylum seekers and refugees and some people on other insecure visas. But we are seeing a large number of international students and people on holiday and other visas, and that has certainly been new for us.

Senator SIEWERT: What's the extent of that increase in demand from visa holders and international students?

Mr Clement: Very dramatic, very significant. We've provided support to about 14,000 people over recent months compared to less than a thousand at this time last year. The newly unemployed includes people on

temporary visas who are now newly unemployed as well. Probably the biggest impact is on people who previously were able to support themselves or who are unable to leave the country for a range of reasons now. But it's also the increased vulnerability of people in that group who are already incredibly vulnerable, particularly asylum seekers and people without eligibility for Medicare or income support payments, who were already relying on insecure work. That group is of particular concern to us because it is often protracted vulnerability for those sorts of groups versus a COVID-specific vulnerability.

Senator SIEWERT: Mr Clement, can I touch on the issue around Medicare. We've been talking about people's access to food—they've got to eat—but, in terms of access to health services, where they haven't got Medicare cards, this is an issue that I don't think has been getting as much attention as it should. Where have people who cannot access Medicare been accessing health care? If they haven't got any money, they can't afford to pay full fees.

Mr Clement: It does vary. There are many different visa types with different eligibility criteria. We have seen some increased flexibility, which has been really welcomed. Testing has been extended very broadly. But the continued concern is that there are a very large number of people on temporary visas. Typically Australia would not provide all of those groups with access to Medicare and income support. And we're not advocating that all groups should have it, but it's at a time like this, where we see people who are particularly vulnerable, where that access could make a significant difference. I'm talking about the minority within the group that we feel had pre-existing vulnerabilities and are now facing an even tougher time. I think that's an issue.

Senator SIEWERT: I know that I'm going to run out of time because I have so many questions. We've been talking about the cliff in September. I'm interested in getting an understanding of how you've seen the COVID supplement for jobseeker play out in the community with the people you're supporting. What are you doing to prepare for the cliff at the end of September, which you have been variously referring to in your comments?

Ms Pike: I think there are two parts to this issue. The first one I want to go to is the impact of the changes to JobKeeper and the potential withdrawal of JobKeeper on the sector. A lot of the conversation today has been rightly about the provision of emergency relief and the adequacy of Commonwealth support to expand those sorts of things. Everything that has happened is dependent on the viability of a robust community services sector in our country. This particular set of circumstances has been extremely challenging for the sector more broadly.

Some organisations have gained eligibility for JobKeeper to keep staff on so that you can have childcare and early learning centres still functioning and so you can still continue to deliver disability services and the whole gamut of services, including the provision of emergency relief. But the truth is that the fundraising dollar is right down in many sectors and the traditional mechanism of cross-subsidisation from consumer-directed care services to those that are block funded is significantly under threat. That of course is something that is weighing very heavily on those people who are running these agencies that the government depends on to be the front door to the delivery of services.

The second area is the potential impact on the people who are coming to us for services. Everybody can read the unemployment figures. Everybody notes that we will not be reverting to the same level of unemployment that was there in the pre-COVID environment, so it stands to reason that there will continue to be sustained demand on the kind of support that the charitable sector is able to offer. Then there has been tacit recognition by the Commonwealth itself that the jobseeker allowance was completely inadequate, because the levels that were provided to JobKeeper were much more commensurate with what is a living income rather than the \$40 a day that was the previous jobseeker payment.

I do think the issue of sector viability is very important. When you are dependent on people paying fees into a childcare sector that is in vulnerable communities where people are not participating then that is a viability issue. When you are getting money from people for consumer-directed care from the National Disability Insurance Scheme, from Commonwealth aged-care packages et cetera and cross-subsidising that into child, family and emergency relief then you're in a world of pain, especially in the context of corporate support and fundraising being down.

CHAIR: Senator Siewert, can I hand now to Senator Davey?

Senator SIEWERT: Okay. If we have time, I've got more questions.

CHAIR: Okay. I was trying to be as generous as I could. Senator Davey, do you have a few questions?

Senator DAVEY: Yes, just a few. I echo the feelings expressed by my colleagues: I thank you all for the tireless work you've been doing not just through this pandemic but also through bushfires and drought. That brings me to one of my first questions. Mr oConnor, you mentioned that, particularly in Kangaroo Island but certainly in other areas, you have been rolling out assistance for drought and then bushfires and now COVID. Can

I get an understanding from the charities of the governance processes you have in place? I know all credible charities have very good governance arrangements, and it's quite clear what your structure is and what your remit is, but, just for the benefit of this process, how do you differentiate, when someone comes to see you and they're in need, whether they're going to get assistance from the bushfire bucket of funding or the COVID bucket of funding or the drought funding? What processes do you have in place for those kinds of scenarios?

Mr oConnor: Thanks for the question, Senator. The first answer to that is: in terms of the money that is, if you like, owned or held by the society—that could be, for instance, money that was donated to the society around the bushfires—that money is very clearly earmarked to be spent on the purposes for which people have given it. In the main, most people have given that to bushfires in general. In some instances, people have said bushfires in New South Wales versus bushfires in Victoria. Whatever the donor's desire was, it goes to that geographical area. Those donations are available to the state and the regional and the local conferences to provide to people who've been assessed. It's clearly earmarked as being expenditure attached to that donation.

In terms of the emergency relief, the money that is being provided for the bushfires was, in the main, given out very quickly. It was allocated to specific areas that were bushfire affected only, and all of that is tracked through the accounting systems of the agencies who received the emergency relief. The COVID money is more general, and I believe that our folks on the ground would be allocating through the accounting system where it's principally COVID related. But I think we also need to bear in mind that there is some flexibility in terms of what I would term the general emergency relief funds that an emergency relief provider has been given to spend over the period, so that does allow some flexibility. But, certainly, all of the emergency relief funds are only expended in line with the program guidelines.

Senator DAVEY: Have UnitingCare got anything to add to that?

Ms Little: No. We concur.

Senator DAVEY: I also note in your submission particularly, Mr oConnor, that you mentioned a desire to see a review of the fundraising laws by the Australian Law Reform Commission because they're no longer fit for purpose. Ms Pike earlier mentioned that fundraising has gone through the floor and in some ways that's understandable given that people have donated to crisis after crisis in this year alone. We've seen enormous generosity by the Australian people across the board. What would you like to see in such a review, particularly noting that you highlight that online fundraising activities aren't fit for purpose?

Mr oConnor: Thanks for the question, Senator. It's a complex question that we've investigated in light of the donations for bushfires. Obviously, with social media and with online platforms, a fundraising agency that might be based in one state has the reach to the other jurisdictions across Australia, and they may not be registered under those jurisdictions' fundraising regulations, and we also obviously are now part of the global environment, so some of our donations for bushfires came from our society national councils in other countries, and a fair proportion of donations received by the national council came from residents who were residing overseas. If we leave the overseas side apart and come back to what's happening within Australia, the current laws have not been able to keep pace with how social media actually operates, and so a charity might find that they are receiving money from a jurisdiction outside the area that they are actually registered to fundraise in, and that can present an unintended consequence of not following the legislation in the donor's jurisdiction. Given that social media allows agencies and charities to operate in the ether, and the ether doesn't recognise jurisdictional boundaries, we think that it would be good to have this cleared up through the ACNC and the Australian Law Reform Commission.

Senator DAVEY: Would Red Cross and UnitingCare agree with those sentiments?

Ms Dobson: I think that UnitingCare certainly would. The reform of some of the laws and regulations around charities has been a longstanding issue. It was something that was highlighted in the review of the ACNC Act that was undertaken and that was handed down at the end of last year. One of the recommendations of that was around the harmonisation of laws but also having a nationally consistent approach. I think there's a consensus across the charities and not-for-profit sector that that reform is long overdue, and it goes to the issues that Toby raises as well, particularly when you're seeing a lot more fundraising being done via online platforms. It really highlights the deficiencies in the current patchwork of laws and regulations that we have. So I think that that reform is long overdue. The failure to reform places a huge administrative burden on charities and challenges in trying to navigate the complexities of the current system. So I think that we would absolutely concur with what Toby says. There is, I think, a longstanding need for reform in that area.

Mr oConnor: Senator, I might just add to my response, because I wouldn't like you to think that the charitable sector is completely non-compliant. If you're a company limited by guarantee, you are able to fundraise across all of the Australian jurisdictions. If you're an incorporated association incorporated in a state or territory, you can

also apply to have an authority or a licence to fundraise in the other jurisdictions in which you do not reside. It may well be a matter that a smaller charity who is fundraising and receiving moneys from other jurisdictions outside of where they reside may not know that they are contravening the current regulations and legislation. It just would be good to tidy this up. I'm sure that the larger charities have this in hand, but some of the smaller ones may not.

CHAIR: Thank you, Mr oConnor. You'll have to leave it there, Senator Davey; my apologies. We're running out of time. I have one final question, perhaps best directed to UnitingCare. There has been some commentary in the media and from the Prime Minister this week around evidence that people who are unemployed are unwilling to take work because of the level of jobseeker with the corona supplement at the moment. Is that what you've been seeing with people accessing your services?

Ms Pike: I might make a comment about that. I've heard those comments as well. There's a complete mismatch between those kinds of comments and the reality of the work environment that we find ourselves in, and I think that that sort of shift in our psyche over the last 50 years in Australia is a very unhelpful one. We used to provide income support to people because we didn't want to be the kind of country that saw people go hungry. We now have got this posture that people who are seeking income support are somehow lazy or not willing to participate actively in the workforce. I don't meet people who are like that. I think that nobody chooses, or very few people actually choose, to be on \$40 a day. Even with the increased support, it's still very low remuneration.

I also think, though, that there does need to be a commensurate reform of the job agency system. Just before the COVID experience, we had a lot of people who were spending a lot of time on compliance activities without the commensurate support that was required to actually find them appropriate and ongoing work. We had the situation where people were being put on temporary jobs, for 12-month periods, so that job agencies could get the supplements from the government and then move from that situation and increase casualisation. It's a complex area, but I don't think it represents the reality of people's lives. Most people want to work, they want to have a good income to support themselves and their family, and those who can't deserve our support.

CHAIR: Thank you very much, Ms Pike. I'll just give other witnesses a final opportunity to speak, if they have something to contribute to that.

Ms Pike: Senator, from the society's perspective, we continue to be concerned about the most vulnerable people in our community who may be affected by the coronavirus, and that includes the dropping of the supplement for jobseeker.

CHAIR: For that payment, yes. Okay. It looks like everyone has provided the evidence they want to or need to today. On behalf of the committee, I thank you very much for your attendance, for your evidence today, for the submissions and for your ongoing work across Australia. We acknowledge it and appreciate it deeply and we look forward to continuing to engage with you throughout this committee's duration, which goes right up to June 2022. So no doubt we will have time to continue to track progress and get your expertise before the committee. Thank you very much.

Senators, we will suspend now until 11.45 am, when we will resume with some of the disability sector groups.

Proceedings suspended from 11:33 to 11:45

CALLAGHAN, Ms Liz, Chief Executive Officer, Carers Australia

CARROLL, Mr Trevor, International Coordinator, Australian Federation of Disability Organisations

ELDERTON, Ms Sue, National Policy Manager, Carers Australia

JOYCE, Mr Ross, Chief Executive Officer, Australian Federation of Disability Organisations

KELLY, Ms Lisa, Chief Executive Officer, Carers ACT

MCGEE, Mr Patrick, National Manager Policy Advocacy Research, Australian Federation of Disability Organisations

OVEREND, Mr Bryn, Principal Lawyer, Social Security Rights Victoria

SAYERS, Ms Mary, Chief Executive Officer, Children and Young People with Disability Australia

SOLDATIC, Dr Karen, Associate Professor Western Sydney University

Evidence was taken via teleconference—

CHAIR: Good morning, everybody. The committee will now resume its hearing into the Australian government's response to the COVID-19 pandemic. Welcome. We are providing captioning for this morning's hearing. I'd just like to check in with Mr Joyce and Mr Carroll whether that's working. Thumbs up?

Mr Joyce: Yes, that's working fine, thank you, Senator.

CHAIR: Now, if I could go back to you, Mr Joyce, Mr Carroll and others from the Australian Federation of Disability Organisations, if you'd like to make an opening statement, and then I will go to Carers Australia and then to Children and Young People with Disability Australia. I will hand the call over to you now.

Mr Joyce: Thank you. It's certainly a pleasure to be here, and we welcome this opportunity. The Australian Federation of Disability Organisation and the AFDO technical experts social security working group, which includes Social Security Rights Victoria and Western Sydney University, have been working collectively on these issues together since the emergence of this pandemic. We thank you for inviting us to contribute to this Senate inquiry.

This opening statement focuses on the impact of COVID-19 on the impact on p carers payment and people with disability in receipt of all those applying for the disability support pension referred to by the acronym, DSP. We'd like to acknowledge the government's rapid response to the changing economic landscape with the impact of the pandemic, especially in relation to the doubling of the jobseeker payment to cover the cost of living; the implementation of the JobKeeper payment to employers to maintain staff where possible; and also suspending the DSP reviews so that persons with disability did not have to navigate a public health system under severe strain with the pandemic. The other part also is the one-off supplement payments for non-jobseeker payment recipients. So all of those thing we thought were a great response from the government's end.

I'd like to introduce and hand over to one of our technical experts on social security, and that's Associate Professor Karen Soldatic from the Western Sydney University.

Dr Soldatic: Thank you. I'm reading areas for improvement that we have developed collectively as a group in collaboration with AFDO. While generally the government's response has been appropriate, timely and efficient, there are a number of areas that remain uncertain or could have been improved. The first is DSP and carer payment recipients are more vulnerable to the pandemic, both through direct health and other secondary consequences and have been disproportionately negatively affected. Recipients are more likely to remain in isolation, which exasperates living costs and barriers to support. This includes a lack of access to public transport, increased costs for food and delivery, increased utility costs, inability to access bulk or cheaper priced food, and necessities and difficulty in obtaining necessary medication.

With regard to the supermarket access in particular, the current 7 am dedicated hours in certain supermarkets is helpful for some, but many people with disabilities are unable to access that time as their physical, cognitive disability or other issues may prevent them from participating at that hour. Also, access to priority deliveries online involved expensive delivery fees, which complicated the capacity for people with disabilities to access such delivery, and smaller orders often had a surcharge attached.

Secondly, despite the cost of living and general expenditures for DSP and carer payment recipients increasing on average due to the pandemic, the DSP and the carers payment remained at their existing levels. Only two economic support payments, of \$750 per payment, were provided to DSP and carer payment recipients. The jobseeker payment, previously known as Newstart, which was doubled in March and continues through until

September 2020, is now significantly higher than the DSP. This has created confusion and anxiety for existing DSP recipients, who often feel that their needs, especially during a time of crisis, are being ignored or discounted by the government. Whilst it is noted that steps are being taken through the NDIS to increase support through the pandemic, it needs to be recognised that many DSP recipients are not eligible for, and are therefore not receiving, NDIS support.

The disparity between the DSP and the jobseeker payment has also caused potential DSP applicants to attempt to remain on the jobseeker payment. It has also led DSP recipients to question whether they should remain on the payment, given their immediate living costs and increased expenditures. This is despite the DSP being the more appropriate payment, given both groups disability and work capacity. Further, prior to the pandemic, many recipients of the DSP and the carer payment were in part-time or casual work to supplement their income. This cohort is more sensitive to a shrinking job market and more likely to have lost their source of supplementary income during the pandemic or to have been forced to voluntarily withdraw from the workforce to prioritise their health or the health of those they care for. Many who have lost or left their jobs during this period have been unable to obtain—or have found it difficult to obtain—JobKeeper, which is not a social security payment. And we should expect that high unemployment levels will continue for this group and they will require sustained access to JobKeeper and the DSP.

Finally, people with partial capacity on jobseeker payment often have severe disabilities or a range of comorbidities that make them highly vulnerable. Therefore, they should not be forced to participate in programs such as work for the dole, mutual obligations and other associated activities. We commend that the Australian government has amended many mutual obligation requirements. But, for this cohort, such activity should be completely removed as a requirement of payment. I'd now like to hand over to Bryn, who has a number of recommendations.

CHAIR: We are trying to keep witnesses' opening statements to two minutes because senators have a lot of questions and we have limited time. I'm happy to go to another representative of AFDO, but can you please keep it pretty short so that we can go to questions. We have another two witnesses to go to as well.

Mr Overend: I'm happy to hand over to Trevor Carroll to save time. The recommendations are written there.

CHAIR: Thank you. Mr Carroll.

Mr Carroll: I am a person with disability, having acquired an incomplete spinal cord injury in the mid-1990s, Meniere's disease in 2006 and, more recently, bilateral sensory neural deafness. I appear before the Senate select committee on COVID-19 because I have become increasingly alarmed at the Australian government's response to the COVID pandemic and the impact on the human rights of people with disability—in particular, the issue of balancing rights that are in conflict between the duty of care to people with disability, who have a right to access services to protect them as is their human right, and the right of the employees and volunteers who deliver these services to a safe workplace.

As CEO of Disability Justice Australia, I can tell you that our advocates are unable to meet face-to-face with any of our 80-plus clients with disability because disability advocates are not deemed to be essential workers. As such, as an employer, I risk breaching OH&S legislation should one of my advocates contract COVID-19 from a face-to-face visit with a client. We are not health workers and we have no training in PPE, nor are we expected to, yet many of our clients depend almost entirely on us for face-to-face advocacy.

Likewise, at any one time approximately 25 per cent of our clients are unable to communicate via telephone, email, online video or Australia Post because they have disabilities or a combination of them which make it impossible without assistive technology and individual support. Many cannot read or write or speak and live in aged-care facilities and supported disability accommodation, group homes, and so cannot get an advocacy service from us. This is because, under the Care Facilities Directions (No. 5) by the Deputy Chief Health Officer of Victoria, we are not permitted entry, either as a worker or as a visitor. Likewise, their privacy and confidentiality around issues they require our services for are compromised if we try to communicate electronically with them via their support staff. In many instances their need for our services involves complaints about services being delivered to them by the SDA support staff and, in addition, our restricted workers and visitors to our clients in aged-care facilities. I have given you a link to that.

Likewise, the Australian government Department of Health *Management and operational plan for people with disability: Australian health sector emergency response plan for novel coronavirus (COVID-19) of April 2020* does not mention the role of disability advocates in delivery of the plan. It highlights a number of human rights under the UNCRPD but also omits many others, including articles 9, 16, 18, 19 and 21. The Australian government's COVID-19 advice for people with disability, on the website I've noted, provides no advice for the

disability advocacy sector. The Australian government's disability helpline is not accessible for many with a disability. I've given you the link. The Department of Social Services has not updated the operational plan to include advice or information about COVID-19 for our advocates.

CHAIR: Thank you very much, Mr Carroll. I now go to Carers Australia.

Ms Callaghan: Carers Australia is a national peak body which represents and advocates for the diversity of Australians who provide unpaid care and support to family members and friends with a disability, chronic condition, mental illness or disorder, drug or alcohol problem, or life-limiting illness, or who are frail aged. Carers Australia's members are the state and territory carer associations which deliver services to carers and advocate for carers within their jurisdiction.

I'd like to make three points about the impact of coronavirus on family and friend carers. The first is that, without the carer's effort to support the very vulnerable people they care for throughout the lockdown period, many people with disability, chronic illness, mental illness and life-limiting illness and the frail aged would have found it impossible to cope in an environment where services of paid care workers were cancelled, they could not organise the provision of day-to-day needs by going into the community, and they were under extreme emotional and psychological stress.

The invisibility of carer contributions during this pandemic is evident. Health and care workers continue to receive acknowledgement for their contribution in fighting the virus. However, the contribution that family and friend carers have made to flattening the curve of the pandemic and keeping Australians safe has largely been ignored, and this must be addressed.

Secondly, carers themselves have been under major stress. Large numbers of carers have needed to provide more intensive care in relation to a diversity of needs and to provide much longer hours of care, often without support from family and friends who are also in lockdown. Carers report high levels of financial stress, particularly in relation to the purchase of food and groceries, high costs of obtaining medicines and equipment, and higher transport costs, particularly for those previously reliant on public transport. To add to this stress, some carers have had to give up paid employment in order to provide full-time care during the lockdown. Financial challenges have had a particularly high impact on carers reliant on social security payments, including the carer payment, and Ms Elderton is able to expand on those additional costs being faced by these carers. Carers also report major increases in emotional and psychological stress and sleep deprivation, and, particularly for those who have their own health problems, a decline in their own health. In addition, carers have lost access to respite from the caring role, whether that is access to short periods of time in residential care or short-term stays in other dedicated respite facilities. Carers have been making a conscious decision to not access respite during the pandemic.

Thirdly, service providers supporting carers have faced significant challenges. There were stark differences between approaches taken by health, aged care and disability in terms of information and support provided to carers and to service providers for carers. Ms Kelly, who is the CEO of Carers ACT, is able to address these differences in detail as well as provide insight into the lived experience of carers during COVID.

This pandemic is unprecedented, with carer lives being severely disrupted. But with that disruption has come innovation. Some of the adjustments and innovations made to support carers during COVID have had positive impacts and should be continued into the future. These include access to affordable telehealth. Even in normal times it is a challenge for carers to visit surgeries and other medical facilities which involve higher transport costs and long waiting times. Carers Australia welcomes the \$3.5 million investment the government has made available to support the wellbeing and mental health of carers. Caring has an impact on the mental health of all carers, and carers are one of the groups of people most vulnerable to mental health issues. We would welcome this continued investment in wellbeing of carers.

Many carer service providers have introduced new online or digital activities that foster carer interaction and support wellbeing and provide emotional engagement. Carer support services did introduce these services through diversion of their own resources, rather than with the assistance of direct government support. While face-to-face activities and interactions play a very important role and should be restored as soon as possible, we think there is a case for support being made available to service providers to continue these innovative approaches to support carers, particularly when the road out from the pandemic will not be one carers will be able to take.

For the foreseeable future, carers will still be required to shelter at home with those they care for. In the short term, nothing changes for carers. Social isolation continues, and carers will continue to find themselves effectively housebound. For a large number of carers and those who provide services to them, COVID-19 has been a perfect storm.

Ms Sayers: I would like to begin by acknowledging the traditional owners of the land on which I am today, the Wurundjeri people of the Kulin Nation, and pay my respects to elders past, present and emerging. I would also like to acknowledge that this was and always will be Aboriginal land, and sovereignty was never ceded.

Children and Young People with Disability Australia is the national representative organisation of children and young people with disability in Australia aged zero to 25. Given that 56 per cent of all NDIS participants are aged under 25 years—that's 232,000—and the disproportionate impact of school closures on children and young people with disability, we have been completely dismayed by the lack of planning for children and young people with disability despite our best efforts to advocate on their behalf.

Very early on during the pandemic, feedback from our members told us that children and young people with disability and their families were scared, isolated and not getting enough support. We launched a survey for our members of their experiences just five days after the World Health Organization declared a pandemic in March, and closed it after five weeks with almost 700 responses. We also launched our annual education survey on 28 April, which remained open for seven weeks with an additional 742 responses. I think it's fair to say we have tracked the experience right through the pandemic until recently. The overwhelming message from both our surveys is that the needs of children and young people with disability have been insufficiently planned for during the COVID-19 pandemic. It spans across all sectors—health, education, disability services advocacy and access to essential community supports.

In the very early days of the pandemic, there was a little information targeted at children and young people with disability and their families. Sadly, this continues to be a feature. Over the first five weeks of the pandemic 82 per cent of survey respondents said there was not enough information targeted at children and young people with disability and their families, and they needed information across all elements, not just health.

The impact of the move to remote learning by schools and the lack of planning for students with disability cannot be underestimated and reinforces the existing inequality and disadvantage they already face in their education. Outright discrimination, lack of reasonable adjustments and failing to include students with disability were prominent features. Our survey told us for students with disability that 60 per cent were reported not to receive adequate support in their education during the pandemic, less than half had regular contact with the education provider to ensure that learning was accessible, only half said curriculum and learning materials were in accessible formats and 53 per cent reported a decline in their mental health and wellbeing. As one member told us, the experience has emphasised how broken the system is, which is incredibly sad.

Clearly, the Australian Disability Discrimination Act, the Disability Standards for Education and education systems are failing to ensure inclusive schooling for students with disability, which we already knew before the COVID-19 situation and which our annual education surveys show us. If we had already achieved inclusive education in Australia, the neglect and discrimination of students with disability would not likely have occurred to the same extent during the pandemic.

So in closing, I'd like to summarise. Children and young people with disability have faced discrimination and lack of support in their education during the pandemic. Our members have reported a steep decline in mental health. The cancellation of essential disability support services made for incredibly tough times. And there have been a range of health issues which continue, including inability to access COVID testing, telehealth being inaccessible and fear of engaging with health services. What is clear is that targeted information, planning and response is missing for people with disabilities in the Australian and state and territory governments' spheres of influence and that children and young people with disability suffer enormously, reinforcing their existing inequality. International and national evidence tells us that disasters reinforce and exacerbate existing inequality, so more should have been done early. It's all been too little too late.

CHAIR: Thank you very much, Ms Sayers. Colleagues, we have about 35 minutes for questions so I'm going to ask you to keep them brief and if answers can be kept pretty succinct too so we can get as much evidence as we can this morning. Senator Watt, I'll hand to you for 15 minutes and then to Senator Davey for 10 minutes and then I think Senator Siewert, that would leave you and Senator Steele-John with 10 minutes as well.

Senator WATT: I might start with some questions to the disability organisations and then go to carers. Could I put one to the federation to begin with. I understand in April you wrote to the national cabinet with essentially a 10-point plan or a list of requests for urgent action to keep people with disability free of the coronavirus. Can you give us a general understanding of the extent to which the government has addressed those issues and the consequences of any of the areas not having been acted on.

Mr Joyce: Yes, we did. We were a part of a joint group of concerned DROs and DPOs that wrote to the government with a 10-point plan, as you suggested. We feel that quite a number of those areas were covered.

However, the key one for us that wasn't covered was really about funding considerations for advocacy organisations for those that need to represent people with disability throughout the communities around Australia. That part definitely wasn't addressed from our perspective whatsoever. Quite a number of the other ones were and, as we said in our opening statement, we were very thankful for the quick response that the federal government and the governments around Australia did undertake at the start of this pandemic. One of the other sides that we wanted to have addressed on that, was of course the health intersection for people with disability. That was a separate issue that we also took up to ensure that people with disability were considered in all of the health responses that were happening. It was a pretty torrid time.

Senator WATT: Thanks for that. This is to either of the disability organisations we've got participating today: I know that one of the big concerns has been the visibility of people with a disability and the impact, therefore, on decision-making. How would you describe that level of visibility, and what more could be done to address that?

Ms Sayers: I'm happy to answer that one if that's okay. Certainly our view is that children and young people with disability have been invisible in the approach. A recent example is that Victoria is obviously experiencing a sudden surge, and there are many fears of people—children and young people with disability. Again, for many of those who have been self-isolating, targeted messages are not going out, including with school closures. It's really been quite evident that children and young people were disproportionately impacted by education closures as well. That has not been an issue on which we have been able to get cut-through either with the Australian government or with the state and territory governments. The Department of Education, Skills and Employment had a pandemic committee that ran for seven weeks before we were invited to be on that group. It was looking at all issues regarding accessibility for students, so students with disability really got lost in that discussion. We were asking: What is the impact as schools are going back? Are more students being self-isolated? What is the long-term impact? We found it very difficult to get any data back from any of the jurisdictions or the Australian government on that. Another example of that 'too little, too late' is that on 18 June the Department of Health released a risk management strategy for return to school. That was, by then, about seven weeks too late for people—particularly those in Western Australia, who went back earlier—to assess the health risks of students returning to school. So it's all been too late and an afterthought in our view.

Senator WATT: Thanks. Would people from AFDO like to address that?

Mr Carroll: I am able to answer that question as well. Visibility of adults with disability has been a major problem since the outbreak of the coronavirus because those who live in supported residential accommodation, in particular, have been confined to barracks, if you like. They have not been allowed to leave their group home or to have visitors. Even for those with NDIS support packages that enable them to go out in the community for community participation, in many cases the workers who normally would take them out have been told by their employers not to take them out because of the risk of contracting the virus. So there are all these spin-offs with the virus and the fact that there have been decisions that have affected people living in residential accommodation. But, even for those who live in their own home and are on the NDIS and have funding to get out in the community, there are issues with employers. One such employer has banned its workers from using public transport. That's the only way they can get to and from their participant to provide services to them. All of these inconsistent approaches to people with disabilities have meant they're just not getting out. We don't see them.

Senator WATT: Thanks for that. I have one question that probably applies to both the disability organisations and the carers organisations. Neither DSP recipients nor carers receive the coronavirus supplement in the way that jobseeker recipients did. I'm just interested to know a bit more about what financial pressure that has placed on either people with a disability or carers, particularly with any additional costs that people have had to bear during the shutdown period and social distancing.

CHAIR: Perhaps we will start with the carers and then we'll go back to AFDO.

Ms Elderton: It's true that, despite the fact that many other social security recipients did get the \$550 a fortnight supplement, people on pensions, including the carer payment, the DSP and the age pension, didn't. They've had one \$750 one-off payment and another one's due on 13 July. In terms of the impact on expenditure for carers, there have been two surveys that have come out and there are more to come that we're aware of. One was undertaken by something called the Caring Fairly campaign, which was a collaboration between a lot of carer and some mental health organisations. For the Caring Fairly campaign, 86 per cent of people on the carer payment reported having to spend more on the cost of living. Of these, 94 per cent identified rises in the cost of groceries, 40 per cent rises in the cost of medications, 34 per cent rises in the cost of health care, 28 per cent rises in the cost of transport and 26 per cent rises in the cost of disability supports. There was another survey conducted by Carers Tasmania, and while they didn't break out carers who were or weren't on the carers statement, they did find that

40 per cent of all carers reported that their expenses had increased. Again, it was along the lines of food, bills, transport.

Senator WATT: Does that mean that carers are now in a worse financial position than they were pre-COVID, because their costs have gone up but their payments have not?

Ms Elderton: Yes, that's definitely the case. And another by-product of that is they've been accumulating debt to cover the costs that they can't afford to pay on the spot. We do note, too, that for the carer payment carers are allowed to do a certain amount of work and that employment has been supplementing the payment in the past, but 12 per cent of carer payment respondents to the Caring Fairly survey reported that they'd lost those jobs or had to give up those jobs because they had to now be in the home all the time.

One extra thing is that we did advocate strongly for the extension of the supplement, particularly to the DSP and the carer payment, but it became pretty clear that wasn't going to happen. So we're advocating now for at least a third \$750 one-off payment to help cover some of the accumulated debt, if nothing else.

CHAIR: Would you like to say something, Ms Kelly?

Ms Kelly: I'm okay with the answer, thanks.

Mr Overend: I might just repeat and emphasise a few extra points. Yes, in terms of living costs there has been a significant increase, a noticeable increase, from people that we're in touch with in the community who are living with disabilities and also the carers of those with disabilities. As has already been mentioned, there is: food, delivery of that food, increased cost of medication and difficulties in accessing medication, and an inability to go out into the community to access bulk or otherwise cheaper food. Whilst there have been significant steps taken by major supermarket chains to try to prioritise access for persons with disability, those steps have not been without their faults. There have been limited hours, and some people with disabilities certainly cannot get access during those priority hours. Also, priority delivery has sometimes had associated increased fees as well. With smaller orders, which many people with disabilities who are living alone are required to order, there's a significant cost per order in terms of those delivery fees. So these are all concerns in terms of the increased cost of living.

But then, as my friend just mentioned, there's also the other effect with the fact that the coronavirus has meant that, (1), there's been a shrinking in the job market, and, (2), people with disability or carers have to voluntarily step out of their part-time or casual work, which they were allowed to undertake within the context of also receiving their social security payments. They've had to step out for fear of their own safety or that of the people they're caring with. That's had another detrimental impact. If we combine those two things together, and the fact that they have not received the same level of support that those on jobseeker and other payments have received, there's been a disproportionate negative impact, financially and otherwise, on those living with disability.

Senator WATT: Ms Callaghan, just before you jump in on that one, I probably only have time for one more question, so I might let you have a go at answering that and cover off what I've just asked as well. I'm interested, from each of you, in what the potential impact on you people represent is of the proposed snapback of various forms of support in September. AFDO mentioned that there were a number of people who would ordinarily get DSP who have gone onto jobseeker as a means of gaining more income. Whether it be about those changes or any of the other changes that we face in September, what are the likely impacts on the people you represent?

Ms Sayers: For young people with disability, one of the major challenges is that their post-school transition has been completely disrupted this year. We've heard many students have not been able to plan for the next year, and many young people with disability already do not have access to the disability support pension because the rules around getting access to the DSP have become harder and harder, so that many young people who were on what was Newstart with partial capacity to work—combined with the impacts that are going to happen with employment and young people with disability getting employment—are likely to not even get the DSP, which is on a higher rate, but will go back to a very low rate of jobseeker, unless the government raises the rate permanently.

Mr Overend: Senator, I might also note in response to your comment—that people have chosen to go from DSP to jobseeker because of that increased rate—that that may be the case in certain circumstances but it's not necessarily what we're suggesting. What we are noting is that there is significant confusion and anxiety and that some people are certainly considering that as a potential option, which is very inappropriate—going from DSP to jobseeker, for example, given the work requirements and the mutual obligations that are involved, which are just not appropriate for people living with disability. There are a range of other issues that are also involved with a consideration to try and step back, and you can't just hop around from one payment to the other. We know that applying for the disability support pension is very complex and very challenging, and it's not necessarily a good

idea for people to be put in this situation because of the increased costs they are facing and to be considering leaving what should be an appropriate support for them to try and cover some of those immediate costs.

Ms Kelly: Could I just for a second move away from the payment problem of snapback and talk about the fact that carers are still incredibly hesitant to be allowing support into their homes and are still incredibly concerned about the vulnerability that is facing them and the people they care for. There are financial impacts that will happen in September, but the view that we're done and we can move back to normality isn't the case for carers, and we still have a substantial number of carers that are providing full-time care in homes due to the vulnerability that they feel. So the financial impacts will be long lasting, but the health and wellbeing impacts will be phenomenally long lasting. We have a number of carers that were in full-time work that have lost that work and have chosen to lose the work, so are not eligible, necessarily, for payment of any sort at this point, because to educate and care full time and work full time is an impossibility to do.

CHAIR: Ms Callaghan, did you want to provide anything further?

Ms Callaghan: No, but I would just support the point that Ms Kelly has made, that there won't be a snapback for carers; they'll still continue to need to shelter at home, and that, I guess, is the point we were making earlier. That's why we were also advocating for that additional \$750 payment, because I think carers are incurring debt, so doing some more work in that area and understanding that impact would be important going forward.

CHAIR: Have you formally put that to government—the request for a third \$750 payment?

Ms Elderton: We have through media releases. I have one extra point about the snapback. We've been actively discouraging carers from going off the payment and going onto jobseeker, because we know that there will be a long wait at the end of that process. Many think that they can automatically go back to the carer payment. Some may be able to, but we know with Centrelink processing times that it could take a very long time and they could go through a period when they're not getting anything at all.

CHAIR: I think the data provided to this committee indicates that there hasn't been a lot of shifting from carers and DSP onto a new payment. It has been very marginal. Obviously people will look to see what best supports their financial needs. Senator Davey?

Senator DAVEY: Thank you all for appearing today. I note that from early in the pandemic Minister Ruston set up a committee with peak disability representative organisations, and the department have had regular meetings through the Disability Support Services Committee. Have any of your organisations been involved in that committee that is set up to try to address some of the issues you've been discussing?

Ms Sayers: Certainly Children and Young People with Disability Australia and AFDO have, but I'm not sure about Carers Australia. That committee has been very welcomed. We're very grateful for the Department of Social Services bringing together all the different stakeholders across government. From our perspective, that was terrific. The two stakeholders in that who were missing for us are Health and Education. It is a really fantastic forum, but it isn't fully across government. Going forward we'd really like to see that, given that there are lots of intersectional issues. It is certainly a very welcomed committee, and we acknowledge the hard work of the minister and the department in pulling that together.

Mr Joyce: I reiterate the comments from my colleague at CYDA. We certainly found it to be incredibly productive and very useful. Whilst we do acknowledge and share the same views on those who were missing from that committee, it was great to see a wider extent of agencies and departments involved. That's something we would certainly like to see continue in the future—not just as part of a pandemic response but as part of good governance and ensuring that the issues that are of concern across the different sectors are brought forward and understood better by other areas of government and government agencies.

Ms Callaghan: Carers Australia is also a member of that committee. We support the previous comments. One of the issues though has been the different messaging coming out from disability, aged care and health. I think Ms Kelly might be able to speak to some of that.

Ms Kelly: Given that carers sit across a number of different sectors and a number of different areas, it was really apparent very early on—and continues to be apparent—that there is a difference in the level and degree of information that came through the Department of Health in relation to aged care and support of aged care and carers of people who are frail aged and the information that came through NDIS or disability service supports. That information was confusing and not clear. It was mostly driven through the NDIS and didn't take into account the fact that there are people with a disability and carers of people with a disability who are not on the NDIS. We would like to see in future a panel or a committee that cuts across the different areas of vulnerability that carers care for and is able to provide a more succinct and comprehensive response to carers about what they should and shouldn't be doing and what advice they should be following in a pandemic.

Senator DAVEY: I understand that a lot of the feedback from this committee also then went into developing the management and operational plan for the COVID-19 response for people with disability. How have your organisations promoted and implemented that plan?

Ms Kelly: That plan came quite late for us as a service provider; it came very late in the picture, by which stage as a service provider we'd already put into place a number of plans and a number of actions. That plan is an interesting one for me because it outlines the responsibilities of federal, state and territory, and for the plan to be fully enacted we're reliant upon work that happens at multiple levels. That's been challenging in lots of ways as well, because it opens up spaces for gaps to form and for things to fall between gaps of responsibility. We're still, for example, awaiting a local response to that action plan. The action plan talks a lot about the provision of information, specific to people with disability and therefore carers, and what we're seeing is information that was in the public domain being pulled together onto a site called disability, as opposed to information that's been specifically driven and written for carers of people with disability.

Ms Sayers: I think I would agree with that. One of the challenges of framing that plan only as a health plan is it misses some of the important intersections that cut across a whole range of different areas. Our frustration was the inability to get cut-through with the states and territories on some of those broader impacts. The fact that a lot of those broader impacts sit at the state government level when you look at, particularly education, means it was really hard to see that linkage and that specific targeted information for children and young people with disability. So I think, like many things, it was a really good thing that was developed with people with disability, but, as always, it's how the federation works together that often provides challenges in terms of making sure that children and young people with disability are taken care of.

We as a coalition of organisations developed a set of principles for a time of crisis for children and young people with disability, particularly focused on education, because of the complete lack of health information around whether students with disability are going to be more likely to be impacted by the coronavirus itself. One of those recommendations was that there be set up a steering committee about students with disability that spans early childhood right through to university in every state and territory. To date, I don't know of any jurisdiction that has actually set up a specific committee that's looking at those impacts. That broader health versus other sectors intersection is what we can learn for the future pandemic planning and future disaster management. We're all learning as we're going, but I think there are strong lessons about what we could do in the future—and it's not too late to do that now.

Mr Carroll: I'd like to comment on the management and operation of the plan for people with disabilities that was just spoken about and how it's distributed. On the website itself, the Australian government website, where this is available, it's available in an easy read version, but 25 per cent of my clients in Victoria cannot access that website. They need support to do it. They can't download the information in easy read English, and there's been no formal process set up by anybody that I know of for distributing that easy read version to people who can't access the internet. This has been a major issue. Many of our clients have never heard of this plan. In fact, one of my clients this morning was about to be discharged from a public hospital in Victoria into a homeless situation and hadn't heard about this plan, and nor had the hospital. Other than having it on the website, I'm not aware of any formal distribution channels that enable it to get it into the hands of people with disability and their carers, who really need it.

CHAIR: Senator Davey, I will leave you there and go to Senator Steele-John.

Senator STEELE-JOHN: Thank you so much for the evidence you're giving so far. I want to take you all, firstly, to the question of funding. I can imagine that over this period of time you've been called on to do a lot of unexpected work that you weren't necessarily planning to do when you were putting your pre-COVID budgets together. I would like to get an idea from you of your current financial position, the funding pressures that are placed on you and whether the Commonwealth funding has kept pace with the demand that you experience at the moment.

Ms Kelly: I might start by saying that, from a carer funding perspective, it was a very interesting time because we had the old Respite and Carelink Centre contracts finish on 30 May and the new carer gateway systems start on 6 April. That proceeded and went ahead in the middle of COVID. So it's difficult to ascertain at this point what impact that did or didn't have in terms of service delivery and in terms of funding. For me the issue moving forward, from the carer perspective, is that because carers have effectively been in home and locked away for periods of time, the health and wellbeing needs that they will have and the respite needs they will have are coming; they haven't actually occurred yet. We expect that we will see increased demand occur later this year and into next year as opposed to in the financial year that's just ended. So we'd be looking to possibilities for

additional funding for the next 12 months, 18 months and two years, because we believe that is when we will see the impact in service and funding as opposed to up to this point.

Senator STEELE-JOHN: AFDO, do you have anything to contribute as well?

Mr Joyce: Clearly AFDO and our members, along with all other organisations around Australia doing any representation, be it systemic advocacy or individual advocacy work—there was no additional funding for all the work that came on top of all of us. AFDO and our national members don't receive much support money from the federal government. We get \$300,000 a year between 11 of us to undertake all the systemic advocacy work we need to do. However, we continue to do the work we need to do. We found that there was certainly an increased work level. It was phenomenal. We still had to do all of that on top of trying to keep going with our projects—the only way that our organisation survives is with project work—and renegotiating those things. Having said that, of course, AFDO was eligible for JobKeeper, and we were able to achieve the cash flow support through the changes to the BAS payment scheme. So if it weren't for those couple of things, we'd certainly be in a much worse position, but there was no additional funding provided during this period outside of the things those organisations eligible across Australia could obtain.

Ms Sayers: We're in a very similar situation to AFDO. We didn't receive any additional funding, but we felt it was our duty to drop everything for the COVID situation. We amplify the voices for children and young people with disability and their families. All our other work went on hold and went to the COVID response; hence, we were able to amplify the voices through our survey work and through our advocacy to the NDIA. One of the things we're really interested in is the long-term impacts of COVID, particularly for children and young people with disability. There's ongoing trauma, there are ongoing mental health issues and there are ongoing issues that young people with disability are going to face in employment and post-school education. So, whilst we were able to drop everything for the current situation, long-term investment in organisations that are trusted by people with disability is needed. In our case, we've got over 5,000 members, 17,000 Facebook followers and a whole range of reach out into the community. Organisations like ours are really well placed to assist government with options for the future, and investment in those is a really wise investment by government. That's certainly something we'll continue to advocate so that we can bring the voices of young people with disabilities into the planning and the recovery, which we know is a really important part of any sort of disaster management.

Ms Kelly: There was a disparity between income and cost for services that are bulk funded and services that rely on consumer directed funding. In my organisation, for example, for the services that we receive through grants, the income impact has been minimal and we were able to reutilise that funding to deliver services as needed. The income impact on the NDIS was phenomenally huge and there was very little compensation provided to cover the costs incurred by agencies of the loss of income through NDIS funding.

Senator STEELE-JOHN: Absolutely. At the time that COVID popped its head up, were most of you gearing up to support disabled people and families participating in the royal commission into disability abuse? I would imagine that a lot of that work had to go on hold and was quite disrupted by the COVID crisis. Would that be correct?

Ms Sayers: That is completely correct. Our whole staff team, including our staff employed to support the disability royal commission, had to pivot our work to support our members during the COVID crisis, so all our work was put on hold. We're now catching up, but we had to be flexible with the level of distress relating to COVID that was being experienced by our members.

Senator STEELE-JOHN: There has been at least a six-month delay in the work that you are doing, by the sound of it.

Ms Sayers: I wouldn't say six months, but I'd say at least three months.

Senator STEELE-JOHN: Would that be the same for AFDO, Ross?

Mr Joyce: Yes. It's exactly the same for us as it is for our colleagues across the sector. It has certainly put us behind on quite a range of things, and, as has everybody, we've had to realign priorities to take into account the pandemic effect. But [inaudible] we receive additional funding compensation or anything like that, which put us under more pressure.

Senator STEELE-JOHN: Given the time frames under which you were funded to do that work, would there now be value in an extension of the payment frameworks that were set up around supporting you to do that to account for the fact that you've had to divert your energies over this course of time?

Mr Joyce: Absolutely. I think one of the things everybody talks about is the September cliff, and we see that coming for jobseeker and JobKeeper. Looking at that with our members and across the sector, that's going to be a

pretty dire circumstance if everything just does stop, because it's not going back to normal and it's going to be some time before anything is like normal again.

Ms Sayers: At the same time that the COVID pandemic was happening the disability royal commission was pumping out issues papers with very short time frames. That is now placing enormous pressure on our organisation to meet the time line of the royal commission. I think that at the moment there's something like 10 issues papers and 10 submissions that we're trying to play catch-up on.

CHAIR: Thank you, Ms Sayers. Senator Steele-John, I'm just going to have to leave it there. We're up against time.

Senator STEELE-JOHN: Okay. Thank you.

CHAIR: Senator Siewert, you had just one question, I think, for Carers?

Senator SIEWERT: Yes, I do. Ms Kelly, I think it was you that referred to the issue around carers going full-time but not being able to go back to work. What impact is that going to have in terms of their ability to pay debts? Does that also tie into the issue around the carers not getting the supplement?

Ms Kelly: Of the carers that I'm aware of through our service, there's a handful or more who were working full-time, with children with disability, predominantly, who were unable to maintain their work. They wouldn't have been on carer payment because they were fully self-funding through their own incomes. Because of going through lockdown, their employers, in lots of cases, have not been particularly sympathetic to the extra pressures and stresses they've been under, and they've had to give up their job. So that group is particularly vulnerable to income strain and ongoing debt, because I think it will be also difficult for them, given the current environment, to now find new work that allows them to re-enter the workforce.

CHAIR: Thank you, Ms Kelly. Thank you, Senator Siewert. Thank you, everybody, for your evidence and your time today. Considering the time pressure, we have covered a lot of issues. The committee genuinely appreciates the effort that you put into attending and your evidence today. Our inquiry is ongoing. It will cover right up until June 2022, so we look forward to continuing to engage with you as we get through different phases of the response to COVID-19. But thank you very much for your time today; it's very much appreciated.

GIBBS, Ms El, Director, Media and Communications, People with Disability Australia

GRIFFIS, Mr Damian, Chief Executive Officer, First Peoples Disability Network Australia

HOLLYWOOD, Ms Romola, Director, Policy and Advocacy, People with Disability Australia

SMITH, Mr Jeff, Chief Executive Officer, People with Disability Australia

Evidence was taken via teleconference—

[12:52]

CHAIR: The committee will now resume its hearing into the Australian government's response to the COVID-19 pandemic. I welcome Mr Jeff Smith, Ms El Gibbs and Ms Romola Hollywood of People with Disability Australia; and Mr Damian Griffis of First Peoples Disability Network Australia. Thank you for joining us today. I invite both organisations to make a short opening statement and then we'll hand over to senators for questions. Mr Smith, do you want to go first?

Mr Smith: Thank you for (inaudible) us to (inaudible).

CHAIR: Mr Smith, we're having a bit of trouble with the connection. We might go to Mr Griffis and then, while he's speaking, we can see if there's another way of getting your evidence. Mr Griffis, can I go to you and then I'll go back to People with Disability Australia.

Mr Griffis: Thank you to the committee for the opportunity to represent the views of Aboriginal and Torres Strait Islander people with disability in today's hearing. I am the CEO of the First Peoples Disability Network Australia, which is a national organisation representing Aboriginal and Torres Strait Islander people with disability and their families. We can trace our origins to a gathering of Aboriginal and Torres Strait Islander people with disability that was held in Alice Springs in 1999. The First Peoples Disability Network is a unique organisation not only domestically but internationally in that we are entirely owned and operated by Aboriginal and Torres Strait Islander people with disability. Our board is made up entirely of Aboriginal and Torres Strait Islander people with disability, and our staff either have disability themselves or have a close personal association with disability.

Our advice to governments across Australia at the outset of this pandemic was threefold. Firstly, we advised that effective and accessible communication of key messages was critical. To this end, we took the initiative of developing a series of short films that were in plain English and pictorial in nature to describe the key messages of personal hygiene and social distancing in particular. We also produced an Auslan short film developed by the Deadly Deaf Mob for distribution to deaf Aboriginal and Torres Strait Islander people.

Secondly, and critically in our view, we immediately sought to get care packs distributed as widely as possible to our community members. We know at the First Peoples Disability Network Australia that the majority of First Peoples with disability live in often extreme poverty. We were frustrated by the bureaucratic way in which care packs appeared to be administered—for example, by such measures as online registration processes. We know such a process is largely inaccessible to many First Peoples with disability and their families. We felt we couldn't wait, so, when an opportunity to partner with the Al-Ihsan charity arose, we gratefully accepted the opportunity to partner with them. I'm very proud to say that, as of today, we've delivered, in partnership with the Al-Ihsan charity, a total of 1,458 care packages throughout New South Wales and the ACT. It is our understanding that this far exceeds the delivery numbers of any other mechanism currently being employed to distribute care packages to Aboriginal people. What our experience has shown us, however, is that many Aboriginal families could do with care packages all of the time, not just in this pandemic. This is symptomatic of the degree of poverty that many Aboriginal families face. The pandemic has only served to highlight this poverty. We believe there needs to be a coherent programmatic and policy response to addressing poverty amongst Aboriginal people with disability and their families. There are lessons to be learned, and we must heed them.

Thirdly, in partnership with Professor Cameron Stewart, a health lawyer and ethicist from the University of Sydney, we developed an 'Ethical decision-making for First Peoples living with disability' policy document. We did this because we were seriously concerned by what we were witnessing overseas, particularly in the United States, especially the over-representation of African-Americans, including African-Americans with disability, and Americans with disability more generally. We were especially nervous about the potential for Aboriginal people with disability to be triaged out of intensive care because they were very likely to have a number of health indicators that were likely to be viewed detrimentally by health authorities. Our ethical statement identified the following six key areas of ethical concern:

1. All Federal, State and Territory government agencies must remove disability from consideration of resource allocation when it is used as a broad criterion for exclusion from critical care.

2. State and Federal health authorities must commit to including First Peoples with a disability in planning for decision-making regarding healthcare during the pandemic.
3. State and Federal health authorities must commit to identifying areas of strain and work to re-establish strong relationships of trust and confidence with the First Peoples affected. In cases where that cannot be implemented, arrangements should be made to give access to alternative healthcare resources.
4. State and Territory policies on pandemic healthcare must expressly refer to the need to be culturally competent when providing services to First Peoples with a disability.
5. The State and Territory governments must look at how more—

Aboriginal—

students can be transitioned into the Aboriginal and Torres Strait Islander Healthcare workforce.

6. State and Territory governments must understand this existential threat and take whatever action is necessary to protect Elders as the guardians of First Peoples' cultures.

We want to congratulate the Commonwealth, state and territory governments for the success to date in reducing the impact of COVID-19 on First Peoples with disability. This has been a significant achievement, and in many ways some of our recommendations relate to either a second wave of the pandemic or can act as an important framework for when the next pandemic was to occur. We would say that the government still remained largely perplexed by how to address the intersectional discrimination against First Peoples with disability. A stark example of this is the fact that the Aboriginal and Torres Strait Islander COVID-19 plan makes no mention of disability in its 40-odd pages. This lack of understanding of the nature of intersectional discrimination remains a very significant problem, because it is our view at FPDN that it's difficult to think of any more disadvantaged Australians than First Australians with disability. First Peoples with disability have to traverse the worlds of Indigenous justice and disability justice at the same time.

Finally, we would say that the extraordinary and mostly effective way that governments have mobilised to date to address this once-in-a-century type situation surely says to all of us as a society: if we can respond this quickly to this pandemic then surely we have the capacity and the means to address poverty amongst our First Nations communities once and for all. Thank you.

CHAIR: Thank you very much, Mr Griffiths, for that evidence. Mr Smith, I think, we have you on the phone as well so hopefully no more problems with hearing you.

Mr Smith: Hopefully.

CHAIR: Beautiful; go ahead.

Mr Smith: Alright. I won't start from the top, but I'll start nearly from the top. So People with Disability Australia is a disabled people's organisation run by and for people with disability. It seems somewhat trite to say that COVID-19 has had profound impacts on Australian society, but I well remember in mid-March the anxiety and dread that I personally felt when this pandemic was unfolding. I was getting information through another board that I was involved in that we were 14 days behind Italy at that stage. I had a sense of dread, knowing what was happening overseas and the need to act and the need to act decisively, but also the need to act in a way that was adaptable and flexible was quite overwhelming in many ways. And, of course, that's one of the reasons why we're here today. The thing is it's absolutely true that people with disability have faced COVID-19 from a distinct standpoint, and we have distinct experiences that we can talk to today. It's also important to remember that for many people, including many people with disability, COVID-19 will continue to have those profound impacts for a long time into the future until such time as we find a vaccine.

The starting point for me, as a CEO, was, as I mentioned, a very confronting and visceral feeling that I needed to act. We needed to get people home. We needed to stop face-to-face communications and we needed to do so from the point of view of playing a leading role as a national disability advocacy organisation. That involved keeping employees safe, keeping the people that we work with and alongside safe and playing our part in keeping the community safe. Our work had to adapt quickly in all the elements: the direct practice work that we were doing where we were no longer able to work face to face; the training had to go online where it was possible; and the systemic advocacy work had to continue in a range of other ways.

The starting point from a policy point of view was really a fear of being left behind, that the people with disability were talking to us at the same time about the fear of being exposed, running hand in hand with a fear of being abandoned.

The policy ask that we put together, just providing a very brief overview, was around guaranteeing continuity of supports; communicating in a way that was both inclusive and accessible to all people with disability; putting in place measures to alleviate the financial pressures faced by people with disability—and El will be talking more

about that in a moment—removing barriers to health care, whether that's through the provision of PPE, the dedicated disability and health plan that was put together or the provision of telehealth; recognising that people with disability have been at increased risk of violence, exploitation, neglect and abuse; ensuring that safeguards were put in place to keep people with disability safe; and resourcing advocacy organisations to support and empower people with disability. I note, for present purposes, that DANA have put out a survey report today, which we're happy to provide to senators on their behalf.

In conclusion of my opening statement, it is of course important that we keep the good elements from the COVID crisis and the learnings that we've had. The process around the national advisory committee, which I sit on, has been both instructive and constructive. It has enabled the health sector to learn about issues from a disability point of view. But it has also enabled the disability sector to work alongside a very powerful and professional sector. Of course, related to that, the goodwill that has flowed from the crisis over the last four months cannot be bought and cannot be gamed then. It's important also to maintain flexibility around supports, and, in our view, absolutely crucial that the initiatives around telehealth are maintained. That's my statement for the moment.

CHAIR: Thank you very much, Mr Smith. Colleagues, we have just under 25 minutes for questions. I might start with Senator Siewert, and then go to Senator Steele-John and Senator Davey, and I'll have a couple of questions if time allows at the end.

Senator SIEWERT: Mr Griffiths, I've got some question for you, for the First Peoples Disability Network. First off, in terms of the issues you raised, how much did government take on board in terms of the points that you made around ethical approach?

Mr Griffiths: We certainly had a platform for that. We were also members of the reference committee that Jeff just spoke about, so there was an opportunity to air some of our concerns there. New South Wales was particularly positive and helpful in that sense, in that we were able to address their disability community of practice, which was helpful. I would say in general terms our reservation always is that we're kind of the last cab off the rank. I guess the frustration we saw is, as I mentioned, the Aboriginal and Torres Strait Islander plan, the broader plan for a COVID-19 response, made no mention of disability, and we weren't consulted in the development of that plan. And this is an ongoing problem we face; we're still in multiple worlds and often get overlooked in one or the other or both. That's our ongoing frustration. We need to be consulted at the outset, because there are no more disadvantaged Australians than First Peoples with disability and no more vulnerable Australians to pandemics like COVID.

Senator SIEWERT: In terms of going to adequate planning and food security, we heard earlier this morning that there were food security issues in regional and remote communities. I know that was an issue you raised early in the piece during the pandemic. Has that situation been addressed? I'm particularly focusing on First Nations peoples with disability, given all the other comments you just made.

Mr Griffiths: I would say this is an ongoing problem. Food security, as you know, is not a new issue. All we've been able to do is provide a sort of, for want of a better term, stopgap solution. We were frustrated by the bureaucratic nature of it, so we just went ahead and distributed care packs. But, like I said before, a lot of our people could do with care packs all the time, because food security is such a serious problem in regional and remote Australia. So it's an ongoing issue. The pandemic, I think, just serves to highlight it. But we did hear stories of supplies running out in community stores, and not just in community stores in regional parts of Australia but in larger centres even, because obviously there's a knock-on effect. If toilet paper runs out in metropolitan areas then you can be very sure it runs out in regional and remote communities too. I think food security is an ongoing issue. The lack of resources in many of our communities is an ongoing issue and something that we need to learn from and continue to address.

Senator SIEWERT: I think I'm going to run out of time in a sec. I did just want to touch on justice issues and, particularly, First Nations people with disability in the justice system. Have you done any work in that space and what's the current situation? I know a lot of people were concerned around, particularly, First Nations people with disability in the justice system and lack of COVID response.

Mr Griffiths: We have an extraordinary overrepresentation of disability amongst the Aboriginal prison population. Some of the new data coming out is deeply concerning. We have very high rates of cognitive impairment, acquired brain injury—multiple disabilities—amongst the Aboriginal prison population. We have very serious human rights abuses going on, which include things like indefinite detention of Aboriginal people with disability in some prisons. This is an issue that warrants broader attention, and there hasn't been any meaningful progress around those issues from an Australian government perspective, as far as we're concerned. We have heard, again, stories of Aboriginal people with disability simply not being aware of their rights and

entitlements or even aware of how to access accessible information around COVID, for example. It's another area of major concern and one that continues to be overlooked. With justice issues, there are so many things to unpack.

Senator SIEWERT: Some jurisdictions may have started to move to get particularly vulnerable First Nations people with disability out—for example, people that were on remand or something like that. Are you aware of any moves in any jurisdictions to do that?

Mr Griffs: No, I'm not aware. In fact, if anything, things are going the other way. We have an increasing criminalisation of disability, we would argue, that impacts very significantly on Aboriginal people with disability. There is an analogy that we draw, and it's a slightly crude one, but we often say, at the First Peoples Disability Network, if you're an Aboriginal person experiencing significant mental health, perhaps a psychotic episode, you'd better make sure you have it on the third Tuesday of every fourth month, when the mental health team is in town, otherwise you're in the back of a paddy wagon and off to prison. We have a very serious problem in terms of prisons becoming the new de facto mental health institutions in many ways. It is a major issue, and we haven't seen any change in that regard.

Senator SIEWERT: Has that got worse during the pandemic?

Mr Griffs: I can only say that anecdotally. I'd be happy to take that on notice and ask around.

Senator SIEWERT: If you could.

Mr Griffs: To get some data would be really good. We'd really like to get that data too. But anecdotally we've heard the stories, sure.

Senator STEELE-JOHN: In relation to NDIS funding and the extent of participant plans, we've obviously seen the agency enable providers to charge an additional 10 per cent without providing a subsequent increase in the plan's amount overall. Have you seen this negatively impact on the people that you work with?

CHAIR: Who are you directing that to, Senator Steele-John?

Senator STEELE-JOHN: It would be probably to PWDA.

CHAIR: Mr Smith?

Mr Smith: Can I ask that El Gibbs, our director of media and communications, who put together a report on this, answer that question? I'm happy to answer it but—

Senator STEELE-JOHN: That's fine.

Ms Gibbs: We certainly saw a reduction in supports reported by people with disability that we surveyed—both people who had NDIS supports and people who didn't. I think, Senator Steele-John, that information around the impact of the 10 per cent loading that service providers were charging will come out in people's reviews. We certainly haven't seen any indication there will be top-ups for people's plans. I think the total reported by the NDIA that was taken out of people's plans—both the month payment in advance and the 10 per cent—was about \$600 million. So it's not a small amount of money. It potentially will have an impact on people with disability down the line. One of the things we were concerned about was that a lot of supports just withdrew and didn't put other kinds of supports in place. I think this is an indication that the kind of regulation that the NDIS Quality and Safeguards Commission was doing, for example, just isn't strong enough to get service providers not to do this kind of wholesale withdrawing and leaving people with disability in the lurch.

Senator STEELE-JOHN: I would agree with you there. From your perspective, Ms Gibbs, what additional powers would the commission need, or what would they need to have done differently to ensure that providers didn't act in this way during the crisis?

Ms Gibbs: I think the COVID-19 crisis has been one of those ones that doesn't come along very often, so I'm not entirely sure how we can do some preparation in advance. But one of the things I've been reflecting on is the 2015 Senate inquiry and the recommendation for a watchdog with investigatory powers. That's one of the things the Quality and Safeguards Commission just doesn't have. They were able to send out provider notes during the pandemic, but they didn't actually go and investigate what was happening. They relied on people with disability to make complaints. To be honest, there was a little bit of other stuff going on at the time; I'm not sure that making complaints to the Quality and Safeguards Commission was high on people's priority lists when they couldn't get food. So I think it's worth us looking at the responsibilities of support providers who are being paid by people with disability through their NDIS plans to make sure that people with disability aren't left in the lurch and that the first instinct of those providers to just withdraw altogether isn't to be tolerated in the future.

Senator STEELE-JOHN: Thank you. That's really useful.

Senator DAVEY: Thank you all for appearing today. I just have a couple of very brief questions particularly regarding communities and isolation and the impact on people with disabilities. Mr Griffis, I'm particularly interested to hear about Indigenous communities. In the Northern Territory we saw increased restrictions placed on these communities for their own benefit. We heard earlier in this process about those restrictions and how they were handled to protect Indigenous communities who we know to be more vulnerable. But what was the impact on people with disabilities in those communities and their ability to access their ongoing care needs? Then I will broaden it and open to People with Disability Australia for regional areas. We put in place emergency evaluation procedures in case COVID got into those communities, but we haven't heard anything about how people with disabilities in those rural and remote communities were able to access their ongoing care needs.

Mr Griffis: At the outset I would say the First Peoples Disability Network was supportive of the approach taken in the Northern Territory. I know the National Aboriginal Community Controlled Health Organisations were very strong in providing advice there. It looks largely successful from where we are. Having said that, there's no doubt there was a definite reduction in supply. We were in supply of services and we were receiving phone calls to my organisation that were frankly very distressing. And that was why we acted the way we did. It was partly out of frustration, to be honest with you. We just started to get back to basics. It was simply about some people needing food on the table. Some people needed basic supplies, and we just went about trying to make that happen. Again, that was largely in remote parts of New South Wales—not so much in the Northern Territory, because there's activity going on there anyway. There'd be others who could commentate on the Northern Territory better than we could.

Again, this goes to the ongoing, bigger-picture problem we have in Australia, which is that we need to have a serious conversation about addressing poverty and the reality of it for First Peoples with disability around Australia—and, I'd say, for all Australians with disability, for that matter. Unless we have a serious discussion about that—and there are opportunities here to do things in a different way. For example, there are opportunities to create little microeconomies in regional and remote Australia, where communities can get back to the business of supporting their own community members with disability, as they always have done. We would say that there's a real, urgent need to take these bigger, broader, systemic lessons, and what would make us nervous is if we were to come out the other side of this and just revert to what was happening before. I think we clearly have the means to address some of these issues. It might mean getting rid of some red tape and, if I can say this frankly, government getting out of the way, to be honest. Thank you.

Mr Smith: I can add to Damian's comments. One of the lessons from COVID-19 has been that it has shone a light on some of those systemic issues that are faced by people with disability. People with disability are twice as likely as people without disability to live in poverty, and nearly 50 per cent of people with disability live in poverty. So the experiences of people with disability—and we did a report, which EI commissioned. It surveyed over 200 people with disability on their experiences during COVID-19. I think the headlines out of that were quite instructive. If EI could just speak briefly to that report, I think that would be instructive for the senators.

Ms Gibbs: Just for senators' information, I'm also a person with disability and I'm one of those people who have been on lockdown since early March. I went for a walk recently, about two weeks ago, around my town very carefully. It was the first time I'd been outside since then. When I commissioned the report, I was reading the words of other people with disability who had had a very, very similar experience to my own. It was a time when it was really lonely and incredibly scary. I don't live in a particularly regional area, but I am about 100 kays outside of Sydney. It was an extremely difficult and stressful time. For me, all the systems that I used to live independently collapsed and disintegrated. It took me the first four, six or eight weeks to get systems back in place so that I could get groceries and I could get food. I have a huge advantage: I have a job; I have an income. I'm not living in poverty, so I could pay extra money to people so they could go and do things for me. I could pay extra money to rejig my disability supports. I could pay extra money to buy things from strange places on the internet, because I have the internet and I have money. I could do all of those things and I found it an incredibly difficult and stressful time. So, when I read in the survey where so many people with disability talked about having to make decisions between food and medication, feeling completely abandoned by everyone and feeling like they had no-one to turn to, it really broke my heart, but it made me feel that this experience was something that we shared across Australia.

I'm one of the people for whom the lockdown is going to continue for a really long time. Until we have a vaccine, I'm going to be living in a very restricted way, and there are a lot of people with disability in the same situation. I'm part of a mutual aid group, I suppose you'd call it, on Facebook of people with disability who are talking about COVID-19. This morning we put up a post about people in Melbourne, asking, 'How are you coping with the increased lockdown?' Most of the responses have been: 'I haven't ever come out of lockdown.' So I think

that we have to keep this in mind in terms of the increase in expenses that people with disability are facing. Also we need to keep some of these things. For example, I've never been able to testify before a Senate inquiry before because we haven't had videoconferencing. In terms of accessibility, all of these kinds of things are fantastic—telehealth in particular. It is incredibly important that they continue, as is knowing that, for many people with disability, these kinds of extreme circumstances will continue for a really long time.

Senator DAVEY: I have one final question, which you touched on then. What do we need to take from this experience? What are the learnings we need and to incorporate into the future? I know that both of your organisations co-signed a letter to the Prime Minister on 23 April acknowledging the work that the Australian government has done and the development of the management and operational plans for people with a disability. Can you explain what are the good parts about this experience—what we've done and what we've implemented—that we need to take on board and carry with us post pandemic.

Ms Gibbs: Telehealth particularly, I think. I've been able to see my specialist in a videoconference without a five-hour round trip. Because I live in the country, telehealth is a bit different. I talk to my GP on the phone and she faxes my prescriptions—I didn't even know we still had faxes—to the pharmacy. Those kinds of things are incredibly important, and I know that many people with disability have been lobbying and arguing for telehealth access like this for a long time. I think that some of the arrangements with flexible work arrangements in the private sector as much as in the public and community sector have been really great to see. It's been really a very national demonstration that flexible work arrangements can work really successfully, so employing more people with disability can be an exciting thing to do. But I also think that the involvement of people with disability in an intersectional way in the development of that health plan has been a really good and interesting step towards making sure that our needs and the diversity of our needs are included in these kinds of government policies.

Mr Smith: If I could just add to that, that idea of mainstreaming the involvement of people with disability in really important public policy initiatives, as I said in my opening address, was both an instructive and a constructive process. It has been really beneficial for all concerned and has resulted in an approach which I think is replicable and is something that we should look at in other contexts. I also think, adding to El's point, that the mainstreaming of inclusive and accessible communication mechanisms in all processes is a really important development, because I know in the health space that the health department was on a big learning curve around that. It was all done in good faith and it was all done with good will, and I think they've made considerable progress. As we move forward, being able to retain those things around telehealth, around working from home and around accessible comms is really important.

CHAIR: Ms Hollywood, do you want to provide some evidence there?

Ms Hollywood: I was just going to add in terms of what's working well—this hasn't come up—the NDIA established health liaison officers and justice liaison officers to try to deal with some of the issues of people with disability who had been stuck for quite some time in hospital, and they were also looking at the justice side of things. Maybe going forward it might be something that the committee looks at in more detail, at what worked. One of the things that were of concern was when we were finding out about this and people were being moved out of hospital, fast-tracked out of hospital, was whether they were being moved into appropriate accommodation. We were assured that they were, by the officers that I spoke with. I asked whether there was access to individual, independent advocacy, whether people with disability who'd been stuck in hospital recovering from an illness being moved out quickly had access to individual advocacy. That's also something that we need to ensure we look at going forward. There's probably a lot more that can be said there, but just to share that.

CHAIR: Thank you very much, Ms Hollywood. We're up against the end of this hearing. Mr Griffis, can I offer you the opportunity, if you'd like to contribute to any of the last 10 minutes of discussion.

Mr Griffis: I would just add that I think the ability for the system in broad terms to mobilise rapidly is a great and valuable lesson. We're often reflecting on that at the First People's Disability Network. If we can do that in a time of crisis, why can't we do whole lot of other things that need to happen to address bigger systemic issues in Australia, like poverty, and I'd also say racism for that matter. What has been exposed again, though, is the serious lack of resourcing, lack of funding, to individual advocacy providers around Australia. I think that's still an elephant-in-the-room issue. There's never been a more important time for disability advocates, and that won't change. In fact, things are likely to be needed all the time, regrettably. I think that's another issue that still needs to be properly addressed with appropriate resourcing.

CHAIR: Thank you very much. I spent a large part of my career before politics as an advocate in the disability sector—it was called People First ACT back in those days—so I strongly understand the need for effective and well-resourced advocacy services for people who live with a disability. You'll get a lot of support from me on that one.

I thank everyone for appearing today. We have been really grateful for all of the evidence you've provided today, for the time that you've put into preparing and for your submissions. It really assists the committee to understand the issues and fulfil the job that we've been asked to do by the Senate. Ms Gibbs, I see that you've been described as someone with an unhealthy interest in Senate committees. We need a little bit more of that, so I hope that spreads. Thank you, very much, everyone, for attending today. For my colleagues, the opening statement of Mr Griffis was circulated to committee members by email. Can we agree for it to be tabled and authorise it for publication. Thank you. The committee stands adjourned.

Committee adjourned at 13:32